

**2013-2014  
Student Accident and Sickness  
Insurance Plan**

**NON-PARTICIPATING  
NON-RENEWABLE ONE YEAR TERM**

*Designed Especially for the Students of*



**NOTICE: Your Student Accident and Sickness Insurance coverage, offered by Nationwide Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits for health insurance plans other than student health insurance coverage for the 2013/2014 policy year. Minimum restrictions for policy year dollar limits for student health insurance coverage are \$500,000 for the 2013/2014 policy year. Your Student Accident and Sickness Insurance Plan has a coverage limit of \$500,000 per policy year. Be advised that you may be eligible for coverage under your parents' plan if you are under the age of 26. If you have any questions or concerns about this notice, contact Consolidated Health Plans at 800-633-7867.**

*Please note that the Lehigh University Student Accident and Sickness Insurance Plan meets the*

*minimum standards required by the health care reform law for the student health insurance plan restrictions on dollar limits for the 2013/2014 policy year.*

This plan is underwritten by:  
**Nationwide Life Insurance Company**  
Policy Number: **302-039-3711**  
Group Number: **S207101**

**Benefit Enhancements  
New for the 2013-2014 School Year**

- Increased policy maximum benefit.

**LEHIGH UNIVERSITY  
HEALTH AND WELLNESS CENTER**

**Eligibility**

All students are eligible to receive care at the Student Health and Wellness Center. It is not necessary to purchase student insurance to use the services of the center. Spouses and children of students are not eligible for treatment. The office works by appointments so please call ahead 610-758-3870.

**Services**

Our Health and Wellness Center staff provides medical care similar in scope to that provided in a private practice. We treat medical, surgical and orthopedic problems, with referral to a specialist or to a hospital emergency room when necessary. We also provide gynecological services by appointment.

A self-treatment area is available to students who have minor illnesses. Over-the-counter medicines and instructions are provided for students to treat their symptoms.

Students receiving allergy injections may store their extracts in the Health Center. For the Health and Wellness Center to administer injections, we require written orders from the patient's allergist, including the dosage and schedule of injections.

The Health and Wellness Center staff works closely with the University Counseling and Psychological Services staff to help students who have psychological issues and drug and alcohol problems.

**Medications**

Many commonly prescribed medications, including pain relievers, antibiotics, and cold and cough preparations are dispensed at no charge. Prescriptions provided by outside physicians cannot be filled at the Health and Wellness Center.

Our health care providers write prescriptions for many medications, but not for ADD medication, Accutane, and some psychiatric medicine.

Students and their families should check with the current prescriber to see if this individual will continue to prescribe once the student comes to Bethlehem.

Students who are on medicine for chronic conditions such as diabetes or inflammatory bowel disease are advised to call the Health and Wellness Center for a list of local specialists.

### Lab and X-Rays

For your convenience, a technician from St. Luke's Hospital is available at the Health and Wellness Center from 12:00 - 1:00pm, Wednesdays during the fall and spring semesters.

Students who have purchased health insurance through University Health Plans may use the St. Luke's lab tech who comes on Wednesday, and generally must see a Health and Wellness clinician in order to have laboratory work covered by this insurance plan. Be sure to bring your insurance card with you when you come for lab testing.

X-ray services are not available on campus. Orders for x-rays and other imaging studies can be written by the Health and Wellness Center providers and then performed at St. Luke's Hospital or another local facility.

### Location

The Health and Wellness Center is located on the third floor of Johnson Hall, just south of the University Center.

### Costs

Students are not charged for most services. For a list of fees, see <http://www.lehigh.edu/health/fees.shtml>.

### Hours

The Health and Wellness Center is open during the following hours:

During the academic year:

- Weekdays – 8:15 am to 4:45 pm
- Saturday – 10:00 am to 2:00 pm
- Friday first appointments scheduled at 9:15 am.
- Weekday last appointments scheduled at 4:30 pm.
- Saturday clinic is for urgent concerns only. No vaccinations, allergy shots, non-urgent concerns or prescription writing for ongoing medications is available. Students who wish to be seen on Saturday are to check in at the Health and Wellness Center by 1:30.

During the summer, semester and spring breaks:

- Weekdays – 9:00 am to 12:30 pm  
1:00 pm to 4:00 pm
- Thursday first appointments scheduled at 1:00 pm.
- Last appointments scheduled at 3:45 pm.

### ELIGIBILITY

All students, visiting scholars, and visiting research associates are eligible to elect coverage under this Insurance Plan.

- Students must actively attend classes for at least the first thirty-one (31) days after the date for which coverage is purchased unless they would have been eligible to attend classes for thirty-one (31) days and were prevented from attending due to a Sickness or Injury. Home study correspondence, on-line, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes.
- Visiting Scholars and visiting research associates must actively perform the duties of his/her appointment for at least the first thirty-one (31) days after the later of the date for which coverage is purchased or beginning of assignment, unless they would have been eligible to perform the duties of his/her appointment and were prevented from doing so due to a Sickness or Injury.

Any student eligible for enrollment in the annual insurance plan who does not enroll in the Fall Semester Only insurance plan by the enrollment deadline loses eligibility to enroll in the Spring Semester Only insurance plan, unless there is a Qualifying Event.

If the insurance company discovers the Eligibility requirements have not been met, its only obligation is to refund premium. Any Premium refund will be reduced by any payment made for claims. Students withdrawing after the first thirty-one (31) days after the date for which coverage is purchased will remain covered under the Policy for the term purchased and no refund will be allowed.

### MANDATORY HEALTH INSURANCE COVERAGE

Undergraduate students taking more than four (4) credits are required by University Policy to have Accident and Sickness insurance and therefore are automatically enrolled in this Insurance Plan. The charge for the annual premium will be included on the student's fall invoice. Those undergraduate students who are insured under another policy may drop his/her coverage under this Insurance Plan and have the premium credited back to his/her university account by completing a waiver form by the **August 1<sup>st</sup> deadline**.

All Lehigh students, visiting scholars, and research associates with a current visa status of J-1 are required by Federal law to have Accident and Sickness insurance and must provide proof of insurance to Lehigh's Office of International Students and Scholars. These individuals will be required to purchase this Insurance Plan if he/she does

not have alternative accident and sickness insurance coverage.

### ENROLLMENT METHOD

All automatic and voluntary enrollments in this Insurance Plan are handled by the Bursar's Office at Lehigh University, including enrollment for qualifying events.

### EFFECTIVE AND TERMINATION DATES

The insurance under Lehigh University's Student Accident and Sickness Insurance Plan for the Annual Plan is effective from 12:01 a.m. on August 8, 2013, through August 8, 2014. The Fall Semester Plan is effective from 12:01 a.m. on August 8, 2013, through January 9, 2014. The Spring Semester Plan is effective from 12:01 a.m. on January 9, 2014, through August 8, 2014. An eligible student's coverage becomes effective on that date or, in the case of a qualifying event, the date of the eligible qualifying event or the day after prior creditable coverage terminated, whichever is later. Please refer to the Qualifying Events section for details on deadlines. Full premium must be received by the Bursar's Office at Lehigh University before any applicable enrollment deadline.

Coverage will terminate at 12:01 a.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 Policy term for which Premium is paid; The date a Covered Person enters full time active military service. Termination is subject to the Extension of Benefits provision.

### ENROLLMENT PERIODS

Eligible individuals who wish to voluntarily enroll in this Insurance Plan must do so by the applicable deadline.

	<b>Coverage Period</b>	<b>Enrollment Deadline</b>
Annual Plan	8/8/13-8/8/14	9/9/13
Fall Only	8/8/13-1/9/14	9/9/13
Spring Only	1/9/14-8/8/14	1/24/14

### STUDENT PREMIUMS

Annual Plan	\$1,970*
Fall Only	\$877*
Spring Only	\$1,297*

\*The above rates include an administration fee.

## QUALIFYING EVENTS

Eligible individuals may enroll after the enrollment deadlines only in the case of an eligible Qualifying Event, defined as: (1) an involuntary loss of other creditable coverage, or (2) status as a new Lehigh student, visiting scholar, or visiting research associate. For a loss of other creditable coverage to be defined as involuntary, the reason for the termination of the plan must be: the student has reached dependent age limit; the subscriber's employment status has changed; the student or subscriber is no longer eligible for the other plan; etc. A loss of coverage caused by the student or subscriber's request to terminate their plan will not be considered a "qualifying event".

To enroll, the eligible individual must provide evidence of the qualifying event to the Bursar's Office at Lehigh University within thirty (30) days of the qualifying event or termination date of prior coverage, whichever is later. **Under no circumstances will enrollment be allowed if the request for coverage and/or event documentation is received after thirty (30) days following the termination date of prior coverage or new Lehigh student/scholar/research associate status, whichever applies.**

Your Effective Date of coverage under this Insurance Program will be either: (1) the day following the termination date of the prior plan when enrollment is due to an involuntary loss of other creditable coverage, or (2) the date new student, visiting scholar, or visiting research associate status becomes effective. The full premium for the semester must be paid upon enrollment.

Newborns of covered female enrollees will be automatically covered for the first thirty-one (31) days after birth. Coverage will cease after such thirty-one (31) days.

## REFUNDS OF PREMIUM

**There are no refunds of the premium** except for the following situations:

- Entry into the Armed Forces; or
- Failure to meet Eligibility Requirements.

This Policy is a Non-Renewable One Year Term Policy. It is the Insured's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Insureds who have not received information regarding a subsequent plan prior to the Policy's Termination Date should inquire regarding such coverage with the broker.

## EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured Person is hospital

confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed twelve (12) months after the Termination Date.

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

## HEALTH AND WELLNESS CENTER (HWC) REFERRAL REQUIRED

The Insured Student must use the resources of the Health and Wellness Center (HWC) first, where treatment will be administered, or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Center for which no prior approval or referral is obtained are excluded from coverage. HWC personnel must initial the claim form to verify referral. If the Insured Student is referred by the HWC the \$50 deductible(s) for that condition will be waived.

A HWC referral for outside care is not necessary only under the conditions listed below:

1. Medical Emergency;
2. When the Health and Wellness Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than twenty (20) miles from campus;
5. Medical care obtained when a student is no longer able to use the HWC due to a change in student status;
6. Maternity; or
7. Treatment of Mental or Nervous Disorders.

## INTERCOLLEGIATE SPORTS MAXIMUM BENEFIT \$2,000 (FOR EACH INJURY)

Insured student athletes who are members of and are participating in intercollegiate sports sponsored by the Policyholder are covered for sports Injury. Benefits will be paid under the Scheduled Benefits for intercollegiate sports Injury up to \$2,000 for each Injury.

No benefits will be paid for:

1. Room and board expenses, which exceed the semi-private room rate;

2. Outpatient Physical Therapy in excess of \$1,000 maximum (Per Policy Year). See Policy Exclusions for additional limitations;
3. Prescription Drugs in excess of \$750 maximum;
4. Infections, except pyogenic infections caused wholly by a covered Injury;
5. Cysts, blisters, or boils;
6. Overexertion; heat exhaustion; fainting;
7. Hernia, regardless of how caused; or
8. Artificial aids such as crutches, braces, appliances, and artificial limbs.

**Excess Coverage:** No benefits will be paid under the Intercollegiate Sports Injury Benefit for any medical expense incurred which has been paid or is payable by other valid and collectible insurance. This Excess Provision will not be applied to the first \$100 of medical expenses incurred. The Deductible Provision will also not be applied to the first \$50 of medical expenses incurred. Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as the result of the Insured's failure to comply with Policy provisions or requirements.

## COORDINATION OF BENEFITS

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies. This Coordination of Benefits Provision will not be applied to the first \$100 of Covered Medical Expenses incurred. The Deductible will not be applied to the first \$100 of Covered Medical Expenses incurred.

## 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.**

### **MANDATED BENEFITS**

The following benefits are mandated in the state of Pennsylvania. They will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits as required by the state in which the Policy is issued include: Alcohol Abuse and Dependency; Inpatient Detoxification; Childhood Immunizations; Coverage for Cost of Nutritional Supplements/Medical Foods; Women's Preventive Services; Licensed Certified Nurse Midwife; Mammography; Mastectomy and Breast Cancer Reconstruction; Diabetes Equipment, Supplies and Services; Cancer Chemotherapy and Hormone Therapy; and Severe Mental Illness.

See the Policy on file with the school for further details on these 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.

### **ADDITIONAL BENEFITS**

In addition to coverages shown on the Schedule of Benefits, the Policy provides benefits as outlined below. These benefits will be paid according to the Schedule of Benefits (Including \$50 per Sickness or Injury Deductible).

**Maternity Benefit:** Normal pregnancy and normal childbirth will be paid the same as any other Sickness. Benefits are limited to \$400 maximum for elective abortion.

Covered Medical Expenses include: 1) Physician's visits; 2) Diagnostic services; 3) Obstetrical/surgical procedures; 4) Hospital room and board, up to a minimum of forty-eight (48) hours inpatient care following normal vaginal delivery and ninety-six (96) hours following caesarean delivery. If the attending physician determines that the mother (and newborn) meet the medical criteria for and agree to an earlier discharge, coverage is provided for at least one (1)

post-partum home health care visit within forty-eight (48) hours after an early discharge; 5) Hospital miscellaneous expenses; and 6) Routine well-baby care while the mother remains Hospital Confined. Coverage is provided for services performed by and facilities used by licensed certified nurse midwives. If the Insured Person's insurance should expire, the Policy will pay under this benefit providing conception occurred while the Policy was in force.

**Newborn Infant Coverage:** Newborn infants will be covered under the Policy for the first thirty-one (31) days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent. All coverage as to that child will terminate at the end of the first thirty-one (31) days after the child's birth.

**Maternity Testing:** There are certain maternity tests that may be routinely performed by your physician that may not be covered under the Policy. Please call the Claims Department at (800) 633-7867 for additional information.

**Prescription drugs:** After a Co-pay \$10 for generic drugs, \$20 for a brand name drugs (per 30-day supply of a prescription or refill), the cost of prescription drugs is payable in full. Co-pays do not apply to generic prescription contraceptives.

Eligible prescriptions must be filled at an **Express Scripts** participating pharmacy. Covered Persons will be given an ID card to show the pharmacy as proof of coverage. No claim forms need to be completed once this ID card is received. Until the card is received, eligible prescriptions may be filled, and claims will be paid on a reimbursement basis. Submit a completed Express Scripts claim form to the address provided on the form. Express Scripts claim forms and a list of participating pharmacies can be obtained by calling Express Scripts at (800) 332-5455 or by visiting their website at: [www.express-scripts.com](http://www.express-scripts.com).

Not all prescription drugs are covered. A complete list of exclusions may be obtained by calling Express Scripts directly at (800) 451-6245.

### **DEFINITIONS**

**ACCIDENT** means an event that is sudden, unexpected, and unintended, and over which the Covered Person has no control.

**COPAYMENT** means separate charge for certain Covered Medical Expenses, which is paid by the Insured Person.

**INJURY** means bodily injury due to an Accident, which results directly and independently of disease, bodily infirmity

or any other causes. All injuries sustained in any one (1) Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**MEDICAL EMERGENCY** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in: 1) Death; 2) Placement of the Insured's health in jeopardy; 3) Serious impairment of bodily functions; 4) Serious dysfunction of any body organ or part; or 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury, which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

**MEDICALLY NECESSARY/MEDICAL NECESSITY** means 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.

**SICKNESS** means illness or disease of the Insured Person. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness.

**REASONABLE AND CUSTOMARY CHARGES** means a reasonable charge, which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under the Policy for any expenses incurred which in the judgement of the Company are in excess of Usual and Customary Charges.

#### **EXCLUSIONS AND LIMITATIONS**

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Treatment, services or supplies which: are not medically necessary, except wellness/preventive benefits required under the Affordable Care Act (ACA) to meet federal regulations; treatment, services or supplies which are not prescribed by a physician 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. Accident 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.
4. 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.
5. Elective plastic or cosmetic surgery other than: reconstructive surgery because of congenital disease or anomaly as provided for newborn or adopted infants; or

reconstructive surgery resulting directly from an Injury which necessitated medical treatment within twenty-four (24) hours of the Accident.

6. Loss resulting from participation in an illegal occupation, riot, civil commotion, or committing or attempting to commit a felony.
7. Supplies, except as specifically provided in the Policy.
8. Suicide, or attempted suicide while sane or insane; or intentionally self-inflicted Injury.
9. Surgery and/or treatment for; acupuncture; alopecia; biofeedback-type services; breast implants or breast reduction; circumcision; gynecomastia; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, temporomandibular joint dysfunction; and sleep disorders, including supplies, treatment and testing thereof.
10. Treatment (other than surgery) of chronic conditions of the foot including, but not limited to, weak or fallen arches, flat or pronated foot, subluxations of the foot, foot strain, care of corns, calluses, toenails or bunions, any type of massage procedure on or to the foot, corrective shoes, shoe inserts and orthotics.
11. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, surgical treatment for obesity, and surgery for removal of excess skin or fat.
12. Expenses incurred as a result of dental treatment, except as specifically stated.
13. Patient controlled analgesia (PCA).
14. Surgery for the correction of refractive error and services in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except as required for a repair due to an Accident in which the Covered Person sustains an Injury.
15. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
16. Reproductive/infertility services including but not limited to: fertility test; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception. Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance a Covered Person's reproductive ability; premarital examinations; impotence, organic or otherwise; vasectomy; sexual reassignment surgery.
17. Expenses due to skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planing, or bungee jumping.

18. Services provided normally without charge by the Student Health services of the Policyholder.
19. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except where treatment is due to a covered Injury or as a result of the disease process. "Hearing defects," means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
20. Treatment of Injury resulting from any motor vehicle Accident to the extent covered by other valid and collectible insurance or third party action.
21. Nasal and sinus surgery, unless Medically Necessary.
22. After the first \$100, expenses which are reimbursable by any other valid and collectible insurance or plan, but such charges in excess thereof shall be covered as otherwise provided.

#### **CLAIM PROCEDURES**

In the event of an Injury or Sickness the Insured Person should:

1. Notify the Claims Administrator, Consolidated Health Plans, within thirty (30) days after the date of the Accident or commencement of the Sickness, or as soon thereafter as is reasonably possible.
2. Complete a claim form in full. Claim forms are available by contacting Consolidated Health Plans at (800) 633-7867 or by accessing their website at [www.chpstudent.com](http://www.chpstudent.com) or visiting the Bursar's Office.
3. The completed claim form should be mailed within ninety (90) days from the date of the Accident or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to Consolidated Health Plans at the address listed.
4. **Itemized medical bills should be mailed promptly to GWH-Cigna at the address listed.**

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

#### **GWH-Cigna**

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

5. Direct all 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

Out of area: (800) 633-7867

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

**SERVICING BROKER:**

**University Health Plans, Inc.**

One Batterymarch Park

Quincy, MA 02169

Local: (617) 472-5324

Out of area: (800) 437-6448

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

Please visit our website for frequently asked questions and answers regarding this Plan, or email us at:

**[info@universityhealthplans.com](mailto:info@universityhealthplans.com)**

The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. The Master Policy shall control in the event of any conflict between the Master Policy and this brochure.

**THIS PLAN IS UNDERWRITTEN BY**

**Nationwide Life Insurance Company**

Columbus, Ohio

**Policy Number: 302-039-3711**

**Group Number: S207101**

**For a copy of the Company's privacy notice, go to:**

**[www.consolidatedhealthplan.com/about/hipaa](http://www.consolidatedhealthplan.com/about/hipaa)**

**VISION DISCOUNT PROGRAM**

For Vision Discount Benefits please go to:

**[www.consolidatedhealthplan.com/products/davisvision](http://www.consolidatedhealthplan.com/products/davisvision)**



Your out-of-pocket costs may be lower when you utilize the GWH-Cigna PPO Network of Participating Providers. For a listing of GWH-Cigna PPO Network Participating Providers, go to [www.mycignaforhealth.com](http://www.mycignaforhealth.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.

**LEHIGH UNIVERSITY - 2013-2014 SCHEDULE OF MEDICAL EXPENSE BENEFITS**

The Policy provides Basic Benefits for 100% of the eligible expense for loss incurred by an Insured Person up to a Maximum of \$1,000. Benefits will be paid up to the \$1,000 Basic Maximum Benefit for each service as scheduled below. The Insured Student must pay a \$50 Basic Benefit Deductible for each Injury or Sickness. The Deductible is waived if the Insured Student is referred by the Student Health Center. See brochure page 7 for additional details. Major Medical Benefits begin payment after the Company has paid the Basic Maximum Benefit of \$1,000 and after a Major Medical Deductible of \$50 has been satisfied. The Deductible is waived if referred by the Student Health Center. The Company will pay 80% of additional Covered Medical Expenses incurred up to \$5,000 then 100% up to the Policy Maximum Benefit of \$500,000 aggregate per Policy Year. The total benefit payable under Major Medical is \$500,000 minus the Basic Benefits already paid. No benefits will be paid under Major Medical for room and board expenses which exceed the semi-private room rate.

**The Preferred Provider for this plan is the GWH-Cigna PPO Network of Participating Providers.** Covered Medical Expenses include:

INPATIENT	GWH-Cigna PPO Participating Provider	Non-participating Provider
<b>Room and Board Expense</b> , daily semi-private room rate and general nursing care provided by the Hospital.	Preferred Allowance (PA); Semi-private Room Rate	Reasonable & Customary (R&C) Charges; Semi-private Room Rate
<b>Hospital Miscellaneous Expense</b> , such as the cost of the operating room, laboratory test, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	Preferred Allowance	R&C Charges
<b>Physical Therapy</b> , limited to thirty (30) days maximum per condition.	Preferred Allowance	R&C Charges
<b>Surgeon's Fee</b> , in accordance with data provided by Fair Health, Inc. Payment will be made for multiple procedures performed in succession through the same incision at 50%.	Preferred Allowance	R&C Charges
<b>Anesthetist</b>	Preferred Allowance	30% of Surgery Allowance
<b>Registered Nurse's Services</b> , private duty nursing care.	Preferred Allowance	R&C Charges
<b>Physician's Visits</b> , benefits are limited to one (1) visit per day and do not apply when related to surgery.	Preferred Allowance	R&C Charges
<b>Pre-admission Testing</b>	Preferred Allowance	R&C Charges
<b>Mental or Nervous Disorders – Biologically-based</b>	Paid as any other Sickness	
<b>Mental or Nervous Disorders – Non-biologically-based</b> , Limited to sixty (60) days per Policy Year.	Preferred Allowance	R&C Charges
OUTPATIENT		
<b>Surgeon's Fee</b> , in accordance with data provided by Fair Health, Inc. Payment will be made for multiple procedures performed in succession through the same incision at 50%.	Preferred Allowance	R&C Charges
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a Hospital, including the cost of the operating room, laboratory tests and X-ray examinations, including professional fees. Anesthesia, drugs, or medicines and supplies. Reasonable and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge.	Preferred Allowance	R&C Charges
<b>Anesthetist</b>	Preferred Allowance	25% of Surgery Allowance
<b>Physician's Visits</b> , benefits are limited to one (1) visit per day. Benefits for Physician's Visits do not apply when related to Surgery or Physical Therapy.	Preferred Allowance	R&C Charges
<b>Wellness/Preventive &amp; Immunizations</b>	100% Preferred Allowance; Deductible does not apply	Not Covered
<b>Physical Therapy</b> , benefits are limited to one (1) visit per day, fifteen (15) visits maximum per condition.	Preferred Allowance	R&C Charges
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies for Medical Emergencies only.	Preferred Allowance	R&C Charges
<b>Diagnostic X-ray and Laboratory Services</b>	Preferred Allowance	R&C Charges
<b>Radiation Therapy &amp; Chemotherapy</b>	Preferred Allowance	R&C Charges
<b>Tests and Procedures, diagnostic services and medical procedures performed by a Physician</b> , Other than Physician's Visits, Physical Therapy, x-rays and lab procedures.	Preferred Allowance	R&C Charges
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	Preferred Allowance	R&C Charges
<b>Prescription Drugs</b> , Prescriptions must be filled at an <b>Express Scripts</b> participating pharmacy. Visit <a href="http://www.express-scripts.com">www.express-scripts.com</a> for participating pharmacies.	Co-pay of \$10 for generic and \$20 for brand name per 30-day supply. Co-pays do not apply to generic prescription contraceptives.	
<b>Mental or Nervous Disorders – Biologically-based</b> , must be administered by an M.D. or licensed psychologist Ph. D. Psychotherapy includes all related or ancillary charges incurred as a result of a Mental and Nervous Disorder.	Paid as any other Sickness	
<b>Mental or Nervous Disorders - Non-biologically-based</b> , must be administered by an M.D. or licensed psychologist Ph. D. Psychotherapy includes all related or ancillary charges incurred as a result of a Mental and Nervous Disorder. Limited to fifteen (15) visits per Policy Year.	50% Preferred Allowance	50% R&C Charges
OTHER		
<b>Ambulance Services</b>	Preferred Allowance	R&C Charges
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted.	Preferred Allowance	R&C Charges
<b>Consultant Physician Fees</b> , when requested and approved by the Attending Physician.	Preferred Allowance	R&C Charges
<b>Dental Treatment</b> , made necessary by Injury to Sound, Natural Teeth.	Preferred Allowance	R&C Charges
<b>Maternity, Pre- and Post-Natal Care</b> , including delivery and In-Hospital Doctor visits for mother and baby.	Paid as any other Sickness	
<b>Complications of Pregnancy</b>	Paid as any other Sickness	
<b>Elective Abortion</b> , limited to \$400 Policy Year Maximum.	Preferred Allowance	R&C Charges
<b>Intercollegiate Sports</b> , (See brochure for additional information and limitations).	Paid up to \$2,000	