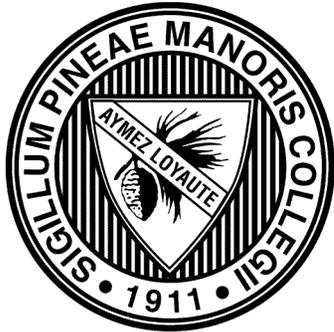


Student Health Insurance Program Designed for the Students of



2014-2015

Underwritten by:
Nationwide Life Insurance Company
Columbus, Ohio

Policy Number: 302-004-2012

Effective: August 15, 2014 - August 14, 2015
Group Number: S210912

IMPORTANT NOTICE

This brochure provides a brief description of the important features of the Policy. It is not a Policy. Terms and conditions of the coverage are set forth in the Policy. We will notify Covered Persons of all material changes to the Policy. Please keep this material with your important papers.

NONDISCRIMINATORY

Health care services and any other benefits to which a Covered Person is entitled are provided on a nondiscriminatory basis, including benefits mandated by state and federal law.

 This health plan satisfies **Massachusetts Minimum Creditable Coverage standards** and **will satisfy** the individual mandate that you have health insurance. Please see page 5 for additional information.

FIRST HEALTH PREFERRED PROVIDER NETWORK

By enrolling in this Insurance Program, you have First Health Preferred Provider Network available to You providing access to quality health care at discounted fees. A complete listing is available at www.firsthealth.com or www.chpstudent.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.

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 2nd or 3rd 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 Persons 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.

Pine Manor College can access directories listing First Health Preferred Providers by visiting www.firsthealth.com or www.chpstudent.com.

STUDENT ELIGIBILITY AND ENROLLMENT

To be eligible for this Insurance Program, You must be a full-time or ¾ full time student who is registered for nine (9) or more credits in Pine Manor College. **If You are eligible to be covered under this Program, You are automatically enrolled unless You can certify that You have comparable coverage.**

International students are enrolled on a mandatory basis and cannot waive the Student Health Insurance Plan.

You may enroll in this Insurance Program only during the thirty-one (31) day periods beginning with the start of the first and second terms. 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 sixty (60) days after it expires. Otherwise, the effective date will be the first (1st) of the month following Your request. Your premium for this coverage must accompany the request.

HOW DO I WAIVE/ENROLL

Eligible Students who DO NOT WANT to be enrolled in the Student Health Insurance Program must submit an online Waiver Form documenting proof of comparable coverage in another health insurance plan prior to the posted waiver deadline.

Recognizing that health insurance situations may change, students will be required to provide proof of comparable coverage each academic year in order to waive participation in the Student Health Insurance Program.

Please note: The Company issuing the policy used to waive inclusion in the Student Health Insurance Program must be wholly based in the United States.

To document proof of comparable coverage OR confirm enrollment in the Student Health Insurance Program, students must go to www.universityhealthplans.com and select Pine Manor College. The Waiver and Enrollment Forms can be accessed by clicking the "Waiver Form" or "Enrollment Form" link on the left of the page and following the instructions. Immediately upon submitting the online Waiver Form, students will receive a confirmation number as verification that the form has been submitted. The form HAS NOT been submitted until a confirmation page is provided. The confirmation should be printed as this is the student's ONLY proof of submitting the request.

MASSACHUSETTS REQUIREMENTS TO PURCHASE HEALTH INSURANCE:

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

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

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

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

PREMIUM

The Pine Manor College Student Health Insurance Plan provides coverage to students for a twelve (12) month period - from 12:01 a.m. August 15, 2014, through 11:59:59 p.m. August 14, 2015. Premium for-coverage must be received within the thirty-one (31)-day period beginning with the start of the first and second terms.

	Annual 8/15/14-8/14/15	Spring (New Students Only) 1/6/14-8/14/15
Student	\$1,246	\$754

The above rates include an administrative fee retained by the servicing agent.

PREMIUM REFUND POLICY

Except in the case of medical withdrawal, any Insured withdrawing from school must submit documentation or certification of the medical withdrawal to Us at least thirty (30) days prior to the medical leave of absence from the school, if the medical reason for the absence and the absence are foreseeable, or thirty (30) days after the start date of the medical leave of absence from school. Any Insured voluntarily withdrawing from school during the first thirty-one (31) days of the period for which Coverage is purchased, will not be covered under this Policy and a full refund of Premium will be made minus the cost of any claim Benefits made by Us. Insureds withdrawing after such thirty-one (31) days will remain covered under the Policy for the term purchased and no refund will be allowed except as otherwise specified herein or unless required in accordance with Massachusetts State Law.

DEPENDENT ELIGIBILITY AND ENROLLMENT

A Dependent newborn child will be automatically covered under the Policy from the moment of birth until the thirty-first (31st) day following birth. There is no dependent coverage available under this policy after thirty-one (31) days.

TERMINATION

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 has not been paid;
- The date a Covered Person enters full time active military service. Upon written request within ninety (90) days of leaving school, We will refund any unearned pro-rata Premium with respect to such person.

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.

INVOLUNTARY DISENROLLMENT

The number of Covered Persons involuntarily disenrolled in the past two (2) years is zero (0).

EXTENSION OF BENEFITS

The Coverage provided under this Policy ceases on the Covered Person's Termination Date. However, if an Insured Person is:

- Hospital Confined on the Termination Date from a covered Injury or Sickness for which Benefits were paid before the Termination Date, Covered Expenses for such Injury or Sickness will continue to be paid for a period of ninety (90) days.

GENERAL 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.

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; Schizoaffective disorder; Major depressive disorder; Bipolar disorder; Paranoia and other psychotic disorders; Obsessive-Compulsive disorder; Panic disorder; Delirium and dementia; Affective disorders; Eating disorders; Post traumatic stress disorder; Substance abuse disorders; and Autism.

Condition: Sickness, ailment, Injury, or pregnancy of a Covered Person.

Copayment: A specified dollar amount a Covered Person must pay for specified Covered Charges. The Copayment is separate from and not a part of the Deductible or Coinsurance.

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 Services: Means the services and supplies, procedures and treatment described herein, subject to the terms, conditions, limitations, and exclusions of the Policy.

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

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. Elective Benefits is shown on the Schedule of Benefits, as applicable.

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 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.

Emergency does not include the recurring symptoms of a chronic Condition unless the onset of such symptoms could reasonably be expected to result in the above listed complications.

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.

Experimental/Investigational: The service or supply has not been demonstrated in scientifically valid clinical trials and research studies to be safe and effective for a particular indication.

Health Care Facility: A Hospital, Skilled Nursing, or other duly licensed, certified and approved health care institution which provides care and treatment for sick or injured persons.

Home Country: The Insured's country of regular domicile.

Injury: Bodily Injury due to a sudden, unforeseeable, external event which results independently of disease, bodily infirmity or any other causes. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

In-Network Benefit: The level of payment made by Us for Covered Services received by a Preferred Provider under the terms of the Policy. Payment is based on the Preferred Allowance unless otherwise indicated.

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

Insured Percent: That part of the Covered Charge that is payable by the Company after the Deductible and/or Copayment has been paid, and subject to the Policy Year, Maximum or Maximum Benefit, as applicable.

Maximum Benefit: The maximum payment We will make under the Policy for each Covered Person for Covered Services. This amount is shown on the Schedule of Benefits, as applicable.

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-Network Benefit Level: The lowest level of payment made by Us for Covered Services under the terms of the Policy. Payment is based on Reasonable and Customary charges unless otherwise indicated.

Out-of-Network Provider: Physicians, Hospitals and other Providers who have not agreed to any pre-arranged fee schedules. See the definition of Out-of-Network Benefit Level.

Out-of-Pocket Maximum: The most You pay during a Policy Year before Your Coverage begins to pay 100% of the allowed amount. This limit will never include Premium, balance-billed charges or health care Your Policy does not cover. The out-of-pocket includes Copayments, Deductibles and Coinsurance. Out-of-Network payments do not count toward this limit.

Physician: A health care professional, including a Physician Assistant, 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:

- the Insured Person;
- a Family Member of the Insured Person; or
- a person employed or retained by the Policyholder.

Preferred Providers: Physicians, Hospitals and other healthcare Providers who have contracted to provide specific medical care at negotiated prices. See the definition of In-Network Benefit.

Prescription Drugs: Drugs which may only be dispensed by written prescription under Federal law and is:

1. approved for general use by the U.S. Food and Drug Administration (FDA); and
2. prescribed by a licensed Physician for the treatment of a Life Threatening Condition, or prescribed by a licensed Physician for the treatment of a Chronic and Seriously Debilitating Condition, the drug is medically necessary to treat that Condition, and the drug is on the Formulary, if any; and
3. the drug has been recognized for treatment of that Condition by one of the Standard Medical Reference Compendia or in the Medical Literature as recommended by current American Medical Association (AMA) policies, even if the prescribed drug has not been approved by the FDA for the treatment of that specific Condition.

The Drugs must be dispensed by a licensed pharmacy Provider for out of Hospital use. Prescription Drug Coverage shall also include medically necessary supplies associated with the administration of the drug.

Preventive Care: Provides for periodic health evaluations, immunizations and laboratory services in connection with periodic health evaluations, as specified in the Schedule of Benefits. Well Baby and Child Care, and Well Adult Care benefits will be considered based on the following:

- a) Evidenced-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009;

- b) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;
- c) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- d) With respect to women, such additional preventive care and screenings, not described in paragraph (a) above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Provider: A Physician, Nurse Practitioner, Health Care Facility, or Urgent Care Facility that is licensed or certified to provide medical services or supplies. Physician profiling information may be available from the Board of Registration in Medicine for physicians licensed to practice in Massachusetts.

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 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.

Sickness: 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.

STUDENT HEALTH INSURANCE

This brochure is a brief description of the Student Health Insurance Plan available for all students who meet the eligibility requirement as shown above. The exact provisions governing this insurance are contained in the Master Policy underwritten by Nationwide Life Insurance Company, serviced by administered by Consolidated Health Plans.

Benefits for Covered Medical Expenses will be paid according to the Schedule of Benefits and any exclusions, limitations, or state mandated provisions as follows.

STATE MANDATED BENEFITS

Benefits are subject to applicable deductible, coinsurance, and co-payments as outlined in the Schedule of Benefits.

Autism Spectrum Disorder: Benefits provided for the diagnosis and treatment of autism spectrum disorder (ASD) in individuals. ASD includes any of the pervasive developmental disorders, as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including autistic disorder, Asperger's disorder and pervasive developmental disorders not otherwise specified.

Treatment of autism spectrum disorders includes the following medically necessary care prescribed, provided or ordered for an individual diagnosed with an ASD by a licensed Physician or a licensed psychologist:

- *Habilitative or Rehabilitative Care:* Professional, counseling and guidance services and treatment programs, including, but not limited to, applied behavioral analysis supervised by a board certified behavior analyst, that are necessary to develop, maintain and restore, to the maximum extent practicable, the function of an individual. Applied behavior analysis includes the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produces socially significant improvement in human behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.
- *Pharmacy Care:* Medications prescribed by a licensed Physician and health-related services deemed medically necessary to determine the need or effectiveness of the medications, to the same extent that pharmacy care is

- provided for other medical conditions.
- *Psychiatric Care:* Direct or consultative services provided by a licensed psychiatrist.
- *Psychological Care:* Direct or consultative services provided by a licensed psychologist.
- *Therapeutic Care:* Services provided by licensed or certified speech therapists, occupational therapist, physical therapists or social workers.

Benefits are payable the same as any other physical illness.

Biologically Based Mental Disorders: Coverage will be provided the same as any other physical illness for the following Biologically Based Mental Disorders:

1. Schizophrenia;
2. Schizoaffective disorder;
3. Major depressive disorder;
4. Bipolar disorder;
5. Paranoia and other psychotic disorders;
6. Obsessive-Compulsive disorder;
7. Panic disorder;
8. Delirium and dementia;
9. Affective disorders;
10. Eating disorders;
11. Post traumatic stress disorder;
12. Substance abuse disorders; and
13. Autism.

Bone Marrow Transplants for Breast Cancer: Coverage is provided as any other physical illness for bone marrow transplants for persons who have been diagnosed with breast cancer that has progressed to metastatic breast disease.

Breast Reconstruction Incident to Mastectomy: Coverage is provided for construction in connection with such mastectomy, coverage for: 1) reconstruction of the breast on which the mastectomy has been performed; 2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3) prostheses and physical complications all stages of mastectomy, including lymphedemas; in a manner determined in consultation with the Attending Physician and the patient.

Cardiac Rehabilitation Coverage: Coverage is provided for Cardiac rehabilitation expense if a Covered Person has documented cardiovascular disease. This benefit includes multidisciplinary treatment provided in either a Hospital or other setting. Treatment must meet standards promulgated

by the Commissioner of Public Health. Cardiac rehabilitation must be initiated within twenty-six (26) weeks after the diagnosis of the disease.

Coverage for Human Leukocyte Antigen Testing for Certain Individuals and Patients: Coverage is provided as any other physical illness for Human leukocyte antigen testing or histocompatibility locus antigen testing that is necessary to establish bone marrow transplant donor suitability. Coverage will 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.

Cytological screening and mammograms: Coverage is provided for cytological screening (pap smear) and mammograms, payable as any other physical illness, for Covered female persons:

- One cytological (pap smear) screening for ages eighteen (18) and over;
- A baseline mammogram for ages thirty-five (35) through thirty-nine (39);
- A mammogram every year age forty (40) and over.

Diabetes Diagnosis and Treatment Expense: Coverage is provided for diabetes diagnosis and treatment expense for treatment of insulin dependent, insulin using, gestational and non insulin dependent diabetes. This Benefit includes expense for blood glucose monitors; blood glucose monitoring strips for home use; voice synthesizers for blood glucose monitors for use by the legally blind; visual magnifying aids for use by the legally blind; urine glucose strips; ketone strips; lancets; insulin; insulin syringes; prescribed oral diabetes medications that influence blood sugar levels; laboratory tests, including glycosylated hemoglobin, or 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 Physician 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.

Early Intervention Services: medically necessary services provided by certified early intervention specialist for children from birth until their third birthday. Reimbursement of costs for such services is not subject to co-payments, coinsurance or deductibles, however subject to other Policy provision limitations. There is no Dependent coverage available under this Policy after thirty-one (31) days.

Hearing Aids for Children: Coverage is provided for hearing aids for children who are twenty-one (21) years of age or younger when prescribed by a licensed audiologist or hearing instrument specialist. Coverage includes the initial hearing aid evaluation, fitting, adjustments, and supplies, including ear molds up to \$2,000 per hearing aid per hearing impaired ear in each thirty-six (36) month period.

Hormone Replacement Therapy and Contraceptive Services:

Benefits will be provided for hormone replacement therapy and contraceptive services.

- Coverage is provided for hormone replacement therapy services for peri and post menopausal women and outpatient contraceptive services under the same terms and conditions as for such other outpatient services. Outpatient contraceptive services mean consultations, examinations, procedures and medical services provided on an outpatient basis and related to the use of all contraceptive methods to prevent pregnancy that have been approved by the United States Food and Drug Administration.
- Provides benefits for outpatient Prescription Drugs and devices that provide benefits for hormone replacement therapy for peri and post menopausal women and for outpatient prescription contraceptive drugs or devices which have been approved by the United States Food and Drug Administration under the same terms and conditions as for such other prescription drugs or devices, provided that in covering all FDA approved prescription contraceptive methods.

Hospice for Terminally Ill (Hospice Care): Coverage is provided for licensed hospice services to terminally ill patients with a life expectancy of six months or less. These services shall include, but not be limited to, Physician's services, nursing care provided by or under the supervision

of a registered nurse, social services, volunteer services and counseling services provided by professional or volunteer staff under professional supervision.

Infertility Benefits: The diagnosis and treatment of Infertility is payable the same as any other pregnancy related procedures. Infertility-related drugs will not be treated different from those imposed on any other Prescription Drugs. This 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;
- Intracytoplasmic 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 egg, to the extent such costs are not covered by the donor's insurer, if any. Coverage is not limited to sperm provided by the insured's spouse.

"Infertility" means the Condition of an individual who is unable to conceive or produce conception during a period of 1 year if the female is age 35 or younger or during a period of 6 months if the female is over the age of 35. For purposes of meeting the criteria for infertility in this section, if a person conceives but is unable to carry that pregnancy to live birth, the period of time she attempted to conceive prior to achieving that pregnancy shall be included in the calculation of the 1 year or 6 month period, as applicable.

Maternity expense: Includes expenses for prenatal care, childbirth and post partum care (including well baby care) on the same basis as any other physical illness. Expenses for childbirth include Hospital inpatient care for forty-eight (48) hours following vaginal delivery and ninety-six (96) hours following a cesarean section. Any decision to shorten maternity stays will be made by the Attending Physician 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. Attending Physician includes the attending obstetrician, pediatrician, or certified nurse midwife attending the mother and newly born child.

Mental Health Benefits for Children and Adolescents under age nineteen (19): Coverage will be provided the

same as any other physical illness for children and adolescents under age nineteen (19) for the diagnosis and treatment of non-Biologically-Based Mental, behavioral or emotional disorders, as described in the most recent edition of the DSM. The following requirements must be met:

- The disorders substantially interfere with or substantially limit the functioning and social interactions of such a child or adolescent; provided, that said interference or limitation is documented by and the referral for said diagnosis and treatment is made by the primary care Physician, primary pediatrician or a licensed mental health professional.
- The child or adolescent is evidenced by conduct, including, but not limited to:
 - a) an inability to attend school as a result of such a disorder;
 - b) the need to hospitalize the child or adolescent as a result of such a disorder, or
 - c) a pattern of conduct or behavior caused by such a disorder which poses a serious danger to self or others.

Benefits will continue to be provided to any adolescent who is engaged in an ongoing course of treatment beyond the adolescent's nineteenth 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.

Mental Health Related Alcohol and Chemical Dependency Treatment in conjunction with Biologically Based Mental Disorders: The limitation on benefits for the treatment of Alcoholism or chemical dependency will not apply when treatment is rendered in conjunction with treatment for Biologically Based Mental Disorders.

Newborn Hearing: Coverage is provided for the cost of a newborn hearing screening test 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 regulations of the department of public health.

Non-Prescription Enteral Formulas for Home Use: Coverage is provided for nonprescription enteral formulas for home use for which a Physician has issued a written order and which are medically necessary 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.

Coverage for inherited diseases of amino acids and organic acids includes food products modified to be low protein.

Nurse Midwife Coverage: Benefits provided for services of a certified nurse midwife; provided, however, that expenses for such services are reimbursed when such services are performed by any other duly licensed practitioner; and provided, further, that such services are within the lawful scope of practice for a certified nurse midwife.

Off-Label Use of Drugs for the treatment of Cancer and HIV/AIDS: Coverage provided for the off-label use of drugs for the treatment of cancer and HIV/AIDS.

- Coverage provided for any such drug used for the treatment of cancer on the grounds that the off-label use of the drug has not been approved by the United States Food and Drug Administration for that indication; provided, however, that drug is recognized for treatment of such indication in one of the standard reference compendia, or in the medical literature, or by the commissioner.
- Coverage provided for any such drug for HIV/AIDS treatment on the grounds that the off-label use of the drug has not been approved by the federal Food and Drug Administration for that indication, if the drug is recognized for treatment of such indication in one of the standard reference compendia, or in the medical literature, or by the commissioner.

Other Mental Disorders: Mental illness treatment of all other mental disorders, which are described in the most recent edition of DMS, consisting of inpatient, intermediate and outpatient services, including home-based services delivered in such offices or settings rendered by a licensed mental health professional acting within the scope of his license, that permit active and noncustodial treatment to take place in the least restrictive clinically appropriate setting.

Inpatient Services may be provided in a general hospital licensed to provide such services, in a facility under the direction and supervision of the department of mental health, in a private mental Hospital licensed by

the Department of Mental Health, or in a substance abuse facility licensed by the Department of Public Health.

Intermediate Services means a range of non-inpatient services that provide more intensive and extensive treatment interventions when outpatient services alone are not sufficient to meet the patient's needs. Intermediate Services, include, but are not limited to the following: acute and other residential treatment; clinically managed detoxification services; partial hospitalization; intensive outpatient programs; day treatment; crisis stabilization; in-home therapy services.

The duration of authorized intermediate care services will vary according to that person's individual needs.

Preventive and Primary Care Services: Coverage is provided for the following services to the dependent child of an Insured from the date of birth through the attainment of six (6) years of age:

- Physical examination, history, measurements, sensory screening, neuropsychiatric evaluation and development screening, and assessment at the following intervals: six (6) times during the child's first year after birth, three (3) times during the next year, annually until age six (6).
- Such services also include hereditary and metabolic screening at birth, screening for lead poisoning, appropriate immunizations, and tuberculin tests, hematocrit, hemoglobin or other appropriate blood tests, and urinalysis as recommended by the physician.

Coverage is provided for pediatric specialty care, including mental health care, by persons with recognized expertise in specialty pediatrics to Insureds requiring such services.

Prosthetic Coverage: Coverage provided for prosthetic devices and repairs under the same terms and conditions that apply to other Durable Medical Equipment covered under the Policy, except as otherwise provided in this section. "Prosthetic device" means an artificial limb device to replace, in whole or in part, an arm or leg.

Psychopharmacological and Neuropsychological Assessment Service: Coverage is provided for Psychopharmacological services and neuropsychological assessment services expenses.

Qualified Clinical Trials: Coverage and reimbursement for patient care services provided pursuant to a qualified clinical trial to the same extent as they would be covered

and reimbursed if the patient did not receive care in a qualified clinical trial.

Rape Related Mental or Emotional Disorders: Coverage will be provided for the diagnosis and treatment of rape-related or emotional disorders to victims of a rape or victims of assault with intent to commit rape, whenever the costs of such diagnosis and treatment exceed the maximum compensation awarded to such victims.

Scalp Hair Prosthesis for Cancer Patients: Coverage provided for scalp hair prosthesis expense for prosthesis worn for hair loss suffered as a result of the treatment of any form of cancer or leukemia, payable up to \$500 per Policy Year.

"Prosthesis," an artificial appliance used to replace a lost natural structure; provided, however, that prosthesis shall include, but not be limited to, artificial arms, legs, breasts, scalp hair or glass eyes.

"Scalp hair prosthesis," an artificial substitute for scalp hair.

Special Medical Formulas: Coverage provided for newly born infants and adoptive children prescribed by a Physician and are medically necessary 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.

Speech, Hearing, and Language Disorders: Coverage is provided for the diagnosis and treatment of speech, hearing and language disorders by individuals licensed as speech language pathologists or audiologists 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. Benefits are payable the same as any other Sickness. Coverage does not extend to the diagnosis or treatment of speech, hearing and language disorders in a school based setting.

Treatment of Cleft Palate and Cleft Lip for Children: Coverage is provided for the treatment of cleft palate and cleft lip for children under the age of eighteen (18). Coverage includes medical, dental, oral and facial surgery, surgical management and follow-up care by oral and plastic surgeons, orthodontic treatment and management, preventive and restorative dentistry to ensure good health and adequate dental structures for orthodontic treatment and prosthetic management therapy, speech therapy,

audiology, and nutrition services when medically necessary services are prescribed by the treating Physician or surgeon.

EMERGENCY MEDICAL EVACUATION BENEFIT

If the Insured cannot continue his academic program because he sustains an Accidental Injury or Emergency Sickness while Insured under the Policy or if a Covered Dependent sustains an Accidental Injury or Emergency Sickness and is more than a 100 mile radius from his current place of primary residence or outside of his Home Country, We will pay for the actual charge Incurred for an emergency medical evacuation of the Covered Person to or back to the Insured's home state, country, or country of regular domicile subject to the Coinsurance, Deductible, Copayment, as stated in the Schedule of Benefits, and the Exclusions and Limitations provisions. No payment will be made under this provision unless the evacuation follows a Hospital Confinement of at least five (5) consecutive days. Before We make any payment, We require written certification by the Attending Physician that the evacuation is necessary. Any expense for medical evacuation requires Our prior approval and coordination. For international students, once evacuation is made outside the country, Coverage terminates. This Benefit does not include the transportation expense of anyone accompanying the Covered Person or visitation expenses.

REPATRIATION OF REMAINS BENEFIT

If the Covered Person dies while Insured under the Policy and is more than 100 miles from his permanent residence or outside of his Home Country, We will pay for the actual charge incurred for embalming, and/or cremation and returning the body to his place of permanent residence in his home state, country or country of regular domicile, up to the benefit amount shown in the Schedule of Benefits, subject to the Coinsurance, Deductible, Copayment, as stated in the Schedule of Benefits, the maximum Benefit limit shown above, and the Exclusions and Limitations provisions. Expenses for repatriation of remains require the Policyholder's and Our prior approval. If You are a United States citizen, Your Home Country is the United States. This Benefit does not include the transportation expense of anyone accompanying the body, visitation or lodging expenses or funeral expenses.

GENERAL EXCLUSIONS AND LIMITATIONS

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

1. Eyeglasses, contact lenses, routine eye refractions, eye examinations except as in the case of Injury prescriptions or fitting of eyeglasses or contact lenses vision correction surgery or Repair or replacement of eye glasses or contact lens except when required as a direct result of an Injury.
2. Hearing Screenings (except as specifically provided in the Policy) or hearing examinations or hearing aids (except as specifically provided herein) and the fitting or repairing or replacement of hearing aids, except in the case of Accident or Injury.
3. Treatment (other than surgery) of chronic Conditions of the foot including weak feet, fallen arches, flat foot, pronated foot, subluxations of the foot, foot strain, care of corns, calluses, toenails or bunions (except capsular or bone surgery), any type of massage procedure on or to the foot, corrective shoes, shoe inserts and Orthotic Device; except for treatment of Injury, infection or disease except as provided herein.
4. Cosmetic treatment, cosmetic surgery, plastic surgery, resulting complications, consequences and after effects or other services and supplies that We determine to be furnished primarily to improve appearance rather than a physical function or control of organic disease except as provided herein or for treatment of an Injury that is covered under the Policy. Improvements of physical function does not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include, but are not limited to: face lifts; sagging eyelids; prominent ears; skin scars; warts, non-malignant moles and lesions; hair growth hair removal; correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants including gynecomastia (except for correction or deformity resulting from mastectomies or lymph node dissections); lipectomy services and supplies related to surgical suction assisted lipectomy; rhinoplasty; nasal and sinus surgery; and deviated nasal septum,

including submucous resection except when medically necessary treatment of acute purulent sinusitis. This exclusion does not include Reconstructive Surgery when the service is incidental to or follows surgery resulting from trauma, Injury, infection or other diseases of the involved part.

5. Treatments which are considered to be unsafe, Experimental, or Investigational by the American Medical Association (AMA), and resulting complications.
6. Custodial Care; Care provided in a: rest home, home for the aged, halfway house, health resort, college infirmary, or any similar facility for domiciliary or Custodial Care, or that provides twenty-four (24) hour non-medical residential care or day care (except as provided for Hospice care).
7. Dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth, (except as specified herein).
8. Temporomandibular Joint Dysfunction (TMJ), except as specified herein.
9. Injury sustained by reason of a motor vehicle Accident to the extent that Benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such Benefits or if the Insured is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place.
10. Injury resulting from parachuting, bungee jumping or hang gliding.
11. Injury occurring in consequence of riding as a passenger or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.
12. Services provided normally without charge by the health service of the Policyholder or services covered or provided by a student health fee; Services rendered by employees or Physicians or other persons or retained by the University or for the use of the Universities facilities.
13. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.

14. Expense covered by any other medical insurance to the extent that Benefits are payable under any other medical insurance whether or not a claim is made for such Benefits.
15. Any services of a Physician or Nurse who lives with You or Your Dependent(s) or who is related to You or Your Dependent(s) by blood or marriage.
16. Services of a private duty Nurse.
17. Services received before the Covered Person's Effective Date Services received after the Covered Person's Coverage ends, except as specifically provided under the Extension of Benefits provision.
18. Under the Prescription Drug Benefit, any drug or medicine: Obtainable Over the Counter (OTC); for the treatment of alopecia (hair loss) or hirsutism (hair removal); for the purpose of weight control; anabolic steroids used for body building; growth hormones; sexual enhancement drugs; cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or treatment of acne except as specifically provided in this Policy; treatment of nail (toe or finger) fungus; refills in excess of the number specified or dispensed after one (1) year of date of the prescription; for an amount that exceeds a 30 day supply; drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs; purchased after Coverage under the Policy terminates; consumed or administered at the place where it is dispensed; if the FDA determines that the drug is contraindicated for the treatment of the Condition for which the drug was prescribed; or Experimental for any reason.
19. Injuries sustained as a result of intentional/unintentional self-inflicted Injury or any attempt at intentional/unintentional self-inflicted Injury.
20. Vitamins, minerals, food supplements, herbs, herbal formulas, or home remedies; except as prescribed.
21. Services for the treatment of any Injury or Sickness incurred while committing or attempting to commit a felony; or while taking part in an insurrection or riot; or fighting, except in self-defense.
22. Injury or Sickness for which Benefits are paid or payable under any workers' compensation or occupation disease law or act, or similar legislation.

23. War or any act of war, declared or undeclared; or while in the armed forces of any country.
24. Modifications made to dwellings, property, or automobiles such as ramps, elevators, stair lifts, swimming pools, spas, air conditioners or air-filtering systems, equipment that may increase the value of the residence, or car hand controls, whether or not their installation is for purposes of providing therapy or easy access, or are portable to other locations.
25. Nutrition counseling services (except as specifically provided in the Policy), including services by a Physician for general nutrition, weight increase or reduction services, except as specifically provided in the Policy; general fitness, exercise programs, health club memberships and weight management programs (except as specifically provided); exercise machinery or equipment, including but not limited to treadmill, stair steps, trampolines, weights, sports equipment, support braces used primarily for use during any sport or in the course of employment, any equipment obtainable without a Physician's prescription.
26. Non-cystic acne.
27. Acupressure, aroma therapy, hypnosis, rolfing, Hyperhidrosis, Psychosurgery biofeedback.
28. Diagnosis and treatment of sleep disorders including but not limited to apnea monitoring, sleep studies, and oral appliances used for snoring, except treatment and appliances for documented obstructive sleep apnea.
29. Elective surgery or treatment, except as specifically provided.
30. International Students: Treatment received in the Covered Person's Home Country outside of the United States of America, except when medically necessary for an Emergency.
31. Acupuncture.

SUBROGATION AND RECOVERY RIGHTS

If We pay Covered Expenses for an Accident or Injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our reimbursement rights are limited by the amount You recover. Our reimbursement and subrogation rights are subject to deduction for the pro-rata share of Your costs,

disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

EXCESS PROVISION

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.

CLAIM PROCEDURES

Benefits will be paid as soon as We receive proper proof of loss unless this Policy provides for periodic payment. When this Policy provides for periodic payment, the benefits will accrue and will be paid monthly subject to proper proof of loss.

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

There is no utilization review performed on the Policy.

Claims Administrator:
CONSOLIDATED HEALTH PLANS
 2077 Roosevelt Avenue
 Springfield, MA 01104
 (413) 733-4540 or
 Toll Free (800) 633-7867
www.chpstudent.com
 Group Number: S210912

You can access up to date information about your plan, including amendments, Provider directory, privacy notice, and rights and responsibilities at this website address.

COMPLAINT AND APPEAL PROCEDURES

To file a complaint or to appeal a claim, send a letter stating the issue to Consolidated Health Plan's Appeal Department at the below address. Include your name, phone number, address, school attended and email address, if available.

Claims Administrator:
Consolidated Health Plans
 2077 Roosevelt Avenue
 Springfield, MA 01104
 (413) 733-4540 or
 Toll Free (800) 633-7867
www.chpstudent.com

Appeals must be received within 180 days of the date the student receives written notification of the claim denial. You also have the right to appeal to the Office of Patient Protection at 1-800-436-7757, fax: 1-617-624-5046 or visit www.state.ma.us/dph/opp.

You may request an Urgent Appeal. This request may be verbal or written. A decision will be made within seventy-two (72) hours of receipt for an Urgent Appeal. Under certain circumstances, You also have a right to an external appeal of a denial of coverage.

If You need help filing an internal appeal or external review, Your state's Consumer Assistance Program (CAP) or Department of Insurance may be able to help You. To find help in Your state, go to www.HealthCare.gov/consumerhelp and click on Your state. The HealthCare.gov website also has information about other consumer protections and health care coverage options created by the Affordable Care Act.

This plan is underwritten and offered by:
Nationwide Life Insurance Company
 Columbus, Ohio
 Policy Number: 302-004-2012

For a copy of the Company's privacy notice, go to:
www.consolidatedhealthplan.com/about/hipaa

VALUE ADDED SERVICES

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:
www.chpstudent.com

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

FrontierMEDEX ACCESS services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. FrontierMEDEX is your key to travel security.

For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.

If you have a medical, security, or travel problem, simply call FrontierMEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330.

If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

WHERE TO FIND HELP

For Questions About:	Please Contact:
Enrollment Waiver	University Health Plans, Inc. One Batterymarch Park Quincy, MA 02169-7454 Phone: (800) 437-6448 Fax: (617) 472-6419 www.universityhealthplans.com Email: info@univhealthplans.co
Insurance Benefits Claims Processing ID Cards	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, MA 01104 (800) 633-7867 www.chpstudent.com
Status of Pharmacy Claim Pharmacy Claim Forms Excluded Drugs and Pre-authorization	Express Scripts (800) 451-6245 www.express-scripts.com
Find A Provider	First Health Network www.firsthealth.com

PINE MANOR COLLEGE - 2014-2015 SCHEDULE OF BENEFITS

Policy Year Maximum Benefit (including Medical Evacuation and Repatriation)	Unlimited
Policy Year Deductible - per Individual (applies unless otherwise stated, additional deductibles and co-pays may apply)	\$100 per Individual
Out-of-Pocket Maximum (includes Coinsurance, Deductible and Copayment; does not include non-covered medical expenses or elective treatment)	\$6,350 per Individual
Preventive/Wellness & Immunization Services	100% of Reasonable & Customary (R&C) (Policy year deductible does not apply)
Outpatient Services (other than Surgery, Maternity, Mental Health/Drug or Alcohol)	
Physician visits, including Specialists and Consultants	100% of R&C after \$25 per visit copayment
Diagnostic X-ray and Laboratory Services; including pre-admission testing	80% of R&C
Diagnostic Imaging, including CT Scan, MRI, and/or PET Scans	80% of R&C
Inpatient Services – (other than Surgery, Maternity, Mental Health/Drug or Alcohol, except as specified)	
Miscellaneous Hospital Services	80% of R&C
Room and Board expense, at the semi-private room, general nursing care, and ICU	80% of R&C
Physician Visits (includes Specialists/Consultants)	80% of R&C
Skilled Nursing and Sub-Acute Care Facilities	80% of R&C
Surgical Services (Inpatient & Outpatient) When multiple surgeries are performed through the same incision at the same operative session, We will pay an amount not to exceed 50% of the Benefit otherwise payable for the secondary procedures.	
Surgeon's Fee	80% of R&C
Assistant Surgeon / Anesthetist Services	80% of R&C
Second Surgical Opinion	Second Surgical Opinion 5% of the amount paid to the Surgeon
Hospital Miscellaneous, services related to a scheduled surgery performed in a hospital or ambulatory surgery center, includes operating room, laboratory tests, x-rays, examinations, anesthesia, supplies, drugs and medications.	80% of R&C
Bariatric surgery	80% of R&C
Maternity Care – Includes forty-eight (48) hours of Inpatient care following a normal delivery and ninety-six (96) hours of Inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the Attending Physician or a certified nurse-midwife who consults with a Physician, decides to discharge the mother or newborn child sooner. In the event of early discharge, Home Health Care visits will be provided.	
Pre- and Post-Natal Care	Paid the same as any other Sickness
Hospital services	Paid the same as any other Sickness
Biologically-Based and Non-Biologically Based Mental Conditions, including Alcoholism/Drug Abuse	
Inpatient services	80% of R&C
Outpatient Office Visits	100% of R&C after \$25 per visit copayment
Urgent Care and Emergency Services	
Urgent Care Facility Services	100% of R&C after \$25 per visit copayment
Emergency services	100% of R&C after \$100 co-pay (Co-pay reduced to \$50 if admitted)
Emergency Medical Transportation services	80% of R&C after \$25 co-pay per trip
Other Services	
Allergy Testing & Treatment (testing is limited to one (1) series of tests per Policy Year)	100% of R&C after \$25 per visit copayment
Habilitative care—including Physical and occupational therapy up to 60 visits per policy year; No limit applied to autism treatment, home health care and speech/hearing disorder	80% of R&C
Rehabilitative Physical and Occupational Therapy (Outpatient) up to 60 visits per policy year – No limit applied to autism treatment, home health care and speech/hearing disorders.	80% of R&C
Chiropractic	100% of R& after \$25 per visit copayment
Home Health Care	80% of R&C
Hospice	80% of R&C
Diabetic treatment and Education	Paid the same as any other Sickness
Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices	80% of R&C
Hearing Aids for children 21 years of age or younger -up to \$2,000 per hearing impaired year every 36 months	80% of R&C
Prescription Drug Expense (Policy year deductible does not apply) (per 30-day supply) Prescriptions must be filled at an "Express Scripts" participating pharmacy. A directory of participating pharmacies is available by calling Express Scripts directly at (800) 451-6245.	<ul style="list-style-type: none"> • \$0 Co-pay for generic contraceptives and wellness prescriptions; or • \$10 Co-pay for other generic prescriptions; or • \$25 Co-pay for any brand name prescription
Routine Vision Exam for Covered Persons under nineteen (19) – one exam every two (2) years. Eye glasses/contact lenses not covered.	100% of R&C up to \$150, 50% thereafter
Weight Loss programs – up to \$150 per Policy Year.	100% of Reimbursable Charge
Scalp Hair Prostheses – up to \$500 per Calendar Year.	100% of Reimbursable Charge
Elective Coverage	
Accidental Dental Expense – Up to \$500	100% of R&C
Intercollegiate Sports Expense – Up to \$1,500 per Injury	Paid the same as any other Sickness
Elective Termination of Pregnancy – Up to \$1,000	80% of R&C