

# Student Health Insurance

Designed for the Students of

## New York School Of Interior Design

**2014-2015**

Underwritten by:

**Nationwide Life Insurance Company  
Columbus, OH**

**Policy Number: 302-088-3112**

Effective: 8/27/2014 to 8/26/2015

**Group Number: S210514**

### 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.

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### AM I ELIGIBLE?

The New York School of Interior Design (NYSID) is making available a Student Health Insurance program (hereinafter called "plan") underwritten by Nationwide Life Insurance Company and administered by Consolidated Health Plans. This brochure provides a general summary of the insurance coverage; **the Schedule of Benefits is not all inclusive of eligible benefits payable under this plan.** Keep this brochure as no individual policy will be issued. This summary is not a contract; however, the Master Policy will be available for review upon request. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this brochure and the Master Policy.

To be eligible for this Insurance Program, You must be enrolled in 9 or more credit hours **If You are eligible to be covered under this Program, You are automatically enrolled unless You can certify that You have comparable coverage.** Any student who already has a health insurance plan may choose to waive coverage under this plan by going to [www.universityhealthplans.com](http://www.universityhealthplans.com). If a waiver is not completed as required by the school, the charge for the Student Health Insurance Plan will remain on the student's bill.

Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium, minus any claims paid.

### COVERAGE FOR DEPENDENTS

Insured Students who are enrolled in the Student Health Insurance Plan may also enroll their eligible Dependents. Eligible dependents under the plan include the Insured person's spouse domestic partner and dependent children under age twenty-six (26). Dependent Eligibility expires concurrently with that of the Insured Student.

Students may also enroll their Dependents within thirty-one (31) days of an eligible qualifying event. Eligible qualifying events for a Dependent are defined in the Master Policy. Enrollment requests (including payments) received after the thirty-one (31) days following the qualifying event will not be accepted. Coverage will be effective as of the date of the qualifying event.

### EFFECTIVE DATES AND COSTS

The NYSID Student Health Insurance Plan provides coverage to students for a twelve (12) month period - from 12:01 a.m. **August 27, 2014** through August 26, 2015.

|                   | <b>Annual*</b><br><b>8/27/2014-8/26/2015</b> | <b>Spring/Summer</b><br><b>1/18/2015-8/26/2015</b> |
|-------------------|--|--|
| <b>Student</b>    | \$1418                                       | \$859  |
| <b>Spouse</b>     | \$3,862                                      | \$2,339  |
| <b>Child(ren)</b> | \$2,274                                      | \$1,378  |

*\*All costs above include a fee retained by the Servicing Agent.*

### TERMINATION OF BENEFITS

Coverage will terminate at 11:59 p.m. standard time at the Policyholder's address on the earliest of:

- The Termination Date of the Policy;
- The last day of the term of Coverage for which Premium is paid;
- The date a Covered Person enters full time active military service. Upon written request within 90 days of leaving school. We will refund the unearned pro-rata Premium to such person upon request.
- The last date of the period for which Premium has been paid following the date a Dependent ceases to be a Dependent as defined.
- The date the Covered Person departs the Policyholder's school for their home country, except for school authorized breaks. No benefits will be payable for any medical treatment received in the Covered Person's Home Country.

### PREMIUM REFUND POLICY

Except for medical leave or withdrawal due to a covered Injury or Sickness, any Insured Student withdrawing from the college 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 minus any claims. Students withdrawing after 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 made available. This is true for students on leave for medical or academic reasons, graduating students, and students electing to enroll in a separate comparable plan during the Policy Year. Premiums received by the Company are non-refundable except as specifically provided.

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.

### EXTENSION OF BENEFITS

The Coverage provided under this Policy ceases on the Covered Person's 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 Expenses for such Injury or Sickness will continue to be paid for a period of twelve (12) months or until date of discharge, whichever is earlier.

The total payments made in respect of the Insured for such Condition both before and after the termination date will never exceed the Maximum Benefit. After this Extension of Benefits provision has been exhausted, all Benefits cease to exist and under no circumstances will further Benefits be made.

This Extension of Benefits provision is applicable only to the extent the Covered Person will not be covered under this or any other similar health insurance policy in the ensuing term of Coverage. Dependents that are newly acquired during the Insured's Extension of Benefits period are not eligible for Benefits under the provision.

## SCHEDULE OF BENEFITS

Your Coverage provides for the utilization of Preferred Providers in a Preferred Provider Organization (PPO). Certain Benefits are paid at different rates if the service is not provided by a Preferred Provider, Out-of-Network Provider, In-Network Benefit and Out-of-Network Benefits. The Preferred Provider Organization(s) for your Coverage is: MagnaCare and Multiplan

|  | In-Network Benefit                          | Out-of-Network Benefit                           |
|--|---|--|
| <b>Policy Year Maximum Benefit</b> (including Medical Repatriation and Evacuation)   | Unlimited                                   |  |
| <b>Deductible per Policy Year</b> (except as specified herein) Benefits are subject to Deductible unless otherwise indicated.                          | \$150                                       | \$250  |
| <b>Out-of-pocket maximum</b><br>(Includes Coinsurance, Deductible and Copayments; does not include non-covered medical expenses or elective treatment) | \$3,500<br>(Individual)<br>\$7,000 (Family) | \$7,000<br>(Individual)                          |
| <b>Coinsurance</b>   | 90% of the Preferred Allowance(PA)          | 70% of the Reasonable and Customary Charges(R&C) |
| <b>Preventive Care (see Definitions for additional information)</b>  |   |  |
| <b>Preventive Services</b>   | 100% of PA<br>(Deductible waived)           | N/A  |
| <b>Outpatient Services (other than Surgery, Maternity, Mental Conditions/Drug or Alcohol)</b>  |   |  |
| <b>Office visits</b> (includes Specialists/ Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.      | 90% of PA                                   | 70% of R&C                                       |
| <b>Diagnostic X-ray and Laboratory services</b>  | 90% of PA                                   | 70% of R&C                                       |
| <b>Diagnostic Imaging</b> , including CT Scan, MRI, and/or PET Scans   | 90% of PA                                   | 70% of R&C                                       |
| <b>Injections</b> (done in an Outpatient health Care Facility or Physician's office)   | 90% of PA                                   | 70% of R&C                                       |
| <b>Inpatient Services (other than Surgery, Maternity, Mental Conditions/Drug or Alcohol)</b>   |   |  |
| <b>Miscellaneous Hospital Services</b>   | 90% of PA                                   | 70% of R&C                                       |
| <b>Room and Board expense</b> , daily semi-private room rate and general nursing care provided by the hospital   | 90% of PA                                   | 70% of R&C                                       |
| <b>Intensive Care Room</b>   | 90% of PA                                   | 70% of R&C                                       |

|   |   |                                   |
|---|---|-----------------------------------|
| <b>Physician visit (includes Specialists/ Consultants)</b> during Confinement in a Hospital, limited to one (1) visit per day and does not apply when related to surgery.   | 90% of PA                               | 70% of R&C                        |
| <b>Skilled Nursing Facility and Sub-Acute Care Facilities</b> (up to 200 days PPY)  | 90% of PA                               | 70% of R&C                        |
| <b>Surgical Services (Inpatient and Outpatient)</b>   |   |                                   |
| When multiple surgeries are performed through the same incision at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed.  |   |                                   |
| When multiple surgeries are performed through one or more incisions at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed. The Benefit for the primary or most expensive procedure or less expensive procedure 50% of the Benefit otherwise payable for each subsequent procedure.  |   |                                   |
| <b>Surgeon's Fee</b>  | 90% of PA                               | 70% of R&C                        |
| <b>Assistant Surgeon</b>  | 90% of PA                               | 70% of R&C                        |
| <b>Anesthetist Services</b>   | 90% of PA                               | 70% of R&C                        |
| <b>Hospital Miscellaneous</b> – Includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.  | 90% of PA                               | 70% of R&C                        |
| <b>Obesity Surgery (treatment of Morbid Obesity)</b>  | 90% of PA up to \$5,000, 50% thereafter | 70% of R&C                        |
| <b>Maternity Care</b> – 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. |   |                                   |
| <b>Maternity care and pre-natal services</b>  | Paid the same as any other Sickness     |                                   |
| <b>Voluntary Sterilization Surgery</b> such as Vasectomy<br><b>Note:</b> Sterilization procedures for women are covered under Preventive Care.  | 90% of PA                               | 70% of R&C                        |
| <b>Mental Conditions and Substance Abuse</b>  |   |                                   |
| <b>Inpatient services</b>   | Paid the same as any other Sickness     |                                   |
| <b>Outpatient Office Visits</b>   | Paid the same as any other Sickness     |                                   |
| <b>Urgent Care and Emergency Services</b>   |   |                                   |
| <b>Urgent Care Facility Services</b>  | 90% of PA                               | 70% of R&C                        |
| <b>Emergency Services</b> – visits to an Emergency room for stabilization or the initiation of treatment for an Emergency Condition. In-network deductible applies to OON services; (Copay waived if admitted)  | 90% of PA/\$100 Co-pay per visit        | 90% of R&C/\$100 Co-pay per visit |
| <b>Follow up care at the Emergency room</b>   | Not Covered                             |                                   |
| <b>Emergency Medical Transportation services</b>  | 90% of PA                               | 90% of R&C                        |

| Other Services   |   |             |
|--|---|-------------|
| <b>Allergy Services</b><br>(testing/injections/treatment)  | 90% of PA   | 90% of R&C  |
| <b>Habilitative and Rehabilitative Therapy</b> – includes Physical, Speech and Occupational  | 90% of PA   | 90% of R&C  |
| <b>Chiropractic Care</b>   | 90% of PA   | 70% of R&C  |
| <b>Home Health Care services</b> (40 visits per Policy Year)   | 90% of PA   | 70% of R&C  |
| <b>Hospice - Life expectancy of less than 6 months to live</b> (includes up to 5 sessions per family members either before or after death of member)   | 90% of PA   | 70% of R&C  |
| <b>Diabetic treatment and education</b>  | 90% of PA   | 70% of R&C  |
| <b>Durable Medical Equipment (DME)</b> -Includes Prosthetic and Orthotic Devices   | 90% of PA   | 70% of R&C  |
| <b>Hearing aids</b> – limited to single purchase (including repair/replacement) every 3 years  | Up to \$1,500 per Policy Year   |             |
| <b>Routine Vision Exam for Covered Persons under age nineteen (19).</b> One exam/fitting per Policy Year, including prescription eyeglasses (lenses and frames, limited to one per year) or contact lenses (in lieu of eyeglasses).  | 100% up to \$150; 50% thereafter  |             |
| <b>Elective Abortion</b>   | 90% of PA   | 70% of R&C  |
| <b>Dental injury to sound natural teeth</b> up to \$1,000 per Policy Year  | 90% of PA   | 70% of R&C  |
| <b>Prescription Drug Expense</b> (includes Mail Order option) <ul style="list-style-type: none"> <li>Only a thirty (30) day supply can be dispensed at any time</li> <li>Policy deductible does not apply</li> <li>One (1) copayment per thirty (30) day supply</li> <li>Copayments apply to the out-of-pocket</li> <li>Prescriptions must be filled at an “Express Scripts” participating pharmacy</li> </ul> | <ul style="list-style-type: none"> <li>\$0 Co-pay for generic contraceptives and wellness prescriptions; or</li> <li>\$15 Co-pay for other generic prescriptions; or \$35 Co-pay for any brand name prescription; or</li> <li>\$70 Co-pay for any non-preferred brand name drugs</li> </ul> | No Benefits |
| Services not covered under this plan: TMJ; Gender reassignment surgery; adult vision exams (eye glasses/contacts); adult dental services, for age 19 and older; advanced infertility treatment; acupuncture; intercollegiate, intramural, and club sports, non-emergency treatment outside of the United States and private duty nursing.  |   |             |

## MANDATED BENEFITS

If You are enrolled in this Insurance Program, Policy coverage also includes the following benefits, all subject to the Policy Aggregate Limit, unless provided otherwise, and is subject to Policy Deductibles, limitations and exclusions where applicable.

(Note: Wellness/preventive benefits under the Affordable Care Act (ACA) are required to meet federal regulations. Under ACA, states retain the ability to mandate benefits beyond those established by the federal mandate. Please see the Schedule of Benefits for coverage details.)

- Autism Spectrum Disorder
- Bone Mineral Density Tests
- Cervical Cytology Screening (PAP Tests)
- Chemical abuse and dependence (outpatient)
- Chiropractic Care Benefit
- Contraceptive drugs and devices
- Diabetic Education, Equipment, Supplies and Service Mandate
- Eating Disorders
- End of Life Care Expenses
- Enteral Formulas
- Experimental Cancer Drugs
- Experimental or Investigational Services Recommended by an External Appeal Agent
- Mammography Screening
- Mastectomy Cancer Benefit
- Maternity Care (including Complications of Pregnancy)
- Mental, nervous or emotional disorders or ailments
- Orally Administered Anticancer Drug
- Post-Mastectomy Reconstruction
- Prehospital Medical Emergency Services
- Preventive and Primary Care Services
- Prostate Screening
- Second Medical Opinion for Cancer Diagnosis
- Second Medical Opinion

Please see the Policy on file with the school for further details on these benefits

## PREFERRED PROVIDER INFORMATION

By enrolling in this Insurance Program, you have the MagnaCare PPO Network of Participating Providers and Multiplan PPO Network, providing access to quality health care at discounted fees. To find a complete listing of MagnaCare PPO Network of Participating Providers, go to [www.magnacare.com](http://www.magnacare.com). For the Multiplan PPO Network of Participating Providers go to [www.multiplan.com](http://www.multiplan.com) or contact Consolidated Health Plans at (413) 733-4540, toll-free at (800) 633-7867, or [www.chpstudent.com](http://www.chpstudent.com) for assistance.

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

If care is received within the Network from a Preferred Provider, all Covered Medical Expenses will be paid at the Preferred Provider level of benefits found on the Schedule of Benefits.

If a Preferred Provider is not available in the Network Area, or an Insured is out of the Country, benefits will be paid at the level of benefits shown on the Schedule of Benefits as a Preferred Provider.

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

"Out-of-Network" providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

## COORDINATION OF BENEFITS

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

## EXCLUSIONS

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. War or act of war, participation in a riot or insurrection, and service in the Armed Forces or units auxiliary thereto;
2. Aviation, other than as a fare-paying passenger on a scheduled flight or charter flight operated by a scheduled airline;
3. Cosmetic Surgery, except that cosmetic surgery does not reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. Cosmetic surgery medical necessity determinations are subject to utilization review and external review;
4. Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet;
5. Benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable;

6. Treatment provided in a government hospital; benefits provided under Medicare or other governmental programs (except Medicaid); any state or federal worker' compensation, employers' liability or occupational disease law, unless where otherwise provided in State or Federal statute;
7. Coverage for services for services performed by a member of the insured's immediate family;
8. Coverage for services for which no charge is normally made;
9. Coverage of dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly;
10. Coverage for eyeglasses, hearing aids and examination for the prescription or fitting thereof except as specified otherwise;
11. Coverage for custodial care as defined in 11 NYCRR 52.16(1) and for transportation;
12. Coverage for rest cures;
13. Coverage while the insured is outside the United States, its possessions or the countries of Canada or Mexico;
14. Losses to which a contributing cause was the insured's participation in a felony or attempted felony or engaged in an illegal occupation;
15. Losses in consequence of the insured's being intoxicated or under the influence of a narcotic unless administered on the advice of a physician.
16. Interscholastic sports.

## DEFINITIONS

The terms listed below, if used, have the meaning stated.

**Accident:** An event that is sudden, unexpected, and unintended, and over which the Covered Person has no control.

**Accidental Injury:** A specific unforeseen event, which directly, and from no other cause, results in an Injury.

**Anesthetist:** A Physician duly licensed according to state law, who administers the anesthesia agent during a surgical procedure.

**Assistant Surgeon:** A Physician who assists the Surgeon who actually performs a surgical procedure.

**Biologically Based Mental Illness:** A mental, nervous, or emotional condition that is caused by a biological disorder of the brain and results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the Illness. Such biologically based mental illnesses are defined as schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorders, bulimia, and anorexia.

**Coinsurance:** The percentage of the expense for which the Covered Person is responsible for a Covered Service. The Coinsurance is separate and not a part of the Deductible and Copayment.

**Company:** Nationwide Life Insurance Company. Also hereinafter referred to as We, Our and Us.

**Copayment:** A specified dollar amount a Covered Person must pay for specified Covered Charges.

**Covered Charge(s) or Covered Expense:** As used herein means those charges for any treatment, services or supplies:

- for Preferred Providers, not in excess of the Preferred Allowance;
- for Out-of-Network Providers not in excess of the Reasonable and Customary expense; and
- not in excess of the charges that would have been made in the absence of this insurance; and
- not otherwise excluded under this Policy; and
- incurred while this Policy is in force as to the Covered Person.

**Covered Person:** A person:

- who is eligible for Coverage as the Insured or as a Dependent;
- who has been accepted for Coverage or has been automatically added;
- for whom the required Premium has been paid; and
- whose Coverage has become effective and has not terminated.

**Deductible:** The amount of expenses for Covered Services and supplies which must be incurred by the Covered Person before specified Benefits become payable.

**Dependent:** A person who is the Insured's:

- Legally married spouse, who is not legally separated from the Insured and resides with the Insured.
- Child who is under the age of 26.

The term child refers to the Insured's:

- Natural child;
- Stepchild: A stepchild is a Dependent on the date the Insured marries the child's parent.
- Adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.
- Foster child is a Dependent from the moment of placement with the Insured as certified by the agency making the placement.

**Elective Treatment:** Those services that do not fall under the definition of Essential Health Benefits. Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's Effective Date of Coverage.

**Emergency:** An Illness, Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The Condition must be one which manifests itself by acute symptoms which are sufficiently severe that a reasonable person would seek care right away to avoid severe harm.

**Essential Health Benefits:** Has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United

States Department of Health and Human Services, and includes the following categories of Covered Services: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care (in accordance with the applicable state or federal benchmark plan).

**Hospital:** A facility which provides diagnosis, treatment, and care of persons who need acute Inpatient Hospital care under the supervision of Physicians. It must be licensed as a general acute care Hospital according to state and local laws.

**Injury:** Bodily Injury due to a sudden, unforeseeable, external event which results independently of disease, bodily infirmity or any other causes.

**Insured:** The Covered Person who is enrolled at and meets the eligibility requirements of the Policyholder's school.

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

Covered Services are Medically Necessary if they are:

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

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

When specifically applied to Hospital Confinement, it means that the diagnosis or treatment of symptoms or a Condition cannot be safely provided on an Outpatient basis.

**Mental Condition(s):** Nervous, emotional, and mental disease, Illness, syndrome or dysfunction classified in the most recent addition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) or its successor, as a Mental Condition on the date of medical care or treatment is rendered to a Covered Person.

**Out-of-Pocket:** means the most You will pay during a Policy Year before your coverage pays at 100%. This includes deductibles, copayments (medical and prescription) and any coinsurance paid by You. This does not include non-covered medical expenses and elective services.

**Physician:** A health care professional practicing within the scope of his or her license and is duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy, and who is not:

1. the Insured Person;
2. a Family Member of the Insured Person; or
3. a person employed or retained by the Policyholder.

**Reasonable and Customary (R&C):** The most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the Provider;
- The negotiated rate, if any; or
- The fee often charged for in the geographical area where the service was performed.

The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 80th percentile of Fair Health Inc. schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

For a Provider who has a reimbursement agreement, the Reasonable Charge is equal to the Preferred Allowance under any reimbursement agreement with Us, either directly or indirectly through a third party, as described in the Preferred Provider Benefit provision. If a Provider accepts as full payment an amount less than the rate negotiated under the reimbursement agreement, the lesser amount will be the maximum Reasonable Charge.

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

**We, Our and Us:** Nationwide Life Insurance Company.

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

Male pronouns whenever used include female pronouns.

### ACCIDENTAL DEATH AND DISMEMBERMENT

If the Eligible Person, within 90 days from the date of an Accident which occurs while Coverage is in force dies as the result of an Injury from such Accident, We will pay the Eligible Person's beneficiary the amount for loss of life as shown in the Schedule of Benefits. If the Eligible Person, within 365 days from the date of an Accident, which occurs while Coverage is in force, suffers dismemberment as the result of Injury from such Accident, We will pay the Eligible Person the amount set opposite such loss, as shown on the Schedule of Benefits. If more than one (1) such loss is sustained as the result of one (1) Accident, We will pay only one (1) amount, the largest to which the Eligible Person or his or her beneficiary would be entitled.

The following table shows the amounts We will pay for loss of:

|                                      |         |
|--------------------------------------|---------|
| Life .....                           | \$5,000 |
| Two hands .....                      | \$5,000 |
| Two feet .....                       | \$5,000 |
| Sight of two eyes.....               | \$5,000 |
| One hand and one foot .....          | \$5,000 |
| One hand and sight of one eye.....   | \$5,000 |
| One foot and sight of one eye.....   | \$5,000 |
| One hand or one foot or one eye..... | \$500   |

Loss of hand or foot means loss by severance at or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable. Loss of a thumb and index fingers means loss by severance at or above the metacarpophalangeal joints, which are the joints between the fingers and the hand.

This Benefit is subject to all the terms, Conditions and exclusions of the Policy.

### CLAIM PROCEDURES

In the event of Injury or Sickness, students should:

1. Report to their Physician, Hospital or Student Health Center.
2. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, Social Security number or student ID number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
3. File claim within ninety (90) days of Injury or first treatment for a Sickness. Bills should be received by the Company within ninety (90) days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

There is no utilization review performed on this Policy.

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

**Group Number: S210514**



**CLAIMS APPEAL PROCESS**

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an Insured Person who disagrees with how a claim was processed may appeal that decision. The Insured Person must request an appeal in writing within 180 days of the date appearing on the EOB. The appeal request must include any additional information to support the request for appeal, e.g. medical records, physician records, etc. Please submit all requests to the Claims Administrator at the address below.

**Claims Administrator:  
CONSOLIDATED HEALTH PLANS**

2077 Roosevelt Avenue  
Springfield, MA 01104  
[www.chpstudent.com](http://www.chpstudent.com)

Local: (413) 733-4540  
Out of Area: (800) 633-7867

**Servicing Agent:  
University Health Plans, Inc.**

One Batterymarch Park  
Quincy, MA 02169  
Local: (617) 472-5324

Out of Area: (800) 437-6448

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

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

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

This plan is underwritten by and offered by:

**NATIONWIDE LIFE INSURANCE COMPANY**

**Columbus, OH**

**Policy Number: 302-888-3112**

For a copy of the privacy notice you may go to:

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

**VALUE ADDED SERVICES**

**VISION DISCOUNT PROGRAM**

For Vision Discount Benefits please go to:

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

**NURSE HOTLINE FOR STUDENTS**

For quick, sound medical advice from specially trained Nurses

24 hours a day, 365 days per year

**Call toll free at 800-557-0309**

**NATIONWIDE STUDENT TRAVEL ASSISTANCE**

Europ Assistance USA 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. Europ Assistance USA 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 Europ Assistance USA 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: 1-877-496-1175 or if you are in a foreign country, call collect at: 1-240-330-1530.

**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. Europ Assistance USA will then take the appropriate action to assist You and monitor Your care until the situation is resolved.**

| <b>COVERAGE TERMS- Per Policy Year</b> |                       |
|--|-----------------------|
| <b>ASSISTANCE SERVICES</b>             | <b>MAXIMUM LIMITS</b> |
| Emergency Evacuation                   | Unlimited             |
| Medical Repatriation                   | Unlimited             |
| Repatriation of Remains                | Unlimited             |
| Visit by Family Member or Friend       | \$5,000               |
| Return of Dependent Children           | \$5,000               |
| Return of Traveling Companion          | \$5,000               |



## **EMERGENCY TRANSPORTATION SERVICES**

**Emergency Evacuation:** If you or your dependent suffer an Injury or Sickness and adequate medical facilities are not available locally in the opinion of NATIONWIDE STUDENT TRAVEL ASSISTANCE'S Medical Director, NATIONWIDE STUDENT TRAVEL ASSISTANCE will provide emergency evacuation (under medical supervision, if necessary) by whatever means necessary to the nearest facility capable of providing adequate care. Services included arranging and paying for transportation and related medical services (including cost of medical escort, if necessary) and medical supplies necessarily incurred in connection with the emergency evacuation.

**Medically Necessary Repatriation:** After initial treatment and stabilization for an Injury or Sickness, if the attending Physician and NATIONWIDE STUDENT TRAVEL ASSISTANCE'S Medical Director deem it medically necessary, NATIONWIDE STUDENT TRAVEL ASSISTANCE will transport you back to your permanent place of residence for further medical treatment or to recover. Services include arranging and paying for transportation and related medical services (including cost of medical escort, if necessary) and medical supplies necessarily incurred in connection with the repatriation.

**Repatriation of Remains:** In the event of your death, NATIONWIDE STUDENT TRAVEL ASSISTANCE will render assistance and provide for the return of mortal remains. Services include arranging and paying for the following: location of a sending funeral home; transportation of the body from the site of death to the sending funeral home to the airport; minimally necessary casket or air tray for transport; coordination of consular services (in the case of death overseas); procuring death certificates; and transport of the remains from the airport to the receiving funeral home. Other services that might be performed in conjunction with those listed above include: making travel arrangements for any traveling companions; identification and/or notification of next-of-kin.

**Visit by Family Member or Friend:** If you are hospitalized for more than seven (7) days and are traveling alone, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange and provide your family member or friend with transportation to visit you. Visit by Family Member or Friend services are subject to a maximum coverage limit of \$5,000, to include one (1) roundtrip economy ticket, meals and reasonable accommodations up to a maximum of 10 days.

**Return of Dependent Children:** If you are hospitalized for more than seven (7) days, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange and pay for the return of your minor children who are under nineteen (19) years of age, and if necessary, accompany him/her with an attendant, up to a maximum coverage limit of \$5,000 per event.

**Return of Traveling Companion:** If your traveling companion loses previously made travel arrangements due to your medical emergency, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange and pay for your traveling companion's return home by the most direct and economical route, up to a maximum coverage limit of \$5,000 per event.

## **MEDICAL ASSISTANCE SERVICES**

**Medical Referrals:** NATIONWIDE STUDENT TRAVEL ASSISTANCE will assist you in finding physicians, dentists, and medical facilities.

**Medical Monitoring:** During the course of a medical emergency, NATIONWIDE STUDENT TRAVEL ASSISTANCE'S professional case managers, including physicians and nurses, will make sure the appropriate level of care is maintained or determine if further intervention, medical transportation, or possibly repatriation (return to U.S.) is needed. NATIONWIDE STUDENT TRAVEL ASSISTANCE will provide case notification, both foreign and domestic, between the patient, family, physician, employer, Travel Company, and consulate as needed. NATIONWIDE STUDENT TRAVEL ASSISTANCE will continue to provide all necessary international claim coordination, to include hospital bill translation and interpretation, as needed.

**Emergency Medical Payments:** When it is necessary for you to obtain needed medical services, upon request, NATIONWIDE STUDENT TRAVEL ASSISTANCE will advance in local currency, up to \$10,000 to cover on-site medical expenses. The advance of funds will be made to the medical provider after NATIONWIDE STUDENT TRAVEL ASSISTANCE has secured funds from you or your family.

**Replacement of Medication and Eyeglasses:** NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange to fill a prescription that has been lost, stolen, or requires a refill, subject to local law, whenever possible. NATIONWIDE STUDENT TRAVEL ASSISTANCE will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc. are your responsibility.

**Hotel Convalescence Arrangements:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with hotel arrangements if you or your companion needs to convalesce in a hotel prior to or following medical treatment.

**Medical Insurance Assistance:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you by coordinating notifications to medical insurers or managed care organizations, verifying policy enrollment, confirming medical benefits coverage, guaranteeing medical payments, assisting in the coordination of multiple insurance benefits, and handling claims paperwork flow.

**Prescription Drug Assistance:** When permitted by law and approved by the patient's physicians, NATIONWIDE STUDENT TRAVEL ASSISTANCE will assist you in obtaining prescription drugs and other necessary personal medical items that may have been forgotten, lost or depleted while traveling.

## **LEGAL ASSISTANCE**

**Locating Legal Services:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist in contacting a local attorney or the appropriate consular officer if you are arrested or detained, involved in an automobile accident, or otherwise need legal help. NATIONWIDE STUDENT TRAVEL ASSISTANCE will maintain communications with you, your family, and employer until legal counsel has been retained by you.

**Bail Bond Services:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist in securing bail bond services in all available locations.

## **BAGGAGE ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you if your baggage is lost, stolen, or delayed while traveling on a common carrier. NATIONWIDE STUDENT TRAVEL ASSISTANCE will advise you of the proper reporting procedures and will help

you maintain contact with the appropriate companies or authorities to help resolve the problem.

#### **EMERGENCY PAYMENT ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you in obtaining an advance of funds for medical expenses or other travel emergencies by coordinating directly with your family, or your credit card company, bank, employer, plan sponsor or other sources of credit.

#### **PRE-TRIP ASSISTANCE – available at anytime, not subject to 100 mile travel requirement**

- **Passport and Visa Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can advise you of the required documentation to enter and depart foreign destinations.
- **Health Hazards Advisory:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can provide you with up to date travel advisories.
- **Inoculation Requirements:** Medical entry requirements can be provided to you prior to your departure.
- **Weather Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE maintains current information regarding weather conditions for both domestic and international travel destination. This information will be provided to you through the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center.
- **Currency Exchange Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can provide you with the daily currency exchange rate for a specified country.
- **Consulate and Embassy Locations:** NATIONWIDE STUDENT TRAVEL ASSISTANCE maintains a complete listing of consulates and embassies. These locations are accessible to you by calling the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center.
- **Translation and Interpreter Services:** Professional translators and interpreters can be reached 24-hours a day to obtain translation or interpreter assistance services during emergency situations while traveling internationally.
- **Travel Locator Service:** You can contact the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center 24 hours a day, seven (7) days a week, for assistance in locating hotels, airports, sports facilities, campgrounds, and tourist attractions.

#### **EMERGENCY MESSAGE ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can record emergency messages from you or emergency messages for you for 24-hour periods. These messages may be retrieved at anytime by you, your family, or business associates.

#### **EMERGENCY CASH ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with emergency cash up to \$500. Arrangements will be made through a friend, family member, business, or your credit card in the event of an emergency. All fees associated with the transfer or deliveries of funds are your responsibility.

#### **EMERGENCY TICKET REPLACEMENT**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you in replacing lost or stolen airline tickets.

#### **EMERGENCY CARD REPLACEMENT**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with emergency card replacement if you should experience a loss, theft, or damage to your credit card or membership card.

#### **NATIONWIDE STUDENT TRAVEL ASSISTANCE EXCLUSIONS AND LIMITATIONS**

1. NATIONWIDE STUDENT TRAVEL ASSISTANCE shall not provide services enumerated if the coverage is sought as a result of: involvement in any act of war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, and insurrection, military or usurped power; traveling against the advice of a Physician; traveling for the purpose of obtaining medical treatment; traveling in any country in which the U.S. State Department issued travel restrictions; the commission of or attempt to commit an unlawful act; mental or emotional disorders, unless hospitalized; participation as a professional in athletics; services provided for you for which no charge is normally made; travel within 100 miles of your Primary Residence, unless in a foreign country.
2. The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, NATIONWIDE STUDENT TRAVEL ASSISTANCE may not be able to respond in the usual manner. It is your responsibility to inquire whether a country is "open" for assistance prior to your departure and during your stay. NATIONWIDE STUDENT TRAVEL ASSISTANCE also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit NATIONWIDE STUDENT TRAVEL ASSISTANCE to fully provide services.
3. If you request a transport related to a condition that has not been deemed medically necessary by a physician designated by NATIONWIDE STUDENT TRAVEL ASSISTANCE in consultation with a local attending physician or to any condition excluded hereunder, and you agree to be financially responsible for all expenses related to that transport, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange but not pay for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if NATIONWIDE STUDENT TRAVEL ASSISTANCE was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation services.
4. NATIONWIDE STUDENT TRAVEL ASSISTANCE shall not be responsible for any claim, damage, loss, costs, liability or expense which arises in whole or in part as a result of NATIONWIDE STUDENT TRAVEL ASSISTANCE'S inability to verify the Participant's eligibility.

**NATIONWIDE STUDENT TRAVEL ASSISTANCE- GENERAL INFORMATION**

All transportation benefits provided hereunder must be by the most direct and economical route possible.

For the purposes of this Description of Covered Services, the following definitions shall apply; "Injury" means identifiable injury caused by an Accident. "Accident" means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place. "Sickness" means a sickness of the Participant declares itself during the period when services are available under this Agreement.

**NATIONWIDE STUDENT TRAVEL ASSISTANCE** is not responsible and cannot be held liable for any malpractice performed by a local physician or attorney who is not an employee of NATIONWIDE STUDENT TRAVEL ASSISTANCE, or for any loss or damage to your vehicle during the return of vehicle, or for any loss or damage to any personal belongings.

**IMPORTANT:** The individual or their representative must contact NATIONWIDE STUDENT TRAVEL ASSISTANCE to arrange for any services provided herein. Failure to contact NATIONWIDE STUDENT TRAVEL ASSISTANCE and failure to utilize NATIONWIDE STUDENT TRAVEL ASSISTANCE to make arrangements for services shall render the expenses ineligible.