Student Accident and Sickness Insurance Program

Designed for the
Students of

MGH Institute of Health Professions

2012-2013

NATIONWIDE LIFE INSURANCE COMPANY
COLUMBUS, OHIO

Policy Number: 302-530-2010

Effective May 1, 2012 to April 30, 2013

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.

This health plan satisfies **Minimum Creditable Coverage standards** and **will satisfy** the individual mandate that you have health insurance. Please see page 3 for additional information.

PREFERRED PROVIDER NETWORK

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

A Preferred Provider may require a Covered Person to pay an annual fee for inclusion within the Preferred Providers panel of patients. Any services that are represented to be a part of the Preferred Provider's annual service agreement are part of that separate agreement and are not part of this Insurance Program.

THE PROGRAM DOES NOT REQUIRE YOU TO USE A PREFERRED PROVIDER, but if a Covered Medical Expense is incurred through a Preferred Provider, the Program will pay:

- For covered Doctor's office visits, including Licensed Mental Health Professionals, 100% of the fees after payment of a $30 Co-payment per visit and subject to the Policy Year deductible;
- For covered medical treatments other than Doctor's office visits, including Licensed Mental Health Professionals, 100% coverage of the discounted fee, subject to the Policy Year deductible.

If a Preferred Provider is not available in a particular area or specialty, the Policy will cover at the Preferred Provider level until a provider has been added.

Coverage will be provided at the Preferred Provider level for a provider who is not a Preferred Provider for the first thirty (30) days from the effective date of coverage if a Covered Person is undergoing an ongoing course of treatment or the provider is the Covered Person's primary care provider.

If the Covered Person is a female who is in her second (2nd) or third (3rd) trimester of pregnancy and whose provider in connection with her pregnancy is involuntary disenrolled, other than disenrollment for quality-related reasons or fraud, treatment will be allowed with said provider, according to the terms of the Policy, for the period up to and including the Covered Persons first (1st) postpartum visit.

If a Covered Person is terminally ill and the provider in connection with said Sickness is involuntarily disenrolled, other than for quality related reasons or fraud, the Covered Person will be allowed to continue treatment with said provider, according to the terms of the Policy, until the death of the Covered Person.

Continued coverage is conditioned upon the provider agreeing to:

- Accept reimbursement at the rates applicable prior to notice of disenrollment as payment in full and not to impose cost sharing with respect to the Covered Person in an amount that would exceed the cost sharing that could have been imposed if the provider had not been disenrolled; and
- Adhere to the Policy's quality assurance standards and to provide necessary medical information related to the care provided; and
- Adhere to Our policies and procedures.

Physician profiling information may be available from the Board of Registration in Medicine for physicians licensed to practice in Massachusetts.

We will provide coverage for pediatric specialty care to Covered Persons requiring such services, including mental health services, by a person with recognized expertise in specialty pediatrics.

MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This health plan satisfies **Minimum Creditable Coverage** standards that are effective during the term of coverage as part of the Massachusetts Health Care Reform Law. If you purchase this plan, you **will satisfy** the statutory requirements that you have health insurance meeting these standards.

THIS DISCLOSURE IS FOR MINIMUM CREDITABLE COVERAGE STANDARDS THAT ARE EFFECTIVE JANUARY 1, 2009. BECAUSE THE STANDARDS MAY CHANGE, REVIEW YOUR HEALTH PLAN MATERIAL EACH YEAR TO DETERMINE WHETHER YOUR PLAN MEETS THE LATEST STANDARDS.

If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at www.mass.gov/doi.

ELIGIBILITY AND EFFECTIVE DATE

To be eligible for this Insurance Program, You must be enrolled as a degree-seeking student, a full-time student or a student carrying a course load equivalent to at least 3/4 full-time. **If You are eligible to be covered under this Program, You are automatically enrolled unless You can certify that You have comparable coverage.**

You may enroll in this Insurance Program only during the thirty-one (31) day periods beginning with the start of the applicable Coverage Period.

If You are eligible for coverage and wish to enroll in the Program after these enrollment opportunities, You must make the request by submitting a “Qualifying Event Enrollment Form” to University Health Plans, with documentation from Your former insurance company that it is no longer providing You with personal accident and health insurance coverage.

If You are covered under the Policy, coverage may be purchased for Your eligible Dependents after the initial enrollment period only if one of the following qualifying events has occurred during the Policy Year: 1) birth of a child; 2) adoption of a child; 3) marriage; 4) spouse’s/child’s loss of other creditable coverage; or 5) spouse’s/child’s entry into the United States. You must make the request by submitting a “Qualifying Event Enrollment Form” to University Health Plans, with required documentation.

You can obtain a “Qualifying Event Enrollment Form” by going to www.universityhealthplans.com. The effective date under this Program will be the date of the qualifying event, if You make the request for coverage within thirty-one (31) days after the qualifying event. Your premium for this coverage must be paid to the school.

PREMIUM

Premium for coverage must be received within the thirty-one (31) day periods beginning with the start of the applicable Coverage Period.

Rates per Coverage Period			
	05/01/12-08/31/12	09/01/12-12/31/12	01/01/13-04/30/13
Student	$1,226	$1,226	$1,226
Student & Spouse	$4,292	$4,292	$4,292
Student & Child	$3,065	$3,065	$3,065
Student & Children	$4,292	$4,292	$4,292
Student & Family	$6,744	$6,744	$6,744

REFUND OF PREMIUM

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first thirty-one (31) days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Students withdrawing after such thirty-one (31) days will remain covered under the Policy for the full period for which premium has been paid and no refund will be 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.

TERMINATION OF COVERAGE

Your coverage will terminate on the earliest of one of the following: upon entry into the armed forces of any country; or the end of the coverage period for which premium was paid; or the date the Policy terminates. No benefits are payable after termination, except as stated in the Extension of Benefits provision.

A Covered Person's coverage may be cancelled, or its renewal refused, only in the following circumstances: failure by the Covered Person or other responsible party to make payments under the Policy; misrepresentation or fraud on the part of the Covered Person; commission of acts of physical or verbal abuse by the Covered Person which pose a threat to providers or other insureds and which are unrelated to the Covered Person's physical or mental condition; relocation of the Covered Person outside the Policy's service area; or non-renewal or cancellation of the Policy through which the Covered Person receives coverage or the Covered Person is no longer a student or Dependent.

No Covered Persons were involuntary disenrolled within the past two (2) years.

COVERAGE FOR DEPENDENTS

If You are covered under the Policy, coverage may be purchased for Your eligible Dependents. Your Dependents will be covered for the same benefits for which You are covered. Dependent coverage, if any, begins and ends with Your coverage.

A Dependent newborn child will be automatically covered under the Policy from the moment of birth until the thirty-first (31st) day following birth. During the thirty-one (31) day period, We must receive written notice of the birth and the required premium must be paid.

Coverage for newly born infants and adoptive children shall consist of Injury or Sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities or premature birth including the cost of a newborn hearing screening test to be performed before the newborn infant is discharged from the hospital or birthing center to the care of the parent or guardian or as provided by the regulations of the department of public health.

WAIVER/ ENROLLMENT PROCESS

Students who DO NOT WANT to enroll in the Student Accident and Sickness Insurance Program may waive coverage if they can document proof of comparable coverage in another health insurance plan that will be in effect from:

- May 1, 2012 through April 30, 2013, for students who become eligible in the first coverage period;
- September 1, 2012 through April 30, 2013, for students who become eligible in the second coverage period; or
- January 1, 2013 through April 30, 2013, for students who become eligible in the third coverage period.

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 Accident and Sickness Insurance Program.

Please note: The company issuing the policy used to waive inclusion in the Student Accident and Sickness Insurance Program must be wholly based in the United States.

To document proof of comparable coverage, students must go to www.universityhealthplans.com, select MGH Institute for Health Professions, and click the link to the Student Insurance Program. The Waiver Form can be accessed by clicking the blue box on the left that says "ALL FORMS" and following the instructions.

Students who want to enroll in the Student Accident and Sickness Insurance Program must go to www.universityhealthplans.com to complete the online Enrollment Form. The online form gives the option to elect coverage for 1) Student Only; 2) Student and Spouse; 3) Student and Child; 4) Student and Children; or 5) Student, Spouse, and Child(ren).

To request enrollment into the plan OR to document proof of comparable coverage, students must go to www.universityhealthplans.com, select MGH Institute for Health Professions, and click the link to the Student Insurance Program. The Waiver and Enrollment Forms can be accessed by clicking the blue box on the left that says "ALL FORMS" and following the instructions.

Immediately upon submitting either 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.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if a Covered 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 ninety (90) days after the Termination Date.

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

DEFINITIONS

Accident means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while a Covered Person is insured under the Policy.

Biologically-Based Mental Disorders means those disorders described in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, referred to as "the DSM": schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder, delirium and dementia, affective disorders, eating disorders, post traumatic stress disorder, substance abuse disorders, autism, and any biologically-based mental disorders appearing in the DSM that are scientifically recognized and approved by the commissioner of the department of mental health in consultation with the commissioner of the division of insurance.

Co-payment means separate charge for certain Covered Medical Expenses which is paid by the Covered Person.

Covered Medical Expense means the Reasonable and Customary Charge for a service or supply, which is performed or given under the direction of a Doctor for the treatment of Injury or Sickness pursuant to the terms of the Policy.

Covered Person means You or a Dependent insured under the Plan.

Creditable Coverage means any blanket or general policy of medical, surgical or health insurance, including the Policy; any policy of accident or sickness insurance that provides hospital or surgical expense coverage; any non-group medical, surgical or hospital insurance; any non-group or group hospital or medical service plan issued by a non-profit hospital or medical corporation; any non-group health maintenance contract issued by a health maintenance organization; any self-insured or self-funded employer group health plan; any health coverage provided to persons serving in the Armed Forces of the United States; or Medicare or Medicaid.

Dependent means a person who resides with You and is Your: legal spouse; child(ren) under age 26 or for two (2) years after end of calendar year in which person last qualified who are/is financially dependent on You. The term child includes a stepchild, a foster child, an adopted child and a child legally placed with You who is a prospective adoptive parent, even if the adoption has not been finalized; child, despite attaining age 26, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and dependent on You for financial support.

Doctor means a licensed practitioner of the healing arts acting within the scope of his or her license. The Doctor may not be a member of the Covered Person's immediate family. Doctor includes, but is not limited to, podiatrists, dentists, chiropractors, certified registered nurse anesthetist, nurse practitioner and certified nurse midwife.

Emergency Medical Condition means a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of a Covered Person or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part, or, with respect to a pregnant woman, serious jeopardy to the fetus.

A Covered Person has the option of calling the local pre-hospital emergency medical service system by dialing the emergency telephone access number 911, or its local equivalent, whenever a Covered Person is confronted with an Emergency Medical Condition which in the judgment of a prudent layperson would require pre-hospital emergency services. No Covered Person shall in any way be discouraged from using the local pre-hospital emergency medical services system, the 911 telephone number, or the local equivalent, or be denied coverage for medical and transportation expenses incurred as a result of such Emergency Medical Condition.

Experimental/Investigative means a treatment that has not yet successfully completed Stage III clinical trails of the United States Food and Drug Administration.

Home Health Care means part-time nursing care, by or supervised by, a registered graduate nurse; part-time home health aide service which consists mainly of caring for the patient; physical, occupational, respiratory or speech therapy; nutrition counseling; medical social services by a qualified social worker licensed by the jurisdiction where services are rendered; medical supplies, prosthetic and orthopedic appliances, rental or purchase of durable medical equipment, drugs and medicines obtainable by prescription only, including insulin, but only to the extent that such charges would have considered covered expenses had the Covered Person required confinement in a hospital or in a skilled nursing facility.

Hospice Care means Doctor services; nursing care provided by or under the supervision of a registered professional nurse; social services; volunteer services; and counseling services provided by a professional or volunteer staff under professional supervision.

Injury means bodily harm caused by an Accident, which results in loss. All Injuries sustained in one (1) Accident, including related conditions, will be considered one (1) Injury.

Licensed Mental Health Professional means a licensed physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed mental health counselor, or a licensed nurse mental health clinical specialist.

Loss means medical expense caused by Injury and Sickness and covered by the Policy.

Mental Illness means either the Biologically-Based Mental Disorders; or rape-related mental or emotional disorders for victims of a rape or victims of an assault with intent to commit rape; or a Non-Biologically Based Mental, Behavioral or Emotional Disorders of a Child or Adolescent Under the Age of 19; or all other mental disorders described in the most recent edition of the DSM.

Non-Biologically-Based Mental, Behavioral or Emotional Disorders of a Child or Adolescent Under the Age of 19 means a disorder described in the most recent edition of the DSM which substantially interfere with or substantially limit the functioning and social interactions of such a child or adolescent; provided, that said interference or limitation is documented by and the referral for said diagnosis and treatment is made by the primary care Doctor, primary pediatrician, or a Licensed Mental Health Professional of such a child or adolescent or is evidenced by conduct, including, but not limited to 1) an inability to attend school as a result of such a disorder, 2) the need to hospitalize the child or adolescent as a result of such disorder, or 3) a pattern of conduct or behavior caused by such a disorder which poses a serious danger to self or others. The Policy shall continue

to provide such coverage to any adolescent who is engaged in an ongoing course of treatment beyond the adolescent's 19th birthday until said course of treatment, as specified in said adolescent's treatment plan, is completed and while the benefit contract under which such benefits first became available remains in effect, or subject to a subsequent benefits contract which is in effect.

Preferred Provider means a provider in the GWH-CIGNA PPO Network of Participating Providers who contracts to provide services at a discounted rate.

Preventive Care Services means services rendered to a Dependent child from the date of birth through the attainment of six (6) years of age and shall include physical examination, history, measurements, sensory screening, neuropsychiatric evaluation and development screening, and assessment at the following intervals: six (6) times during the child's first year after birth, three (3) times during the next year, annually until age six (6). Such services shall also include hereditary and metabolic screening at birth, newborn hearing testing, appropriate immunizations, lead screening and tuberculin tests, hematocrit, hemoglobin or other appropriate blood tests, and urinalysis as recommended by the Doctor.

Reasonable and Customary Charge (R&C) means the normal and customary charge of the provider, incurred by the Covered Person, in the absence of insurance for a service or supply, but not more than the prevailing charge in the area.

Sickness (Sick) means illness or disease which begins or for which expense is incurred while coverage is in force under the Policy. Sickness includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of a Sickness will be considered one (1) Sickness.

We, Our, or Us means Nationwide Life Insurance Company.

You, Your, Yours means the insured student.

BASIC ACCIDENT AND SICKNESS EXPENSE BENEFITS

The Policy will pay 80%, except as specifically stated, of Covered Medical Expenses incurred by a Covered Person due to a covered Sickness or covered Injury, up to a maximum benefit of $100,000 per Sickness or Injury per Policy Year. Payments made to non-Preferred Providers shall be a percentage of the provider's fees, up to the Reasonable and Customary Charge, and not a percentage of the amount paid to Preferred Providers. Covered Medical Expenses are considered incurred on the date the treatment or service is rendered or the supply is furnished.

Preferred Provider Care: If you receive care from a Preferred Provider, the Policy will pay 100%, subject to a Policy Year deductible of $100 per individual or $200 per family, except as specifically stated, of Covered Medical Expenses incurred by a Covered Person due to a Covered Sickness or Covered Injury, up to a maximum benefit of $100,000 per Sickness or Injury per Policy Year.

Non-Preferred Provider Care: If you receive care from a non-Preferred Provider, the Policy will pay 80%, except as specifically stated, of Covered Medical Expenses incurred by a Covered Person due to a Covered Sickness or Covered Injury, up to a maximum benefit of $100,000 per Sickness or Injury per Policy Year. Payments made to non-Preferred Providers shall be subject to a Policy Year deductible of $200 per individual or $400 per family and then paid at 80% of the provider's fees, up to the Reasonable and Customary Charge, and not a percentage of the amount paid to Preferred Providers. The out-of-pocket maximum expense for the Covered Person for out-of-network expenses shall not exceed $2,000 per individual or $4,000 per family up to the maximum plan benefit of $100,000 per Sickness or Injury per

Policy Year. Once the deductible and out-of-pocket maximum have been met, the plan will pay up to the remainder of the maximum Policy Year benefit of $100,000 at 100% of Reasonable and Customary charges, for a Covered Injury or Sickness.

Covered Medical Expenses are:

- Hospital room and board and general nursing care while hospital confined, up to the semi-private room rate or intensive care unit rate, if applicable.
- Miscellaneous hospital charges incurred while hospital confined, including expenses for: anesthesia; operating room; laboratory tests; x-rays; oxygen tent; pre-admission tests; medicines or supplies; dressings; other non-room and board expenses; prescription drugs, excluding take-home drugs.
- Services of a private duty registered nurse or licensed practical nurse.
- Services of a Doctor while hospital confined, limited to one (1) visit per day. This benefit does not apply when related to surgery.
- Use of an ambulance for an Emergency Medical Condition;
- Doctor's fee for surgery, based on data provided by Fair Health Inc. When more than one (1) surgical procedure is performed through the same incision or in immediate succession, the additional surgery will be payable at fifty percent (50%) of the amount paid the surgeon.
- Services of an anesthetist who is not employed or retained by the hospital in which the surgery is performed, up to thirty percent (30%) of the amount paid the surgeon.
- Service of an assistant surgeon required by the hospital, or by the procedure, up to thirty percent (30%) of the amount paid the surgeon.
- Second surgical opinion by a board certified specialist in the medical field relating to the surgical procedure to be performed. Benefit includes x-rays and diagnostic tests when elective surgery is recommended. This benefit shall not exceed five percent (5%) of the amount paid to the surgeon.
- Outpatient services provided in a Doctor's office, Licensed Mental Health Professional's office, a community mental health center, home based services for Mental Illness, chiropractor visits, hospital or outpatient department or emergency room, clinical lab, radiological facility or similar facility licensed by the state, unless specifically stated elsewhere, subject to the following per visit Co-payments:
    - Emergency room, for non-Emergency Medical Conditions - $50 Co-payment and Policy Year deductible at a Preferred Provider, or subject to Policy Year deductible and coinsurance for non-Preferred Provider.
    - Emergency room for Emergency Medical Conditions, or resulting in a hospital admission - 100% (Note: Policy Year deductible does not apply).
    - Outpatient department/clinic visits to a GWH-Cigna PPO Network Participating Provider - $30 Co-payment. (Note: Policy Year deductible applies).
    - Outpatient department/clinic visits to a non-Preferred Provider - subject to Policy Year deductible and coinsurance.
    - Doctor's office visits to a GWH-Cigna PPO Network Participating Provider will be paid at 100% after a $30 Co-payment. (Note: Policy Year deductible applies). This benefit includes one annual routine physical exam provided by a Doctor; including appropriate immunizations, routine prostate-specific antigen (PSA) blood tests, and screening for lead poisoning.
    - Doctor's office visit to a non-Preferred Provider - 80% after Policy Year deductible.
- Physiotherapy treatments prescribed by a Doctor - $30 Co-payment and subject to Policy Year deductible at a Preferred Provider or subject to deductible and coinsurance for non-Preferred

Provider. The prescription must be for a stated number of treatments. Treatment is limited to sixty (60) days per Policy Year.

- Diagnostic X-ray and Laboratory services.
- Allergy Testing and Treatment - $30 Co-payment and subject to Policy Year deductible at a Preferred Provider or subject to deductible and coinsurance for non-Preferred Provider.
- Routine hearing exams will be paid at 100% after a $30 Co-payment. (Note: Policy Year deductible applies): Routine hearing exams are payable only when provided by a Preferred Provider. Hearing exams are not covered when rendered by non-Preferred Providers.
- Hearing aids and hearing aid batteries - When provided by a Preferred or non-Preferred Provider, payable at 100% up to $1,000 per Policy Year. Hearing aid and hearing aid battery expenses shall not be included in determining the out-of-pocket maximum. (Note: Policy Year deductible does not apply).
- Durable Medical Equipment - Payable up to $1,500 per Policy Year.
- Podiatrist Services - See exclusions for limitations.
- Voluntary termination of pregnancy.
- Prescription drugs to a maximum of $2,500 per Policy Year, after a $20 co-pay per 30-day supply of a prescription or refill of a generic drug and a $30 co-pay per 30-day supply of a prescription or refill of a brand name drug including hormone replacement therapy and contraceptive outpatient prescription drugs or devices approved by the U. S. Food and Drug Administration. (Note: Policy Year deductible does not apply.) Coverage for a prescription drug will not be excluded for the treatment of cancer or HIV/AIDS on the grounds that the drug has not been approved by the U.S. Food and Drug Administration (FDA) for that indication, if such drug is recognized for treatment of such indication in one of the standard reference compendia, in medical literature, or by the commissioner under the provisions of Section forty-seven L of the Massachusetts General Laws. Prescription Drug coverage shall also include Medically Necessary services associated with the administration of the drug. 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 you receive this ID card. Until such card is received, you may fill prescriptions and be reimbursed by submitting a completed "Express Scripts" claim form (claim forms can be obtained from Consolidated Health Plans (800) 633-7867). A directory of participating pharmacies is available by calling Express Scripts directly at (800) 332-5455. Not all medications are payable. Expenses incurred for the following are excluded under this Plan: acne treatments and vitamins.
- Sickness dental expense for services of a Doctor for removal of impacted wisdom teeth, payable up to a maximum benefit of $350 per tooth. No other benefits for impacted wisdom teeth will be paid.
- Mental Illness treatment for Biologically Based Mental Disorders; rape-related mental or emotional disorders; and Non-Biologically Based Mental, Behavioral or Emotional Disorders of Children and Adolescents Under the Age of 19 will be paid the same as any other Sickness, except the diagnosis and treatment of rape-related mental or emotional disorders will be paid only if the costs of such diagnosis and treatment exceed the maximum compensation awarded to such victims. Treatment will consist of inpatient, intermediate and outpatient services that permit active and noncustodial treatment to take place in the least restrictive clinically appropriate setting.
- Mental Illness treatment of all other mental disorders, which are described in the most recent edition of DMS, consisting of inpatient, intermediate and outpatient services that permit active and noncustodial treatment to take place in the least restrictive clinically appropriate setting. Treatment is limited during each twelve (12) month period for a minimum of sixty (60) days inpatient treatment and

twenty-four (24) outpatient visits. Expenses for the treatment of Mental Illness shall not be included in determining the out-of-pocket maximum.

- Psychopharmacological services and neuropsychological assessment services expense.
- Cytological Screening and Mammogram: Benefits will be provided for: one (1) cytological (pap smear) screening for ages eighteen (18) and over; one (1) baseline mammogram for ages thirty-five (35) through thirty-nine (39); and one (1) mammogram every year for women age forty (40) and over.
- Skilled Nursing Facility services.
- Home Health Care services.
- Hospice Care services of a licensed hospice care agency which are furnished to a Covered Person at home, on an outpatient basis or on a back-up in-patient basis, as defined by the Department of Public Health.
- Cardiac rehabilitation for a Covered Person who has a documented cardiovascular disease - $30 Co-payment and subject to Policy Year deductible at a Preferred Provider or subject to deductible and coinsurance for non-Preferred Provider. Multidisciplinary outpatient treatment will be provided in either a hospital or other setting. Treatment must meet standards promulgated by the Commissioner of Public Health and be initiated within twenty-six (26) weeks after the diagnosis of the disease.
- Bone marrow transplant for treatment of metastatic breast cancer. If a bone marrow transplant is not available from a Preferred Provider, benefits will be paid at the Preferred Provider level for services rendered by a non-preferred provider.
- Non-prescription enteral formulas up to $5,000 per Policy Year per Insured for non-prescription enteral formulas for the treatment of malabsorption caused by Crohn’s disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal psueo-obtruction, and inherited diseases of amino acids and organic acids.
- Diabetes diagnosis and treatment expense for treatment of insulin-dependent, insulin-using, gestational and non-insulin-dependent diabetes. Benefit includes expense for blood glucose monitors; blood glucose monitoring strips for home use; voice-synthesizers for blood glucose monitors for use by the legally blind; visual magnifying aids for use by the legally blind; urine glucose strips; ketone strips; lancets; insulin; insulin syringes; prescribed oral diabetes medications that influence blood sugar levels; laboratory tests, including glycosylated hemoglobin, or HbAlc tests; urinary/protein/microalbumin and lipid profiles; insulin pumps and insulin pump supplies; insulin pens, so-called; therapeutic/molded shoes and shoe inserts for people who have severe diabetic foot disease when the need for therapeutic shoes and inserts has been certified by the treating doctor and prescribed by a podiatrist or other qualified doctor and furnished by a podiatrist, orthotist, prosthetist or pedorthist; supplies and equipment approved by the FDA for the purposes for which they have been prescribed and diabetes outpatient self-management training and education, including medical nutrition therapy.
- Diagnosis and treatment of infertility, payable the same as any other Sickness. Infertility is a condition of a presumably healthy individual who is unable to conceive or produce conception during a period of one (1) year. Benefit includes expense incurred for the following non-experimental infertility procedures: artificial insemination; in vitro fertilization and embryo placement; gamete intra-fallopian transfer; zygote intrafallopian transfer; Intracyloplasmic sperm injection for the treatment of male factor infertility; and sperm, egg and/or inseminated egg procurement and processing, and banking of sperm or inseminated eggs, to the extent such costs are not covered by the donor’s insurer, if any. Coverage is not limited to sperm provided by the Covered Person’s spouse.
- Scalp hair prosthesis expense for prosthesis worn for hair loss suffered as a result of the treatment of any form of cancer or leukemia, payable up to $500 per Policy Year.

- Maternity expense to include expenses for prenatal care, childbirth and post partum care (including well baby care) on the same basis as any other Sickness. Benefit includes hospital inpatient care for forty-eight (48) hours following vaginal delivery and ninety-six (96) hours following a cesarean section. Any decision to shorten maternity stays shall be made by the attending Doctor in consultation with the mother, in accordance with regulations promulgated by the Department of Public Health. The Covered Person is entitled to one (1) home visit should they elect to participate in an early discharge.
- Preventive Care Services expense for Dependent children from the date of birth through the attainment of six (6) years of age.
- Special medical formulas for treatment of phenylketonuria, tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia, or methylmalonic acidemia in infants and children or to protect the unborn fetuses of pregnant women with phenylketonuria.
- Early invention services delivered by certified early intervention specialists for children from birth until their third (3rd) birthday.
- Emergency services expense for health care items and services furnished in an emergency department and all ancillary services routinely available to an emergency department to the extent they are required for stabilization of an Emergency Medical Condition. If a Covered Person receives emergency services and cannot reasonably reach a Preferred Provider, payment for emergency services will be at the same level and in the same manner as if the person had received treatment by a Preferred Provider.
- Human leukocyte antigen testing or histocompatibility locus antigen testing that is necessary to establish bone marrow transplant donor suitability. The coverage shall cover the costs of testing for A, B or DR antigens, or any combination thereof, consistent with rules, regulations and criteria established by the department of public health.
- High Cost Procedure Expense: After a $50 deductible per condition, Covered Medical Expenses for high cost procedures in excess of $200, such as, but not limited to, outpatient diagnostic C.A.T. Scans, Magnetic Resonance Imaging, and Laser treatments are payable at 100% of the preferred allowance (in-network) or 80% of Reasonable and Customary charge (out-of-network) to a maximum of $2,000 per Accident or Sickness. This is not a limitation. (Note: Policy Year deductible also applies).
- Speech, Hearing and Language Disorders: Diagnosis and treatment of speech, hearing and language disorders by individuals licensed as speech-language pathologists or audiologists under the provisions of Chapter 112, if such services are rendered within the lawful scope of practice for such speech-language pathologists or audiologists regardless of whether the services are provided in a Hospital, clinic or private office, payable the same as any other Sickness. Coverage shall not extend to the diagnosis or treatment of speech, hearing and language disorders in a school-based setting.
- Breast Reconstruction Incident to Mastectomy - Reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complications of all stages of mastectomy, including lymphedemas; in a manner determined in consultation with the attending Doctor and patient.
- Hormone Replacement Therapy - for peri- and post-menopausal women.
- Outpatient Contraceptive Services - including consultations, examinations, procedures and medical services related to contraceptive methods to prevent pregnancy approved by the U.S. Food and Drug Administration under the same terms and conditions for other outpatient services.

- Cancer Clinical Trials - for Qualified Cancer Clinical Trials as defined in MA Chapter 257 subject to all other terms and conditions of the Policy.
- Prosthetic devices and repairs - Payable the same as any other durable medical equipment as defined in M.G.L. c. 175 §47Z(a).

EXCESS BENEFITS

No benefits are provided by the Policy for expenses which are reimbursable by any other valid and collectible insurance plan, but such charges in excess thereof shall be covered as otherwise provided.

EXCLUSIONS

The policy does not cover Loss nor provide benefits for:

1. Expenses for daily hospital room and board higher than the usual semi-private room charge or higher than the usual charge for the Intensive Care Unit, if applicable.
2. Expenses incurred for medical services, treatments and supplies for which no charge would have been normally made in the absence of insurance.
3. Services normally provided without charge.
4. Surgery for the correction of refractive error and services in connection with eye examinations, eye glasses 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 unless specifically stated elsewhere.
5. Loss resulting from participation in an illegal occupation, riot, civil commotion or act of terrorism; or committing, or attempting to commit, a felony.
6. Elective plastic or cosmetic surgery, unless resulting directly from an Injury which necessitated medical treatment within twenty-four (24) hours of the Accident. This exclusion does not apply to cosmetic surgery made necessary by an Injury or a congenital disease or deformity of a newborn child who is a Dependent insured under the Policy.
7. Loss resulting from air travel, except as a fare-paying passenger on a commercial airline.
8. Injury or Sickness resulting from war, declared or undeclared.
9. Injury sustained or Sickness contracted while in the armed forces of any country.
10. An occupational loss covered by any occupational benefit plan, Workers' Compensation Act or similar law.
11. Treatment, services or supplies received in a governmental hospital unless the Covered Person is legally obligated to pay such charges in the absence of insurance.
12. Outpatient expense incurred for treatment of drug, alcohol or Mental Illness except as specifically stated.
13. Expense incurred for treatment of Injuries resulting from any motor vehicle accident to the extent covered by other valid and collectible insurance, or third party action.
14. Expenses, which are reimbursable by any other valid and collectible hospital or insurance plan, but such charges in excess thereof shall be covered as otherwise provided.
15. Expenses for prescription medications, except as specifically provided in this Insurance Program.
16. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia. This exclusion does not apply to the repairs to sound natural teeth caused by an Injury. This exclusion does not apply to the removal of impacted wisdom teeth.
17. Expense incurred after coverage terminates subject to the extension of benefits.
18. Are determined to be Experimental/Investigational in nature.

19. Topical acne treatments; legend vitamins; food supplements except as specifically stated; smoking deterrents; immunizations agents unless specifically stated; biological sera; blood plasma; drugs to promote or stimulate hair growth; experimental drugs; drugs dispensed in a Hospital or rest home.
20. Injury resulting from participation in interscholastic, intercollegiate, intramural, club or professional sports, including practice and conditioning, play or travel or arising from scuba diving, hang gliding, parachuting or bungee jumping.
21. Treatment to change the characteristics of the body to those of the opposite sex.
22. Expenses that are in excess of Reasonable and Customary Expenses.
23. Professional services rendered by a member of the Covered Person's Immediate Family or by anyone who lives with the Covered Person.
24. Services for weak, strained, or flat feet, corns, calluses or toenails; the diagnosis and treatment of acne and sebaceous cyst; deviated nasal septum, including submucous resection and/or surgical correction.
25. The diagnosis or treatment of congenital anomalies and conditions arising or resulting directly from them. This exclusion does not apply to apply to newborn child who is Dependent insured under the Policy.
26. Preventative medicines, routine physical examinations, unless specifically stated elsewhere.
27. Organ or tissue transplant.
28. Services or supplies received in the Covered Person's Home Country. This exclusion applies to international students.

CLAIM PROCEDURE

In the event of Covered Injury or Sickness:

1. Itemized bills must be submitted within ninety (90) days from the date of treatment. The Covered Person's name and identification number need to be included.
2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.

SUBMIT ALL CLAIMS TO:
GWH-CIGNA
1000 Great West Drive
Kennett, MO 63857-3749

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
Please visit our website for frequently asked questions and answers regarding this plan, or email us at info@univhealthplans.com.

The Plan is underwritten by:
Nationwide Life Insurance Company
Policy No. 302-530-2010

Customer Service, verification of benefits, claim correspondence, and ID card requests should be directed to:

Claims Administrator:
CONSOLIDATED HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
(413) 733-4540
Toll Free (800) 633-7867
www.chpstudent.com

You can access up to date information about your plan, including amendments, privacy notice, and rights and responsibilities at www.chpstudent.com.

Within forty-five (45) days following receipt of the appropriate documentation, We will either 1) make payment for the services provided, 2) notify the provider or claimant in writing of the reason or reasons for nonpayment, or 3) notify the provider or claimant in writing of what additional information or documentation is necessary to complete the claim filing. If We fail to comply, We are required to pay, in addition to any reimbursement for health care services provided, interest on the benefits beginning forty-five (45) days after receipt of the properly documented claim at the rate of one and one half percent (1.5%) per month, not to exceed eighteen percent (18%) per year. These provisions do not apply to claims that a carrier is investigating because of suspected fraud.

There is no utilization review performed on this Policy.

CLAIM APPEAL

To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plan's Appeal Department at the above address. Include your name, phone number, address, school attended and email address, if available.

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

You have the right to appeal to the Office of Patient Protection at 1-800-436-7757, fax: 1-617-624-5046 or visit www.state.ma.us/dph/opp.

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

VISION DISCOUNT PROGRAM

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

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.

MGH Institute of Health Professions – Schedule of Benefits		
BENEFITS	**Preferred Provider**	**Non-Preferred Provider**
Policy Year Maximum Benefit per Injury or Sickness	$100,000 Per Condition Aggregate Maximum	
Policy Year Deductible	$100 per Individual $200 per Family	$200 per Individual $400 per Family
The Plan's Coinsurance	100% of Preferred Allowance (PA)	80% of Reasonable and Customary Charges (R&C)
Out-of-Pocket Maximum: Mental Health expenses, prescription drug co-pays and any hearing aid expenses are not included toward meeting the out-of-pocket maximum.	None	$2,000 per Individual $4,000 per Family
INPATIENT EXPENSE BENEFITS	**Preferred Provider**	**Non-Preferred Provider**
Hospital Room and Board: Semi-private room, general nursing care, and intensive care unit.	100% of PA after deductible	80% of R&C after deductible
Hospital Miscellaneous: Operating rooms, laboratory tests, x-ray examination, anesthesia, and physiotherapy services.	100% of PA after deductible	80% of R&C after deductible
Surgeon Expense: When more than one (1) surgical procedure is performed through the same incision or immediate succession, the additional surgery will be covered at 50%. Reimbursement based on Fair Health, Inc.	100% of PA after deductible	80% of R&C after deductible
Physician Visit (non surgical visit): Limited to one (1) visit per day.	100% of PA after deductible	80% of R&C after deductible
Inpatient Mental Illness: For biologically based illnesses.	Covered as any other Sickness	
Inpatient Mental Illness: For non-biologically based illnesses, limit 60 days per Policy Year.	100% of PA after deductible	80% of R&C after deductible
OUTPATIENT EXPENSE BENEFITS	**Preferred Provider**	**Non-Preferred Provider**
Physician Visits	100% of PA after $30 co-pay and deductible	80% of R&C after deductible
Preventive Care Services: For Dependent children from birth to age 6.	100% of PA after $30 co-pay and deductible	80% of R&C after deductible
Routine Physicals/Other Preventive Care: This benefit includes one annual routine physical exam provided by a Doctor; including appropriate immunizations, routine prostate-specific antigen (PSA) blood tests, and screening for lead poisoning, except as mandated.	100% of PA after $30 co-pay and deductible	Not covered
Cytological Screening (Pap Smear): Including screening and examination.	100% of PA after deductible	80% of R&C after deductible
Routine Mammogram	100% of PA after deductible	80% of R&C after deductible
Allergy Testing and Treatment	100% of PA after $30 co-pay and deductible	80% of R&C after deductible
Diagnostic X-Ray & Lab Services: Including pre-hospital admission testing/labs.	100% of PA after deductible	80% of R&C after deductible
High Cost Procedures: Including, but not limited, to CAT Scans, MRI, and Laser Treatments.	100% of PA after a $50 per condition deductible, and subject to the policy year deductible	80% of R&C after a $50 per condition deductible, and subject to the policy year deductible
Outpatient Surgery Expense: Services related to scheduled surgery performed in a hospital or ambulatory surgery center, operating room, laboratory test, x-ray, examinations, anesthesia, supplies, drugs, and medication.	100% of PA after deductible	80% of R&C after deductible
Surgeon Expense: When more than one (1) surgical procedure is performed through the same incision or immediate succession, the additional surgery will be covered at 50%. Reimbursement based on Fair Health, Inc..	100% of PA after deductible	80% of R&C after deductible
Hospital Emergency Room (not resulting in admission)	• For medical emergency: 100% • For non-emergency: 100% of PA after $50 co-pay and deductible	• For medical emergency: 100% • For non-emergency: 80% of R&C after deductible
Physical Therapy: Limit of 60 days per Policy Year.	100% of PA after $30 co-pay and deductible	80% of R&C after deductible
Outpatient Mental Illness: For biologically based illnesses.	Covered as any other Sickness	
Outpatient Mental Illness: For non-biologically based illnesses, limit 24 visits per Policy Year, not including Mental Illness Medication Management Office Visits.	100% of PA after $30 co-pay and deductible	80% of R&C after deductible
ADDITIONAL BENEFITS	**Preferred Provider**	**Non-Preferred Provider**
Prescription Drug Expense: $2,500 per Policy Year maximum benefit. To minimize your out of pocket expense, prescriptions should be filled at an Express Scripts participating pharmacy. Visit www.express-scripts.com for participating pharmacies. Deductibles do not apply. Includes prescription contraceptive drugs and devices.	Generic Drug - $20 co-pay per 30-day supply Brand Name Drug - $30 co-pay per 30-day supply	
Ambulance: For medical emergency.	100% of PA after deductible	80% of R&C after deductible
Routine Hearing Exams	100% of PA after $30 co-pay and deductible	Not Covered
Hearing Aids & Batteries: Limit $1,000 per Policy Year.	100%	100%
Durable Medical Equipment: Limit $1,500 per Policy Year.	100% of PA after deductible	80% of R&C after deductible
Skilled Nursing Facility	100% of PA after deductible	80% of R&C after deductible
Home Health Services	100% of PA after deductible	80% of R&C after deductible
Hospice Care	100% of PA after deductible	80% of R&C after deductible
Cardiac Rehabilitation	100% of PA after $30 co-pay and deductible	80% of R&C after deductible
Sickness Dental: Removal of impacted wisdom teeth, payable up to a maximum of $350 per tooth.	100% of PA after deductible	80% of R&C after deductible

English/English

Notice Regarding Translator and Interpretation Services

We provide, upon request, interpreter and translation services related to administrative procedures and claims processing. This service is available to you when you contact our Customer Service Department at 1-800-633-7867.

Spanish/Español

Aviso sobre servicios de interpretación y traducción

Nosotros podemos ofrecerle, si usted lo solicita, servicios de traducción relacionados con procedimientos administrativos y procesamiento de reclamos. Este servicio se encuentra disponible cuando usted habla con el departamento del servicio al consumidor al 1-800-633-7867 (1-800-MED-STOP).

French/Français

Avis sur les services de translation et d'interprétation

Nous fournissons, sur demande, des services d'interprétation et de translation relatifs aux procédures administratives et au traitement des réclamations. Ce service est à votre disposition quand vous contactez notre service après-vente (Customer Service Department) à 1-800-633-7867 (1-800-MED-STOP).

Greek/Ελληνικά

Ειδοποίηση σχετικά με τις υπηρεσίες μετάφρασης και διερμηνείας

Παρέχουμε, κατ' απαίτηση, υπηρεσίες μετάφρασης και διερμηνείας σχετικά με τις διοικητικές διαδικασίες και τις διεργασίες αιτήσεων. Η υπηρεσία αυτή είναι διαθέσιμη σε εσάς όταν εσείς επικοινωνείτε με το τμήμα εξυπηρέτησης πελατών στο τηλεφωνικό αριθμό 1-800-633-7867 (1-800-MED-STOP).

Haitian Creole/Kreyòl

Avi sou sèvis tradiksyon ak entèpretasyon

Nou bay, lè ou mande li, sèvis tradiksyon ak entèpretasyon pou keksyon administratif ak reklamasyon. Pou jwen sèvis sa, rele Depatman Kliyan sou nimewo 1-800-633-7867 (1-800-MED-STOP).

Italian/Italiano

Avviso Riguardante Servizi di Traduzione ed Interpretazione.

Forniamo, su richiesta, servizi di interpretazione e traduzione relativi a procedure amministrative e procedimenti per reclami. Questo servizio è disponibile contattando il Servizio Assistenza Clienti al 1-800-633-7867 (1-800 MED-STOP).

Portuguese/Português

Informação sobre serviços de Tradução e Interpretação

Nós fornecemos, mediante solicitação, serviços de tradução e interpretação relacionados a procedimentos administrativos e processamento de reclamações. Este serviço encontra-se à sua disposição quando Você contatar o nosso Departamento de Atendimento ao Consumidor: 1-800-633-7867 (1-800-MED-STOP).

Russian/Русский

Объявление: услуги устных и письменных переводчиков

По требованию клиентов мы предоставляем услуги устных и письменных переводчиков для оказания помощи в вопросах, связанных с административными процедурами и обработкой заявлений. Для того, чтобы воспользоваться услугами переводчика, обратитесь в Отдел обслуживания клиентов по телефону 1-800-633-7867 (1-800-MED-STOP).

Arabic

Arabic/عربي

إشعار بشأن خدمات الترجمة والترجمة الفورية

إننا نقدم، تلبية لطلب الراغبين، خدمات الترجمة والترجمة الفورية المتعلقة بالإجراءات الإدارية وتسيير المطالبات. ويمكنك الحصول على هذه الخدمة عن طريق الاتصال بقسم خدمة الزبائن Customer Service Department على الرقم: 1-800-633-7867

Cambodian

Cambodian(Khmer)/ ភាសាខ្មែរ

ការប្រកាស ស្តីពីការបំរើផ្នែកបកប្រែភាសាផ្ទាល់មាត់ និងភាសាសរសេរ

យើងផ្តល់ជូន ការបំរើផ្នែកបកប្រែភាសាផ្ទាល់មាត់ និងភាសាសរសេរ ប្រសិនបើអ្នកត្រូវការ
នៅក្នុងទំរង់ការ ផ្នែកចាត់ចែង និងទំរង់ការស្នើបណ្តឹង។ បើអ្នកត្រូវការ សូមទាក់ទងតាមទូរស័ព្ទ មកការិយាល័យ
បំរើអតិថិជនយើង តាមលេខ ១៨០០-៦៣៣-៧៨៦៧។

Chinese (Mandarin)

Chinese(Mandarin)/國語

翻譯及傳譯服務通知

如果您提出要求，我們可以爲您提供與行政手續和索賠申請有關的翻譯及傳譯服務。請與我們的客戶服務部聯絡，電話是1-800-633-7867（1-800-MED-STOP）。

Laotian

Laotian/ ລາວ

ປະກາດກ່ຽວກັບການບໍລິການແປພາສາແບບປາກເປົ່າແລະແບບຂີດຂຽນ

ຕາມຄຳຂໍ, ພວກເຮົາຈະໃຫ້ການບໍລິການດ້ານການແປພາສາແບບປາກເປົ່າ ແລະແບບຂີດຂຽນ ທີ່ກ່ຽວກັບການປະຕິບັດງານການບໍລິຫານ ແລະການດຳເນີນການທວງເອົາການຊ່ວຍເຫຼືອຕ່າງໆ. ການບໍລິການນີ້ ຈະມີໃຫ້ເມື່ອທ່ານຕິດຕໍ່ ໄປຫາຝ່າຍປະຊາສຳພັນຂອງພວກເຮົາ ທີ່ເບີໂທ 1-800-MED-STOP (633-7867).