

Student Health Insurance

Designed for the Students of



2014-2015

Underwritten by:

**Nationwide Life Insurance Company
Columbus, Ohio**

Policy Number: 302-078-3112

Effective: August 10, 2014 to August 9, 2015

Group Number: S210312

IMPORTANT NOTICE

This brochure provides a brief description of the important features of the 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.

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WHERE TO FIND HELP

For Questions About:	Please Contact:
Insurance Benefits Enrollment Waiver	University Health Plans, Inc. One Batterymarch Park Quincy, MA 02169-7454 Phone: (800) 437-6448 Fax: (617) 472-6419 www.universityhealthplans.com Email: info@univhealthplans.com
Claims Processing ID Cards	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (800) 633-7867 www.chpstudent.com
Preferred Provider Listings	www.phcs.com
Status of Pharmacy Claim Pharmacy Claim Forms Excluded Drugs and Pre-authorization	Express Scripts (800) 451-6245 www.express-scripts.com

AM I ELIGIBLE?

All matriculated undergraduate students taking a minimum of six (6) credit hours and all matriculated graduate students taking a minimum of three (3) credit hours, are automatically enrolled in this insurance Plan, unless proof of comparable coverage is furnished.

Students must actively attend classes for at least the first thirty-one (31) days after the date for which coverage is purchased. Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the Student's spouse, domestic partner and children under age twenty-six (26). Dependent Eligibility expires concurrently with that of the Insured Student.

HOW DO I WAIVE/ENROLL?

Eligible Students who DO NOT WANT to be enrolled in the Student Health Insurance Program must submit an online Waiver Form documenting proof of comparable coverage in another health insurance plan prior to the posted waiver deadline of August 10, 2014.

Recognizing that health insurance situations may change, students will be required to provide proof of comparable coverage each academic year in order to waive participation in the Student Health Insurance Program.

Please note: The Company issuing the policy used to waive inclusion in the Student Health Insurance Program must be wholly based in the United States.

To document proof of comparable coverage OR confirm enrollment in the Student Health Insurance Program, students must go to www.universityhealthplans.com and select Ithaca College. The Waiver and Enrollment Forms can be accessed by clicking "Waiver Form" or "Enrollment Form" link on the left of the page and following the instructions. Immediately upon submitting the online Waiver or Enrollment Form, students will receive a confirmation number as verification that the form has been submitted. **The form HAS NOT been submitted until a confirmation page is provided.** The confirmation should be printed as this is the student's ONLY proof of submitting the request.

EFFECTIVE DATES AND COSTS

The Ithaca College Student Health Insurance Plan provides coverage to students for a twelve (12) month period - from 12:01 a.m. August 10, 2014, through 11:59 p.m. August 9, 2015.

	Annual 8/10/14- 8/9/15	Fall 8/10/14- 12/31/14	Spring/ Summer 1/1/15- 8/9/15	Summer 6/1/15 - 8/9/15
Student	\$1,155	\$485	\$739	\$254
Spouse	\$2,375	\$998	\$1,520	\$523
Child(ren)	\$1,770	\$744	\$1,133	\$389

Note: The above rates include an administrative fee retained by the servicing agent.

EXTENSION OF BENEFITS

The coverage provided under this Policy ceases on the termination date. However, if an Insured is Hospital confined on the termination date as a result of a covered Injury or Sickness for which benefits were paid before the

termination date, Covered Expenses for such Injury or Sickness will continue to be paid for a period of twelve (12) months or until date of discharge, whichever is earlier.

The total payments made in respect of the Insured for such Condition both before and after the termination date will never exceed the maximum benefit. After this Extension of Benefits provision has been exhausted, all benefits cease to exist and under no circumstances will further benefits be made.

Dependents that are newly acquired during the Insured Student's Extension of Benefits period are not eligible for benefits under this provision.

TERMINATION OF COVERAGE

Coverage will terminate at 11:59 p.m. standard time at the Covered Person's residence on the earliest of:

- The termination date of the Policy;
- The date the Insured ceases to be an Eligible Person;
- 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 any unearned pro-rata Premium with respect to such person.

Termination is subject to the Extension of Benefits provision.

PREMIUM REFUND POLICY

Except for medical leave or withdrawal due to a covered Injury or Sickness, any student taking a leave of absence or 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 will be made minus the cost of any claim Benefits made by Us. 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 allowed.

Covered 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. Refunds for any other reason are not available.

STUDENT HEALTH INSURANCE PLAN

After a \$150 per Policy Year Deductible per individual (\$500 per Family), We will pay up to 80% of the Preferred Allowance (PA) for Preferred Provider, or 60% of the Reasonable and Customary (R&C) charges for Out-of-Network Providers for Covered Expenses, for the following Covered Medical Expenses, according to the limitations outlined above and in the Schedule of Benefits.

Policy Year Aggregate Maximum (Includes Medical Evacuation & Repatriation)	Unlimited	
Policy Year Deductible	\$150 Individual - \$500 Family	
Out-of-pocket Maximum	<ul style="list-style-type: none"> • All deductibles, copayments and coinsurance apply towards maximum • Excludes non-covered medical expenses & Elective services; • Any Coinsurance paid by You is applied to the Out-of-Pocket Limit per Policy Year; • Once the Out-of-Pocket Limit is reached by the Covered Person, the Insured Percent paid by the Company will increase to 100%. 	
Non-Emergency Medical Coverage while outside of the United States	Domestic Students: Not covered	
	International Students: 100% up to \$20,000 Per Policy Year for treatment in the Covered Person's Home Country, if not covered by any other coverage.	
	Preferred Provider	Non-Preferred Provider
Wellness/Preventive Care and Immunizations	100% of Preferred Allowance (PA); deductible does not apply	60% of Reasonable & Customary Charges (R&C)

	Preferred Provider	Non-Preferred Provider
Outpatient Services (other than Surgery, Maternity, Mental Conditions/Drug or Alcohol)		
Office Visits , includes Consulting Physician/ Specialist. Does not apply when related to surgery or Physical Therapy	\$10 copay, then 80% of PA	\$10 copay, then 60% of R&C
Diagnostic X-ray, Diagnostic Imaging and Laboratory Services	80% of PA	60% of R&C
Inpatient Services (other than Surgery, Maternity, Mental Conditions/Drug or Alcohol, except as specified)		
Miscellaneous Hospital Services includes Pre-Admission testing and Inpatient Rehabilitation (such as Occupational and Speech Therapy). Inpatient Physical Therapy is limited to 60 days per condition.	80% of PA	60% of R&C
Room & Board Expenses , daily semi-private room rate and general nursing care provided by the Hospital and ICU	80% of PA	60% of R&C
Physician In-Hospital Visits (includes Specialists/Consultants), limited to one (1) visit per day and does not apply when related to surgery	80% of PA	60% of R&C
Skilled Nursing Facility and Sub-Acute Care Facility	80% of PA	60% of R&C
Surgical Services (Inpatient/Outpatient) - When Injury or Sickness requires multiple Surgical Procedures through the same incision, We will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Charge of the most expensive Surgical Procedure then being performed.		
Surgeon	80% of PA	60% of R&C
Assistant Surgeon	20% of surgery allowance	
Anesthesia	25% of surgery allowance	

Surgical Miscellaneous - Includes supplies, drugs, facility fee, anesthesia, Diagnostic Imaging, laboratory and miscellaneous items used in association with the surgical event	80% of PA	60% of R&C
Obesity Surgery (treatment of Morbid Obesity)	80% of PA up to \$5,000, 50% thereafter	60% of R&C
Maternity Benefits	Paid the same as any other Sickness	
Mental Conditions and Alcoholism/Drug Abuse (Inpatient and Outpatient)	Paid the same as any other Sickness	
Urgent Care and Emergency Services		
Urgent Care Visit	\$10 copay, then 80% of PA	\$10 copay, then 60% of R&C
Emergency services (copayment waived if admitted)	\$50 copay, then 80% of PA	\$50 copay, then 80% of R&C
Emergency Medical Transportation services	80% of PA	80% of R&C
Other Services		
Habilitative & Rehabilitative therapies (Includes Physical, Speech and Occupational Therapy)	80% of PA	60% of R&C
Chiropractic Care	\$10 copay, then 80% of PA	\$10 copay, then 60% of R&C
Home Health Care , forty (40) visit maximum per year	\$50 copay, then 80% of PA	\$50 copay, then 60% of R&C
Hospice (Includes up to 5 sessions for family members either before or after death of member)	80% of PA	60% of R&C
Nutritionist Visit	80% of PA	60% of R&C
Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices	80% of PA	60% of R&C

Hearing Aids (limited to single purchase including repair/replacement, every 3 years) Up to \$1,500 per Policy Year	80% of PA	60% of R&C
Prescription Drug Benefits, Prescriptions should be filled at an Express Scripts participating pharmacy. Visit www.express-scripts.com for participating pharmacies. Deductibles do not apply. Co-pays are per 30-day supply.	Generic Contraceptive Drugs: \$0 copay Other Generic Drugs: \$10 copay All Brand Name Drugs: \$20 copay All Non-Formulary Brand Name Drugs: \$30 copay	
Elective Termination of Pregnancy	80% of PA	60% of R&C
Intercollegiate and Club Sports, up to a \$700 maximum per Policy Year. This includes "Repetitive Motion Injuries" such as, but not limited to, Strains, Sprains, Hernia, Tennis Elbow, Tendonitis, Bursitis, and Muscle Tears.	80% of PA	60% of R&C
Accidental Dental Expense, for treatment resulting from injury to Sound, Natural teeth	80% of PA	60% of R&C
Routine Vision Exam for Covered Persons under age nineteen (19). Includes one (1) pair of glasses (lenses and frames per Policy Year.	100% up to \$150; 50% thereafter	
Services not covered under this plan: TMJ; Gender reassignment surgery; adult vision exams (eye glasses/contacts); adult dental services, for age 19 and older; advanced infertility treatment; acupuncture; non-emergency treatment outside of the United States and private duty nursing.		

DEFINITIONS

The terms listed below, if used, have the meaning stated.

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 happens while the Covered Person is covered under this Policy and which directly, and from no other cause results in Injury.

Autism Spectrum Disorder: A group of neurobiological conditions that include autistic disorder, Asperger's disorder, Rett's disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (PDD-NOS), as defined in the most recent edition of the diagnostic and statistical manual of mental disorders.

Biologically Based Mental Illness: a mental, nervous, or emotional condition that is caused by a biological disorder of the brain and results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Such biologically based mental illnesses are defined as schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorders, bulimia, and anorexia.

Coinsurance: The percentage of the expense for which the Company 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.

Complications of Pregnancy: A Condition which:

- When pregnancy is not terminated, requires medical treatment and the diagnosis is distinct from pregnancy but is adversely affected by or is caused by pregnancy, such as: (a) acute nephritis; (b) nephrosis; (c) cardiac decompensation; (d) missed abortion; (e) preeclampsia/eclampsia; (f) puerperal infection; (g) R.H. Factor problems; (h) severe Loss of blood requiring transfusion; (i) and other similar medical and surgical Conditions of comparable severity related to pregnancy; or
- When pregnancy is terminated: (a) non-elective cesarean section; (b) ectopic pregnancy that is terminated; and (c) spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy will not include:

- False labor;
- Occasional spotting;
- Doctor prescribed rest during the period of pregnancy;
- Morning Sickness; and
- Similar Conditions associated with the management of a difficult pregnancy but which are not a separate Complication of Pregnancy.

Copayment: A specified dollar amount a Covered Person must pay for specified charges. The Copayment is separate from and not a part of the Deductible or Coinsurance or out-of-pocket maximum.

Covered Charge or Covered Expense: As used herein means those charges for any treatment, services or supplies: (a) for Network Providers not in excess of

the Preferred Allowance; (b) for Non-Network Providers not in excess of the charges of the Reasonable and Customary expense therefore; and (c) not in excess of the charges that would have been made in the absence of this insurance; (d) incurred while this Policy is in force as to the Covered Person except with respect to any covered expense payable under the Extension of Benefits Provision. Expenses that do not meet all of these requirements are not covered.

Covered Person: A person:

- Who is eligible for Coverage as the Insured;
- Who has been accepted for Coverage or has been automatically added;
- Who has paid the required Premium; and
- Whose Coverage has become effective and has not terminated.

Covered Services: Means the services and supplies, procedures and treatment described under Covered Services, subject to the terms, Conditions, limitations, and exclusions of the Policy.

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

Dependent: A person who is the Insured's:

- Legally married spouse, who is not legally separated from the Insured;
- Domestic Partner; or
- Child who is under the age of twenty-six (26).

Doctor: Any of the following to the extent they are authorized by law and duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy: Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) who does not ordinarily reside in the Covered Person's home or is not related to the Covered Person by blood or marriage.

Effective Date: The first date a Student or a covered Dependent becomes covered under this Policy.

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: A 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 (including severe pain) that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:

Placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy;

Serious impairment to bodily functions;

Serious dysfunction of any bodily organ or part.

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).

Home Health Care: Services and supplies that is Medically Necessary for the care and treatment of a covered Illness or Accidental Injury that are furnished to a Covered Person at the Covered Person's residence. Home Health Care consists of, but shall not be limited to, the following:

- Part-time or intermittent skilled nursing services provided by a Registered Nurse or licensed Vocational Nurse;
- Part-time or intermittent home health aide services which provide supportive services in the home under the supervision of a Registered Nurse or a Physical Therapist; and
- Physical therapy.

Hospice: A coordinated plan of home and Inpatient care which treats the terminally ill patient and family as a unit. It provides care to meet the special needs of a family unit during the final stages of a Terminal Illness and during the bereavement. Care is provided by a team of trained medical personnel, homemakers, and counselors. The team acts under an independent Hospice administration. It helps the family unit cope with physical, psychological, spiritual, social, and economic stresses.

Hospital: A short-term, acute, general hospital, which:

- is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- has organized departments of medicine and major surgery;
- has a requirement that every patient must be under the care of a physician or dentist;
- provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97 (42 USCA 1395x(k));
- is duly licensed by the agency responsible for licensing such hospitals; and

- is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care .

Injury: Bodily Injury due to a sudden, unforeseeable, external event which results solely, directly and independently of disease, bodily infirmity or any other causes; occurs after the Covered Person's Effective Date of Coverage; occurs while Coverage is in force. All injuries sustained in any one (1) Accident, including all related Conditions and recurrent symptoms of these Injuries, are considered a single Injury.

Insured: The Covered Person who is enrolled at and meets the eligibility requirements of the Policyholder's school.

Medically Necessary/Medical Necessity: A treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. When specifically applied to Hospital Confinement, it means that the diagnosis or treatment of symptoms or a Condition cannot be safely provided on an Outpatient basis.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided solely for educational purposes or the convenience of the patient, the patient's family, Doctor, Hospital or any other Provider;
- Exceeds in scope, duration or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or Preventive Care;
- Could have been omitted without adversely affecting the patient's Condition or the quality of medical care;
- Involves treatment with or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA). If the prescribed drug is recognized as safe and effective for the treatment of a Sickness or Injury by one or more of the Standard Medical Reference Compendia or in the Medical Literature, even if the prescribed drug has not been approved by the FDA for the treatment of that specific Sickness or Injury, Coverage will be provided, subject to the exclusions and limitations of the Policy;
- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or

Can be safely provided to the patient on a more cost-effective basis such as Outpatient, by a different medical professional, or pursuant to a more conservative form of treatment.

We reserve the right to determine whether a service, supply or drug is Medically Necessary.

Mental or Emotional Disorder: Nervous, emotional and mental disease, illness, syndrome or dysfunction classified in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to a Covered Person.

Out-of-Pocket Maximum: The most You pay during a Policy Year before Your Coverage begins to pay 100%. This limit will never include Premium, balance-billed charges or health care Your Policy does not cover.

Policy: The agreement between Us and the Policyholder which states the terms, Conditions, limitations and exclusions regarding Coverage.

Policy Year: The period of twelve (12) months following the Policy's Effective Date.

Pre-admission Testing: Tests done in conjunction with a scheduled surgery where an operating room has been reserved before the tests are done.

Preferred Allowance (PA): The amount a Network Provider has agreed to accept as payment in full for Covered Charges.

Preferred Provider Organization or PPO: The PHCS Preferred Provider Network.

Prescription Drugs: Drugs which may only be dispensed by written prescription under Federal law, and approved for general use by the U.S. Food and Drug Administration (FDA). The Drugs must be dispensed by a licensed pharmacy Provider for out of Hospital use. Coverage for a Prescription Drug will not be excluded for a particular indication on the grounds that the drug has not been approved by the FDA for that indication, if such drug is recognized for treatment of such indication in one of the standard reference compendia or in the medical literature as recommended by current American Medical Association (AMA) policies. Prescription Drug Coverage shall also include Medically Necessary supplies associated with the administration of the drug.

Reasonable and Customary Expense (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, so long as those charges are reasonable. The most common charge means the lesser of:

- The actual amount charged by the Provider;
- The charge which would have been made by the Provider of medical services for a comparable service or supply made by other Providers in the same geographic area, as reasonably determined by Us for the same service or supply.

Geographic area means the first three digits of the zip code in which the service, treatment, procedure, drugs or supplies are provided or a greater area,

if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

Reasonable charges, fees or expenses as used herein to describe expense, will be considered to mean the percentile of the payment system in effect on the Effective Date as shown on the face page of this Policy.

No payment will be made under this Policy for any expenses incurred which in the judgment of the Company are in excess of Reasonable and Customary expense.

Screening Mammography: A radiological examination utilized to detect unsuspected breast cancer at an early stage in asymptomatic women and includes the x-ray or digital radiography examination of the breast using equipment that is dedicated specifically for mammography, including, but not limited to the x-ray tube, filter, compression device, screens, film, and cassettes, and that has an average radiation exposure delivery of less than one rad mid-breast. Screening Mammography includes two views for each breast and includes the professional interpretation of the films. Screening Mammography does not include diagnostic mammography. Screening Mammography must be performed in a facility or mobile mammography screening unit that is accredited under the American College of Radiology Mammography Accreditation Program or in a Hospital.

Serious Emotional Disturbance of a Child: persons under the age of eighteen (18) years who have diagnoses of attention deficit disorders, disruptive behavior disorders, or pervasive development disorders, and where there are one or more of the following:

- serious suicidal symptoms or other life-threatening self-destructive behaviors;
- significant psychotic symptoms (hallucinations, delusion, bizarre behaviors);
- behavior caused by emotional disturbances that placed the child at risk of causing personal injury or significant property damage; or
- behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household.

Sickness: Illness, disease, pregnancy and Complications of Pregnancy. All related Conditions and recurrent symptoms of the same or a similar Condition will be considered the same Sickness.

Skilled Nursing Facility: A place (including a separate part of a Hospital) which:

- Regularly provides room and board for person(s) recovering from Illness or Accidental Injury;
- Provides continuous twenty-four (24) hour nursing care by or under the supervision of a Registered Nurse;
- Is under the supervision of a duly licensed Doctor;

- Maintains a daily clinical record for each patient;
- Is not, other than incidentally, a place for rest, the aged, place of treatment for alcoholism or drug and/or substance abuse or addiction; and
- Is operated pursuant to law.

Urgent Care: Means short-term medical care for non-life threatening Conditions that can be mitigated or require care within forty-eight (48) hours of onset.

Urgent Care Facility: a Hospital or other licensed facility which provides diagnosis, treatment, and care of persons who need acute care under the supervision of Doctors.

We, Our and Us: Nationwide Life Insurance Company.

You and Your: the Covered Person.

Male pronouns, whenever used, include female pronouns.

PREFERRED PROVIDER INFORMATION

Your Coverage provides for the utilization of Network Providers in a Preferred Provider Organization (PPO). The Student Health Insurance Plan does not require you to use a Preferred Provider. However, the advantage to using a Preferred Provider is that these providers have agreed to accept a predetermined fee or Preferred Allowance as payment in full for their services. Consequently, when Insured Persons use Preferred Providers, out-of-pocket expenses may be lower because any applicable coinsurance will be based on a Preferred Allowance (PA). **The Preferred Provider Organization for Your Coverage is PHCS.** A complete listing of PHCS providers is available at www.phcs.com or www.chpstudent.com.

We encourage Covered Persons to use Preferred Providers by providing benefit incentives when Preferred Providers are used.

PRE-CERTIFICATION POLICY

This plan does not require pre-certification of benefits. Please refer to the schedule of benefits section of the policy for covered benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT OR LOSS OF SIGHT BENEFIT

If the Eligible Person, within ninety (90) days from the date of an Accident which occurs while Coverage is in force, dies as the result of Injury from such Accident, We will pay the Eligible Person's beneficiary the amount for Loss of life as shown on the Schedule of Benefits. If the Eligible Person, within ninety (90) days from the date of an Accident, which occurs while Coverage is in force, suffers dismemberment as the result of Injury from such Accident, We will pay

the Eligible Person the amount set opposite such Loss, as shown below. If more than one such Loss is sustained as the result of one Accident, we will pay only one amount the largest to which the Eligible Person or his or her beneficiary would be entitled. **NOTE:** Loss shall mean, with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint, and with regard to eyes, entire or irrecoverable Loss of sight.

FOR LOSS OF:

Life.....	\$10,000
Two or More Members	\$10,000
One Member	\$5,000
Thumb or Index Finger	\$5,000

Any benefit payable under this part will be in addition to any benefit otherwise payable under this Policy. This benefit is subject to all the terms, Conditions and exclusions of this Policy.

Member means hand, arm, foot, leg, or eye.

MANDATED BENEFITS

If You are enrolled in this Insurance Program, Policy coverage also includes the following benefits, all subject to the Policy Aggregate Limit, unless provided otherwise, and is subject to Policy Deductibles, limitations and exclusions where applicable.

(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.)

- Autism Spectrum Disorder
- Bone Mineral Density Tests
- Cervical Cytology Screening (PAP Tests)
- Chemical abuse and dependence (outpatient)
- Chiropractic Care Benefit
- Contraceptive drugs and devices
- Diabetic Education, Equipment, Supplies and Service Mandate
- Eating Disorders
- End of Life Care Expenses
- Enteral Formulas
- Experimental Cancer Drugs
- Experimental or Investigational Services Recommended by an External Appeal Agent
- Mammography Screening

- Mastectomy Cancer Benefit
- Maternity Care (including Complications of Pregnancy)
- Mental, nervous or emotional disorders or ailments
- Orally Administered Anticancer Drug
- Post-Mastectomy Reconstruction
- Prehospital Medical Emergency Services
- Preventive and Primary Care Services
- Prostate Screening
- Second Medical Opinion for Cancer Diagnosis
- Second Medical Opinion

Please see the Policy on file with the school for further details on these benefits.

EXCLUSIONS

Unless specifically included, no Benefits will be paid for: a) Loss or expense caused by, contributed to, or resulting from; b) treatment, services, or supplies for, at, or related to:

1. War or act of war, participation in a riot or insurrection, and service in the Armed Forces or units auxiliary thereto;
2. Aviation, other than as a fare-paying passenger on a scheduled flight or charter flight operated by a scheduled airline;
3. Cosmetic Surgery, except that cosmetic surgery does not mean reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, or reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. Cosmetic surgery medical necessity determinations are subject to utilization review and external review;
4. Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet;
5. Benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable;
6. Treatment provided in a government hospital; benefits provided under Medicare or other governmental programs (except Medicaid); any state or federal workers' compensation, employers' liability or occupational disease law, unless where otherwise provided in State or Federal statute;
7. Coverage for services performed by a member of the insured's immediate family;
8. Coverage for services for which no charge is normally made;

9. Coverage of dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within twelve (12) months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly;
10. Coverage for eyeglasses, hearing aids and examination for the prescription or fitting thereof except as specified otherwise
11. Coverage for custodial care as defined in 11 NYCRR 52.16(1) and for transportation;
12. Coverage for rest cures;
13. Coverage while the insured is outside the United States, its possessions or the countries of Canada or Mexico (except as specifically provided); and
14. Losses to which a contributing cause was the insured's participation in a felony or attempted felony or engaged in an illegal occupation.

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.

CONFORMITY WITH STATE STATUTES

Any provision of this Policy which, on its Effective Date, is in conflict with the statutes of the state in which it is issued or in which the Insured resides, is hereby amended to conform to minimum requirements of such statutes.

CLAIM PROCEDURES

In the event of either an Injury or a Sickness:

1. Contact your Student Health Services, if available. They will provide primary care and, if necessary, refer you to a Provider located nearby for treatment at reduced cost.
2. Submit to Consolidated Health Plans, at the address shown below, an itemized bill. Written Proof of Loss must be submitted by You or Your health care provider within ninety (90) days of treatment, or as soon as reasonably possible.

Please Send claims to:

Consolidated Health Plans (CHP)
 2077 Roosevelt Avenue
 Springfield, MA 01104
www.chpstudent.com
 Electronic Payor ID: 87843

There is no utilization review performed on this Policy.

CLAIMS APPEAL PROCESS

To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plans' Appeal Department at 2077 Roosevelt Avenue, Springfield, MA 01104. Include your name, phone number, address, school attended and email address, if available.

The appeal will be reviewed and responded to within sixty (60) days by Consolidated Health Plans.

Translation services are available to assist insureds, upon request, related to administrative services.

Servicing Broker:

University Health Plans, Inc.
 One Batterymarch Park
 Quincy, MA 02169-7454
 Local: (617) 472-5324
 Out of area: (800) 437-6448
www.universityhealthplans.com

Claims Administrator:

CONSOLIDATED HEALTH PLANS

2077 Roosevelt Avenue
 Springfield, MA 01104
 (413) 733-4540
 Toll Free (800) 633-7867
www.chpstudent.com
 Group Number: S210312

This plan is underwritten and offered by:

Nationwide Life Insurance Company
Columbus, Ohio
Policy Number: 302-078-3112

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

VALUE ADDED SERVICES

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to: www.chpstudent.com

NATIONWIDE STUDENT TRAVEL ASSISTANCE

Europ Assistance USA 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. Europ Assistance USA 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 Europ Assistance USA 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: 1-877-496-1175 or if you are in a foreign country, call collect at: 1-240-330-1530.

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. Europ Assistance USA will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

COVERAGE TERMS- Per Policy Year	
ASSISTANCE SERVICES	MAXIMUM LIMITS
Emergency Evacuation	Unlimited
Medical Repatriation	Unlimited
Repatriation of Remains	Unlimited
Visit by Family Member or Friend	\$5,000
Return of Dependent Children	\$5,000
Return of Traveling Companion	\$5,000

EMERGENCY TRANSPORTATION SERVICES

Emergency Evacuation: If you or your dependent suffer an Injury or Sickness and adequate medical facilities are not available locally in the opinion of NATIONWIDE STUDENT TRAVEL ASSISTANCE'S Medical Director, NATIONWIDE STUDENT TRAVEL ASSISTANCE will provide emergency evacuation (under medical supervision, if necessary) by whatever means necessary to the nearest facility capable of providing adequate care. Services included arranging and paying for transportation and related medical services (including cost of

medical escort, if necessary) and medical supplies necessarily incurred in connection with the emergency evacuation.

Medically Necessary Repatriation: After initial treatment and stabilization for an Injury or Sickness, if the attending Physician and NATIONWIDE STUDENT TRAVEL ASSISTANCE'S Medical Director deem it medically necessary, NATIONWIDE STUDENT TRAVEL ASSISTANCE will transport you back to your permanent place of residence for further medical treatment or to recover. Services include arranging and paying for transportation and related medical services (including cost of medical escort, if necessary) and medical supplies necessarily incurred in connection with the repatriation.

Repatriation of Remains: In the event of your death, NATIONWIDE STUDENT TRAVEL ASSISTANCE will render assistance and provide for the return of mortal remains. Services include arranging and paying for the following: location of a sending funeral home; transportation of the body from the site of death to the sending funeral home to the airport; minimally necessary casket or air tray for transport; coordination of consular services (in the case of death overseas); procuring death certificates; and transport of the remains from the airport to the receiving funeral home. Other services that might be performed in conjunction with those listed above include: making travel arrangements for any traveling companions; identification and/or notification of next-of-kin.

Visit by Family Member or Friend: If you are hospitalized for more than seven (7) days and are traveling alone, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange and provide your family member or friend with transportation to visit you. Visit by Family Member or Friend services are subject to a maximum coverage limit of \$5,000, to include one (1) roundtrip economy ticket, meals and reasonable accommodations up to a maximum of 10 days.

Return of Dependent Children: If you are hospitalized for more than seven (7) days, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange and pay for the return the your minor children who are under nineteen (19) years of age, and if necessary, accompany him/her with an attendant, up to a maximum coverage limit of \$5,000 per event.

Return of Traveling Companion: If your traveling companion loses previously made travel arrangements due to your medical emergency, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange and pay for your traveling companion's return home by the most direct and economical route, up to a maximum coverage limit of \$5,000 per event.

MEDICAL ASSISTANCE SERVICES

Medical Referrals: NATIONWIDE STUDENT TRAVEL ASSISTANCE will assist you in finding physicians, dentists, and medical facilities.

Medical Monitoring: During the course of a medical emergency, NATIONWIDE STUDENT TRAVEL ASSISTANCE'S professional case managers, including physicians and nurses, will make sure the appropriate level of care is maintained or determine if further intervention, medical transportation, or

possibly repatriation (return to U.S.) is needed. NATIONWIDE STUDENT TRAVEL ASSISTANCE will provide case notification, both foreign and domestic, between the patient, family, physician, employer, travel company, and consulate as needed. NATIONWIDE STUDENT TRAVEL ASSISTANCE will continue to provide all necessary international claim coordination, to include hospital bill translation and interpretation, as needed.

Emergency Medical Payments: When it is necessary for you to obtain needed medical services, upon request, NATIONWIDE STUDENT TRAVEL ASSISTANCE will advance in local currency, up to \$10,000 to cover on-site medical expenses. The advance of funds will be made to the medical provider after NATIONWIDE STUDENT TRAVEL ASSISTANCE has secured funds from you or your family.

Replacement of Medication and Eyeglasses: NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange to fill a prescription that has been lost, stolen, or requires a refill, subject to local law, whenever possible. NATIONWIDE STUDENT TRAVEL ASSISTANCE will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc. are your responsibility.

Hotel Convalescence Arrangements: NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with hotel arrangements if you or your companion needs to convalesce in a hotel prior to or following medical treatment.

Medical Insurance Assistance: NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you by coordinating notifications to medical insurers or managed care organizations, verifying policy enrollment, confirming medical benefits coverage, guaranteeing medical payments, assisting in the coordination of multiple insurance benefits, and handling claims paperwork flow.

Prescription Drug Assistance: When permitted by law and approved by the patient's physicians, NATIONWIDE STUDENT TRAVEL ASSISTANCE will assist you in obtaining prescription drugs and other necessary personal medical items that may have been forgotten, lost or depleted while traveling.

LEGAL ASSISTANCE

Locating Legal Services: NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist in contacting a local attorney or the appropriate consular officer if you are arrested or detained, involved in an automobile accident, or otherwise need legal help. NATIONWIDE STUDENT TRAVEL ASSISTANCE will maintain communications with you, your family, and employer until legal counsel has been retained by you.

Bail Bond Services: NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist in securing bail bond services in all available locations.

BAGGAGE ASSISTANCE

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you if your baggage is lost, stolen, or delayed while traveling on a common carrier. NATIONWIDE STUDENT TRAVEL ASSISTANCE will advise you of the proper reporting

procedures and will help you maintain contact with the appropriate companies or authorities to help resolve the problem.

EMERGENCY PAYMENT ASSISTANCE

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you in obtaining an advance of funds for medical expenses or other travel emergencies by coordinating directly with your family, or your credit card company, bank, employer, plan sponsor or other sources of credit.

PRE-TRIP ASSISTANCE – available at anytime, not subject to 100 mile travel requirement

- **Passport and Visa Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can advise you of the required documentation to enter and depart foreign destinations.
- **Health Hazards Advisory:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can provide you with up to date travel advisories.
- **Inoculation Requirements:** Medical entry requirements can be provided to you prior to your departure.
- **Weather Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE maintains current information regarding weather conditions for both domestic and international travel destination. This information will be provided to you through the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center.
- **Currency Exchange Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can provide you with the daily currency exchange rate for a specified country.
- **Consulate and Embassy Locations:** NATIONWIDE STUDENT TRAVEL ASSISTANCE maintains a complete listing of consulates and embassies. These locations are accessible to you by calling the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center.
- **Translation and Interpreter Services:** Professional translators and interpreters can be reached 24-hours a day to obtain translation or interpreter assistance services during emergency situations while traveling internationally.
- **Travel Locator Service:** You can contact the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center 24 hours a day, seven (7) days a week, for assistance in locating hotels, airports, sports facilities, campgrounds, and tourist attractions.

EMERGENCY MESSAGE ASSISTANCE

NATIONWIDE STUDENT TRAVEL ASSISTANCE can record emergency messages from you or emergency messages for you for 24-hour periods. These messages may be retrieved at anytime by you, your family, or business associates.

EMERGENCY CASH ASSISTANCE

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with emergency

cash up to \$500. Arrangements will be made through a friend, family member, business, or your credit card in the event of an emergency. All fees associated with the transfer or deliveries of funds are your responsibility.

EMERGENCY TICKET REPLACEMENT

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you in replacing lost or stolen airline tickets.

EMERGENCY CARD REPLACEMENT

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with emergency card replacement if you should experience a loss, theft, or damage to your credit card or membership card.

NATIONWIDE STUDENT TRAVEL ASSISTANCE EXCLUSIONS AND LIMITATIONS

1. NATIONWIDE STUDENT TRAVEL ASSISTANCE shall not provide services enumerated if the coverage is sought as a result of: involvement in any act of war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, and insurrection, military or usurped power; traveling against the advice of a Physician; traveling for the purpose of obtaining medical treatment; traveling in any country in which the U.S. State Department issued travel restrictions; the commission of or attempt to commit an unlawful act; mental or emotional disorders, unless hospitalized; participation as a professional in athletics; services provided for you for which no charge is normally made; travel within 100 miles of your Primary Residence, unless in a foreign country.
2. The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, NATIONWIDE STUDENT TRAVEL ASSISTANCE may not be able to respond in the usual manner. It is your responsibility to inquire whether a country is "open" for assistance prior to your departure and during your stay. NATIONWIDE STUDENT TRAVEL ASSISTANCE also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit NATIONWIDE STUDENT TRAVEL ASSISTANCE to fully provide services.
3. If you request a transport related to a condition that has not been deemed medically necessary by a physician designated by NATIONWIDE STUDENT TRAVEL ASSISTANCE in consultation with a local attending physician or to any condition excluded hereunder, and you agree to be financially responsible for all expenses related to that transport, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange but not pay for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if NATIONWIDE STUDENT TRAVEL ASSISTANCE was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation

services.

4. NATIONWIDE STUDENT TRAVEL ASSISTANCE shall not be responsible for any claim, damage, loss, costs, liability or expense which arises in whole or in part as a result of NATIONWIDE STUDENT TRAVEL ASSISTANCE'S inability to verify the Participant's eligibility.

NATIONWIDE STUDENT TRAVEL ASSISTANCE-- GENERAL INFORMATION

All transportation benefits provided hereunder must be by the most direct and economical route possible.

For the purposes of this Description of Covered Services, the following definitions shall apply; "Injury" means identifiable injury caused by an Accident. "Accident" means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place. "Sickness" means a sickness of the Participant declares itself during the period when services are available under this Agreement.

NATIONWIDE STUDENT TRAVEL ASSISTANCE is not responsible and cannot be held liable for any malpractice performed by a local physician or attorney who is not an employee of NATIONWIDE STUDENT TRAVEL ASSISTANCE, or for any loss or damage to your vehicle during the return of vehicle, or for any loss or damage to any personal belongings.

IMPORTANT: The individual or their representative must contact NATIONWIDE STUDENT TRAVEL ASSISTANCE to arrange for any services provided herein. Failure to contact NATIONWIDE STUDENT TRAVEL ASSISTANCE and failure to utilize NATIONWIDE STUDENT TRAVEL ASSISTANCE to make arrangements for services shall render the expenses ineligible.