SARAH • LAWRENCE • COLLEGE

# Student Health Insurance Program

**2013-2014**

**Nationwide Life Insurance Company**
**Columbus, Ohio**
**Policy Number: 302-075-3111**

**Effective September 1, 2013 to September 1, 2014**

**Group Number: S210105**

NOTICE: Your Student Health Insurance coverage, offered by Nationwide Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits for health insurance plans other than Student Health Insurance coverage for the 2013/2014 policy year. Minimum restrictions for policy year dollar limits for Student Health Insurance coverage are $500,000 for the 2013/2014 policy year. Your Student Health Insurance coverage has a limit of $500,000 per policy year. Be advised that you may be eligible for coverage under your parents' plan if you are under the age of 26. If you have any questions or concerns about this notice, contact Consolidated Health Plans at 800-633-7867.

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**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 Health Insurance Plan provides coverage to students for a 12-month period, September 1, 2013 to September 1, 2014. 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 lists 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?

- Does your current health plan cover 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 Health Insurance Plan sponsored by Sarah Lawrence College provides coverage worldwide, (except to International Students in their home country), 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. International Students may purchase the Optional Home Country Coverage Benefit. See page 13 for additional information.

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 submit the online Waiver



Form by August 10, 2013 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 submit the online Waiver Form by August 10, 2013, you will be required to purchase the Student Health Insurance 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 Health Insurance Plan, please contact Consolidated Health Plans at (800) 633-7867 or www.chpstudent.com.

Yours truly,

Nance Roy, Ed. D.

Assistant Dean of Health and Wellness



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## WHERE TO FIND HELP

**For questions about:**

- Insurance Benefits (ext 191)
- Claims Processing (ext 191)
- Lost ID Cards (ext 105)

**Please contact:**
Consolidated Health Plans
2077 Roosevelt Avenue
Springfield, MA 01104
(800) 633-7867
Fax: (413) 733-4612
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
Email: 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
www.express-scripts.com



**For Provider Listings**
A complete list of Providers can be found by logging on to:

- www.chpstudent.com ;
- www.magnacare.com; or
- www.multiplan.com.

**Worldwide Web Access:**
Consolidated Health Plans

- www.chpstudent.com

University Health Plans, Inc.

- www.universityhealthplans.com

Student Health Services

- www.slc.edu/offices-services/healthservices

## SARAH LAWRENCE COLLEGE STUDENT HEALTH SERVICES

| **Lyles House** | **Monday through Friday** |
|---|---|
| 914-395-2350 | 9:00 a.m. to 5:00 p.m. |

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 are provided at no cost.

**Services Include:**

- ✓ Medical and mental health coverage during the school year for routine, preventive and urgent 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 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**
Sarah Lawrence College Mental Health Services is staffed by licensed psychiatrists, psychologists, clinical social workers and post-doctoral fellows in clinical psychology who work under the supervision of the professional staff.
Common student concerns treated by our staff include depression, anxiety, eating disorders, substance abuse and relationship and family issues. Counseling services are available in three distinct treatment modalities: Brief Individual Psychotherapy, Group Psychotherapy and Dialectical Behavioral Therapy (DBT). All treatment, regardless of modality, begins with a comprehensive mental health evaluation by a staff clinician who then recommends a course of treatment for each student. In conjunction with psychotherapy, the staff psychiatrist is available for psychiatric medication evaluation, prescriptions and medication management. Appointments for evaluations and treatment are available Monday- Friday, 9 a.m. - 5 p.m.

**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 online at https://my.slc.edu/health. For questions about appointments or services offered please call the Health Services receptionist at (914) 395-2350.
Same-Day Appointments for Medical and Mental Health Services are available weekdays when the College is in session.

**After Hours**
When Health Services is closed, students can call Westlands desk at (914) 395-2222 for urgent medical and mental health needs. The desk will contact the on-call doctor as well as the

College's on-call staff. If hospitalization is required, students will be transported to Lawrence Hospital in Bronxville, N.Y., or St. Joseph's Hospital in Yonkers, N.Y.

**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 Health 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 Student Health Insurance Plan should check with their own insurance companies regarding coverage.



## SARAH LAWRENCE COLLEGE
## STUDENT HEALTH INSURANCE PLAN

The Sarah Lawrence College Health Insurance 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.

## ENROLLMENT AND ELIGIBLITY

**Policy Period**
Coverage for all insured students enrolled for the Fall Semester will become effective at 12:01 a.m. on September 1, 2013, and will terminate at 12:01 a.m. on September 1, 2014.
Coverage for all newly enrolled insured students for the Spring Semester will become effective at 12:01 a.m. on January 20, 2014 and will terminate at 12:01 a.m. on September 1, 2014.

**Student Coverage Eligibility**
All registered students of Sarah Lawrence College are automatically enrolled in the Student Health Insurance 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 **August 10, 2013** for the Fall Semester, or by **January 6, 2014** 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 dependent children under age twenty-six (26) 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 **August 10, 2013**. The enrollment deadline date for the Spring Semester is **January 6, 2014**. 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 thirty-one (31) days from the date of birth or adoption. At the end of this thirty-one (31) day period, coverage will cease under the Sarah Lawrence College Student Health Insurance Plan. To extend coverage for a newborn past the thirty-one (31) days, the Covered Person must 1) enroll the child within thirty-one (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 thirty-one (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 thirty-one (31) days, the Covered Person must 1) enroll the child within thirty-one (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 August 10, 2013 will be considered a late enrollment. For the Spring Semester, any enrollment occurring after January 6, 2014 will be considered a late enrollment. Contact University Health Plans, or refer to the Master Policy for details. Please refer to the section on Pre-Existing Conditions Limitation for information on Pre-Existing Conditions, which applies to all late enrollees under this Plan.

Previously insured students and dependents must re-enroll for coverage by **August 10, 2013**, for the Fall Semester and by **January 6, 2014**, 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 RATES AND PLAN COSTS

| | Annual | Spring Semester |
|---|---|---|
| Student Only* | $2,636 | $1,810 |
| Spouse or Domestic Partner | $6,612 | $4,431 |
| Child(ren) | $3,157 | $2,129 |

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

| **90 Day Optional Home Country Coverage Benefit **** *Available to Insured International Students and Dependents ONLY* | |
|---|---|
| Student Only | $137 |
| Spouse or Domestic Partner | $348 |
| Child(ren) | $166 |

**Enrollment for Optional Home Country Coverage Benefit must take place at the same time as enrollment under Sarah Lawrence College Student Health Insurance Plan, and is subject to enrollment deadline dates. Students who have purchased the Optional Home Country Coverage may also enroll their lawful spouse or domestic partner, and dependent children under age twenty-six (26) for the same coverage. Coverage is available for a ninety (90) consecutive day period only. The Optional Home Country Coverage Benefit will not provide coverage for any conditions excluded under the Student Health Insurance Plan.



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

## 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 thirty (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 ninety (90) days of withdrawal from school.

## SUMMARY OF HEALTH INSURANCE PLAN BENEFITS

**Preferred Provider Network**

We encourage Covered Persons to use Preferred Providers by providing benefit incentives when Preferred Providers are used. A Covered Person is not required to seek treatment from a Preferred Provider. Each Covered Person is free to elect the services of a Provider and Benefits payable will be made in accordance with the terms and Conditions of the Policy.

We do not make any representation or warranty as to the medical competence or ability of a Preferred Provider or to their respective staff or Doctors. We shall not have any liability or responsibility, direct, indirect, vicarious or otherwise, for any actions or inactions, whether negligent or otherwise, of the Preferred Provider, their staff or Doctors.

Your plan includes the MagnaCare Preferred Provider Network in the New York and New Jersey areas. A complete listing is available at www.magnacare.com. On a national level, you have access to the MultiPlan Preferred Provider Network. A complete listing is available at www.multiplan.com. You may also contact Consolidated Health Plans at (800) 633-7867 for assistance with locating a Preferred Provider.

**Student Health Services (SHS) Referral Requirement**

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 Health 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 and maternity care.
- ✓ Screening mammography.
- ✓ When having a prescription filled under the pharmacy benefit.
- ✓ Insured dependents.

An SHS referral does not constitute a guarantee of Benefits when treatment is provided outside the SHS. We reserve the right to determine the Medical Necessity of treatment for services provided outside the SHS.

**Description of Benefits**

After a $150 per Policy Year Deductible per individual, We will pay for Covered Expenses up to the Policy Maximum of $500,000 per Policy Year, according to the limitations outlined herein and in the Schedule of Benefits.

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.

**Covered Medical Expenses are shown in the Schedule of Benefits. Other mandated benefits are shown below.**

## STATE MANDATED BENEFITS

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

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

- Autism Spectrum Disorder
- Bone Mineral Density Tests

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

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

## ACCIDENTAL DEATH AND DISMEMBERMENT AND LOSS OF SIGHT BENEFITS

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

Any benefit payable under this part will be in addition to any benefit otherwise payable under this Policy.

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



| FOR LOSS OF: | AMOUNT |
|---|---|
| Life | $10,000 |
| Both hands or both feet or the entire sight of both eyes | $10,000 |
| One hand and one foot | $10,000 |
| One hand or one foot or the entire sight of one eye | $5,000 |

Note: Loss shall mean, with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint, and with regard to eyes, entire or irrecoverable Loss of sight.

Only the largest benefit will be paid if more than one Loss results from any one (1) Accident.

## DEFINITIONS

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

**Accidental Injury:** A specific unforeseen event, which happens while the Covered Person is covered under this Policy and which directly, and from no other cause results in Injury.

**Aggregate Maximum:** The maximum benefit that will be paid under the Policy for all Covered Medical Expenses incurred by a Covered Person.

**Autism Spectrum Disorder:** A group of neurobiological conditions that include autistic disorder, Asperger's disorder, Rett's disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (PDD-NOS), as defined in the most recent edition of the diagnostic and statistical manual of mental disorders.

**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. Such biologically based mental illnesses are defined as schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorders, bulimia, and anorexia.

**Coinsurance**: The percentage of the expense for which the Company is responsible for a covered service. The Coinsurance is separate and not a part of the Deductible and Copayment.

**Coinsurance Maximum Limit:** The maximum amount of money a Covered Person pays for Coinsurance amounts in a Policy Year. This amount is shown on the Schedule of Benefits.

**Co-payment/Co-pay:** A specified dollar amount a Covered Person must pay for specified charges. The Copayment is



separate from and not a part of the Deductible or Coinsurance or out-of-pocket maximum.

**Covered Charge or Covered Expenses:** As used herein means those charges for any treatment, services or supplies: (a) for Network Providers not in excess of the Preferred Allowance; (b) for Non-Network Providers not in excess of the charges of the Reasonable and Customary expense therefore; and (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Policy is in force as to the Covered Person except with respect to any covered expense payable under the Extension of Benefits Provision.

**Covered Person:** A person:

- Who is eligible for Coverage as the Insured;
- Who has been accepted for Coverage or has been automatically added;
- Who has paid the required Premium; and
- Whose Coverage has become effective and has not terminated.

**Creditable Coverage:**

- Any individual or group Policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employer plan, or any other entity, and that arranges or provides medical, Hospital, and surgical Coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion Coverage but does not include accident only, credit, Coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, Coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance, or insurance under which Benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.
- The Federal Medicare programs pursuant to Title XVIII of the Social Security Act.
- The Medicaid program pursuant to Title XIX of the Social Security Act.
- Any other publicly sponsored program, provided in this state or elsewhere, of medical, Hospital and surgical care.
- 10 U.S.C.A. Chapter 55 (commencing with Section 1071) (Civilian Health and Medical Program of the Uniformed services (CHAMPUS)).

- A medical care program of the Indian Health Service or of a tribal organization.
- A state health benefits risk pool.
- A health plan offered under 5 U.S.C.A. Chapter 89 (commencing with Section 8901) (Federal Employees Health Benefits Program (FEHBP)).
- A public health plan as defined in federal regulations authorized by Section 2701(c)(1)(I) of the Public Health Service Act, as amended by Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996.
- A health benefit plan under Section 5(e) of the Peace Corps Act (22 U.S.C.A. Sec. 2504(e)).
- Any other Creditable Coverage as defined by subsection (c) of Section 2701 of Title XXVII of the federal Public Health Services Act (42 U.S.C. Sec. 300gg(c)).

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

**Doctor:** Any of the following to the extent they are authorized by law and duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy: Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) who does not ordinarily reside in the Covered Person's home or is not related to the Covered Person by blood or marriage**.**

**Emergency:** A 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 (including severe pain) that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part.

**Injury:** Bodily Injury due to a sudden, unforeseeable, external event which:

- Results solely, directly and independently of disease, bodily infirmity or any other causes;
- Occurs after the Covered Person's Effective Date of Coverage;
- Occurs while Coverage is in force.



All injuries sustained in any one (1) Accident, including all related Conditions and recurrent symptoms of these Injuries, are considered a single Injury.

**Medically Necessary/Medical Necessity:** A treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. When specifically applied to Hospital Confinement, it means that the diagnosis or treatment of symptoms or a Condition cannot be safely provided on an Outpatient basis.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided solely for educational purposes or the convenience of the patient, the patient's family, Doctor, Hospital or any other Provider;
- Exceeds in scope, duration or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or Preventive Care;
- Could have been omitted without adversely affecting the patient's Condition or the quality of medical care;
- Involves treatment with or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA). If the prescribed drug is recognized as safe and effective for the treatment of a Sickness or Injury by one or more of the Standard Medical Reference Compendia or in the Medical Literature, even if the prescribed drug has not been approved by the FDA for the treatment of that specific Sickness or Injury, Coverage will be provided, subject to the exclusions and limitations of the Policy;
- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- Can be safely provided to the patient on a more cost-effective basis such as Outpatient, by a different medical professional, or pursuant to a more conservative form of treatment.

We reserve the right to determine whether a service, supply or drug is Medically Necessary.

**Out-of-Network Provider:** Any Hospital or Doctor that is not a member of the Preferred Provider network arrangement that has contracted with Us**.**



**Pre-Existing Condition:** Any Condition (a) that would have caused an ordinary prudent person to seek medical advice, diagnosis, care or treatment during the six (6) months immediately prior to an Insured's Effective Date of Coverage; (b) for which medical advice, diagnosis, care or treatment was recommended or received within the six (6) months immediately prior to an Insured's Effective Date of Coverage; or (c) a pregnancy existing on the Insured's Effective Date of Coverage.

**Preferred Provider:** Any Hospital or Doctor that has contracted with Us to provide services, as described in this Policy, through a Preferred Provider network arrangement, to be reimbursed at discounted fees.

**Reasonable and Customary Expense (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, so long as those charges are reasonable. The most common charge means the lesser of:

- The actual amount charged by the Provider;
- The negotiated rate, if any; or
- The charge which would have been made by the Provider of medical services for a comparable service or supply made by other Providers in the same geographic area, as reasonably determined by Us for the same service or supply.

No payment will be made under this Policy for any expenses incurred which in the judgment of the Company are in excess of Reasonable and Customary expense.

**Serious Emotional Disturbance of a Child:** Persons under the age of eighteen (18) years who have diagnoses of attention deficit disorders, disruptive behavior disorders, or pervasive development disorders, and where there are one or more of the following:

(i) serious suicidal symptoms or other life-threatening self-destructive behaviors;
(ii) significant psychotic symptoms (hallucinations, delusion, bizarre behaviors);
(iii) behavior caused by emotional disturbances that placed the child at risk of causing personal injury or significant property damage; or
(iv) behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household.

**Sickness:** Illness, disease, pregnancy and Complications of Pregnancy. 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.
Male pronouns, whenever used, include female pronouns.

## EXCLUSIONS

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

1. 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. Coverage of dental care or treatment, except for such care and treatment due to Accidental Injury to sound, natural teeth within twelve (12) months of the accident and except for care and treatment due to congenital disease or anomaly;
3. Coverage for services for services performed by a member of the insured's immediate family;
4. Coverage for eyeglasses, hearing aids, and examination for the prescription or fitting thereof;
5. Foot care in connection with corns, calluses, flat feet, fallen arches, week 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. Cosmetic surgery medical necessity determinations are subject to utilization review and external review;
7. Benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable;
8. Treatment provided in a government hospital; benefits provided under Medicare or other governmental programs (except Medicaid); any state or federal worker' compensation, employers' liability or occupational disease law, unless where otherwise provided in State or Federal statute;
9. Coverage for services for which no charge is normally made;
10. Aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;



11. War or act of war, participation in a riot or insurrection, and service in the Armed Forces or units auxiliary thereto;
12. Losses to which a contributing cause was the insured's participation in a felony or attempted felony or engaged in an illegal occupation;
13. Coverage for custodial care as defined in 11 NYCRR 52.16(1) and for transportation;
14. Coverage for rest cures.

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

## PRE-EXISTING CONDITION LIMITATION

**Pre-existing Conditions are not covered for the first six (6) months following the Covered Person's Effective Date of Coverage under the Policy.**

This limitation will not apply if, during the period immediately preceding the Covered Person's Effective Date of Coverage under this Policy, the Covered Person was covered under prior Creditable Coverage for six (6) consecutive months. Prior Creditable Coverage of less than six months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Conditions will apply only if the Covered Person becomes eligible and applies for Coverage within sixty-three (63) days of termination of his or her prior Coverage. Continuous Coverage: The period of time that a Covered Person is continuously Insured under this Policy and/or any prior Creditable Coverage with no greater than a sixty-three (63) day lapse between the Effective Date of Coverage under this Policy and the termination of prior Creditable Coverage.

This limitation does not apply to Covered Persons under nineteen (19) years of age.

## TERMINATION

Coverage will terminate at 12:01 a.m. standard time at the Covered Person's residence on the earliest of:

- The termination date of the Policy;
- The date the Insured ceases to be an Eligible Person;
- The last day of the term of Coverage for which Premium is paid;
- The date the Covered Person departs the Policyholder's school for their Home Country for a period in excess of ninety (90) consecutive days. No benefits will be payable for any medical treatment received in the Covered Person's home country (except if for Insured Persons who have purchased the *Optional Home Country Coverage Benefit* .



- 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 child who is not capable of supporting himself or herself due to mental retardation, developmental disability, or physical handicap and those who suffer from mental illness will be continued beyond the age at which Coverage would otherwise have terminated if:

1. The Dependent child became incapacitated prior to the age at which Coverage would otherwise have terminated; and
2. The Dependent child is primarily Dependent on the Eligible Person for support and maintenance; and
3. Proof of such incapacity and dependence is given to Us by a Doctor within thirty-one (31) days of the date the child reaches the limiting age. Proof must also be given to Us annually thereafter. Failure to provide such proof within thirty-one (31) days of Our request will result in the termination of the Dependent child's Coverage under the Policy. Coverage will continue as long as the Dependent continues to be so incapacitated and Dependent, unless otherwise terminated in accordance with the terms of the Policy.

Termination is subject to the Extension of Benefits provision.

## EXTENSION OF BENEFITS

The coverage provided under this Policy ceases on the termination date. However, if an Insured is Hospital confined on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date or totally disabled on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date, Covered Expenses for such Injury or Sickness will continue to be paid for a period of twelve (12) months or until date of discharge, whichever is earlier.

The total payments made in respect of the Insured for such Condition both before and after the termination date will never exceed the maximum benefit. After this Extension of Benefits

provision has been exhausted, all benefits cease to exist and under no circumstances will further benefits be made.
Dependents that are newly acquired during the Insured Student's Extension of Benefits period are not eligible for benefits under this provision.

## COORDINATION OF BENEFITS

Benefits received from this Policy are coordinated with benefits which the Covered Person may receive from certain other Plans. The Covered Person is urged to file any claims as early as possible with all insurance companies under which he or she has health coverage. This will help Us to provide the maximum Benefit due as soon as possible.
The total benefit received from all Plans may not exceed 100% of Allowable Expenses.
The Plan pays in accordance with the rules set forth in the Policy.

## 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.

## 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 MagnaCare or MultiPlan 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 ninety (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 Plans' 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.
Please refer to the policy for complete details on the Complaint and Appeals Process. The Policy is on file at Student Health Services.



**Legal Actions**
A legal action may not be brought to recover on this Policy within sixty (60) days after written Proof of Loss has been given as required. No such action may be brought after two (2) years from the time written proof was required to be given.

**Claims Administrator:**
**CONSOLIDATED HEALTH PLANS**
2077 Roosevelt Avenue
Springfield, MA 01104
(413) 733-4540
Toll Free (800) 633-7867
www.chpstudent.com
**Group Number: S210105**

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

The Plan is underwritten and offered by:
**Nationwide Life Insurance Company**
**Columbus, Ohio**
**Policy Number: 302-075-3111**

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

## NATIONWIDE STUDENT TRAVEL ASSISTANCE

Europ Assistance USA services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. Europ Assistance USA is your key to travel security. For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.
If you have a medical, security, or travel problem, simply call Europ Assistance USA for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-877-496-1175 or if you are in a foreign country, call collect at: 1-240-330-1530.
If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact



the 24-hour Assistance Center. Europ Assistance USA will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

| COVERAGE TERMS- Per Policy Year | |
|---|---|
| **ASSISTANCE SERVICES** | **MAXIMUM LIMITS** |
| Emergency Evacuation | Unlimited |
| Medical Repatriation | Unlimited |
| Repatriation of Remains | $25,000 |
| Visit by Family Member or Friend | $5,000 |
| Return of Dependent Children | $5,000 |
| Return of Traveling Companion | $5,000 |

**Emergency Transportation Services**
**Emergency Evacuation:** If you or your dependent suffer an Injury or Sickness and adequate medical facilities are not available locally in the opinion of Nationwide Student Travel Assistance's Medical Director, Nationwide Student Travel Assistance will provide Emergency Evacuation (under medical supervision, if necessary) by whatever means necessary to the nearest facility capable of providing adequate care. Services included arranging and paying for transportation and related medical services (including cost of medical escort, if necessary) and medical supplies necessarily incurred in connection with the Emergency Evacuation.
**Medically Necessary Repatriation:** After initial treatment and stabilization for an Injury or Sickness, if the attending physician and Nationwide Student Travel Assistance's Medical Director deem it medically necessary, Nationwide Student Travel Assistance will transport you back to your permanent place of residence for further medical treatment or to recover. Services include arranging and paying for transportation and related medical services (including cost of medical escort, if necessary) and medical supplies necessarily incurred in connection with the repatriation.
**Repatriation of Remains:** In the event of your death, Nationwide Student Travel Assistance will render assistance and provide for the return of mortal remains. Services include arranging and paying for the following: location of a sending funeral home; transportation of the body from the site of death to the sending funeral home to the airport; minimally necessary casket or air tray for transport; coordination of consular services (in the case of death overseas); procuring death certificates;

and transport of the remains from the airport to the receiving funeral home. Other services that might be performed in conjunction with those listed above include: making travel arrangements for any traveling companions; identification and/or notification of next-of-kin. Repatriation of Remains services are subject to a maximum coverage limit of $25,000 per event.

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

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

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

**Nationwide Student Travel Assistance Exclusions and Limitations**

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

**Nationwide Student Travel Assistance–General Information**

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

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

Nationwide Student Travel Assistance is not responsible and cannot be held liable for any malpractice performed by a local physician or attorney who is not an employee of nationwide student travel assistance, or for any loss or damage to your vehicle during the return of vehicle, or for any loss or damage to any personal belongings.

**Important:** The individual or their representative must contact Nationwide Student Travel Assistance to arrange for any services provided herein. Failure to contact Nationwide Student Travel Assistance and failure to utilize Nationwide Student Travel Assistance to make arrangements for services shall render the expenses ineligible.

(DETACH AND RETAIN IF YOU ARE INSURED)

TEMPORARY INSURANCE IDENTIFICATION CARD
**SARAH LAWRENCE COLLEGE**
2013-2014
STUDENT HEALTH INSURANCE PLAN
For Claim Information Contact:
Consolidated Health Plans - 800-633-7867
2077 Roosevelt Avenue, Springfield, MA 01104

(Insured Student – Print Name**)**

Policy Number: 302-075-3111
Underwritten by
NATIONWIDE LIFE INSURANCE COMPANY

| SARAH LAWRENCE COLLEGE 2013-2014 SUMMARY OF BENEFITS | | |
|---|---|---|
| **Aggregate Policy Year Maximum** | $500,000 | |
| **Plan Deductible** | $150 per policy year | |
| **Annual Coinsurance Maximum Limit**, Once an Insured individual has reached the applicable Out-of-Pocket Maximum, the Coinsurance Percentage paid by the Company will be 100% of PA for Preferred Providers and 100% of R&C for Out-of-Network Providers, not to exceed the policy year aggregate maximum. | $3,000 (deductible, non-covered services and prescription drug co-pays do not apply towards meeting the Out-of-Pocket Maximum). | |
| **Referral Requirement** | Referral from Student Health Services (SHS) is required before any benefits will be paid under the Health Insurance Plan. Please see page 14 for information. | |
| **HOSPITAL EXPENSE BENEFITS** | **Preferred Provider** | **Out-of-Network Provider** |
| **Hospital Room and Board,** including semi-private room, nursing services, Intensive Care Unit (ICU). | 90% of PA | 60% of R&C |
| **Hospital Miscellaneous Expense,** including laboratory tests, x-rays, surgical dressings, anesthesia, supplies and equipment use and medicines, use of an operating room, casts and temporary surgical appliances. | 90% of PA | 60% of R&C |
| **In-Hospital Physician Visit and Consultation Expense,** including non-surgical services of the attending physician or a consulting physician. | 90% of PA | 60% of R&C |
| **SURGICAL EXPENSE BENEFITS (INPATIENT AND OUTPATIENT)** | | |
| **Surgical Expense, including Surgeon, Assistant Surgeon and Anesthesiology Expenses,** for surgical services performed by a physician. | 90% of PA | 60% of R&C |
| **OUTPATIENT EXPENSE BENEFITS,** | | |
| **Miscellaneous Outpatient Services (excluding surgery),** including Durable Medical Equipment, Physical, Speech and Occupational Therapy, Diagnostic X-ray and Laboratory, nutritionist visits, pre-admission testing and other reasonable expenses for services and supplies that have been prescribed by the attending Physician. | 80% of PA | 60% of R&C |
| **Emergency Room:** for treatment of an Emergency Medical Condition. Co-pay waived if admitted. | 80% of PA after a $100 co-pay per visit | 80% of R&C after a $100 co-pay per visit |
| **Physician's Office Visit Expense,** including chiropractic care benefits. | 80% of PA after a $15 co-pay per visit | 60% of R&C after a $15 co-pay per visit |
| **MENTAL ILLNESS AND SUBSTANCE ABUSE EXPENSE** | | |
| **Inpatient Expenses,** including expenses incurred while confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of Mental Illness, and treatment received during partial hospitalization or intensive outpatient in a hospital or treatment facility. When approved, benefits will be payable in place of an inpatient admission, whereby two (2) days of partial hospitalization or intensive outpatient treatment may be exchanged for one (1) day of full hospitalization. | | |
| • **Biologically Based Mental Illness Expenses and Coverage for Children with Serious Emotional Disturbances** | 90% of PA | 60% of R&C |
| • **Mental Disorders (non-biologically based mental illness) Expenses** are payable up to a maximum of sixty (60) days per Policy Year. | 90% of PA | 60% of R&C |
| **Outpatient Treatment Expense,** includes expenses while not confined as a full time inpatient in a hospital. Note: Coverage for Applied Behavioral Analysis for Autism Spectrum Disorder is limited to $45,000 per Policy Year. | | |
| • **Biologically Based Mental Illness Expenses and Coverage for Children with Serious Emotional Disturbances** | 80% of PA | 80% of R&C |
| • **Mental Disorders (Non-biologically based mental illness) Expenses** are payable up to a maximum of thirty (30) visits per Policy Year. | 80% of PA | 80% of R&C |
| **Substance Abuse Inpatient Expense,** includes the treatment of a substance abuse condition while confined as an inpatient in a hospital or facility licensed for such treatment.<br>Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. When approved, benefits will be payable in place of an inpatient admission, whereby two (2) days of partial hospitalization may be exchanged for one (1) day of full hospitalization.<br>Benefits will include seven (7) inpatient days for detoxification in any Policy Year and sixty (60) inpatient days for rehabilitation in any Policy Year. | 90% of PA | 60% of R&C |
| **Substance Abuse Outpatient Expense,** for outpatient diagnosis and treatment of a substance abuse conditions.<br>Benefits are limited to one (1) visit per day, sixty (60) visits per Policy Year, and twenty (20) visits for counseling. | 80% of PA | 80% of R&C |
| **MATERNITY BENEFITS** | | |
| **Maternity Care,** for pregnancy, childbirth and complications of pregnancy | Benefits are payable as any other Sickness. | |
| **Well Newborn Nursery Care Expenses,** including charges for routine care of a covered person's newborn child as follows: 1) Hospital charges for routine nursery care during the mother's confinement, but for not more than four days for a normal delivery; and 2) Physician's charges for circumcision, visits to the newborn child in the hospital, and consultations. | Benefits are payable as any other Sickness | |
| **ADDITONAL BENEFITS** | | |
| **Preventive/Wellness & Immunizations:** Deductible does not apply. | 100% of PA | Not Covered |
| **Ambulance Expense,** 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. | 100% of PA | 100% of R&C |
| **Elective Termination of Pregnancy**, up to a $500 Policy Year maximum: | 100% of PA | 100% of R&C |
| **Prescription Drugs:** Deductible does not apply.<br>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.<br>**Participating Pharmacies can be found on-line at www.express-scripts.com.**<br>**Note:** If you fill a prescription at an out-of-network pharmacy, you will be required to pay for the prescription up front, and submit the receipt to CHP for reimbursement, less the applicable co-pay. | 80% of PA after:<br>$15 co-pay per generic drug<br>$25 co-pay per brand name drug<br>100% of PA for generic contraceptives; Co-pays do not apply. | 80% of R&C after:<br>$15 co-pay per generic drug<br>$25 co-pay per brand name drug |
| **Home Health Care,** forty (40) visit maximum per year. Four (4) hours of home health aide service shall be considered as one (1) home care visit. | 90% of PA | 60% of R&C |
| **Hospice** | 100% of PA | 100% of R&C |
| **Intercollegiate and Club Sports,** up to a $90,000 Policy Year maximum | Benefits are payable as any other Injury | |
| **Home Country Coverage (Only for International Students/Dependents who have purchased the Supplemental Home Country Coverage Plan**), for medical treatment provided in the Covered Person's Home Country, if not covered by any other coverage. | Paid as any other Injury or Sickness | |