

# STUDENT ACCIDENT AND SICKNESS INSURANCE PROGRAM 2014-2015

For Students of

DREW  
UNIVERSITY  
Madison, New Jersey

**Underwritten by:**  
**Nationwide Life Insurance Company**  
Columbus, Ohio  
**Policy Number: 302-044-2912**  
**Group Number: S208102**

## IMPORTANT NOTICE

This brochure provides a brief description of the important features of this Policy. It is not a Policy. Terms and conditions of the coverage are set forth in the Policy. We will notify Covered Persons of all material changes to the Policy. Please keep this material with your important papers.

## NONDISCRIMINATORY

Health care services and any other benefits to which a Covered Person is entitled are provided on a nondiscriminatory basis, including benefits mandated by state and federal law.

## IMPORTANT INFORMATION FROM DREW UNIVERSITY

Drew University requires all full-time college students to carry medical insurance. Students should enroll or waive the insurance plan before arriving on campus in the Fall, please see page 5 of this document for instructions to do this. Students will automatically be billed for this plan through Drew's Business Office should they fail to submit a waiver application. The Fall waiver is an annual waiver; only new students may enroll in the Spring semester.

All residential students and intercollegiate and recreational athletes are strongly encouraged to enroll in the student insurance plan whenever possible, since many family insurance plans have restrictions on out-of-area providers or may not pay for non-emergency services when away from home (even in NJ). The following student insurance plan has no restrictions on providers whether at home, on vacation, or at Drew. This plan gives students options for local referrals, and covers most billable services on campus. If undergraduate students have both student and parent insurance plans, the cost of most sicknesses or accident expenses should be completely covered without out-of-pocket expense to you.

Most medical and wellness services can be obtained on-campus at our nationally accredited University Health Service. Students are not charged for routine sick visits, wellness counseling or psychological services at Drew. However, our staff will refer students to off-site specialists or the emergency room when needed, and *students are responsible for related charges. Students who are not covered by the student insurance plan are responsible for obtaining pre-authorization for specialist or hospital care.*

The student sickness and accident plan described in this brochure has been designed to complement the services that are available on-campus, and will provide complete or partial coverage for off-campus referrals or Hospitalizations. Students enrolled in this insurance plan will not be billed for allergy shots, laboratory tests, and well-woman services that are obtained on campus (except international travel advisory/vaccines). This plan will meet the needs of most students. Optional plans for new graduate continuation coverage are also available. Please note that all residential students who have family members residing with them must demonstrate that all family members are insured as a condition of housing. Purchase of repatriation and medical evacuation coverage for family members residing with the

student is mandatory for non-immigrant International students who live on campus (see descriptions).

Call University Health Plans directly for more information (800) 437-6448, or contact them at:

[www.universityhealthplans.com](http://www.universityhealthplans.com).

## DREW UNIVERSITY HEALTH SERVICES

**Students do not have to enroll in the student insurance plan in order to receive care at the Drew University Health Service.**

### On-campus services include:

- Alcohol / drug information
- Allergy shots
- Assessment and treatment of acute illnesses
- Diagnostic tests in on-site lab or outside lab
- Eating disorder care / information
- Gynecological care
- Health education programs
- Immunizations including flu shots
- International travel advisory/vaccines
- Management of chronic disease or disability
- Medications available on-site (discounted)
- Nutrition counseling
- Physical exams (discounted fees apply)
- Pregnancy testing
- Referrals to specialists as needed
- Sexually transmitted infection testing/treatment
- X-Ray and mammogram referral to local facility

### Health Service Hours: (regular semesters)

Monday - Thursday 9 AM - 8 PM

Friday 9 AM - 5 PM

Saturday 10 AM - 2 PM

Sunday 10 AM - 2 PM

Limited hours during January & summers

For more information about on-campus services contact:

Drew University Health Service

36 Madison Avenue

Madison, NJ 07940

(973) 408-3414

[health@drew.edu](mailto:health@drew.edu)

Or visit our website at [www.drew.edu/health](http://www.drew.edu/health)

## INTRODUCTION

This is a brief description of the Accident and Sickness Insurance Plan available for Drew University students. The Plan is underwritten by Nationwide Life Insurance Company. The exact provisions governing this insurance are contained in the Policy issued to the University and may be viewed at the Health Center during business hours. The Policy shall control in the event of any conflict between this Brochure and the Policy.

## ELIGIBILITY

Matriculated students (accepted in a degree granting program) who are at least part-time, or those who have completed coursework and are registered for maintaining matriculation status, are eligible to purchase the plan. Matriculated students who are not currently registered, or who have requested a leave of absence, are not eligible to enroll in the plan. Students enrolled exclusively in online courses and whose enrollment consists entirely of short-term courses are not eligible to enroll in the plan. Be aware that if eligible students waive their right to purchase this insurance or do not enroll by the deadline, they will not be able to enroll again until the following year. Only new students are eligible to enroll in January.

Students must be physically and actively attending classes on campus for at least the first thirty-one (31) days beginning with the first day for which coverage is purchased.

Students on a leave of absence, or not currently registered for coursework are not eligible to enroll.

Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements.

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is refund of premium minus any claims paid.

## WAIVER / ENROLLMENT PROCESS

All MFA, MAT and part-time students must enroll on-line by logging onto [treehouse.drew.edu](http://treehouse.drew.edu) by the published deadline. Eligible students will be automatically enrolled in the Plan unless the enrollment/waiver form has been submitted by the deadline dates.

## ENROLLMENT

Eligible full-time students will be enrolled in the Standard Benefits Plan unless the on-line Waiver Form has been submitted before the waiver deadline. Eligible part-time students must contact the Business Office to voluntarily enroll in the Standard Benefits Plan.

**For Undergraduate and Graduate/Theological students, the waiver or enrollment deadline is 8/5/14 for the Insurance Plan in the Fall Semester and 1/7/15 for the Insurance Plan in the Spring Semester**

**For students in the Master of Fine Arts Program, the waiver or enrollment deadline is 1/31/15 for the Insurance Plan in the Annual Plan and 6/30/15 for the Insurance Plan in the Summer/Fall or Summer Only Plans.**

**Waiver Form or Purchase Deadline Date(s) for All Coverages:**

<b>Undergraduate and Graduate/Theological:</b>	
Fall Semester/Annual Plan	8/5/14
Spring Semester Plan	1/7/15
<b>Master of Fine Arts:</b>	
Annual Plan	1/31/15
Summer/Fall and Summer Only Plans	6/30/15

## TERM OF COVERAGE

Coverage for insured undergraduate and graduate/theological students registered for the Fall Semester will become effective at 12:01 AM on 8/15/14.

Coverage for insured undergraduate and graduate/theological students registered for the Spring Semester will become effective at 12:01 AM on 1/15/15.

Coverage for undergraduate and graduate/theological students terminates at the earliest of: 12:01 a.m. on 8/15/15 for the Fall and Spring Semesters; the end of the period of coverage for which premium is paid; or the date the covered person enters full time military service.

If an insured student gives birth to a child while coverage is in effect for such student, coverage for that child will be provided for Injury, Sickness and congenital defects for thirty-one (31) days starting from the moment of birth. This coverage will cease at the end of the thirty-one (31) day period, or the date the child ceases to meet dependent eligibility requirements. This plan does not have dependent coverage, coverage ends after the first 31 days.

Coverage for insured MFA students registered for the Annual Plan will become effective at 12:01 AM on 1/1/15.

Coverage for insured MFA students registered for the Summer/Fall Plan and Summer Only Plan will become effective at 12:01 AM on 6/1/2015.

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first thirty-one (31) days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium minus any claims paid will be made. Students withdrawing after such thirty-one (31) days will remain covered under the Policy for the full period for which premium has been paid and no refund will be available. Insured Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person upon written request received by the Company within ninety (90) days of withdrawal from School.

## TERMINATION

Coverage will terminate at 12:01 a.m. standard time at the Policyholder's address on the earliest of:

- The Termination Date of the Policy;
- The last day of the term of Coverage for which Premium is paid;
- The date a Covered Person enters full time active military service. Upon written request within ninety (90) days of leaving school. We will refund the unearned pro-rata Premium to such person upon request.

Termination is subject to the Extension of Benefits provision.

## EXTENSION OF BENEFITS

If, as a result of Injury or Sickness, a Covered Person is totally disabled on the date that his or her insurance terminates, expenses incurred after such termination date shall be payable in accordance with the Policy, but only while they are incurred during the twelve (12) month period following such termination of insurance.

## CONTINUATION PLAN

Students insured under this Accident and Sickness Insurance Plan whose eligibility ends due to graduation are eligible to continue coverage under a Continuation Plan, subject to its terms and conditions. To enroll, contact University Health Plans at (800) 437-6448 or [www.universityhealthplans.com](http://www.universityhealthplans.com).

## PLAN COSTS

### Undergraduate and Graduate/Theological Students

	Annual 8/15/14- 8/15/15	Spring only*** 1/15/15 8/15/15
Undergraduate	\$1,590*	\$1,077*
Graduate/Theological	\$3,815	\$2,560*

### Masters of Fine Arts Program Students

	Annual 1/1/15- 1/1/16	Summer/ Fall** 6/1/15- 1/1/16	Summer Only*** 6/1/15- 8/15/15
MFA Student	\$4,075	\$2,390	\$1,041

\* Rates include Administrative Fees retained by the serving agent and the school.

\*\* New students only

**NOTE:** These plan costs do not apply to students studying in the INTO Programs. For INTO Program rates, please contact the INTO New York at Drew Center.

## REFUND OF PREMIUM

Premiums received by the Company are fully earned upon receipt. Refund of premium will be considered only as specifically provided in the case of withdrawal from school or entry in the armed forces. No other refund will be allowed.

## PREFERRED PROVIDER INFORMATION

**By enrolling in this Insurance Program, you have the Cigna PPO Network, providing access to quality health care at discounted fees. To find a complete listing of Cigna PPO Network of Participating Providers, go to [www.cigna.com](http://www.cigna.com), or contact Consolidated Health Plans at (413) 733-4540, toll-free at (800) 633-7867, or [www.chpstudent.com](http://www.chpstudent.com) for assistance.**

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

If care is received within the Network from a Preferred Provider, all Covered Medical Expenses will be paid at the Preferred Provider level of benefits found on the Schedule of Benefits.

In the case of an Emergency, if an Out-of-Network Provider is used, the In-Network percentage in the Schedule of Benefits will be applied.

A Covered Person is not required to seek treatment from a Preferred Provider. Each Covered Person is free to elect the services of a Provider and Benefits payable will be made in accordance with the terms and Conditions of this benefit.

## STUDENT HEALTH INSURANCE BENEFITS

Benefits for Covered Medical Expenses will be paid according to the Schedule of Benefits and any exclusions, limitations, or state mandated provisions as follows.

## REPATRIATION

If the Covered Person dies while Insured under the Policy and is more than 100 miles from his permanent residence or outside of his Home Country, We will pay for the actual charge incurred for embalming, and/or cremation and returning the body to his place of permanent residence in his home state, country or country of regular domicile, up to the benefit amount shown in the Schedule of Benefits, subject to the Coinsurance, Deductible, Copayment, as stated in the Schedule of Benefits, the maximum Benefit limit shown above, and the Exclusions and Limitations provisions.

Expenses for repatriation of remains require the Policyholder's and Our prior approval. If You are a United States citizen, Your Home Country is the United States. This Benefit does not include the transportation expense of anyone accompanying the body, visitation or lodging expenses or funeral expenses.

## MEDICAL EVACUATION

If the Insured cannot continue his academic program because he sustains an Accidental Injury or Emergency Sickness while Insured under the Policy or Emergency Sickness and is more than a 100 mile radius from his current place of primary residence or outside of his Home Country, We will pay for the actual charge Incurred for an emergency medical evacuation of the Covered Person to or back to the Insured's home state, country, or country of regular domicile subject to the Coinsurance, Deductible, Copayment, as stated in the Schedule of Benefits, and the Exclusions and Limitations provisions. No payment will be made under this provision unless the evacuation follows a Hospital Confinement of at least five (5) consecutive days. Before We make any payment, We require written certification by the Attending Physician that the evacuation is necessary. Any expense for medical evacuation requires Our prior approval and coordination. For international students, once evacuation is made outside the country, Coverage terminates. This Benefit does not include the transportation expense of anyone accompanying the Covered Person or visitation expenses.

## STATE MANDATED BENEFITS

This Plan will also pay any applicable Covered Medical Expenses for benefits mandated by New Jersey State Insurance Law, subject to Policy limits. Please see policy on file with the Student Health Service or the Business Office for specific benefits. (**Note:** Wellness/preventive benefits under the Affordable Care Act (ACA) are required to meet federal regulations. Under ACA, states retain the ability to mandate benefits beyond those established by the federal mandate. Please see the Schedule of Benefits for coverage details.)

- Mammography
- Wellness Health
- Inpatient Coverage for Mastectomy and Reconstructive Breast Surgery
- Diabetes Treatment
- Childhood Immunizations
- Lead Poisoning Screening

- Alcoholism Treatment
- Home Health Care Expense
- Bone Marrow Transplant and Cancer Treatment
- Prostate Cancer Screening
- Second Surgical Opinion
- Third Surgical Opinion
- Maternity Stay
- Treatment of Wilm's Tumor
- Inherited Metabolic Disease
- Anesthesia and Hospitalization for Dental Services
- Home Treatment of Hemophilia
- Colorectal Cancer Screening Biologically Based Mental Illness
- Screening for Newborn Hearing Loss
- Treatment of Infertility
- Hearing Aids for Covered Persons Fifteen (15) Years or Younger
- Oral Anticancer Medication
- Sickle Cell Anemia
- Positron Emission Tomography
- Ovarian Cancer Screening
- Benefits for Treatment of Autism or Other Developmental Disability

## DEFINITIONS

**Accident:** An event that is sudden, unexpected, and unintended, and over which the Covered Person has no control.

**Accidental Injury:** A specific unforeseen event, which directly, and from no other cause, results in an Injury.

**Anesthetist:** A Physician duly licensed according to state law, who administers the anesthesia agent during a surgical procedure.

**Assistant Surgeon:** A Physician who assists the Surgeon who actually performs a surgical procedure.

**Coinsurance:** The percentage of the expense for which the Covered Person is responsible for a Covered Service. The Coinsurance is separate and not a part of the Deductible and Copayment.

**Company:** Nationwide Life Insurance Company. Also hereinafter referred to as We, Our and Us.

**Copayment:** A specified dollar amount a Covered Person must pay for specified Covered Charges.

**Covered Medical Expense** means the Reasonable and Customary Charges for a service or supply which is

performed or given under the direction of a physician for the Medically Necessary treatment of a Sickness or Injury.

**Deductible:** The amount of expenses for Covered Services and supplies which must be incurred by the Covered Person before specified Benefits become payable.

**Elective Treatment:** Those services that do not fall under the definition of Essential Health Benefits. Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's Effective Date of Coverage.

**Emergency:** An Illness, Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The Condition must be one which manifests itself by acute symptoms which are sufficiently severe that a reasonable person would seek care right away to avoid severe harm.

**Essential Health Benefits:** Has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services, and includes the following categories of Covered Services: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care (in accordance with the applicable state or federal benchmark plan).

**Hospital** means a legally constituted institution having organized facilities for the care and treatment of sick or injured persons on a registered inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff or one (1) or more licensed physicians and provides 24-hour nursing service by registered nurses on duty or call.

**Injury** means accidental bodily harm sustained by the Covered Person which resulted directly and independently of all other causes from an Accident and occurs while coverage under the Policy is in force.

**Medically Necessary or Medical Necessity** means the services or supplies provided by a Hospital, physician, or other provider that are required to identify or treat an Injury or Sickness and which, as determined by the company, are: 1) consistent with the symptom or diagnosis and treatment of the Injury or Sickness; 2) appropriate with regard to standards of good medical practice; 3) not solely for the convenience of the Covered Person; 4) the most appropriate supply or level of

service which can be safely provided. When applied to the care of an inpatient, it further means that the Covered Person's medical symptoms or condition requires that the services cannot be safely provided as an outpatient.

**Out-of-Pocket:** means the most You will pay during a Policy Year before your coverage pays at 100%. This includes deductibles, copayments (medical and prescription) and any coinsurance paid by You. This does not include non-covered medical expenses and elective services.

**Physician:** A health care professional practicing within the scope of his or her license and is duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy, and who is not:

1. the Insured Person;
2. a Family Member of the Insured Person; or
3. a person employed or retained by the Policyholder.

**Sickness** means illness or disease contracted and causing loss commencing while the Policy is in force as to the Covered Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Covered Person is being treated or has received treatment will be considered as part of the original Sickness.

**Reasonable and Customary (R&C):** The most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the Provider;
- The negotiated rate, if any; or
- The fee often charged for in the geographical area where the service was performed.

The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 80th percentile of Fair Health Inc. schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

For a Provider who has a reimbursement agreement, the Reasonable Charge is equal to the Preferred Allowance under any reimbursement agreement with Us, either directly or indirectly through a third party, as described in the Preferred Provider Benefit provision. If a Provider accepts as full payment an amount less than the rate negotiated under the reimbursement agreement, the lesser amount will be the maximum Reasonable Charge.

**We, Our and Us:** Nationwide Life Insurance Company.

**You and Your:** The Covered Person or Eligible Person as applicable.

Male pronouns whenever used include female pronouns.

### **NON-DUPLICATION OF COVERAGE**

Unless otherwise stated, we will pay benefits for a covered loss only once even if coverage was provided under more than one (1) Coverage Description.

### **COORDINATION OF BENEFITS**

This section applies to all benefits except Prescription Drugs. The Policy Year is the basis for consideration of claims. This provision will be used when the Benefits the Covered Person would receive under this Policy plus those received under all other Plans would exceed the total Allowable expense. If the Benefits provided under all Plans exceed the Allowable expense, We will reduce Our Benefits so that the total benefit received from all plans does not exceed 100% of Allowable expenses. When Benefits are reduced under the primary plan because the Covered Person did not comply with the plan provisions, the amount of such reduction will not be considered an Allowable expense.

### **EXCLUSIONS**

Benefits will not be paid for a loss due to:

1. Treatment, services or supplies which are not Medically Necessary; are not prescribed by a licensed physician, advanced practice nurse or physician assistant as necessary to treat a Sickness or Injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Any loss to which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person's engagement in an illegal occupation.
4. Injuries sustained as a result of intentional/unintentional self-inflicted Injury or any attempt at intentional /unintentional self-inflicted Injury.

5. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
6. Any loss sustained or contracted as a consequence of the Covered Person's intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a Physician.
7. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
8. Cosmetic surgery, except cosmetic surgery required as the result of an injury which occurred while covered under the Policy; or reconstructive surgery required as a result of a congenital disease or abnormality of a covered Dependent who has been covered under the Policy from the moment of birth.
9. Surgery and/or treatment for; acne; deviated nasal septum, including submucous resection and/or other surgical correction thereof unless due to Injury occurring while coverage is in force.
10. Rest cures or custodial care whether or not prescribed by a Physician.
11. Expenses incurred as a result of dental treatment, except as specifically stated.
12. Expenses that would be payable, or medical treatment that is available, under any governmental or national health plan for which the Covered Person could be eligible.
13. Elective abortions.
14. Injury resulting from the practicing for, participating in, or orthopedic equipment and appliances used for, intercollegiate, professional and semiprofessional sports, hand gliding, glider flying, parasailing, sail planning, parachuting, skydiving.
15. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems, except as specifically provided. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process.
16. Hearing examinations or hearing aids; or other treatment for hearing defects and problem, except as specifically provided. "Hearing defects" means any physical defect of

the ear which does or can impair normal hearing apart from the disease process.

17. Treatment in a governmental Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
18. Charges used to meet any deductible, or in excess of the coinsurance level, or in excess of those considered Reasonable and Customary Charges.
19. Treatment received in the Covered Person's Home Country outside of the United States of America.
20. Services of a private duty nurse.
21. Acupuncture.
22. Treatment other than surgery, of chronic Conditions of the foot including, weak feet, fallen arches, flat foot, pronated foot, subluxations of the foot, foot strain, care of corns, calluses, toenails or bunions, except for treatment of Injury, infection or disease, as provided herein.
23. Nutrition counseling services (except as specifically provided in the Policy), including services by a Physician for general nutrition, weight increase or reduction services, except as specifically provided in the Policy.
24. Vaccines and immunizations (except as specifically provided in the Policy) required for travel.

### **CERTIFICATE OF CREDITABLE COVERAGE**

Your coverage under this health plan is "creditable coverage" under Federal law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this health plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage, please contact Consolidated Health Plans, 2077 Roosevelt Avenue, Springfield, MA 01104 or at (800) 633-7867.

## CLAIMS INFORMATION

In the event of Injury or Sickness, the insured student should:

1. If at school, report immediately to the Drew University Health Service so that proper treatment can be prescribed or approved. There is no charge to students for routine care given at the Drew University Health Service.
2. If away from school, consult a physician and follow his/her instructions. Should the physician require payment at the time of service, submit the receipt for services to be reimbursed.

## CLAIM PROCEDURE

1. **Itemized medical bills should be mailed promptly to Cigna at the address listed.**

### **SUBMIT ALL CLAIMS TO:**

#### **Cigna**

1000 Great West Drive  
Kennett, MO 63857-3749  
Electronic Payor ID: 62308

2. Direct all claim forms, questions regarding benefits available under the Plan, claim procedures, status of a submitted claim or payment of a claim to Consolidated Health Plans.

### **CLAIMS ADMINISTRATOR:**

#### **Consolidated Health Plans**

2077 Roosevelt Ave  
Springfield, MA 01104

Local: (413) 733-4540 or Out of area: (800) 633-7867

[www.chpstudent.com](http://www.chpstudent.com)

## CLAIM APPEAL

To appeal a claim, send a letter stating the issues of the appeal to The Consolidated Health Plans Appeal Department at the above address. Include your name, phone number, address, school attended and email address, if available. Claims will be reviewed and responded to within forty-five (45) days by the Underwriting Company and Consolidated Health Plans.

**Please keep this brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.**

### **Underwritten By:**

Nationwide Life Insurance Company  
Columbus, Ohio  
Policy Number: 302-044-2912  
Group Number: S208102

### **Servicing Broker:**

UNIVERSITY HEALTH PLANS, INC.  
One Batterymarch Park  
Quincy, MA 02169-7454  
Telephone (800) 437-6448  
Email [info@univhealthplans.com](mailto:info@univhealthplans.com)  
[www.universityhealthplans.com](http://www.universityhealthplans.com)

For a copy of the Company's privacy notice, go to:  
[www.consolidatedhealthplan.com/about/hipaa](http://www.consolidatedhealthplan.com/about/hipaa)

## VALUE-ADDED BENEFITS

### **EMERGENCY MEDICAL AND TRAVEL ASSISTANCE**

FrontierMEDEX ACCESS services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. FrontierMEDEX is your key to travel security.

**For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.**

If you have a medical, security, or travel problem, simply call FrontierMEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330.

**If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.**

### **VISION DISCOUNT PROGRAM**

For Vision Discount Benefits please go to:

[www.chpstudent.com](http://www.chpstudent.com)

### **NURSE HOTLINE FOR STUDENTS**

For quick, sound medical advice from specially trained Nurses  
24 hours a day, 365 days per year  
Call toll free at 800-557-0309



Your out-of-pocket costs may be lower when you utilize Cigna PPO Providers. For a listing of Cigna PPO Providers, go to [www.cigna.com](http://www.cigna.com) or contact Consolidated Health Plans at (413) 773-4540, toll-free at (800) 633-7867, or [www.chpstudent.com](http://www.chpstudent.com) for assistance.