MGH Institute of Health Professions
2015- 2016 Student Health Insurance Program
Underwritten by Nationwide Life Insurance Company
Policy No. 302-530-2013

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

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 at 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 DOCUMENT IS FOR MINIMUM CREDITABLE COVERAGE STANDARDS THAT ARE EFFECTIVE JANUARY 1, 2009. BECAUSE THESE STANDARDS MAY CHANGE, REVIEW YOUR 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.

PREMIUM

Premium for coverage must be received within the 31-day periods beginning with the start of the applicable Coverage Period. MGH Institute of Health Professions collects this money as part of your tuition bill and pays the insurer to ensure coverage.

Rates* per Coverage Period			
	05/01/15-08/31/15	**09/01/15-12/31/15**	**01/01/16-04/30/16**
Student Only	$2,013	$2,013	$2,013
Student & Spouse	$4,026	$4,026	$4,026
Student & 1 Child	$4,026	$4,026	$4,026
Student & 2 Children	$6,039	$6,039	$6,039
Student & 3 or more Children	$8,052	$8,052	8,052
Student, Spouse & 1 Child	$6,039	$6,039	$6,039
Student, Spouse & 2 Children	$8,052	$8,052	$8,052
Student, Spouse & 3 or more Children	$10,065	$10,065	$10,065

Note: the rates include a service fee retained by the broker.

2015-2016 SCHEDULE OF MEDICAL EXPENSE BENEFITS

This is a schedule of benefits available through the MGH Institute of Health Professions 2015-2016 Student Health Insurance Program. **This summary should be used in conjunction with the full plan description, including plan provisions, limitations and exclusions. To obtain a copy of the full plan brochure, please go to www.chpstudent.com**. Questions regarding the benefits, limitations and exclusions of the Student Health Insurance Plan can be directed to Consolidated Health Plans at (800) 633-7867 or by email at customerservice@consolidatedhealthplan.com.

If care is received from a Preferred Provider, any Covered Medical Expense will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level benefits. Reduced or lower benefits will be provided when a Non-Preferred Provider is used. **The Preferred Provider Network is the Cigna PPO Network** of Participating Providers. For a listing of Participating Providers, go to www.cigna.com, or contact Consolidated Health Plans at (413) 733-4540, toll-free at (800) 633-7867, or www.chpstudent.com for assistance.

The benefits payable are as defined in and subject to all provisions of this Policy and any endorsements thereto. Benefits will be paid up to the Maximum Benefit for each service below. Covered Medical Expenses[1] include:

COVERED CHARGES: ESSENTIAL HEALTH BENEFITS		
	In-Network Benefit	**Out-of-Network Benefit**
Policy Year Maximum Benefit (including medical evacuation and repatriation)	**Unlimited**	
Policy Year Deductible - per Individual or Family (applies unless otherwise stated, additional deductibles and co-pays may apply)	$100 per Individual $200 per Family	$200 per Individual $400 per Family
Out-of-Pocket Maximum (includes Coinsurance, Deductible and Co-pay; does not include non-covered medical expenses or elective treatment)	$1,000 per Individual $2,000 per family	$2,000 per Individual $4,000 per Family
Plans Coinsurance	100% of Preferred Allowance (PA)	80% of Reasonable & Customary (R&C)
Preventive/Wellness & Immunization Services	100% of Preferred Allowance (PA) (Policy year deductible does not apply)	Not covered
Outpatient Services (other than Surgery, Maternity, Mental Health/Drug or Alcohol)		
Physician visits, including Specialists and Consultants	100% of PA after $30 per visit co-pay	80% of R&C
Diagnostic X-ray and Laboratory Services; including pre-admission testing	100% of PA	80% of R&C
Diagnostic Imaging, including CT Scan, MRI, and/or PET Scans	100% of PA after a $50 per condition co-pay	80% of R&C after a $50 per condition co-pay
Inpatient Services – (other than Surgery, Maternity, Mental Health/Drug or Alcohol, except as specified)		
Miscellaneous Hospital Services	100% of PA	80% of R&C
Room and Board expense, at the semi-private room, general nursing care, and Intensive Care Room	100% of PA	80% of R&C
Physician Visits (includes Specialists/Consultants)	100% of PA	80% of R&C
Skilled Nursing and Sub-Acute Care Facilities	100% of PA	80% of R&C
Surgical Services (Inpatient & Outpatient)		
When more than one (1) surgical procedure is performed through the same incision or immediate succession, the additional surgery will be covered at 50%.		
Surgeon's Fee	100% of PA	80% of R&C
Assistant Surgeon / Anesthetist Services	30% of the Surgical Allowance, Payable at 100%	30% of the Surgical Allowance Payable at 80%

Hospital Miscellaneous, services related to a scheduled surgery performed in a hospital or ambulatory surgery center, includes operating room, laboratory tests, x-rays, examinations, anesthesia, supplies, drugs and medications.	100% of PA	80% of R&C
Organ transplants	100% of PA	80% of R&C
Obesity surgery	100% of PA	80% of 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.		
Pre- and Post-Natal Care	Paid the same as any other Sickness	Paid the same as any other Sickness
Hospital services	Paid the same as any other Sickness	Paid the same as any other Sickness
Biologically-Based Mental Illness, including Alcoholism/Drug Abuse		
Inpatient services	100% of PA	80% of R&C
Outpatient Office Visits	100% of PA after $30 per visit co-pay	80% of R&C
Non-Biologically Based Mental Conditions		
Inpatient services	100% of PA	80% of R&C
Outpatient Office Visits	100% of PA after $30 per visit co-pay	80% of R&C
Urgent Care and Emergency Services		
Urgent Care Facility (non Emergency) services	100% of PA after $30 per visit co-pay	80% of R&C
Emergency services (**Note**: The In-Network deductible applies to Out-of-Network Emergency services)	100% of PA after $50 co-pay (Co-pay waived if admitted)	100% of R&C after $50 co-pay (Co-pay waived if admitted)
Emergency Medical Transportation services (**Note**: The In-Network deductible applies to both in and out-of-network)	100% of PA	100% of R&C
Other Services		
Allergy Testing & Treatment (testing is limited to one (1) series of tests per Policy Year)	100% of PA after $30 per visit co-pay	80% of R&C
Habilitative care–including Physical and occupational therapy up to sixty (60) visits per Policy Year; No limit applied to autism treatment, home health care and speech/hearing disorders.	100% of PA after $30 per visit co-pay	80% of R&C
Rehabilitative Physical and Occupational Therapy (Outpatient) – maximum of 60 visits per Policy Year. No limit applied to autism treatment, home health care and speech/hearing disorders.	100% of PA after $30 per visit co-pay	80% of R&C
Rehabilitative & Habilitative Speech therapy	100% of PA after $30 per visit co-pay	80% of R&C
Cardiac Rehabilitation	100% of PA after $30 per visit co-pay	80% of R&C
Chiropractic	100% of PA after $30 per visit co-pay	80% of R&C
Home Health Care	100% of PA	80% of R&C
Hospice	100% of PA	80% of R&C
Diabetic treatment and Education	Paid the same as any other Sickness	
Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices	100% of PA	80% of R&C
Prescription Drug Expense (Policy year deductible does not apply) Prescriptions must be filled at a "Cigna" participating pharmacy.	• $0 Co-pay for generic contraceptives and wellness prescriptions, per 30-day supply; • $20 Co-pay for other generic prescriptions, per 30-day supply; or • $30 Co-pay for any brand name prescription, per 30-day supply	Not Covered
Pediatric Dental for Covered Persons under nineteen (19)	Preventive: 100% of R&C Basic Restorative: 70% of R&C Major Services: 50% of R&C Medically Necessary Orthodontia: 50% of R&C	
Routine Vision Exam for Covered Persons under nineteen (19) – one exam every two (2) years. Eye glasses/contact lenses not covered.	100% of R&C up to $150, 50% thereafter	
Weight Loss programs – up to $150 per Policy Year.	100% of reimbursable charge	
Elective Treatment		
Acupuncture	100% of PA after $30 per visit co-pay	80% of R&C
Voluntary Termination of Pregnancy	100% of PA	80% of R&C
Private Duty Nursing	100% of PA	80% of R&C
Routine Hearing Exams (newborn screening is covered under Preventive Services with no cost sharing)	100% of PA after $30 per visit co-pay	Not Covered
Hearing aids for children (21 or younger)	100% of R&C up to $2,000 per ear every 36 months	
Hearing aids and hearing aid batteries (over age 21)	100% of R&C, up to $1,000 per Policy Year (No Deductible)	
Sickness Dental Expense – up to $350 per tooth for removal of impacted or infected wisdom teeth.	100% of PA	80% of R&C

1 - Refer to plan detail for additional benefits, State Mandated Benefits, limitations, exclusions, and definitions. The complete Plan brochure is available at www.chpstudent.com.

GENERAL EXCLUSIONS AND LIMITATIONS

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

1. Eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses. Repair or replacement of eye glasses or contact lens except when required as a direct result of an Injury of as provided herein.
2. Hearing Screenings (except as specifically provided in the Policy) or hearing examinations or hearing aids (except as provided herein);
3. Vaccines and immunizations (except as specifically provided in the Policy): a) required for travel; and b) required for employment.
4. Treatment (other than surgery) of chronic Conditions of the foot including weak feet, flat foot, foot strain, care of corns, calluses, toenails.
5. Cosmetic treatment, cosmetic surgery, plastic surgery or other services and supplies that We determine to be furnished primarily to improve appearance rather than a physical function or control of organic disease. Improvements of physical function does not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include, but are not limited to: face lifts; sagging eyelids; deviated nasal septum, including submucous resection;

prominent ears; skin scars, correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implant (except for correction or deformity resulting from mastectomies or lymph node dissections). This exclusion does not include Reconstructive Surgery when the service is incidental to or follows surgery resulting from trauma, Injury, infection or other diseases of the involved part.

6. Treatments which are considered to be unsafe, Experimental, or Investigational by the American Medical Association (AMA).
7. Dental care or treatment of the teeth, gums or structures directly supporting the teeth, (except as specified herein).
8. Temporomandibular Joint Dysfunction (TMJ);
9. Injury sustained while (a) participating in any intercollegiate, intramural, club or professional sport, contest, or competition; (b) traveling to or from such sport, contest, or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest, or competition.
10. Injury sustained by reason of a motor vehicle Accident to the extent that benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such benefits.
11. Injury resulting from participation in any hazardous activity, including: scuba diving, parachuting, hang gliding or bungee jumping.
12. Injury occurring in consequence of riding as a passenger or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.
13. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
14. Any services of a Physician or Nurse who lives with You or Your Dependent(s) or who is related to You or Your Dependent(s) by blood or marriage.
15. Expense covered by any other medical insurance to the extent that Benefits are payable under any other medical insurance whether or not a claim is made for such Benefits.
16. Services received before the Covered Person's Effective Date or after the Covered Person's Coverage ends, except as specifically provided under the Extension of Benefits provision.
17. Under the Prescription Drug Benefit, any drug or medicine:
    - Obtainable Over the Counter (OTC);
    - for the treatment of alopecia (hair loss) or hirsutism (hair removal);
    - for the purpose of weight control;
    - anabolic steroids used for body building;
    - sexual enhancement drugs;
    - cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or treatment of acne except as specifically provided in this Policy;
    - refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
    - or an amount that exceeds a 30 day supply;
    - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
    - purchased after Coverage under the Policy terminates;
    - consumed or administered at the place where it is dispensed;
    - if the FDA determines that the drug is contraindicated for the treatment of the Condition for which the drug was prescribed; or Experimental for any reason.
18. Vitamins, minerals, or food supplement; except as specifically stated.
19. Services for the treatment of any Injury or Sickness incurred while committing or attempting to commit a felony; or while taking part in an insurrection or riot.
20. Injury or Sickness for which Benefits are paid or payable under any workers' compensation or occupation disease law or act, or similar legislation.
21. War or any act of war, declared or undeclared; or while in the armed forces of any country.
22. Treatment received outside of the United States of America, except when medically necessary for an Emergency Confinement in a Hospital or as specified herein.
23. Non-cystic acne.
24. Pregnancy that results under a Surrogate Parenting Agreement.
25. Nutrition counseling services (except as specifically provided in the Policy), including services by a Physician for general nutrition, weight increase or reduction services, except as specifically provided in the Policy; exercise machinery or equipment, including but not limited to treadmill, stair steps, trampolines, weights, sports equipment, support braces used primarily for use during any sport or in the course of employment, any equipment obtainable without a Physician's prescription.
26. Aroma therapy, hypnosis, rolfing, hyperhidrosis, psychosurgery, and biofeedback.
27. Elective surgery or treatment.
28. Custodial Care.
29. Modifications made to dwellings, property, or automobiles such as ramps, elevators, stair lifts, swimming pools, spas, air conditioners or air-filtering systems, equipment that may increase the value of the residence, or car hand controls, whether or not their installation is for purposes of providing therapy or easy access, or are portable to other locations.
30. Vocational recreation, art, dance, poetry, music, or other similar-type therapies, including regression therapy; personal enhancement or self-actualization therapy.

PRIVACY POLICY

The Student Health Insurance Plan is serviced by University Health Plans and underwritten by Nationwide Life Insurance Company. Claims are paid by Consolidated Health Plans. We know that your privacy is important to you and we strive to protect the confidentially of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling (800) 633-7867 or by visiting www.chpstudent.com.

SUBMIT ALL MEDICALCLAIMS TO:
Cigna
PO Box 188061
Chattanooga, TN 37422 - 80619
ELECTRONIC PAYOR ID: 62308

Where to Find Help

For questions about:	Please contact:
Enrollment Waiver of Mandatory Insurance Charge	**University Health Plans -** One Batterymarch Park, Quincy, MA 02169-7454 Local: (617) 472-5324 - Out of area: (800) 437-6448 - www.universityhealthplans.com
Insurance Benefits, ID Cards, Customer Service	**Consolidated Health Plans -** 2077 Roosevelt Avenue, Springfield, MA 01104 Local: (413) 733-4540 - Out of area: (800) 633-7867 - www.chpstudent.com