

# Student Accident and Sickness Insurance Program

Designed for the Students of  
**Massachusetts Community Colleges**

- Berkshire Community College
- Bristol Community College
- Bunker Hill Community College
- Cape Cod Community College
- Greenfield Community College
- Holyoke Community College
- Massachusetts Bay Community College
- Massasoit Community College
- Middlesex Community College
- Mount Wachusett Community College
- Northern Essex Community College
- North Shore Community College
- Quinsigamond Community College
- Roxbury Community College
- Springfield Technical Community College
- Quincy College

**2004-2005**

**NATIONWIDE LIFE INSURANCE COMPANY**

COLUMBUS, OHIO

Effective September 1, 2004 to September 1, 2005

### 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.

## HEALTHCARE VALUE MANAGEMENT, INC. (HCVM) PREFERRED PROVIDER NETWORK

By enrolling in this Insurance Program, you have the HCVM Preferred Provider Network available to You and Your Dependents, if any, throughout Massachusetts, providing access to quality health care at discounted fees. A complete listing is available at [www.hcvm.com](http://www.hcvm.com)

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 \$10 Copayment per visit. Office visits are paid under the Outpatient Miscellaneous benefit which has a \$1,500 maximum.

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 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 2<sup>nd</sup> or 3<sup>rd</sup> trimester of pregnancy and whose provider in connection with her pregnancy is involuntarily 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 Person's first 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 Community Colleges has directories listing HCVM Preferred Providers or call HCVM at (800) 922-4286 or a complete listing is available at [www.hcvm.com](http://www.hcvm.com).**

### ELIGIBILITY AND EFFECTIVE DATE

All registered students taking 9 or more credit hours are required to purchase this insurance plan unless proof of comparable coverage is furnished. All other registered students taking less than 9 credit hours are eligible to enroll in the plan. **If You are taking more than 9 credit hours you are automatically enrolled unless You can certify that You have comparable coverage.**

You may enroll in this Insurance Program no later than October 10<sup>th</sup> for Fall Semester and no later than February 10<sup>th</sup> for Spring Semester. If You are eligible for coverage and wish to enroll in the Program after these enrollment opportunities, You must present documentation from Your former insurance company that it is no longer providing You with personal accident and health insurance coverage. Your effective date under this Program will be the date Your former insurance expired, if You make the request for coverage within 31 days after it expires. Your premium for this coverage must accompany the request.

### PREMIUM

Premium for coverage must be received within the 31-day periods beginning with the start of the first and second semesters.

	Annual	Spring/Summer
Student	\$572.00	\$388.00
Spouse	\$1,202.00	\$805.00
Each Child	\$929.00	\$623.00

### REFUND OF PREMIUM

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first 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 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 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 involuntarily disenrolled within the past 2 years.

#### **COVERAGE FOR DEPENDENTS**

Eligible students who do enroll may also insure their dependents. Eligible dependents are the spouse and unmarried children under 19 years of age or 23 years, if a full-time dependent student at an accredited institution of higher learning, who are not self-supporting. 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 31st day following birth. During the 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.

#### **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 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.

#### **CONTINUATION PRIVILEGE**

Insured Persons who become ineligible for coverage due to leaving the school due to graduation, reduction in credit hours, or for other purposes, may continue their coverage by timely payment of premium for up to 3 months from the date of ineligibility unless within the period for which this provision is in effect, the Insured Person shall otherwise be entitled to similar benefits.

Application must be made and premium must be paid directly to University Health Plans and be received by September 1, 2005. For further information on the Continuation Privilege, please contact University Health Plans at 1-800-437-6448.

#### **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, 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.

**Copayment/Deductible** 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; unmarried child(ren) under age 19 or 23 years, if a full time dependent student at an accredited institution of higher learning, 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 as a prospective adoptive parent, even if the adoption has not been finalized; child, despite attaining age 19 or 23 years, (if a full time dependent student at an accredited institution of higher learning) 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 services and charges** will not be considered experimental/investigative if successfully completed Stage III clinical trials of the United States Food and Drug Administration.

**HCVM Preferred Provider** is a network of Physicians, Hospitals, and other healthcare providers who have contracted to provide services at a discounted rate.

**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 been 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 Accident, including related conditions, will be considered one 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 Disorder 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 interferes with or substantially limits 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.

**Pre-existing Condition** means (1) a condition that manifested itself during the 6 months immediately preceding the Covered Person's effective date of coverage in such a manner as would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment was recommended or received; (2) a pregnancy existing on the Covered Person's effective date of coverage.

Diagnosis, care or treatment shall not include any prior diagnosis of or prior treatment for infertility.

**Preventive Care Services** means services rendered to a Dependent child from the date of birth through the attainment of six years of age and shall include physical examination, history, measurements, sensory screening, neuropsychiatric evaluation and development screening, and assessment at the following intervals: six times during the child's first year after birth, three times during the next year, annually until age six. Such services shall also include hereditary and metabolic screening at birth, appropriate immunizations, 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 usual amount charged by a Provider for a service or supply, regardless of insurance coverage, but not more than the amount charged by most providers in the same area for a similar service.

**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 Sickness.

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

**You, Your, Yours** means the insured student.

#### OTHER BENEFITS

**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 the 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 12-

month period for a minimum of 60 days inpatient treatment and 24 outpatient visits.

• **Psychopharmacological services and neuropsychological assessment services expense. Treatment of Alcoholism and Chemical Dependency:**

- **Inpatient:** Confinement in a hospital or in any other public or private facility providing services especially for the detoxification or rehabilitation and which is licensed by the department of public health, or in a residential alcohol treatment program, up to 30 days in any calendar year.
- **Outpatient:** Outpatient services furnished by a hospital or by any public or private facility or portion thereof providing services especially for the rehabilitation of intoxicated persons or alcoholics, up to \$500 per Policy Year.

The limitation on benefits for treatment of alcoholism and chemical dependency shall not apply when said treatment is rendered in conjunction with treatment of mental or nervous disorders.

**Cytological Screening And Mammogram:** Benefits will be provided for: an annual cytological (pap smear) screening for ages 18 and over; a baseline mammogram for ages 35 through 39; and a mammogram every year for women age 40 and over.

**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. 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 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 \$2,500 per policy year for non-prescription enteral formulas for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal

pseudo-obstruction, 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; prescribed oral diabetes medications that influence blood sugar levels; laboratory tests, including glycosylated hemoglobin, or HbA1c 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 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; Intra-cytoplasmic 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 \$350 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 48 hours following vaginal delivery and 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 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 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 3<sup>rd</sup> birthday, up to \$3,200 per year and an aggregate benefit of \$9,600 over the total enrollment period.

**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:** 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 80% of the negotiated charge (in-network) or 80% of Reasonable and Customary Charge (out-of-network) to a maximum of \$2,000 per Accident or Sickness.

**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 pre- 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.

#### **OPTIONAL MAJOR MEDICAL BENEFIT**

This optional benefit is subject to payment of an additional premium.

The Optional Major Medical Benefit begins payment after the Basic Maximum Benefit of \$25,000 has been paid by the Company.

The Company will pay 100% of additional, incurred Covered Medical Expenses after first deducting the Basic Maximum Benefit (the Major Medical Deductible). Payment will not exceed the Major Medical Maximum Benefit of \$225,000.

The total amount payable by the Company under this endorsement for any one Injury or Sickness will never exceed an amount determined by subtracting from \$250,000 all amounts paid under the policy, including amounts paid under this endorsement.

**Additional Exclusions:** No benefits will be paid under this endorsement for loss or expense caused by, contributed to or resulting from:

1. Room and Board expenses which exceed Reasonable and Customary Charges / semi-private room rate;
2. Dental treatment;
3. Outpatient Physiotherapy;
4. Services designated as "No Benefits" in the Basic Medical Expense Benefit Schedule of Benefits; and
5. Any conditions which had during the 6 months immediately preceding the effective date of coverage, manifested themselves in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or

treatment was recommended or received; a pregnancy existing on the Insured's Effective Date of coverage for which care or treatment was received before the Effective Date, under Optional Major Medical coverage; except for individuals who have been continuously insured under Optional Major Medical coverage for at least 6 consecutive months, or under a previous qualifying health plan, provided such coverage was in force within 63 days prior to the Effective date.

#### **EXCESS COVERAGE**

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. This excess provision does not apply to the first \$100 of Covered Medical Expenses.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with policy provisions or requirements.

#### **PRE-EXISTING CONDITIONS LIMITATION**

Pre-existing Conditions in excess of \$1,500 are not covered for the first 6 months following the Covered Person's effective date of coverage under the Policy. This limitation will not apply if, during the period immediately preceding the Covered Person's effective date of coverage under the Policy, the Covered Person was covered under prior Creditable Coverage for 6 consecutive months. Prior Creditable Coverage of less than 6 months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Conditions will apply only if the Covered Person becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage. The Covered Person must provide us proof of prior Creditable Coverage.

#### **EXCLUSIONS**

**The policy does not cover Loss nor provide benefits for:**

1. Services and supplies related to nicotine addiction;
2. Biofeedback-services and supplies related to biofeedback;
3. Congenital conditions, except as specifically provided for Newborn or adopted Infants; circumcision;
4. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; hirsutism; nonmalignant warts, moles and lesions;
5. Dental treatment, except for accidental Injury to Sound, Natural Teeth;

6. Elective Surgery and Elective Treatment;
7. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided in the policy. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
8. Immunizations, services and supplies related to immunizations, preventative medicines or vaccines, except where required for treatment of a covered Injury or except where specifically provided in the policy;
9. Injury caused by, contributed to, or resulting from the use of intoxicants, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the Insured Person's Physician;
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
11. Organ transplants;
12. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
13. Pre-existing Conditions in excess of \$1,500, for a 6 month period except for individuals who have been insured under the school's student insurance policy for at least 6 consecutive months or under a previous qualifying health plan, provided such coverage was in force within 63 days prior to the effective date of this plan;
14. Prescription Drugs dispensed or purchased while not Hospital Confined;
15. Birth control, family planning, impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery, unless specifically stated.
16. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness, except as specifically provided in the Policy;
17. Services or supplies for foot care including care of corns, bunions (except capsular or bone surgery), calluses;
18. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
19. Services, supplies and/or treatment for acne; acupuncture; allergy, including allergy testing; alopecia;
20. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery; except surgery made necessary as the result of a covered Injury;

21. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft except while riding as a passenger on a regularly scheduled flight of a commercial airline;
22. Sleep disorders, supplies, treatment, or testing relating to sleep disorders;
23. Supplies, except as specifically provided in the Policy;
24. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; other than as specifically provided in the Policy;
25. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
26. Vision services and supplies related to eye refractions or eye examinations, eyeglasses or contact lenses or prescriptions or fitting of eyeglasses, and radial keratotomy, keratomileusis or excimer laser photo refractive keratectomy or similar type procedures or service except when due to a disease process;
27. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
28. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity, surgery for removal of excess skin or fat.
29. Services and charges that are determined to be Experimental/Investigational in nature.

**CLAIM PROCEDURE**

1. Bills must be submitted within 90 days from the date of treatment.
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.
3. Subsequent medical bills should be mailed promptly to Consolidated Health Plans.

All medical bills should be submitted to the Claims Administrator shown below:

**Claims Administrator:**  
**CONSOLIDATED HEALTH PLANS**  
 195 Stafford Street  
 Springfield, MA 01104-3503  
**PLEASE REFER TO YOUR SCHOOL AS:**  
**MASSACHUSETTS COMMUNITY COLLEGES**  
 (413) 733-4540  
 Toll Free (800) 633-7867

**Servicing Broker:**  
**UNIVERSITY HEALTH PLANS**  
 One Batterymarch Park  
 Quincy, MA 02169  
 Local: (617) 472-5324  
 Out of area: 800-437-6448

Please visit our website for more information regarding this plan at: [www.universityhealthplans.com](http://www.universityhealthplans.com) or email us at : [info@univhealthplans.com](mailto:info@univhealthplans.com)

**The Plan is underwritten by:**  
**Nationwide Life Insurance Company**

Within 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 45 days after receipt of the properly documented claim at the rate of 1.5 percent per month, not to exceed 18 percent 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.

Underwritten by:

NATIONWIDE LIFE INSURANCE COMPANY

When submitting claims, etc, please use the Policy Numbers listed below, based on the particular Community College you attend.

Berkshire Community College	302-035-2002
Bristol Community College	302-018-2002
Bunker Hill Community College	302-019-2002
Cape Cod Community College	302-020-2002
Greenfield Community College	302-021-2002
Holyoke Community College	302-022-2002
Massachusetts Bay Community College	302-023-2002
Massasoit Community College	302-024-2002
Middlesex Community College	302-025-2002
Mount Wachusett Community College	302-026-2002
Northern Essex Community College	302-028-2002
North Shore Community College	302-027-2002
Quinsigamond Community College	302-029-2002
Roxbury Community College	302-030-2002
Springfield Technical Community College	302-031-2002
Quincy College	302-032-2002

**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 60 days by Consolidated Health Plans.

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

INSURANCE IDENTIFICATION CARD  
**MASSACHUSETTS COMMUNITY COLLEGES**  
2004 -2005  
STUDENT HEALTH INSURANCE PLAN

---

(Insured Student - Print Name)

---

(Name of School)

**Policy Number:** \_\_\_\_\_

**If a premium has been paid, the Student whose name appears above has been insured under a policy issued to the Massachusetts Community Colleges.**

-----  
Send itemized hospital and medical bills to:

**CONSOLIDATED HEALTH PLANS**

195 Stafford Street  
Springfield, Massachusetts 01104-3503  
(800) 633-7867

PLEASE REFER TO YOUR SCHOOL AS:  
**MASSACHUSETTS COMMUNITY COLLEGES**

-----

**Schedule of Basic Medical Expense Benefits  
Up to \$25,000 Maximum Benefit Paid as Specified Below (For Each Injury or Sickness)**

The Policy provides benefits as shown below for loss incurred by an Insured Person due to a covered Injury or Sickness. If you receive care, from a Preferred Provider, any Covered Medical Expenses will be paid at the applicable Preferred Provider level of benefits. If a Preferred Provider is not available in your Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expense is incurred due to a Medical Emergency treatment, benefits will be paid at the Preferred Provider level of Benefits. (See Medical Emergency Treatment on Page 12 for additional information.) In all other situations, reduced, or lower benefits will be provided when an Out-of-Network provider is used. 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 scheduled below.

	<u>Preferred Provider</u>	<u>Out of Network</u>
Maximum total benefits are \$25,000 for each Injury or Sickness. Covered Medical Expenses include: Maximum payable amount for pre-existing conditions is \$1,500 for the first 6 months of coverage.		
<b>Inpatient</b>		
<b>Room and Board</b> , daily semi-private room rate; general nursing care provided by the Hospital	100% of R & C	80% of R & C
<b>Hospital Miscellaneous Expenses</b> , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	100% of R & C	80% of R & C
<b>Intensive Care</b>	100% of R & C	80% of R & C
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession, unless necessary to treat a Sickness or an Injury.	100% of R & C / \$5,000 maximum	80% of R & C / \$5,000 maximum
<b>Assistant Surgeon</b>	30% of Surgery Allowance	30% of Surgery Allowance
<b>Anesthetist</b>	30% of Surgery Allowance	30% of Surgery Allowance
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	100% of R & C	80% of R & C
<b>Pre-Admission Testing</b>	Paid under Hospital Miscellaneous	Paid under Hospital Miscellaneous
<b>Outpatient</b>		
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, up to a maximum benefit of \$1,500 for each Sickness or Injury, unless specifically stated		
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession, unless necessary to treat a Sickness or an Injury.	100% of R & C / \$5,000 maximum	80% fo R & C / \$5,000 maximum
<b>Day Surgery Miscellaneous</b>	100% of R & C	80% of R & C
<b>Anesthetist</b>	30% of Surgery Allowance	30% of Surgery Allowance
<b>Outpatient Miscellaneous Benefit</b>	100% of R & C / \$1,500 maximum	80% of R & C / \$1,500 maximum
<b>Physician's Visits</b> , benefits do not apply when related to surgery	Paid under Outpatient Miscellaneous / \$10 Copay per visit	Paid under Outpatient Miscellaneous / \$10 Deductible per visit
<b>Medical Emergency Expenses</b> , attending Physician's charges, x-rays, laboratory procedures, injections, use of the emergency room and supplies. The Deductible will be waived if admitted.	Paid under Outpatient Miscellaneous / \$50 Copay per visit	Paid under Outpatient Miscellaneous / \$50 Deductible per visit
<b>X-Ray and Laboratory Services</b>	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
<b>Hospital Outpatient Department Visit</b>	Paid under Outpatient Miscellaneous / \$25 Copay per visit	Paid Outpatient Miscellaneous / \$25 Deductible per visit
<b>Radiation Therapy/Chemotherapy</b>	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
<b>Test and Procedures</b> , diagnostic services and medical procdures performed by a physician, other than Physician's Visits, Physiotherapy, X-rays, and laboratory procedures.	Paid under Oupatient Miscellaneous	Paid under Outpatient Miscellaneous
<b>Physiotherapy</b> , treatments prescribed by a Doctor. The prescription must be stated for a number of treatments.	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
<b>Other</b>		
<b>Ambulance Services</b> , benefits payable for a Medical Emergency only. Per Injury or Sickness \$25 Deductible / \$150 Maximum	100% of R & C	80% of R & C
<b>Braces and Appliances</b> , a written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered. Benefits include prosthetic devices.	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
<b>Dental Treatment</b> , made necessary by Injury to Sound, Natural Teeth.	100% of R & C / \$1,500 maximum	80% of R & C / \$1,500 maximum
<b>Second Surgical Opinion</b>	100% of R & C / \$150 maximum	80% of R & C / \$150 maximum
<b>Elective Abortion</b>	Paid as any other Sickness	Paid as any other Sickness