



Student Health Insurance Program

2014-2015

Nationwide Life Insurance Company
Columbus, Ohio

Policy Number: 302-075-3112

Effective September 1, 2014 to September 1, 2015

Group Number: S210105

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, 2014 to September 1, 2015. 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 12 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 8, 2014 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 8, 2014, 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,

Mary Hartnett R.N.
 Director of Medical Services
 Sarah Lawrence College Health Services

TABLE OF CONTENTS

	Page
Where to Find Help	6
SLC Student Health Services.....	7-10
SLC Student Health Insurance Plan	10
Enrollment and Eligibility	10-12
Policy Period	10
Student Coverage	10
Dependent Coverage	11
Enrollment	11
Dependent Enrollment.....	11
Newborn Infant & Adopted Child Coverage	11
Handicapped Children.....	12
Late Enrollment	12
Premium Rates and Plan Costs	12
Premium Refund Policy.....	13
Summary of Health Insurance Plan Benefits	13
Preferred Provider Network.....	13
Student Health Services Referral Requirement	14
Description of Benefits	14
State Mandated Benefits	14-15
Accidental Death & Dismemberment Benefits	15-16
Summary of Benefits	Center Fold
Definitions	16-20
Exclusions	20-21
Termination	21-22
Extension of Benefits	22
Coordination of Benefits.....	22
Conformity with State Statutes	22
Claim Procedures.....	23
Vision Benefits	24
Nationwide Student Travel Assistance (Including Emergency Evacuation and Repatriation)	24-27
Temporary ID Card	28

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.sl.c.edu/offices-services/healthservices

SARAH LAWRENCE COLLEGE STUDENT HEALTH SERVICES

Lyles House
914-395-2350

Monday through Friday
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, maladaptive coping behaviors, dysfunctional relationships and family issues. All treatment 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.

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 mind-body health, self-care, sleep, nutrition, managing stress and adjusting to college, as well as topics relevant to current issues on campus.

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.sl.c.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.

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. In-clinic lab tests, 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 ELIGIBILITY

Policy Period

Coverage for all insured students enrolled for the Fall Semester will become effective at 12:01 a.m. on September 1, 2014, and will terminate at 12:01 a.m. on September 1, 2015.

Coverage for all newly enrolled insured students for the Spring Semester will become effective at 12:01 a.m. on January 19, 2015 and will terminate at 12:01 a.m. on September 1, 2015.

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 8, 2014** for the Fall Semester, or by **January 6, 2015** for students newly enrolled for Spring Semester. Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. 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 8, 2014**. The enrollment deadline date for the Spring Semester is **January 6, 2015**. 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 8, 2014 will be considered a late enrollment. For the Spring Semester, any enrollment occurring after January 6, 2015 will be considered a late enrollment. Contact University Health Plans, or refer to the Master Policy for details

PREMIUM RATES AND PLAN COSTS

	Annual 9/1/14- 8/31/15	Fall Semester 9/1/14- 12/31/14	Spring Semester 1/19/15 8/31/15
Student Only*	\$3,168	\$1,244	\$2,174
Spouse or Domestic Partner	\$7,992	\$3,109	\$5,468
Child(ren)	\$3,832	\$1,500	\$2,627

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

90 Day Optional Home Country Coverage Benefit ** <i>Available to Insured International Students and Dependents ONLY</i>	
Student Only	\$164
Spouse or Domestic Partner	\$419
Child(ren)	\$200

**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 minus the cost of any claim Benefits made by Us. 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 according to the limitations outlined herein and in the Schedule of Benefits.

The payment of 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.

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.

Co-payment/Co-pay: A specified dollar amount a Covered Person must pay for specified Covered Charges.

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.

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

Dependent: A person who is the Insured's:

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

The term child refers to the Insured's:

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

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

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

Essential Health Benefits: Has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services, and includes the following categories of Covered Services: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including

oral and vision care (in accordance with the applicable state or federal benchmark plan).

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

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

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

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

Covered Services are Medically Necessary if they are:

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

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

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

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

Out-of-Network Provider: Any Hospital or Doctor that is not a member of the Preferred Provider network arrangement that has contracted with Us. **Physician:** A health care professional practicing within the scope of his or her license and is duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy, and who is not:

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

Out-of-Pocket Maximum:

The most You pay during a Policy Year before Your Coverage beings to pay 100%. This limit will never include Premium, balance-billed charges or health care Your Policy does not cover.

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.

Preferred Provider Organization or PPO: The entity named in the Schedule of Benefits.

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. The most common charge means the lesser of:

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

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

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

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

We, Our and Us: Nationwide Life Insurance Company.

You and Your: the Covered Person.

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; unless otherwise specified under the Policy.
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; unless otherwise specified under the Policy.
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'

9. 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.

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: 302-075-3112

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	Unlimited
Visit by Family Member or Friend	\$5,000
Return of Dependent Children	\$5,000
Return of Traveling Companion	\$5,000

Emergency Transportation Services

Emergency Evacuation: If you or your dependent suffer an Injury or Sickness and adequate medical facilities are not available locally in the opinion of Nationwide Student Travel Assistance's Medical Director, Nationwide Student Travel Assistance will provide Emergency Evacuation (under medical

supervision, if necessary) by whatever means necessary to the nearest facility capable of providing adequate care. Services included arranging and paying for transportation and related medical services (including cost of medical escort, if necessary) and medical supplies necessarily incurred in connection with the Emergency Evacuation.

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

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

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

Return of Dependent Children: If you are hospitalized for more than seven (7) days, Nationwide Student Travel Assistance will arrange and pay for the return 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

2014-2015

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: 302-075-3112

Underwritten by

NATIONWIDE LIFE INSURANCE COMPANYs

Sarah Lawrence College - 2014-2015 SCHEDULE OF BENEFITS

	In-Network	Out-of-Network
Policy Year Maximum Benefit (includes Medical Evacuation & Repatriation)	Unlimited	
Deductible	\$150 Per Policy Year	
Out-of-Pocket Maximum (includes Coinsurance and Copayments; does not include non-covered medical expenses or elective treatment)	\$6,350 per Individual//\$12,700 Family	No Maximum
Referral Requirement	Referral from Student Health Services (SHS) is required before any benefits will be paid under the Health Insurance Plan.	
Coinsurance	Preferred Allowance (PA)	Reasonable & Customary (R&C)
Preventive/Wellness & Immunization Services deductible does not apply	100% of PA	60% of R&C
Outpatient Services (other than Surgery, Maternity, Mental Health/Drug or Alcohol)		
Office Visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery or physiotherapy.	80% of PA after a \$15 co-pay	60% of R&C after a \$15 co-pay
Diagnostic Imaging, X-ray and Laboratory Services	80% of PA	60% of R&C
Inpatient Services – (other than Surgery, Maternity, Mental Health/Drug or Alcohol, except as specified)		
Miscellaneous Hospital Services	90% of PA	60% of R&C
Room and Board expense, at the semi-private room, general nursing care, and ICU	90% of PA	60% of R&C
Physician visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.	90% of PA	60% of R&C
Skilled Nursing and Sub-Acute Care Facilities	90% of PA	60% of R&C
Surgical Services (Inpatient & Outpatient) -		
Surgeon's Fee / Assistant Surgeon/ Anesthetist Services	90% of PA	60% of R&C
Hospital Miscellaneous includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.	90% of PA	60% of R&C
Obesity surgery(Treatment of Morbid Obesity)	90% of PA up to \$5,000, 50% thereafter	60% of R&C
Maternity Care – Includes forty-eight (48) hours of Inpatient care following a normal delivery and ninety-six (96) hours of Inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the Attending Physician or a certified nurse-midwife who consults with a Physician, decides to discharge the mother or newborn child sooner. In the event of early discharge, Home Health Care visits will be provided.		
Maternity care and pre-natal services	Paid the same as any other Sickness	
Voluntary Sterilization Surgery (such as vasectomy) (Note: Sterilization procedures for women are covered under preventive.)	Paid the same as any other Sickness	
Mental Conditions & Substance Abuse		
Inpatient Services	Paid the same as any other Sickness	
Biologically Based Mental Illness & Substance Abuse outpatient office visits	80% of PA	80% of R&C
Non-Biologically Based Mental Illness Outpatient Office Visits	80% of PA	80% of R&C
Urgent Care and Emergency Services		
Urgent Care	90% of PA	60% of R&C
Emergency services. Co-pay waived if admitted (In-network Out-of-Pocket Maximum applies to Out-of-Network services)	80% of PA after \$100 co-pay per visit	80% of R&C after \$100 co-pay per visit
Emergency Medical Transportation services	100% of PA	100% of R&C
Other Services		
Allergy Services (testing/injections/treatment)	90% of PA	60% of R&C
Habilitative and Rehabilitative therapy – including Physical, Speech and Occupational Therapy	90% of PA	60% of R&C
Chiropractic	80% of PA after a \$15 co-pay per visit	60% of R&C after a \$15 co-pay per visit
Home Health Care – forty (40) visit maximum per Policy Year	90% of PA	60% of R&C
Hospice	100% of PA	100% of R&C
Diabetic treatment and Education	Paid the same as any other Sickness	
Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices	90% of PA	60% of R&C
Prescription Drug Expense <ul style="list-style-type: none"> • Only a thirty (30) day supply can be dispensed at any time • One (1) copayment per thirty (30) day supply • Copayments apply to the out-of-pocket • Prescriptions must be filled at an "Express Scripts" participating pharmacy. • 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: \$15 co-pay per generic drug \$25 co-pay per brand name drug 100% of PA for generic contraceptives; Co-pays do not apply.	80% of R&C after: \$15 co-pay per generic drug \$25 co-pay per brand name drug
Routine Vision Exam for Covered Persons under nineteen (19) – limited to one (1) exam per Policy Year. Includes prescription eye glasses (lenses & frames), or contact lenses in lieu of eyeglasses, limited to once per Policy Year.	100% of R&C up to \$150, 50% thereafter.	
Hearing aids	Up to \$1,500 PPY every 3 years	
Intercollegiate and Club Sports, up to \$90,000 Policy Year maximum.	Paid the same 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 the same as any other Condition	
Services not covered under this plan: TMJ; Gender reassignment surgery; adult vision exams (eye glasses/contacts); adult dental services, for age 19 and older; advanced infertility treatment; acupuncture; non-emergency treatment outside of the United States (except as specified) and private duty nursing.		

