

Student Accident & Sickness Insurance Plan 2014-2015

Designed Especially for the Students of



Bethlehem, PA

This plan is underwritten by:
Nationwide Life Insurance Company
Policy Number: **302-039-3712**

Effective August 8, 2014 to August 8, 2015
Group Number: **S207101**

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

Please keep this brochure as a general summary of the insurance. The Policy on file 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 Policy, the Policy will govern and control the payment of benefits. Any provisions of the Policy or the brochure which is in conflict with the statutes of the State, in which the Policy is issued, will be administered to conform to the requirements of the state statutes.

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 and 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.

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.

MANDATORY HEALTH INSURANCE COVERAGE

Undergraduate students taking more than four (4) credits are required by University Policy to have Health 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 1st deadline**.

All Lehigh students, visiting scholars, and research associates with a current visa status of J-1 are required by Federal law to have Health 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 Health 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 & Sickness Insurance Plan for the Annual Plan is effective from 12:01 a.m. on August 8, 2014, through August 8, 2015. The Fall Semester Plan is effective from 12:01 a.m. on August 8, 2014, through January 9, 2015. The Spring Semester Plan is effective from 12:01 a.m. on January 9, 2015, through August 8, 2015. 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.

	Coverage Period	Enrollment Deadline
Annual Plan	8/8/14-8/8/15	9/9/14
Fall Only	8/8/14-1/9/15	9/9/14
Spring Only	1/9/15-8/8/15	1/30/15

STUDENT PREMIUMS

Annual Plan	\$1,997*
Fall Only	\$889*
Spring Only	\$1,315*

*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.

Also, if an Insured is under care on the Termination Date for a pregnancy, benefits will continue to be paid until birth. The Policy will pay under this benefit providing conception occurred while the Policy was in force.

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 subject to the \$50 deductible(s). 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.

MEDICAL EVACUATION BENEFIT

If the Insured cannot continue his academic program because he sustains an Accidental Injury or Emergency Sickness while Insured under the Policy or if a Covered Dependent sustains an Accidental Injury 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.

REPATRIATION OF REMAINS BENEFIT

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.

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.

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.

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.

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.

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

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.

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).

INJURY means bodily injury due to a sudden, unforeseeable, external event, which results independently of disease, bodily infirmity or any other causes.

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 We reserve the right to review claims and establish standards and criteria to determine if a Covered Service is Medically Necessary and/or Medically Appropriate. Benefits will be denied by Us for Covered Services that are not Medically Necessary and/or Medically Appropriate. In the event of such a denial, You will be liable for the entire amount billed by that Provider. You do have the right to appeal any adverse decision as outlined in the Appeals and Complaint Section of this Policy.

Covered Services are Medically Necessary if they are:

- Required to meet the health care needs of the Covered Person; and
- Consistent (in scope, duration, intensity and frequency of treatment) with current scientifically based guidelines of national medical or research organizations or governmental agencies; and
- Consistent with the diagnosis of the Condition; and
- Required for reasons other than the comfort or convenience of the Covered Person or Provider; and

- Of demonstrated medical value and medical effectiveness.

A Covered Service is Medically Appropriate if it is rendered in the most cost-effective manner and type of setting appropriate for the care and treatment of the Condition.

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.

OUT OF POCKET MAXIMUM 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.

REASONABLE AND CUSTOMARY CHARGES (R&C) means 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.

SICKNESS (Sick) means illness, disease or condition, including pregnancy and Complications of Pregnancy that impairs a Covered Person's normal functioning of mind or body and which is not the direct result of an Injury or Accident. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

We, Our and Us: Nationwide Life Insurance Company.

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

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. Injuries sustained as a result of intentional /unintentional self-inflicted Injury or any attempt at intentional/unintentional 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. 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 or except as included herein.
14. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
15. 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.
16. Expenses due to skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planing, or bungee jumping.
17. Services provided normally without charge by the Student Health services of the Policyholder.
18. 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.
19. Treatment of Injury resulting from any motor vehicle Accident to the extent covered by other valid and collectible insurance or third party action.
20. Nasal and sinus surgery, unless Medically Necessary.
21. Treatment received in the Covered Person's Home Country outside of the United States of American,

except when Medically Necessary for an Emergency Confinement in a Hospital or as specified herein.

22. Custodial Care; Care provided in a: rest home, home for the aged, halfway house health resort college infirmary or any similar facility for domiciliary or Custodial Care, or that provides twenty-four (24) hour non- medical residential care or day care (except as provided for Hospice care).

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 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 Cigna at the address listed.**

SUBMIT ALL CLAIMS TO:

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 or Out of area: (800) 633-7867

www.chpstudent.com

Group Number: **S207101**

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

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

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: 302-039-3712

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

www.consolidatedhealthplan.com/about/hipaa

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:
www.consolidatedhealthplan.com/products/davisvision



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

Lehigh University - 2014-2015 SCHEDULE OF 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. 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 and 100% thereafter.

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

	In-Network	Out-of-Network
Policy Year Maximum Benefit (includes Medical Evacuation & Repatriation)	Unlimited	
Basic Deductible (Deductible waived if student is referred by the Student Health Center)	\$50 for each Injury or Sickness	
Basic Benefit Coinsurance	100% up to \$1,000	
Major Medical Deductible (After the Company has paid the Basic Maximum Benefit of \$1,000). (Deductible waived if student is referred by the Student Health Center)	\$50 per Policy Year	
Major Medical Coinsurance	80% up to \$5,000, then 100% thereafter	
Out-of-Pocket Maximum (includes Coinsurance, Deductibles and copayments; does not include non-covered medical expenses or elective treatment)	\$6,350 per Individual	N/A
Preventive/Wellness & Immunization Services	100% of PA (deductible does not apply)	Not Covered
Outpatient Services (other than Surgery, Maternity, Mental Health/Drug or Alcohol)		
Office Visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery or physiotherapy.	Preferred Allowance (PA)	Reasonable & Customary (R&C)
Diagnostic Imaging, X-ray and Laboratory Services, CT Scan, MRI, and/or PET scan	PA	R&C
Inpatient Services – (other than Surgery, Maternity, Mental Health/Drug or Alcohol, except as specified)		
Miscellaneous Hospital Services	PA	R&C
Room and Board Expenses, daily semi-private room rate and general nursing care provided by the hospital.	PA	R&C
Intensive Care Unit (ICU)	PA	R&C
Physician visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.	PA	R&C
Registered Nurse's Services, private duty nursing care.	PA	R&C
Pre-admission Testing	PA	R&C
Physical Therapy, limited to 30 days per Policy Year	PA	R&C
Skilled Nursing and Sub-Acute Care Facilities	PA	R&C
Surgical Services (Inpatient & Outpatient - When multiple surgeries are performed through one or more incisions at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed. The Benefit for the primary or most expensive procedure or less expensive procedure 50% of the Benefit otherwise payable for each subsequent procedure.		
Surgeon's Fee	PA	R&C
Assistant Surgeon	PA	R&C
Anesthetist Services	PA	Inpatient – 30% of Surgeon Allowance Outpatient – 25% of Surgeon Allowance
Hospital Miscellaneous includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.	PA	R&C
Maternity Care – Includes forty-eight (48) hours of Inpatient care following a normal delivery and ninety-six (96) hours of Inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the Attending Physician or a certified nurse-midwife who consults with a Physician, decides to discharge the mother or newborn child sooner. In the event of early discharge, Home Health Care visits will be provided.		
Maternity care and pre-natal services	Paid the same as any other Sickness	
Mental Conditions, Alcoholism/Drug Abuse		
Inpatient Services	Paid the same as any other Sickness	
Outpatient Services	Paid the same as any other Sickness	
Urgent Care and Emergency Services		
Urgent Care	PA	R&C
Emergency services	PA	R&C
Emergency Medical Transportation services	PA	R&C
Other Services		
Allergy Services (testing/injections/treatment)	PA	R&C
Rehabilitative Physical Therapy only when prescribed by the Attending Physician. Up to 30 visits per Policy Year.	PA	R&C
Chiropractic	PA	R&C
Speech Therapy & Occupational Therapy	PA	R&C
Radiation Therapy & Chemotherapy	PA	R&C
Home Health Care / Hospice	PA	R&C
Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices	PA	R&C
Prescription Drug Expense <ul style="list-style-type: none"> • One (1) copayment per thirty (30) day supply • Copayments apply to the out-of-pocket • Prescriptions must be filled at an "Express Scripts" participating pharmacy. 	<ul style="list-style-type: none"> • \$10 Co-pay for Generic Drugs, per 30 day supply; • \$0 Co-pay for Generic Contraceptives, per 30 day supply; and • \$20 Co-pay for Brand Name Drugs, per 30 day supply 	
Elective Abortions- Up to \$400 maximum per Policy Year	PA	R&C
Routine Vision for Covered Persons under age nineteen (19). One exam/fitting per Policy Year, including prescription eyeglasses (lenses and frames, limited to one per year) or contact lenses (in lieu of eyeglasses).	100% up to \$150, 50% thereafter	
Dental Expenses – Injury to Sound, Natural Teeth	PA	R&C
Intercollegiate Sports (see brochure for additional information and limitations)	Paid as any other injury up to \$2,000	