

# Student Accident and Sickness Insurance Program

Designed for the  
Students of

SARAH • LAWRENCE • COLLEGE



**2008-2009**  
**Nationwide Life Insurance Company**  
Columbus, Ohio

**Policy Number: 302-075-3106**

Effective September 1, 2008 to September 1, 2009

## Private Healthcare Systems, Inc. (PHCS) Preferred Provider Network

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

- **THE PROGRAM DOES NOT REQUIRE YOU TO USE A PREFERRED PROVIDER**, but if an eligible Expense is incurred through a Preferred Provider, You will receive the maximum coverage when you visit doctors, hospitals and other providers who belong to the PHCS Preferred Provider Network:

Payments are subject to:

- An aggregate maximum benefit and to internal maximum benefits;
- Limits as stated in the Policy Schedule of Benefits; and
- Terms and conditions of the Policy and any Exclusions and Other Insurance and Recovery Limits.

Dear Students and Parents:

Sarah Lawrence College is committed to promoting good health and meeting the medical needs of its students. A health insurance plan is critical in providing peace of mind, knowing that students can receive the services they need in the event of a sickness or injury.

The College requires all students to carry adequate medical insurance to help cover the extra expenses of medical treatment that are not covered by our Health Services. The Student Accident and Sickness Insurance Plan provides coverage to students for a 12-month period, September 1, 2008 to September 1, 2009. The Plan includes a local and national network of Preferred Providers, and is designed to be an affordable option. I urge you to enroll in this Plan for several reasons.

Although many families have some form of insurance, it's important to ensure that students are adequately covered while attending school. All too often situations arise where a student requires medical or mental health care beyond what is available at the SLC Health Center, only to discover that their insurance covers them only in the event of an emergency or in their home geographic region. This frequently results in students having to take an otherwise unnecessary leave of absence from college to return home in order to get the treatment they need. In other

situations, the student's insurance plan may provide coverage in New York, but the list of providers they must choose from is extremely limited and often are not close to campus, making access a significant problem. SLC Health Center staff members are rarely familiar with these providers and therefore cannot assist the student with any recommendations. Further, coverage that is provided is often insufficient in meeting the student's need. The result is an added out of pocket expense for parents who must pay privately for adequate care.

To assist you in making an informed decision regarding your student's health insurance needs, here are some general questions to ask your current health plan to ensure that it provides adequate coverage:

- Does your current health plan provide coverage while in the area of the Sarah Lawrence campus? Many HMO plans provide coverage for Emergency Treatment only, while out-of-area of the local HMO.
- Does your current health plan cover your daughter/son as long as they are a registered student at Sarah Lawrence College? Most employer plans drop dependents at a certain age or if a parent has a job change.
- Does your current health plan cover mental health services? Many employer-sponsored plans provide very limited coverage for mental health services.
- Does your current health plan provide coverage anywhere in the world, including medical evacuation and repatriation benefits, while the student is away from campus for academics, research, work, or vacation? Many employer-sponsored plans will only provide coverage while in the United States, and most do not include any medical evacuation or repatriation benefits.
- Does your current health plan include a nationwide network of Preferred Providers, guaranteeing acceptance of your insurance plan, and reducing the student's out-of-pocket expenses? Many employer-sponsored plans are managed-care type plans, with a regionally based preferred provider network.
- Does your current health plan include Prescription Drug coverage, and a nationwide network of member pharmacies? Many employer sponsored plans do not provide prescription drug coverage, or only very limited benefits available at certain local pharmacies.

- Does your current health plan include coverage for Intercollegiate Sports? It is standard practice for employer-sponsored health plans to exclude coverage for all Intercollegiate Sports related injuries.

While the majority of students' health issues can be met by Health Services, there are times when outside specialists or additional consultation is warranted. At such times, the Student Accident and Sickness Plan sponsored by Sarah Lawrence College, provides coverage worldwide and allows students to seek care from any licensed provider, once the referral from Sarah Lawrence Health Services is made. Students also have access to a nationwide Preferred Provider Network, as well as a national network of member pharmacies.

When students use a preferred provider, their out-of-pocket expenses can be limited as students' coinsurance expenses are based on negotiated Preferred Provider fees. The Plan provides coverage for expenses relating to injury or sickness including diagnostic testing, lab and x-ray services, doctor visits, and prescription drugs.

Students who determine that they have existing comparable coverage will need to complete and return the Waiver Form by July 15, 2008 for the Fall Term. It is your responsibility to carefully compare your current insurance plan with that offered by SLC to ensure that the coverage is truly comparable. By signing the waiver, you are attesting to the fact that you are familiar with both plans and will be responsible for providing for your student's medical and/or mental health needs should your own insurance prove insufficient. If you do not have comparable health insurance, or do not return the Waiver Form by July 15, 2008, you will be required to purchase the Student Accident and Sickness plan, and will automatically be enrolled.

We encourage you to read the Brochure and take the time to make an informed decision regarding your health coverage. If you have questions regarding the Student Accident and Sickness Plan, please contact Consolidated Health Plans at (800) 633-7867 or [www.chpstudent.com](http://www.chpstudent.com).

Yours truly,

Nance Roy, Ed.D.  
Director of Health Services

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## Where To Find Help

### For questions about:

- Insurance Benefits (ext 149)
- Claims Processing (ext 149)
- Lost ID Cards (ext 137)

Please contact:

Consolidated Health Plans  
2077 Roosevelt Avenue  
P.O. Box 1998  
Springfield, MA 01101-1998  
(800) 633-7867  
Fax: (413) 733-4612  
[www.chpstudent.com](http://www.chpstudent.com)

### For questions about:

- Enrollment Process
- Waiver Process

Please contact:

University Health Plans, Inc.  
One Batterymarch Park  
Quincy, MA 02169-7454  
(800) 437-6448  
Fax: (617) 472-6419  
[www.universityhealthplans.com](http://www.universityhealthplans.com)  
Email: [info@univhealthplans.com](mailto:info@univhealthplans.com)

If you need medical attention before you receive your ID card, inform your healthcare provider that your insurance coverage is provided by Nationwide Life Insurance Company. Benefits will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits. Once you have received your ID card, present it to the health care provider to facilitate prompt payment of your claims.

### For questions about:

- Status of Pharmacy Claim
- Pharmacy Claim Forms
- Excluded Drugs

Please contact:

Express Scripts  
(800) 451-6245

### For Provider Listings

A complete list of Providers can be found by logging on to [www.chpstudent.com](http://www.chpstudent.com) or [www.phcs.com](http://www.phcs.com).

### Worldwide Web Access:

Consolidated Health Plans

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

University Health Plans, Inc.

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

Student Health Services

[www.sarahlawrence.edu/health](http://www.sarahlawrence.edu/health)

### Sarah Lawrence College Student Health Services

Lyles House 914-395-2350	Monday through Friday 9 a.m. to 5 p.m.
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Sarah Lawrence Health Services provides compassionate, informative and confidential care for our students' medical and mental health concerns. Regular services on campus for routine care, particular health problems and for short-term, outpatient treatment is provided at no cost.

#### Services Include:

- ✓ Medical and mental health coverage during the school year for routine, preventive and emergency care for the Sarah Lawrence undergraduate and graduate student population.
- ✓ Educational programs on a variety of medical and mental health issues relevant to college students.
- ✓ Referrals for long-term medical and psychological treatment with off-campus specialists, whenever warranted.

### Physical Health

Our staff is specially trained to understand and treat problems that relate to college-age students and their lifestyles. Health Services is staffed primarily by Family Nurse Practitioners (FNPs) and Nurses while the College is in session. A local physician who is affiliated with Lawrence Hospital provides consultation to the Nurses and Nurse Practitioners, and is available at Health Services weekly to see students by appointment. Upon referral by the Nurse Practitioner, an orthopedic specialist and an OB/GYN specialist are available at Health Services monthly to see students by appointment.

The Nurse Practitioners can:

- ✓ Diagnose and treat short-term physical illnesses and minor injuries.
- ✓ Prescribe common medications for acute illness.
- ✓ Give vaccinations or regular allergy injections and perform routine lab work.

- ✓ Test and treat sexually transmitted diseases including HIV testing.
- ✓ Perform annual gynecological exams and PAP tests and address routine gynecological problems and concerns.
- ✓ Provide birth control and sexual protection to both men and women, including emergency contraception (morning-after pill) for women, depot (DMPA) contraceptive injections and prescriptions for oral contraceptives.

### Mental Health

Our staff includes licensed psychiatrists, psychologists and social workers. Advanced-level trainees from area residency programs in psychiatry, clinical psychology and social work join our staff each year, and receive supervision from our professional staff.

Brief individual and group therapy is available to all students, Monday through Friday, by appointment. Common student concerns treated by our staff include depression, anxiety, eating disorders, substance abuse, and relationship and family issues, to name a few. The staff psychiatrist is available for psychiatric medication evaluation, prescriptions and medication management.

### Appointments

Health Services is located in Lyles House, near the Westlands Gate, at Mead Way and Boulder Trail. Our Offices are open for appointments Monday through Friday from 9 a.m. to 5 p.m. when the College is in session. Appointments for medical and mental health services can be made by calling the Health Services receptionist at (914) 395-2350. You can also reach individual staff members and their voice mail at this number.

Walk-In hours for Medical and Mental Health Services are available weekdays from 2:00 p.m. to 3:30 p.m. when the College is in session.

### Health Emergencies

There is 24-hour coverage for emergency consultation and crisis intervention. Urgent and emergency care is provided on a walk-in basis during Office hours at Lyles House. When Health Services is closed, students can call Westlands desk at (914) 395-2222 for medical and psychiatric emergencies. The desk will contact the College's on-call staff and, if appropriate, campus security officers. All medical emergencies are addressed by an on-call internist. If necessary, students will be

evaluated at and/or admitted to Lawrence Hospital in Bronxville, New York.

### Health Education

One of the primary missions of Health Services is health education and outreach. By being well informed, students can make more educated and responsible choices for healthy living. A variety of educational programs and workshops are held throughout the year. Topics include dealing with depression and anxiety, substance abuse, relationship issues, managing stress and adjusting to college, to name a few.

### Confidentiality

The Health Services professional staff conforms to standard professional, ethical and state-mandated procedures of confidentiality. Maintenance of records is in accordance with professional and legal guidelines. The student may authorize the release of confidential information to others by signing a standard release form available at Health Services.

Exceptions to the standard procedures of confidentiality occur when a student is assessed to be a danger to him/herself or others, when records are subpoenaed, or in reporting abuse (e.g., abuse or neglect of a minor) as required by law. In such cases, the student would be informed, if possible, and only the necessary information would be released.

### Fees for Service

There are no fees for any of the regular services provided by the Health Services staff. Allergy injections, vaccinations and some medications are provided for a fee to cover costs. Any medications not available at Health Services may be purchased at a local pharmacy and might be covered by insurance, depending on students' insurance plans. Special diagnostic services such as laboratory tests, X-rays and diagnostic procedures are provided off campus. **Consultations with specialists in the community, as well as off-campus diagnostic procedures, are covered according to the Sarah Lawrence College Student Sickness and Accident Insurance Plan only after a referral is made by Sarah Lawrence Health Services staff.** (See the Referral Section of this Brochure for additional details regarding referral requirements.) Students who waive participation in the Sarah Lawrence Health Insurance Plan should check with their own insurance companies regarding coverage.

## Sarah Lawrence College Student Accident and Sickness Health Insurance Plan

The Sarah Lawrence College Accident and Sickness Plan has been developed especially for Sarah Lawrence College students. The Plan provides coverage for Illnesses and Injuries that occur on and off campus, and includes special cost-saving features to keep the coverage as affordable as possible. Sarah Lawrence College is pleased to offer the Plan as described in this Brochure.

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

### Policy Period

Coverage for all insured students enrolled for the Fall Semester will become effective at 12:01 a.m. on September 1, 2008, and will terminate at 12:01 a.m. on September 1, 2009.

Coverage for all newly enrolled insured students for the Spring Semester will become effective at 12:01 a.m. on January 20, 2009 and will terminate at 12:01 a.m. on September 1, 2009.

### Premium Rates

	Annual	Spring Semester
Student Only:	\$1,870	\$1,273
Spouse or Domestic Partner:	\$4,745	\$3,174
Child(ren):	\$2,265	\$1,522

### Student Coverage Eligibility

All registered students of Sarah Lawrence College are automatically enrolled in the Student Accident and Sickness Plan.

Students who do not want to be enrolled must submit a completed Waiver Form and provide proof of comparable coverage (i.e., copy of current medical insurance ID Card) by **July 15, 2008** for the Fall Semester, or by **January 9, 2009** for students newly enrolled for Spring Semester. If you do not submit a completed Waiver Form by the waiver deadline date for the term you are enrolling in at Sarah Lawrence College, you will be responsible for the insurance premium posted to your student account.

### Dependent Coverage Eligibility

Covered students may also enroll their lawful spouse or domestic partner, and unmarried dependent children under age 19 who reside with, and are fully supported by, the covered student for the same coverage.

### Enrollment

To enroll the dependent(s) of a covered student, please complete a Dependent Enrollment Form, and return it to University Health Plans, Inc. together with your check, money order, or MasterCard/Visa payment. The dependent enrollment deadline date for the Fall Semester is **September 30, 2008**. The enrollment deadline date for the Spring Semester is **February 17, 2009**. If the dependent Enrollment Form and premium are received after the semester start date of coverage, then coverage becomes effective the day after the postmarked date of the Enrollment Form.

### Dependent Enrollment Forms are available:

- ✓ By contacting University Health Plans at: (800) 437-6448
- ✓ At Student Health Services

### Newborn Infant Coverage and Adopted Child Coverage

A child born to a Covered Person shall be covered for Accident, Sickness, and congenital defects for 31 days from the date of birth or adoption. At the end of this 31-day period, coverage will cease under the Sarah Lawrence College Student Accident and Sickness Insurance Plan. To extend coverage for a newborn past the 31 days, the Covered Person must 1) enroll the child within 31 days of birth and 2) pay the additional premium starting from the date of birth.

Coverage is provided for a child legally placed for adoption with a Covered Person for 31 days from the moment of placement, provided the child lives in the household of the Covered Person and is dependent upon the Covered Person for support. To extend coverage for an adopted child past the 31 days, the Covered Person must 1) enroll the child within 31 days of placement of such child and 2) pay any additional premium, if necessary starting from the date of placement.

For further assistance and premium information, please contact University Health Plans.

### Handicapped Children

If You have Dependent coverage and that Dependent ceases to be eligible for coverage because of age, he or she will continue to be an Insured Person so long as the child is and continues to

be both: 1.) incapable of self-sustaining employment by reason of developmental disability or physical handicap; and 2.) chiefly dependent upon You for support and maintenance. Proof of such incapacity and dependency must be furnished to Us within thirty-one (31) days of the child's attainment of the specified age and subsequently as may be required, but not more frequently than annually after the two-year (2) period following the child's attainment of the specified age.

### Late Enrollment

Under certain circumstances, coverage for late enrollees may be possible. For the Fall Semester, any enrollment occurring after September 30, 2008 will be considered a late enrollment. For the Spring Semester, any enrollment occurring after February 17, 2009 will be considered a late enrollment. Contact University Health Plans, or refer to the Master Policy for details. Please refer to the Pre-Existing Conditions/Continuously Insured Provisions section of the on-line Brochure for information on Pre-Existing Conditions, which applies to all late enrollees under this Plan.

### Pre-Existing Conditions / Continuously Insured Provisions

#### Pre-Existing Condition:

Pre-Existing Condition is defined as any Injury, Sickness, or condition for which medical advice, diagnosis, or treatment was recommended or received within six (6) months prior to the Covered Person's effective date of insurance.

#### Limitation:

Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered covered medical expenses unless no charges are incurred or treatment rendered for the condition for a period of six (6) months while covered under this program, or the Covered Person has been covered under this program for 12 consecutive months (10 months for pregnancy), whichever happens first.

#### Special Rules as to a Pre-existing Condition:

If a person has creditable coverage and such coverage terminated within 63 days prior to the date enrolled in this program, then any limitation as to a pre-existing condition under this plan will apply to only the extent that the limitation would have applied if the Covered Person had remained covered under the prior creditable coverage. Creditable coverage means

a Covered Person's prior medical coverage as defined in the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. Such coverage includes: coverage issued on a group or individual basis, Medicare, Medicaid, military-sponsored health care, a program of the Indian Health Service, a state health benefits risk pool, the Federal Employee's Health Benefits Plan (FEHBP), a public health plan as defined in the regulations, and any health benefit plan under Section 5(e) of Peace Corps Act.

#### **Continuously Insured:**

Continuously Insured is defined as a person who was insured under prior Creditable Coverage, including Student Health Insurance policies issued to Sarah Lawrence College, and is now insured under this Plan. Persons who have remained continuously insured will be covered for conditions first manifesting themselves while continuously insured except as specified in the Pre-Existing Conditions provision.

Previously insured students and dependents must re-enroll for coverage by **September 30, 2008**, for the Fall Semester and by **February 17, 2009**, for the Spring Semester in order to avoid a break in coverage for conditions which existed in prior Policy Years. Once a break in continuous coverage occurs, the definition of a Pre-Existing Condition will apply in determining coverage of any condition which existed during the break.

#### **Premium Refund Policy**

Except for medical withdrawal due to a covered Accident or Sickness, any student who has not incurred any claims and who withdraws from school during the first 30 days of the period for which coverage is purchased shall not be covered under the Plan and a full refund of premium will be made. Students withdrawing after such waiver deadline date will remain covered under this Plan for the full period for which premium has been paid. **No refund will be allowed.**

A Covered Person 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 Consolidated Health Plans within 90 days of withdrawal from school.

#### **Preferred Provider Network**

Consolidated Health Plans has arranged for you to access a Preferred Provider Network in your local community. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of the Sarah Lawrence College campus.

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to use a Preferred Provider because significant savings may be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors and are neither employees nor agents of Sarah Lawrence College, Consolidated Health Plans or Nationwide Insurance Company. A complete listing of participating providers is available at Student Health Services. You may also contact Consolidated Health Plans at (800) 633-7867 or PHCS at (866) 559-7427. Additionally, you can obtain information regarding Preferred Providers through the Internet by accessing [www.phcs.com](http://www.phcs.com).

#### **Referral Requirement**

Student Health Services (SHS)

When the College is in full-session, and the Student Health Services is open, Insured Students must first visit the Student Health Services before seeking treatment and receive a referral in order to have treatment covered under the Accident and Sickness Insurance Plan.

#### **Exceptions to the Referral Requirement for Insured Students:**

- ✓ Medical Emergency (the student must return to Student Health Services for necessary follow-up care).
- ✓ When the Student Health Services is closed.
- ✓ Medical care received when the student is no longer eligible to use Student Health Services due to a change in student status.
- ✓ Gynecological care.
- ✓ When having a prescription filled under the pharmacy benefit.
- ✓ Insured dependents.

#### **Description of Benefits**

Payment will be made as allocated herein for Covered Medical Expenses incurred for any one (1) Accident or any one (1)

Sickness while covered under the Plan not to exceed an Aggregate Maximum while continuously insured of \$50,000 per condition, per lifetime, for any one (1) covered Accident or any one (1) covered Sickness.

The payment of any Co-pays, Deductibles, the balance above any Coinsurance Amount, and any medical expenses not covered are the responsibility of the Covered person.

To maximize your savings and reduce out-of-pocket expenses, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Non-Preferred Care is subject to the Reasonable Charge allowance maximum. Any charges in excess of the Reasonable Charge allowance are not covered under the Plan.

#### **Summary of Benefits**

##### **ACCIDENT AND SICKNESS PLAN**

The following benefits are subject to the Policy limitations and exclusions. All coverage is based on the Reasonable Charge allowance unless otherwise specified.

This Plan always pays benefits in accordance with any applicable New York Insurance Law(s).

##### **AGGREGATE LIFETIME MAXIMUM**

\$50,000 per condition

##### **ANNUAL DEDUCTIBLE**

\$200

##### **ANNUAL OUT OF POCKET MAXIMUM**

\$1,500 (Deductible, non-covered services and prescription drug co-pays do not apply towards meeting the out-of-pocket maximum)

##### **INPATIENT HOSPITALIZATION BENEFITS**

###### **Hospital Room and Board Expense**

Covered Medical Expenses are payable as follows:

**Preferred Care:** 90% of the Negotiated Charge for an overnight stay.

**Non-Preferred Care:** 60% of the Reasonable Charge for the semi-private room rate for an overnight stay.

###### **Intensive Care Unit Expense**

Covered Medical Expenses are payable as follows:

**Preferred Care:** 90% of the Negotiated Charge for an overnight stay.

**Non-Preferred Care:** 60% of the intensive care room rate for an overnight stay.

#### **MISCELLANEOUS HOSPITAL EXPENSE**

Covered Medical Expenses are payable as follows:

**Preferred Care:** 90% of the Negotiated Charge.

**Non-Preferred Care:** 60% of the Reasonable Charge. Covered Medical Expenses include, but are not limited to: laboratory tests, x-rays, anesthesia, use of special equipment, medicines and use of operating room.

#### **Physician Hospital Visit Expenses**

Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable as follows:

**Preferred Care:** 90% of the Negotiated Charge.

**Non-Preferred Care:** 60% of the Reasonable Charge.

#### **SURGICAL BENEFITS (INPATIENT AND OUTPATIENT)**

##### **Surgical Expense**

Covered Medical Expenses for charges for surgical services performed by a Physician are payable as follows:

**Preferred Care:** 90% of the Negotiated Charge.

**Non-Preferred Care:** 60% of the Reasonable Charge.

##### **Anesthetist Expense and Assistant Surgeon Expense**

Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows:

**Preferred Care:** 90% of the Negotiated Charge.

**Non-Preferred:** 60% of the Reasonable Charge.

#### **OUTPATIENT BENEFITS**

Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or out-patient department or emergency room visits, durable medical equipment, physical therapy, clinical lab, radiological facility or other similar facility licensed by the state.

#### **Physician's Office Visits**

Covered Medical Expenses are payable as follows:

**Preferred Care:** 80% of the Negotiated Charge after a \$15 co-pay per visit.

**Non-Preferred Care:** 60% of the Reasonable Charge after a \$15 co-pay per visit.

#### **Hospital Emergency Care**

Covered Medical Expenses for treatment of an Emergency Medical Condition in a hospital emergency room are payable as follows:

**Preferred Care:** 80% of the Negotiated Charge after a \$50 co-pay per visit.

**Non-Preferred Care:** 80% of the Reasonable Charge after a \$50 co-pay per visit.

#### **Lab and X-Ray (Non-Hospital)**

Covered Medical Expenses are payable as follows:

**Preferred Care:** 80% of the Negotiated Charge.

**Non-Preferred Care:** 60% of the Reasonable Charge.

#### **Durable Medical Equipment**

Covered Medical Expenses are payable as follows:

**Preferred Care:** 80% of the Negotiated Charge.

**Non-Preferred Care:** 60% of the Reasonable Charge.

#### **CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES AND BIOLOGICALLY BASED MENTAL ILLNESSES BENEFITS**

Covered Medical Expenses are payable as any other Sickness.

#### **MENTAL HEALTH AND CHEMICAL ABUSE BENEFITS**

##### **Inpatient Expense—Mental Health**

Covered Medical Expenses for the treatment of a mental health condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness.

Covered Medical Expenses for inpatient mental health treatment is limited to a maximum of 60 days per Policy Year per condition for any one (1) or related mental health condition.

Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Benefits will be payable in place of an

inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.

##### **Outpatient Expense—Mental Health**

Covered Medical Expenses for the care or treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows:

**Preferred Care:** 80% of the Negotiated Charge.

**Non-Preferred Care:** 80% of the Reasonable Charge. Covered Medical Expenses for outpatient treatment of a mental health condition is payable up to a maximum of \$3,500 per Policy Year.

##### **Inpatient Expense— Chemical Abuse**

Covered Medical Expenses for the treatment of chemical abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness.

Covered Medical Expenses for detoxification are payable on the same basis as any other Sickness, up to a maximum of 7 days per Policy Year. Covered Medical Expenses for inpatient treatment is limited to a maximum of 60 days per Policy Year per condition for any one (1) or related chemical abuse condition.

Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.

##### **Outpatient Expense— Chemical Abuse**

Covered Medical Expenses for the care and treatment of chemical abuse by a licensed or accredited health service organization or hospital or by a fully licensed practitioner are payable as follows:

**Preferred Care:** 80% of the Negotiated Charge.

**Non-Preferred Care:** 80% of the Reasonable Charge. Covered Medical Expenses for outpatient treatment of chemical abuse is payable up to a maximum of 60 visits per Policy Year for outpatient treatment and to a maximum of 20 visits per Policy Year for counseling.

## ADDITIONAL BENEFITS

### Women's Health Benefit (no referral required)

Covered Medical Expenses will include one (1) baseline mammogram for women between the ages of 35 and 40. Women age 40 and older have coverage for one (1) annual mammogram per Policy Year thereafter. Coverage will be provided more frequently if recommended by a Physician for a Covered Person who has a prior history of breast cancer or who has a first degree relative with a prior history of breast cancer. Covered Medical Expenses are payable on the same basis as any X-ray expense.

The Plan will pay for one (1) routine annual Pap smear screening, including the office visit, for women age 18 and older. Covered Medical Expenses are payable on the same basis as any outpatient expense.

### Prescription Contraceptive Medical Expenses

Covered Medical Expenses are payable on the same basis as any expense. Covered Medical Expenses also include any expenses incurred for office visits in conjunction with the administration of a covered prescription contraceptive.

Coverage of oral contraceptives, Lunelle, Depo-Provera, Patch or Ring is provided under the separate Prescription Drug portion of the Plan.

### Prescription Drug Coverage Expense

Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Accident which occurs during the Policy Year are payable as follows with \$750 Policy Year Maximum:

**Preferred Care:** 80% of the Negotiated Charge after a \$10 Co-pay for each Generic Prescription Drug and a \$25 Co-pay for each Brand-Name Prescription Drug.

**Non-Preferred Care:** 80% of the Reasonable Charge after a \$10 Deductible for each Generic Prescription Drug and a \$25 Deductible for each Brand-Name Prescription Drug.

**Please note:** You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. (Please refer to the Prescription Drug Claim Procedure section of this Brochure for information regarding the claim submission and reimbursement process.)

Medications not covered by this benefit include, but are not limited to, drugs whose sole purpose is to promote or stimulate

hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectibles.

Covered medications include oral contraceptives, Lunelle, Depo-Provera, Patch and Ring. Expenses incurred for office visits in conjunction with the administration of a covered prescription contraceptive is provided under the Medical portion of the Plan. Prior authorization is required for growth hormones and drugs which are used for the treatment of Malaria. For assistance, or for a complete list of excluded medications and drugs available with prior authorization, please contact (800) 451-6245.

Eligible prescriptions must be filled at an Express Scripts participating pharmacy. Covered Persons will be given an ID card to show the pharmacy as proof of coverage. No claim forms need to be completed once this ID card is received. Until the card is received, eligible prescriptions may be filled, and claims will be paid on a reimbursement basis. Submit a completed Express Scripts claim form to the address provided on the form. Express Scripts claim forms and a list of participating pharmacies can be obtained by calling Express Scripts at (800) 332-5455 or by visiting their website at: [www.express-scripts.com](http://www.express-scripts.com).

**Non-Express Script:** You may obtain your Prescription from a Non-Express Scripts Pharmacy and be reimbursed by submitting a completed Express Scripts Prescription Drug claim form. You will be reimbursed for covered medications at the Reasonable Charge allowance, less any applicable Deductible, directly by Express Scripts. You will be responsible for any amount in excess of the Reasonable Charge.

**Please note:** You will be required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. Claim forms, Pharmacy locations, and claims status information can be obtained by contacting Express Scripts at (800) 451-6245.

When submitting a claim, please include all Prescription receipts; indicate that you attend Sarah Lawrence College and include your name, address, and student identification number.

### Ambulance Expense

Covered Medical Expenses are payable at 100% of the Reasonable Charge to a maximum of \$150 per trip for the services of a professional ambulance to or from a hospital when required due to the emergency nature of a covered Accident or Sickness.

## Maternity Expenses

Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits are payable for inpatient care of the Covered Person, and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. In the event of an early discharge, coverage is available for at least one (1) home care visit; this visit will be payable at 100% and will not be subject to any Plan Co-pays or Deductibles, if applicable.

This benefit will be provided for pregnancies that commence while the covered Person is covered under this Policy, even after all other coverage under this Plan is terminated, provided that such termination is for one (1) of the reasons listed in the Termination Provision of this policy. Coverage also includes parent education, assistance and training in breast or bottle-feeding, and the performance of any necessary maternal and newborn clinical assessments.

### Voluntary Termination of Pregnancy

Covered Medical Expenses for voluntary termination of pregnancy are payable at 100% of Reasonable Charge up to a maximum of \$500 per Policy Year.

### Bone Mineral Density Tests

We shall pay Covered Medical Expenses for bone mineral density measurements, tests, drugs and devices approved by the Federal Food and Drug Administration or generic equivalents as approved substitutes. These benefits will be paid according to the criteria of the federal Medicare program as well as those in accordance with the criteria of the National Institutes of Health, including, as consistent with such criteria, dual energy x-ray absorptiometry.

Covered Medical Expenses will be paid according to the criteria of the federal Medicare program as well as those in accordance with the criteria of the National Institutes of Health; provided that, to the extent consistent with such criteria, Covered Persons qualifying for Benefits shall at a minimum, include Covered Persons:

1. previously diagnosed as having osteoporosis or having a family history of osteoporosis; or
2. with symptoms or conditions indicative of the presence, or the significant risk, of osteoporosis; or



3. on a prescribed drug regimen posing a significant risk of osteoporosis; or
4. with lifestyle factors to such a degree as posing a significant risk of osteoporosis; or
5. with such age, gender and/or other physiological characteristics which pose a significant risk for osteoporosis.

**Preferred Care:** 80% of the Negotiated Charge.

**Non-Preferred Care:** 60% of the Reasonable Charge.

### **Diabetic Treatment Expenses**

Covered Medical Expenses are payable as follows:

#### **Inpatient**

**Preferred Care:** 90% of the Negotiated Charge.

**Non-Preferred Care:** 60% of the Reasonable Charge.

#### **Outpatient**

**Preferred Care:** 80% of the Negotiated Charge.

**Non-Preferred :** 60% of the Reasonable Charge.

**Note:** Coverage of diabetic test strips, lancets, insulin and syringes are a covered expense under the Prescription Drug Plan.

### **Second Medical Opinion**

We will pay the Covered Medical Expenses incurred for a second medical opinion by an appropriate specialist, including but not limited to, a specialist affiliated with a specialty care center for the treatment of cancer in the event of a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course of treatment for cancer.

**Preferred Care:** 80% of the Negotiated Charge.

**Non-Preferred Care:** 60% of the Reasonable Charge.

### **Prostate Cancer Screening Expenses**

Covered Medical Expenses include one (1) annual (or more frequently if recommended by a Physician) Digital rectal exam and Prostate Specific Antigen (PSA) test. Covered Medical Expenses are payable on the same basis as any other expense.

### **Reconstructive Breast Surgery Expense Benefit**

Benefits will be payable for inpatient hospital care for an insured person undergoing (a) a lumpectomy or lymph node dissection for the treatment of breast cancer; or (b) a mastectomy which is

covered under this Plan. Coverage is limited to a time frame determined by the insured person's Physician to be medically appropriate. Benefits will also be payable for breast reconstruction surgery after a mastectomy including (a) all stages of reconstruction of the breast on which the mastectomy has been performed, and (b) surgery and reconstruction of the other breast to produce symmetry in a manner determined by the attending Physician and the insured person to be appropriate. Covered Medical Expenses are payable on the same basis as any other expense.

### **Home Health Care Expenses**

Covered Medical Expenses are payable as follows for charge incurred within 12 months from the date of the first home health care visit. The maximum number of covered visits is limited to 40 visits per Policy Year. Four (4) hours of home health aide service shall be considered as one (1) home care visit.

**Preferred Care:** 90% of the Negotiated Charge.

**Non-Preferred Care:** 60% of the Reasonable Charge.

### **End of Life Care Expenses**

Covered Medical Expenses include care provided at acute care facilities which specialize in the treatment of terminally ill patients diagnosed with advanced cancer. Reimbursement for services is provided at 100% of the Negotiated Charge. In the absence of a Negotiated Charge, reimbursement is provided at 100% of the acute care facility's reimbursement rate under the Medicare program, after any applicable Deductible.

### **Supplemental Medical Coverage**

The Sarah Lawrence College Student Accident and Sickness Insurance Plan provides a maximum benefit of \$50,000 per condition. Though this limit is sufficient to meet most students' insurance needs, some students may prefer a higher Plan maximum. An Optional Supplemental Major Medical Plan is available to students and their eligible dependents. If you purchase this Supplemental Plan and incur Covered Medical Expenses as the result of an Accident or Sickness beyond \$50,000 (the Plan maximum of the Sarah Lawrence College Student Accident and Sickness Insurance Plan and the Deductible for the Plan), the Company will pay 100% of the Reasonable Charge allowance incurred up to a combined maximum (of the Basic and Supplemental Plans) of \$250,000 for students and dependents. Enrollment in the Supplemental Plan must take place at the same time as enrollment under the

Basic Sarah Lawrence College Student Accident and Sickness Insurance Plan, and is subject to enrollment deadline dates. The Supplemental Plan will not provide coverage for any conditions excluded under the Basic Student Accident and Sickness Insurance Plan, and does not cover any Pre-Existing Conditions (a condition that first manifests itself prior to the effective date of coverage under the Supplemental Major Medical Plan), Sports related injuries, or pay the Coinsurance not covered by the Basic Plan.

Please contact University Health Plans for additional information and an application if you are interested in purchasing this optional coverage.

### **General Provisions**

#### **State Mandated Benefits**

The Plan will always pay benefits in accordance with any applicable New York State Insurance Law(s).

**Enteral Formula Benefit** - When an issued policy covers prescription drugs, as part of that benefit, We will pay the expenses incurred for the cost of Enteral formulas for home use when prescribed by a Physician or other licensed health care provider. Any prescription from the Physician or licensed health care provider must state the use of such formulas is clearly Medically Necessary and has been proven effective as a disease-specific treatment for an Insured Person who is or who will become malnourished or suffer from disorders, which if left untreated, cause chronic physical disability, mental retardation or death. Enteral formulas which are Medically Necessary and taken under written prescription from a Physician for the treatment of specific diseases will be distinguished from nutritional supplements taken electively. Specific diseases for which enteral formulas have been proven effective include, but are not limited to, inherited diseases of amino acid or organic acid metabolism; Crohn's Disease; gastroesophageal reflux with failure to thrive; disorders of the gastrointestinal motility such as chronic intestinal pseudo-obstruction; and multiple, severe food allergies which, if left untreated, will cause malnourishment, chronic physical disability, mental retardation and death.

Coverage for certain inherited diseases of amino acid and organic acid metabolism will include modified solid food products that are low protein or which contain modified protein which are Medically Necessary. Such coverage for any continuous 12-month period for any Insured Person will not exceed \$2,500.



**Chiropractic Care Benefit** - We will pay the Covered Medical Expenses incurred for chiropractic care, performed by a doctor of chiropractic, to the same extent as would be payable for Physician's services in a Physician's office. Chiropractic care must be in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference, and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

#### **Subrogation / Reimbursement Right of Recovery Provision**

Immediately upon paying or providing any benefit under this Plan; Nationwide Life Insurance Company shall be subrogated to all rights of recovery a Covered Person has against any party potentially responsible for making any payment to a Covered Person; due to a Covered Person's Injuries or illness; to the full extent of benefits provided; or to be provided by Nationwide Life Insurance Company. In addition; if a Covered Person receives any payment from any potentially responsible party; as a result of an Injury or illness; Nationwide Life Insurance Company has the right to recover from; and be reimbursed by; the Covered Person for all amounts this Plan has paid; and will pay as a result of that Injury or illness; up to and including the full amount the Covered Person receives; from all potentially responsible parties. A "Covered Person" includes; for the purposes of this provision; anyone on whose behalf this Plan pays or provides any benefit; including but not limited to the minor child or Dependent of any Covered Person; entitled to receive any benefits from this Plan.

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a Covered Person or on a Covered Person's behalf due to a Covered Person's injuries or illness or any insurance coverage responsible making such payment; including but not limited to:

- ✓ Uninsured motorist coverage;
- ✓ Underinsured motorist coverage;
- ✓ Personal umbrella coverage;
- ✓ Med-pay coverage;
- ✓ Workers compensation coverage;
- ✓ No-fault automobile insurance coverage; or
- ✓ Any other first party insurance coverage.

The Covered Person shall do nothing to prejudice Nationwide Life Insurance Company's subrogation and reimbursement

rights. The Covered Person shall; when requested; fully cooperate with Nationwide Life Insurance Company's efforts to recover its benefits paid. It is the duty of the Covered Person to notify Nationwide Life Insurance Company within 45 days of the date when any notice is given to any party; including an attorney; of the intention to pursue or investigate a claim; to recover damages; due to injuries sustained by the Covered Person.

The Covered Person acknowledges that this Plan's subrogation and reimbursement rights are a first priority claim against all potential responsible parties; and are to be paid to Nationwide Life Insurance Company before any other claim for the Covered Person's damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments; even if such payment to the Plan will result in a recovery to the Covered Person; which is insufficient to make the Covered Person whole; or to compensate the Covered Person in part or in whole for the damages sustained. This Plan is not required to participate in or pay attorney fees to the attorney hired by the Covered Person to pursue the Covered Person's damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The Covered Person shall be responsible for the payment of all attorney fees for any attorney hired or retained by the Covered Person or for the benefit of the Covered Person.

The terms of this entire subrogation and reimbursement provision shall apply. This Plan is entitled to full recovery regardless of whether any liability for payment is admitted by any potentially responsible party; and regardless of whether the settlement or judgment received by the Covered Person identifies the medical benefits this Plan provided. This Plan is entitled to recover from any and all settlements or judgments; even those designated as "pain and suffering" or "non-economic damages" only.

In the event any claim is made that any part of this subrogation and reimbursement provision is ambiguous or questions arise concerning the meaning or intent of any of its terms; the Covered Person and this Plan agree that Nationwide Life Insurance Company shall have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

#### **Coordination of Benefits**

If the Covered Person is insured under more than one (1) group health plan, the benefits of the plan that covers the insured

student will be used before those of a plan that provides coverage as a dependent. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the Covered Person under any auto insurance, Workers' Compensation, Medicare, or other coverage. The Plan pays in accordance with the rules set forth in the Policy.

#### **Definitions**

**Accident:** An occurrence, which (a) is unforeseen, (b) is not due to or contributed to by Sickness or disease of any kind, and (c) causes Injury.

**Actual Charge:** The Actual Charge made for a covered service by the provider that furnishes it.

**Aggregate Maximum:** The maximum benefit that will be paid under the Policy for all Covered Medical Expenses incurred by a Covered Person that accumulate from one (1) year to the next.

**Biologically Based Mental Illness:** A mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness, including, but not limited to: schizophrenia/psychotic disorders; major depression; bipolar disorder; delusional disorders; panic disorder; obsessive compulsive disorders, anorexia and bulimia.

**Brand-Name Prescription Drug or Medicine:** A prescription drug, which is protected by trademark registration.

**Children with Serious Emotional Disturbances:** Those persons under the age of eighteen (18) years who have a diagnosis of attention deficit disorders, disruptive behavior disorders, or pervasive development disorders and one (1) or more of the following: serious suicidal symptoms or other life-threatening self-destructive behaviors; significant psychotic symptoms (hallucinations, delusion, bizarre behaviors); behavior caused by emotional disturbances that placed the child at risk of causing personal injury or significant property damage; or behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household.

**Coinurance:** The percentage of Covered Medical Expenses payable by Nationwide Life Insurance Company under this Accident and Sickness Insurance Plan.

**Co-pay:** The amount that must be paid by the Covered Person at the time services are rendered by a Preferred Provider. Co-pay amounts are the responsibility of the Covered Person.

**Covered Medical Expenses:** Those charges for any treatment, service or supplies covered by the Policy which are (a) not in excess of the Reasonable Charges, or (b) not in excess of the charges that would have been made in the absence of this coverage, and (c) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefit Provisions.

**Covered Person:** A covered student whose coverage is in effect under the Policy. See the Eligibility sections of this Brochure for additional information.

**Deductible:** A specific amount of Covered Medical Expenses that must be incurred by, and paid for by the Covered Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Covered Person.

**Elective Treatment:** Medical treatment that 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 treatment includes, but is not limited to: tubal-ligation; vasectomy; breast reduction; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; immunization; vaccines; treatment of infertility; and routine physical examinations.

**Emergency Medical Condition:** A medical or behavioral condition, the onset of which is sudden, and manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate, medical attention to result in (a) placing the health of the person afflicted with such condition in severe jeopardy, or, in the case of a behavioral condition placing the health of such person or others in serious jeopardy, (b) serious impairment to such person's bodily functions, (c) serious dysfunction of any bodily organ or part of such person, or (d) serious disfigurement of such person. It does not include elective care, routine care, or care for non-emergency Sickness.

**Generic Prescription Drug or Medicine:** A Prescription Drug, which is not protected by trademark registration, but is produced and sold under the chemical formulation name.

**Injury:** Bodily Injury caused by an Accident; this includes related conditions and recurrent symptoms of such Injury.

**Non-Preferred Care:** A health care service or supply furnished by a health care provider that is not a Preferred Care Provider; if, as determined by Nationwide Life Insurance Company (a) the service or supply could have been provided by a Preferred Care Provider and (b) the provider is of a type that falls into one (1) or more of the categories of providers listed in the Directory.

**Non-Preferred Care Provider (or Non-Preferred Provider):** A health care provider that has not contracted to furnish services or supplies at a Negotiated Charge.

**Pharmacy:** An establishment where Prescription Drugs are legally dispensed.

**Physician:** A legally qualified Physician licensed by the state in which they practice, and any other practitioner that must, by law, be recognized as a doctor legally qualified to render treatment.

**Pre-Existing Condition:** Any Injury, Sickness, or condition for which medical advice, diagnosis, or treatment was recommended or received within six (6) months prior to the Covered Person's effective date of insurance.

**Prescription:** An order of a prescriber for a Prescription Drug. If it is an oral order, it must be promptly put in writing by the Pharmacy.

**Reasonable:** Means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for a: a.) like service by a provider with similar training or experience; or b.) supply that is identical or substantially equivalent. The final determination of a usual, reasonable and customary charge rest with Us.

**Sickness:** A disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy.

## Exclusions

The Policy does not cover loss nor provide Benefits for:

1. International Students Only - Covered Medical Expenses incurred while in the student's home country, however coverage will be provided in the possessions of the United States, Canada and Mexico;
2. Dental care or treatment, except for such care and treatment due to Accidental Injury to sound, natural teeth within 12 months of the accident and except for care and treatment due to congenital disease or anomaly;
3. Professional services rendered by a Family Member;
4. Eyeglasses, hearing aids, and examination for the prescription or fitting thereof;

5. Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the foot;
6. Cosmetic surgery, except that cosmetic surgery shall not include 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;
7. Covered Medical Expenses provided under Medicare or other governmental program (except Medicaid), any state or Federal workers' compensation, employers' liability or occupational disease law; benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable;
8. Services for which no charge is normally made;
9. Loss incurred as the result of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;
10. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the Armed Forces or units auxiliary thereto;
11. Intentionally self-inflicted Injury, attempted suicide or suicide;
12. Treatment provided in a government hospital, except for a non-service related Injury or Sickness rendered at a Veterans' Hospital;
13. Accident resulting from the Insured Person participating in a felony, riot or insurrection;
14. Services received when no referral has been obtained from Health Services.
15. Expenses incurred as a result of allergy shots and injections, preventive medicines, serums, vaccines or oral contraceptives unless otherwise provided in the Policy.
16. Expenses incurred for blood or blood plasma, except charges by a hospital for the processing or administration of blood.
17. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
18. Expenses incurred for or in connection with: procedures; services; or supplies that are, to be experimental or investigational. A drug; a device; a procedure; or treatment will be determined to be experimental or investigational if:
  - a. There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed

- literature; to substantiate its safety and effectiveness; for the disease or injury involved; or
  - b. If required by the FDA; approval has not been granted for marketing; or
  - c. A recognized national medical or dental society or regulatory agency has determined; in writing; that it is experimental; investigational; or for research purposes; or
  - d. The written protocol or protocols used by the treating facility; or the protocol or protocols of any other facility studying substantially the same drug; device; procedure; or treatment; or the written informed consent used by the treating facility; or by another facility studying the same drug; device; procedure; or treatment; states that it is experimental; investigational; or for research purposes.
  - e. However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease; if
  - f. The disease can be expected to cause death within one (1) year; in the absence of effective treatment; and
  - g. The care or treatment is effective for that disease; or shows promise of being effective for that disease; as demonstrated by scientific data.
  - h. Also, this exclusion will not apply with respect to drugs that:
  - i. Have been granted treatment investigational new drug (IND); or Group/treatment IND status; or
  - j. Are being studied at the Phase III level in a national clinical trial; sponsored by the National Cancer Institute;
  - k. If, scientific evidence demonstrates that the drug is effective; or shows promise of being effective; for the disease;
19. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.
  20. Expenses incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to: by whom they are prescribed; or by whom they are recommended; or by whom or by which they are performed.

21. Expenses incurred for: individuals who are incarcerated, confined or committed to a local correctional facility or prison, or a custodial facility for youth operated by the office of children and family services; services solely because such services are ordered by a court; or services determined to be cosmetic on the grounds that changing or improving an individual's appearance is justified by the individual's mental health needs; and
22. Expenses incurred for Diagnostic Testing for Attention Deficit Disorder (ADD) and Attention Deficit Hyperactive Disorder (ADHD).

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

### **Extension of Benefits**

If a Covered Person is confined to a hospital on the date their insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement shall be payable in accordance with the Policy, but only while they are incurred during the 90-day period following such termination of insurance.

### **Termination of Student Coverage**

Insurance for a covered student will end on the first of these to occur:

1. the date the Policy terminates;
2. the last day for which any required premium has been paid;
3. the date on which the covered student withdraws from the school because of entering the armed forces of any country. Premiums will be refunded on a pro-rata basis when application is made within 90 days from withdrawal;
4. the date the covered student is no longer in an eligible class.

If withdrawal from school is for other than entering the armed forces, no premium refund will be made. Students will be covered for the policy term for which they are enrolled and for which premium has been paid.

### **Medical Evacuation Expense**

(International Students and/or Dependents Only) – If an Insured Person is unable to continue their academic program as the result of a Covered Injury or Sickness occurring while he or she is covered under this Policy, We will pay the necessary

reasonable and customary charges, not to exceed the specified benefit shown in the Schedule of Benefits, for evacuation to another medical facility of the Insured Person's home country. A medical evacuation would be considered only if medically necessary, and after a Hospitalization of at least five (5) days. Any expenses payable under this benefit require approval of the attending Physician as well as Ours.

### **Repatriation Expense**

(International Students and/or Dependents Only) – In the event of the death of an Insured Person, while he or she is covered under this Policy, We will pay the necessary reasonable and customary charges, not to exceed the specified benefit shown in the Schedule of Benefits, for preparation and transportation of the remains to the Insured Person's place of residence in his or her home country. Any benefits payable under this provision require Our prior approval.

### **Accidental Death and Dismemberment Benefits**

This benefit provides Accidental Death and Dismemberment coverage of up to \$10,000.

Benefits are payable for the Accidental Death and Dismemberment of the eligible insureds of up to a maximum of \$10,000. (Exclusions and limitations may apply. For definitions of eligibility and a complete loss schedule, detailing the benefits received for accidental death, dismemberment, loss of sight, speech or hearing, please refer to your Master Policy available at your school.)

To file a claim for Accidental Death and Dismemberment, please contact Consolidated Health Plans at (800) 633-7867 for the appropriate claim forms.

### **Important Note**

Please keep this Brochure as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

This student plan fulfills the definition of creditable coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call the Customer Service number on your ID card.

This insurance Policy provides limited benefits for Student Health Insurance ONLY. It does NOT provide basic hospital,

basic medical, major medical insurance, Medicare Supplement, long-term care insurance, nursing home insurance only, home health care insurance only, a nursing home and home health care insurance as defined by the New York State Insurance Department. This insurance coverage is being offered on a primary basis. The insurance Policy itself sets forth the rights and obligations of both you and the insurance company. It is therefore important to read this brochure carefully.

This above disclosure is included as required by New York Insurance Regulation Section 52.10 and 52.59. Sarah Lawrence College Student Health Insurance benefits are described in this Brochure.

### **Conformity With State Statutes**

Any provision of this Policy which, on its Effective Date, is in conflict with the statutes of the state in which it is issued or in which the Insured resides, is hereby amended to conform to minimum requirements of such statutes.

### **Emergency Medical and Travel Assistance**

MEDEX Assistance Corporation provides you with a comprehensive program with 24/7 emergency medical assistance including emergency evacuation and repatriation and other travel assistance services when you are 100 or more miles away from home. Your MEDEX identification card is your key to travel security.

**For general inquiries regarding your international assistance coverage, please call Consolidated Health Plans at 800-633-7867.**

If you have a medical or travel problem, simply call MEDEX 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: 800-527-0218 or if you are in a foreign country, call collect at: 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.**

### **Claim Procedures**

#### **In the event of Covered Accident or Sickness:**

1. Contact your Student Health Services, if available. They will provide primary care and, if necessary, refer You to a Private Health Care Systems Preferred Provider located nearby for treatment at reduced cost. A referral from Health Services is required for coverage of treatment provided off campus (exceptions are listed in the Referral Requirement section).

2. **Itemized billings:** Written Proof of Loss must be submitted by You or Your health care provider to Consolidated Health Plans within 90 days of Treatment, or as soon as reasonably possible.

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

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

### **Managed Care Grievance Procedure**

Please refer to the policy for complete details on the Managed Care Grievance Procedure, Medical Review and External Appeal Procedure which is on file at Student Health Services.

### **Legal Action**

No action at law or in equity should be brought to recover on the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of the requirements of the Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is to be furnished.

### **Claims Administrator**

#### **CONSOLIDATED HEALTH PLANS**

2077 Roosevelt Avenue

P.O. Box 1998

Springfield, MA 01101-1998

(413) 733-4540

Toll Free (800) 633-7867

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

For a copy of the Company's privacy notice, go to:

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

The Plan is underwritten and offered by:

**Nationwide Life Insurance Company**

**Columbus, Ohio**

**Policy Number: 302-075-3106**

**2008-2009**

**STUDENT HEALTH INSURANCE PLAN**

Policy Number: 302-075-3106

Underwritten by:

**Nationwide Life Insurance Company**

### **Vision Benefits**

For Vision Discount Benefits please go to:

[www.consolidatedhealthplan.com/student\\_health](http://www.consolidatedhealthplan.com/student_health)

(DETACH AND RETAIN IF YOU ARE INSURED)

TEMPORARY INSURANCE IDENTIFICATION CARD

**SARAH LAWRENCE COLLEGE**

2008-2009

STUDENT HEALTH INSURANCE PLAN

For Claim Information Contact:

Consolidated Health Plans - 800-MED-STOP

2077 Roosevelt Avenue, P.O. Box 1998, Springfield, MA

01101-1998

(Insured Student – Print Name)

Policy Number: 302-075-3106

Underwritten by

NATIONWIDE LIFE INSURANCE COMPANY