

# Student Health Insurance Program

Designed for the Students of



**2012-2013**

**NATIONWIDE LIFE INSURANCE COMPANY**

COLUMBUS, OHIO

Policy Number: 302-065-2910

Effective August 18, 2012 to August 18, 2013

**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 2012/2013 policy year. Minimum restrictions for policy year dollar limits for Student Health Insurance coverage are \$100,000 for the 2012/2013 policy year. Your**

**Student Health Insurance coverage has a limit of \$100,000 per condition. 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.**

### IMPORTANT NOTICE

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

### NONDISCRIMINATORY

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

THIS CERTIFICATE IS SUBJECT TO THE LAWS OF THE STATE OF NEW JERSEY.

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### Benefit Enhancements

#### New for the 2012 – 2013 School Year

- Increased Prescription Drug benefit;
- Inclusion of wellness and preventive care benefits.

## WHERE TO FIND HELP

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### For questions about:

- Insurance Benefits
- Claims Processing
- Lost ID Cards (x137)

### Please contact:

Consolidated Health Plans  
2077 Roosevelt Avenue  
Springfield, MA 01104  
(800) 633-7867  
[www.chpstudent.com](http://www.chpstudent.com)

### For questions about:

- Enrollment
- Waiver/Enrollment Process

### Please contact:

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

### To: All Students and Parents:

I am pleased to announce that Stevens has selected University Health Plans to provide a student health insurance plan for 2012-2013. This twelve (12) month plan is effective from August 18, 2012 to August 18, 2013. Also, students can purchase **Optional Catastrophic Coverage** (see details on page 21).

New Jersey law mandates that all full-time students have health insurance. Students are automatically enrolled in the insurance plan and a premium for coverage is added to their tuition bill unless proof of comparable coverage is furnished. Students who have comparable insurance coverage can waive the student plan on-line at [www.universityhealthplans.com](http://www.universityhealthplans.com) and selecting **Stevens Institute of Technology**.

**The deadline to process a waiver is August 29, 2012.** Waivers must be submitted online. No paper forms will be accepted. Students who waive the plan online will be able

to print out a confirmation of their waiver request. If full-time students do not submit a waiver by the deadline, they will be automatically enrolled in the plan.

For most students, including those with F1 visas, the annual premium is \$1,272. Benefits for International Students meet U.S. Government requirements.

We recommend that all students enroll in the Student Insurance Program. Purchasing the Student Insurance Program assures access to local care, eliminates the hassle of pre-authorization from family insurance companies, and reduces paperwork for students. Many families find it cost-effective and convenient to be enrolled in both the student plan and their family insurance plan. Varsity athletes are especially encouraged to purchase the Plan.

Enrolled students can also purchase this plan for their spouse/domestic partner and children. Students who are interested in purchasing dependent coverage should obtain a dependent enrollment form from University Health Plans online at [www.universityhealthplans.com](http://www.universityhealthplans.com) or by calling directly at (800) 437-6448.

In addition to the Student Health Insurance Program, Stevens is pleased to offer our students and their dependents a **Dental Insurance Plan (DeltaCare)**. You may enroll in this plan on a VOLUNTARY basis, it is not required insurance. The online enrollment form, plan benefit highlights, and a list of network dentists can be found by linking to [www.universityhealthplans.com](http://www.universityhealthplans.com) and selecting **Stevens Institute of Technology** and then **Dental**.

Should you have any questions about the online waiver process or benefits please contact University Health Plans at (800) 437-6448.

I wish you all the best for the upcoming school year.

Sincerely,

**Joseph Stahley,**  
**Assistant Vice President of Student Development**

## PRIVACY POLICY

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We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at (800) 633-7867 or by visiting us at [www.chpstudent.com](http://www.chpstudent.com).

## ELIGIBILITY

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New Jersey law mandates that all full-time students have health insurance. Students enrolled in Stevens' Cooperative Education program have full-time status. Full-time students are automatically enrolled in the insurance plan and a premium for coverage is added to their tuition bill unless proof of comparable coverage is furnished. Students must actively attend classes (Co-op students are considered actively attending) for at least the first thirty-one (31) days after the date for which coverage is purchased. The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund the premium.

Eligible students who enroll may also insure their Dependents. Eligible Dependents are the spouse/domestic partner and children up to age twenty-six (26) years, in addition to unmarried children up to thirty-one (31) years of age who are not self-supporting. Dependent eligibility expires concurrently with that of the Insured Student.

## EFFECTIVE AND TERMINATION DATES

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The Master Policy on file at the school becomes effective at 12:01 a.m., August 18, 2012. Coverage becomes effective on that date or the date application and full premium are received by the designated representative acting on behalf of the group insured for remittance to the Company, whichever is later. The Master Policy terminates at 12:01 a.m. August 18, 2013. Coverage terminates on the end of the period through which premium is paid. Dependent coverage will not be effective prior to that of the

Insured student. Refunds of premiums are allowed only upon entry into the armed forces.

If the Dependent is mentally or physically handicapped and incapable of sustaining employment, termination of his or her insurance will be waived. The Company must be furnished proof of these conditions within thirty-one (31) days after the child attains the limiting age for Dependents.

You must meet the Eligibility requirements listed above each time You pay a premium to continue insurance coverage. To avoid a lapse in coverage, Your premium must be received within thirty-one (31) days after the premium expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

The Policy is a Non-Renewable One (1) Year Term Policy. It is the Insured's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Insureds who have not received information regarding a subsequent Plan prior to this Certificate Termination Date should inquire regarding such coverage with the school.

#### HOW TO ENROLL

Premium for coverage for all eligible students is automatically added to their tuition bill unless proof of comparable coverage is furnished. Payment for full-time student coverage should NOT be made directly to the Company.

If you are interested in obtaining coverage for Your Dependents and voluntary Optional Catastrophic Supplemental plan, please visit the website at [www.universityhealthplans.com](http://www.universityhealthplans.com) or call UHP at (800) 437-6448.

#### PREMIUM RATES

	Annual	Spring	1 <sup>st</sup> Summer	2 <sup>nd</sup> Summer
	8/18/12-8/18/13	1/8/13-8/18/13	5/15/13-8/18/13	7/14/13-8/18/13
Student	\$1,272	\$855	\$450	\$249
Spouse/ Domestic Partner	\$2,752	\$1,776	\$863	\$394
Child(ren)	\$2,051	\$1,342	\$663	\$322
Optional Catastrophic	\$375	\$375	\$375	\$375

Please visit [www.universityhealthplans.com](http://www.universityhealthplans.com) to view the enrollment form for voluntary students and Dependents.

#### EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this Policy ceases on the Termination Date. However, if an Insured is Totally Disabled on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed ninety (90) days after the Termination Date.

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 payments be made.

#### STUDENT HEALTH CENTER (SHC) REFERRAL REQUIRED - STUDENTS ONLY

The student must use the services of the Health Center first where treatment will be administered, or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Center for which no prior approval or referral is obtained are excluded from coverage. A referral will be issued by visiting the Student Health Center. A referral from the counseling center is required for mental health services rendered outside the center.

A SHC referral for outside care is **not** necessary only under the following conditions:

1. Medical Emergency. The student must return to SHC for necessary follow-up care;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than fifty (50) miles from campus;
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status; or
6. Maternity.

Dependents are not eligible to use the SHC; and therefore, are exempt from the above limitations and requirements.

#### STATE MANDATED BENEFITS

This Plan will also pay any applicable Covered Medical Expenses for benefits mandated by New Jersey State Insurance Law, subject to Policy limits.

**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.

**Mammography:** Benefits will be provided for mammography at the following intervals: 1) one (1) baseline mammogram examination for women who are at least thirty-five (35) but less than forty years (40) of age; and 2) one (1) mammogram every year for women age forty (40) and over.

**Wellness Health:** Benefits will be provided for 1) annual tests to determine blood hemoglobin, blood pressure, blood glucose level and blood cholesterol level or, alternatively, low-density lipoprotein (LDL) level and blood high density lipoprotein (HDL) level and an annual consultation with a health care provider to discuss lifestyle behaviors that promote health and well-being; 2) all Covered Persons 35 years or older, a glaucoma eye test every five (5) years; 3) all Covered Persons forty (40) years of age or older, an annual stool examination for presence of blood; 4) all Covered Persons forty-five (45) years of age or older, a left-sided colon examination of 35 to 60 centimeters every five (5) years; 5) all female Covered Persons, a pap smear; and 6) all Covered Persons, recommended immunizations.

**Inpatient Coverage for Mastectomy and Reconstructive Breast Surgery:** Minimum inpatient care of 72 hours following a modified radical mastectomy or 48 hours following a simple mastectomy. Reconstructive breast surgery is payable as any other surgery, including: 1) the cost of prostheses; and 2) the cost of outpatient chemotherapy following surgical procedures in connection with the treatment of breast cancer.

**Diabetes Treatment:** Equipment and supplies for the treatment of diabetes, if recommended or prescribed by a physician or nurse practitioner/clinical nurse specialist:

blood glucose monitors; blood glucose monitors for the legally blind; test strips for glucose monitors and visual reading and urine testing strips; insulin; injection aids; cartridges for the legally blind; syringes; insulin pump and appurtenances; insulin infusion devices; and oral agents for controlling blood sugar. We will also pay, when necessary, for expenses incurred for self-management education of a person with diabetes.

**Childhood Immunizations:** Childhood immunizations, including the immunizing agents, as recommended by the Advisory Committee on Immunization Practices and the Department of Health.

**Lead Poisoning Screening:** Screening by blood measurement for lead poisoning for children, including confirmatory blood testing as specified by the Department of Health. The benefit includes medical evaluation and necessary follow-up and treatment for lead poisoned children.

**Alcoholism Treatment:** Treatment of alcoholism to the same extent as for any other Sickness for: inpatient or outpatient care in a licensed Hospital; treatment at a detoxification facility; confinement as an inpatient or outpatient at a licensed, certified, or state approved residential treatment facility under a program that meets the minimum standards of care equivalent to those prescribed by the Joint Commission on Hospital Accreditation.

**Home Health Care Expense:** Benefits will be paid following confinement in a Hospital or a skilled nursing facility for at least three (3) continuous days prior to incurring expenses for Home Health Care and the Sickness or Injury requiring Home Health Care commenced while a Covered Person was insured under the Policy. Any visit by a member of a home health care team on any day will be considered one (1) home health care visit. Benefits will be provided for no more than 60 home health care visits in any period of twelve (12) consecutive months. These services must be furnished and charged for by a Home Health Care Provider.

**Bone Marrow Transplant and Cancer Treatment:** Treatment of cancer by dose-intensive chemotherapy, autologous/bone marrow transplants and peripheral blood stem cell transplants when performed by institutions approved by the National Cancer Institute, or pursuant to protocols consistent with the guidelines of the American Society of Clinical Oncology.

**Prostate Cancer Screening:** Annual medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age fifty (50) and over who are asymptomatic and for men age forty (40) and over with a family history of prostate cancer or other prostate cancer risk factors.

**Second Surgical Opinion:** Second surgical opinion services of a physician and for essential laboratory and X-ray services incidental thereto.

**Third Surgical Opinion:** If a second surgical opinion does not confirm that a proposed elective surgery is medically advisable, a third surgical opinion will be covered in the same manner as the second opinion.

**Maternity Stay:** Minimum of 48 hours of inpatient care following a vaginal delivery or a minimum of 96 hours of inpatient care following a cesarean section for a mother and her newly born child.

**Treatment of Wilm's Tumor:** Treatment of Wilm's tumor will include bone marrow transplants when standard chemotherapy treatment is unsuccessful, notwithstanding that any such treatment may be deemed experimental or investigational shall be provided to the same extent as for any other Sickness.

**Inherited Metabolic Disease:** Therapeutic treatment of inherited metabolic diseases, including the purchase of medical foods and low protein modified food products, when diagnosed and determined to be medically necessary by a physician.

**Anesthesia and Hospitalization for Dental Services:** Benefits for a Covered Person who is severely disabled or a child age five (5) or under for expenses incurred for: 1) general anesthesia and Hospitalization for dental services; or 2) a medical condition covered by the contract which requires Hospitalization or general anesthesia for dental services rendered by a dentist regardless of where the dental services are provided.

**Home Treatment of Hemophilia:** Expenses incurred in connection with the purchase of blood products and blood infusion equipment required for home treatment of routine bleeding episodes associated with hemophilia when the home treatment program is under the supervision of a State approved hemophilia treatment center.

**Colorectal Cancer Screening:** Colorectal cancer screening at regular intervals for persons age 50 and over and for persons of any age who are considered to be at

high risk for colorectal cancer. "High risk for colorectal cancer" means a person has: a) a family history of: familial adenomatous polyposis; hereditary non-polyposis colon cancer; or breast, ovarian, endometrial or colon cancer or polyps; b) chronic inflammatory bowel disease; or c) a background, ethnicity or lifestyle that the physician believes puts the person at elevated risk for colorectal cancer.

**Biologically Based Mental Illness:** Treatment of biologically based mental illness the same as any other Sickness. "Biologically-based mental illness" means a mental or nervous condition that is caused by a biological disorder of the brain and results in a clinically significant or psychological syndrome or pattern that substantially limits the functioning of the person with the illness, including but not limited to, schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder and pervasive developmental disorder or autism.

**Screening for Newborn Hearing Loss:** Screening by appropriate electrophysiologic screening measures and periodic monitoring of infants for delayed onset hearing loss. Payment for this screening service shall be separate and distinct from payment for routine new baby care in the form of a newborn hearing-screening fee as negotiated with the provider and facility.

**Treatment of Infertility:** Diagnosis and treatment of infertility includes, but is not limited to, the following services related to infertility: diagnosis and diagnostic tests; medications; surgery; in vitro fertilization; embryo transfer; artificial insemination; gamete intra fallopian transfer; zygote intra fallopian transfer; intracytoplasmic sperm injection; and four (4) completed egg retrievals per lifetime of the covered person. Coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer shall be limited to a Covered Person who: a) has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy; b) has not reached the limit of four (4) completed egg retrievals; and c) is forty-five (45) years of age or younger.

**Hearing Aids for Covered Persons Fifteen (15) Years or Younger:** We will provide coverage that includes the purchase of a hearing aid for each ear for a Covered Person fifteen (15) years of age or younger, when Medically Necessary and as prescribed or recommended

by a licensed physician or audiologist. The maximum benefit provided is \$1,000 per hearing aid for each hearing-impaired ear, every twenty-four (24) months.

**Oral Anticancer Medication:** We will provide coverage for expenses prescribed for orally administered anticancer medication used to kill or slow the growth of cancerous cells, same as any other intravenously administered or injected anticancer medications.

**Sickle Cell Anemia:** We will provide coverage same as any other Sickness for medical expenses for the treatment of sickle cell anemia, including the expenses incurred for the purchase of outpatient prescription drug expenses for the treatment of sickle cell anemia.

**Positron Emission Tomography:** We will provide coverage for medically necessary expenses incurred in the use of positron emission tomography to diagnose Alzheimer's disease. The benefit is subject to the same dollar limit, copayment deductible or coinsurance as any other medical condition.

**Ovarian Cancer Screening:** Coverage is provided for medically necessary expenses incurred in screening for ovarian cancer for symptomatic women or women at risk of ovarian cancer. Coverage includes, but is not limited to, an annual pelvic examination, an ultrasound and blood testing for cancer markers.

**Benefits for Treatment of Autism or Other Developmental Disability:**

- A) Coverage for expenses incurred in screening and diagnosing autism or another developmental disability.
- B) When the primary diagnosis is autism or another developmental disability, coverage provided for expenses incurred for medically necessary occupational therapy, physical therapy, and speech therapy, as prescribed through a treatment plan. Coverage of these therapies shall not be denied on the basis that the treatment is not restorative.
- C) When the covered person is under 21 years of age and the primary diagnosis is autism, coverage provided for expenses incurred for medically necessary behavioral interventions based on the principles of applied behavioral analysis and related structured behavioral programs, as prescribed through a treatment plan, subject to the provisions of this subsection:

- The benefits provided are payable to the same extent as for any other medical condition under the policy, but are not subject to limits on the number of visits of behavioral interventions.
  - The benefits provided pursuant to this subsection shall not be denied on the basis that the treatment is not restorative.
- D) The treatment plan required will need to include all elements necessary for Us to appropriately provide benefits, including, but not limited to: a diagnosis; proposed treatment by type, frequency, and duration; the anticipated outcomes stated as goals; the frequency by which the treatment plan will be updated; and the treating physician's signature. We may only request an updated treatment plan once every six months from the treating physician to review medical necessity; unless We and the treating physician agree that a more frequent review is necessary due to emerging clinical circumstances.
  - E) The coverage required under this section may be subject to utilization review, including periodic review, by the insurer of the continued medical necessity of the specified therapies and interventions.

**ADDITIONAL BENEFITS**

**Newborn Infant Coverage:** Newborn Infant means any child born of an Insured while that person is insured under this Policy. Newborn Infants will be covered under the Policy for the first thirty-one (31) days after birth on the same basis as any other Dependent children. Benefits for such a child will be for Injury or Sickness paid on the same basis as any other Sickness, including medically diagnosed congenital defects and birth abnormalities.

The Insured will have the right to continue such coverage for the child beyond the first thirty-one (31) days. To continue the coverage the Insured must, within the thirty-one (31) days after the child's birth: 1) apply to the Company; and 2) pay the required additional premium for the continued coverage. If the Insured does not use the right as the stated here, all coverage as to that child will terminate at the end of the first thirty-one (31) days after the child's birth.

**Audiology and Speech Language Pathology Benefit:** Benefits shall be paid on the same basis as for any other Sickness for Covered Medical Expenses that are

performed or rendered to the Insured by a Physician for Audiology and Speech Language Pathology.

Benefits are subject to any Deductible, coinsurance, limitations, and any provisions of the Policy.

**Maternity Benefit:** Benefits will be paid for normal pregnancy and normal childbirth as for any other Sickness. Elective abortion is not covered.

Conception must occur after the Insured's effective date. Covered Medical Expenses include: 1) Physician's visits; 2) Diagnostic services; 3) Obstetrical/surgical procedures; 4) Hospital room and board; 5) Hospital miscellaneous expenses; and 6) Routine well-baby care while Hospital Confined not to exceed a maximum of four (4) days confinement expense.

Benefits will be paid for normal pregnancy and normal childbirth as for any other Sickness. Coverage is provided to services performed by and facilities used by licensed certified nurse midwives.

Complications of Pregnancy are covered as any other Sickness.

**Maternity Testing:** The following maternity routine tests and screening exams will be paid on the same basis as any other Sickness. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One (1) ultrasound will be considered in any pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the pregnancy record and ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over thirty-five (35) years of age: AFP Blood Screening; Amniocenteses/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable.

Benefits are subject to any Deductible, coinsurance, copayments, limitations, and any provisions of the Policy.

**COORDINATION OF BENEFITS PROVISION**

**Definitions:**

**Allowable Expenses:** Any necessary, reasonable, and customary item of expense, a part of which is covered by at least one (1) of the Plans covering the Insured Person.

An Allowable Expense to a Secondary Plan includes the value or amount of any Deductible Amount or Coinsurance Percentage or amount of otherwise Allowable Expenses which was not paid by the Primary or first paying Plan.

**Plan:** A group insurance plan or health service corporation group membership plan or any other group benefit plan providing medical or dental care treatment benefits or services.

Such group coverages include: a) group or blanket insurance coverage, or any other group type contract or provision thereof; this will not include school accident coverage for which the parent pays the entire premium; b) service plan contracts, group practice and other pre-payment group coverage; c) any coverage under labor-management trustees plans, union welfare plans, employer and employee organization plans; and d) coverage under governmental programs, including Medicare, and any coverage required or provided by statute.

**Primary:** The Plan which pays regular benefits.

**Secondary:** The Plan which pays a reduced amount of benefits which, when added to the Primary Plan's benefits will not be more than the Allowable Expenses.

**Effect on Benefits:** If an Insured Person has medical and/or drug coverage under any other Plan, all of the benefits provided are subject to coordination of benefits.

During any Policy Year or benefit period, the sum of the benefits that are payable by Us and those that are payable from another Plan may not be more than the Allowable Expenses.

During any Policy Year or benefit period, We may reduce the amount We will pay so that this reduced amount plus the amount payable by the other Plans will not be more than the Allowable Expenses. Allowable Expenses under the other Plan include benefits which would have been payable if a claim had been made.

However, if: 1) the other Plan contains a section which provides for determining its benefits after Our benefits have been determined; and 2) the order of benefit determination stated herein would require Us to determine benefits before the other Plan, then the benefits of such other Plan will be ignored in determining the benefits We will pay.

This Plan determines its order of benefits using the first of the following rules which applies:

1. If your other Plan does not have Coordination of Benefits, that Plan pays first.

2. Non-Dependent/Dependent. The benefits of the Plan which covers the person as an employee, member or subscriber are determined before those of the Plan which covers the person as a Dependent.

3. Dependent Child/Parents Not Separated or Divorced. Except as stated in subparagraph (3)(b) below, when This Plan and another Plan cover the same child as a Dependent of different persons, called "parents":

- a. the benefits of the Plan of the parent whose birthday falls earlier in a year exclusive of year of birth are determined before those of the Plan of the parent whose birthday falls later in that year; but
- b. if both parents have the same birthday, the benefits of the Plan which covered the parent longer are determined before those of the Plan which covered the other parent for a shorter period of time.

However, if the other Plan does not have the rule described in a. above, but instead has a rule based upon the gender of the parent, and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

4. Dependent Child/Separated or Divorced Parents. If two (2) or more Plans cover a person as a Dependent child of divorced or separated parents, benefits for the child are determined in this order:

- a. first, the Plan of the parent with custody of the child;
- b. then, the Plan of the spouse of the parent with the custody of the child; and
- c. finally, the Plan of the parent not having custody of the child.

5. Longer/Shorter Length of Coverage. If none of the above rules determines the order of benefits, the benefits of the Plan which covered an employee, member or subscriber longer are determined before those of the Plan which covered that person for the shorter time.

**Right to Recovery and Release of Necessary Information:** For the purpose of determining applicability of and implementing the terms of this Provision, We may, without further consent or notice, release to or obtain from any other insurance company or organization any information, with respect to any person, necessary for such

purposes. Any person claiming benefits under Our coverage shall give Us the information We need to implement this Provision. We will give notice of this exchange of claim and benefit information to the Insured Person when any claim is filed.

**Facility of Payment and Recovery:** Whenever payments which should have been made under our Coverage have been made under any other Plans, We shall have the right to pay over to any organizations that made such other payments, any amounts that are needed in order to satisfy the intent of this Provision. Any amounts so paid will be deemed to be benefits paid under Our coverage. To the extent of such payments, We will be fully discharged from Our liability.

Whenever We have made payments with respect to Allowable Expenses in total amount at any time, which are more than the maximum amount of payment needed at this time to satisfy the intent of this Provision, We may recover such excess payments. Such excess payments may be received from among one or more of the following, as We determined: any persons to or for or with respect to whom such payments were made, any other insurers, service plans or any other organizations.

## **AUTOMOBILE RELATED INJURY BENEFIT PROVISION**

(in association with the Coordination of Benefits provision)

### **Definitions:**

**Automobile Related Injury** means bodily Injury sustained by an Insured Person as a result of an accident while occupying, entering into, alighting from or using an automobile, or as a pedestrian, caused by an automobile or by an object propelled by or from an automobile.

**Allowable Expense** means any medically necessary, reasonable, and customary item of expense, a part of which is covered by the policy or PIP at least in part as an Eligible Expense.

**Eligible Expense** means that portion of expense incurred for treatment of an Injury which is covered under the policy without application of any Deductible or coinsurance, if any.

**Out-of-State Automobile Insurance Coverage (OSAIC)** means any coverage for medical expenses under an automobile insurance policy other than PIP, as PIP is defined herein, including automobile insurance policies issued in another state or jurisdiction.

**PIP** means Personal Injury Protection coverage (specifically those provisions for medical expense coverage) provided as part of an automobile insurance policy issued in the state of New Jersey.

**Application of Benefits**

When Covered Medical Expenses are incurred as the result of an Automobile Related Injury, and the injured Insured Person has coverage under PIP or OSAIC, the following sections will be used to determine whether the policy provides coverage that is primary or secondary to auto coverage. These sections will also be used to determine the amount payable if the policy provides primary or secondary coverage.

**Determination of Primary or Secondary Coverage**

The Policy provides secondary coverage to PIP, unless health coverage has been elected as primary coverage by or for the Insured Person covered under the Policy. This election is made by the Named Insured under a PIP policy and affects the Dependents of the Named Insured who are not themselves the Named Insured under another auto policy. This policy may be primary for one (1) covered person, but not for another if the persons have separated auto policies and have made different selections regarding primacy of health coverage.

This Certificate is secondary to OSAIC. However, if the OSAIC contains provisions which make it secondary or excess to the Named Insured's Plan, then the Names Insured's Plan will be primary.

**Effect on Benefits:** If the Named Insured's Plan is primary to PIP or OSAIC, the Policy will pay benefits on eligible expenses in accordance with the terms provided in the Policy.

If the Named Insured's Plan is one of several insurance plans which provide benefits to the Insured and are primary to automobile insurance coverage, then the rules as provided in the Coordination of Benefits provision endorsement shall apply.

If the Named Insured's Plan is secondary to PIP or OSAIC, the benefits payable will be the lesser of: 1) the remaining uncovered allowable expenses after PIP has provided coverage after application of any Deductible or coinsurance; or 2) the actual benefits that would have been payable had the Named Insured's Plan been providing coverage primary to PIP.

To the extent that the policy provides coverage that supplements coverage under Medicare, then the Named Insured's Plan can be primary to auto insurance only insofar as Medicare is primary to auto insurance.

**INTERCOLLEGIATE, INTRAMURAL AND CLUB SPORTS COVERAGE**

Insured students who are members of and are participating in intercollegiate, intramural and club sports sponsored by Stevens Institute of Technology are covered for sports Injury, in the same manner as any other Injury, as follows:

Benefits will be paid for 100% (except outpatient charges, which are paid at 80%) of the Reasonable and Customary Charges incurred for the first \$2,000 of Covered Medical Expenses under the Basic Medical Expense Schedule of Benefits. Benefits will then be paid at 80% of the Reasonable and Customary Charges incurred up to \$100,000 total Maximum Benefit under the Major Medical Benefit.

No benefits will be paid for loss or expense caused by, contributed to or resulting from:

1. Infections, except pyogenic infections caused wholly by a covered Injury;
2. Cysts, blisters, or boils;
3. Overexertion, heat exhaustion, fainting;
4. Hernia, regardless of how caused; or
5. Artificial aids such as crutches, braces, appliances, and artificial limbs.

For additional information contact the Athletic Director.

**BASIC MEDICAL BENEFIT  
(Per Injury or Sickness)**

Benefits will be provided for 100% (except outpatient charges, which are paid at 80%) of the Reasonable and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$2,000.

**MAJOR MEDICAL BENEFIT  
(Per Injury or Sickness)**

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$2,000 has been paid by the Company.

The Company will pay 80% of additional incurred Covered Medical Expenses after first deducting the Basic Maximum Benefit. Payment will not exceed the Major Medical Maximum Benefit of \$100,000 for Domestic Students and J1-Visa Holders / Exchange Visitors and their dependents.

The total amount payable by the Company under this endorsement for any one (1) Injury or Sickness will never exceed an amount determined by subtracting from \$100,000 for Students all amounts paid under the Policy, including amounts paid under this endorsement.

Additional Exclusions: No benefits will be paid under this endorsement for loss or expense caused by, contributed to, or resulting from:

1. Room & Board expenses which exceed the semi-private room rate;
2. Dental treatment, except as specifically provided;
3. Pre-existing Conditions of a Covered Person over age nineteen (19).

**OPTIONAL CATASTROPHIC MEDICAL COVERAGE  
(Per Injury or Sickness)**

This optional benefit is subject to payment of an additional premium and begins payment after the Major Medical maximum of \$100,000 for Domestic Students and International Students has been paid by the Company. It must be purchased at the same time the basic coverage is purchased. This benefit is paid at 100% up to an additional \$200,000. The total benefit payable for each Injury or Sickness, including the Major Medical benefit is \$300,000 for Domestic and International Students. This optional benefit is not subject to any Pre-existing Condition limitations. The Optional Catastrophic Medical Coverage does not include Prescription Drugs in excess of the \$100,000 Major Medical Policy Year Maximum.

**PRESCRIPTION DRUG BENEFIT**

The Prescription Program is available through the Express Scripts Pharmacy Network. The Express Scripts Pharmacy Network includes national pharmacy chains, as well as local independent pharmacies. After a \$0 co-payment for generic contraceptive drug, a \$10 co-payment for a 30-day supply of a generic drug or a \$25 co-payment for a 30-day supply of a brand name drug, a prescription will be reimbursed at 100% up to a maximum of \$100,000 per

Policy Year for all conditions. Insured Persons will be given an ID card to show to the pharmacy as proof of coverage. If a prescription needs to be filled prior to receiving the ID card, reimbursement will be made upon submitting a completed Rx claim form (claim forms can be obtained from Consolidated Health Plans.) To locate a participating Express Scripts Pharmacy, please call Consolidated Health Plans at 1-800-633-7867 or visit Express Scripts website at [www.express-scripts.com](http://www.express-scripts.com). Not all medications are covered, for example vitamins or food supplements, drugs to promote hair growth or weight loss, and experimental drugs.

### REPATRIATION

If the covered person dies while insured under the Policy, benefits will be paid for the necessary expense of preparing and transporting the remains of the deceased person's body to his or her home country, up to \$7,500. No other benefits are payable under the Policy for repatriation.

### MEDICAL EVACUATION

When Hospital confined for at least 5 consecutive days and recommended and approved by the attending physician and the insurance company, benefits will be paid for the necessary expense for evacuation of the covered person to his or her home country, up to \$10,000. No other benefits are payable under the Policy for medical evacuation.

### DEFINITIONS

**Adopted Child** means the adopted child will be covered from the moment of placement for the first thirty-one (31) days. The Pre-existing Conditions limitation will not apply to an adoptive child. The Insured must notify the Company, in writing, of the adopted not less than thirty (30) days after placement or adoption.

In the case of a newborn adopted child, coverage begins at the moment of birth if a written agreement to adopt such child has been entered into by the Insured prior to the birth of the child, whether or not the agreement is enforceable. However, coverage will not continue to be provided for an adopted child who is not ultimately placed in the Insured's residence. The Insured will have the right to continue such coverage for the child beyond the first thirty-one (31) days. To continue the coverage the Insured must, within the

thirty-one (31) days after the child's birth: 1) apply to us; and 2) pay the required additional premium for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first thirty-one (31) days after the child's birth.

**Biologically-based Mental Illness** means a mental or nervous condition that is caused by a biological disorder of the brain and results in a clinically significant or psychological syndrome or pattern that substantially limits the functioning of the Covered person with the illness, including but not limited to, schizophrenia, schizoaffective disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder and pervasive developmental disorder or autism.

**Complication of Pregnancy** means: 1) conditions required medical treatment prior to or subsequent to termination of pregnancy, whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity but shall not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and 2) non-elective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

**Covered Medical Expenses** means reasonable charges which are: 1) not in excess of Reasonable and Customary Charges; 2) not in excess of the maximum Benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under this Certificate; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any and 7) incurred prior to the policy Termination Date, except as specifically provided in the Extension of Benefits after Termination provision.

**Deductible** means if an amount is stated in the Medical Expense benefits as a Deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of

any benefit is made. The Deductible will apply per Policy Year or per occurrence (for each Injury or Sickness) as specified in the Schedule of Benefits.

**Dependent** means the spouse/domestic partner (husband or wife) of the named Insured, and dependent, children including any child under age thirty-one (31) for which the named Insured is under court order to provide coverage.

Children may remain Dependents as long as the adult child:

1. Up to twenty-six (26) years of age;
2. Is twenty-six (26) up to thirty-one (31) years old; and is unmarried; has no children; lives in New Jersey or, if not a New Jersey resident, is a full-time student; and is not eligible for Medicare and is not actually provided coverage under any other health benefits plan.

The attainment of the limiting age will not operate to terminate the coverage of such child while the child continues to be both:

1. Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
2. Chiefly dependent upon the Insured person for support and maintenance.

The term Domestic Partner or Partner is defined as a person who is in a relationship that satisfies the definition of a domestic partnership as set forth in the New Jersey Domestic Partnership Act.

**Elective Surgery and Elective Treatment** means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective Surgery or Elective Treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or experimental; 2) are not recognized and generally accepted medical practices in the United States.

**Hospital** means a licensed or properly accredited general hospital which: 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for Sick and Injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises twenty-four (24) hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises or on a pre-arranged basis; and 6) is not primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating Mental and Nervous Disorder.



**Hospital Confined/Hospital Confinement** means confined in a Hospital for at least eighteen (18) hours by reason of an Injury or Sickness for which benefits are payable.

**Injury** means bodily Injury of an Insured Person: 1) caused by an Injury which occurs while this Certificate is in force as to that Insured Person; 2) treated by a Physician within thirty (30) days after the date of Injury; and 3) which results directly and independently of all other causes in loss covered by this Certificate.

**Insured Person** means: 1) the Named Insured; and 2) Dependents of the Named Insured, if: 1) the Dependent is properly enrolled in the program, and 2) the appropriate Dependent premium has been paid. The term "Insured" also means Insured Person.

**Fair Health, Inc.** is a research and consulting firm that focuses on medical coding and reimbursement issues. To determine Reasonable and Customary Charges, the Company uses MDR's "1974 CRVS Gap-Fill Study". This study fills the coding holes in the 1974 California Relative Value Study with current procedure codes and unit values consistent with the 1974 CRVS.

**Intensive Care** means: 1) a specifically designated facility of the Hospital that provides the highest level of medical care; and 2) which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. They must be: a) permanently equipped with special life-saving equipment for the care of the critically ill or injured; and b) under constant and continuous observation by nursing staffs assigned on a full-time basis, exclusively to the Intensive Care Unit Intensive Care does not mean any of these step-down units:

1. Progressive care;
2. Sub-acute Intensive Care;
3. Intermediate care units;
4. Private monitored rooms;
5. Observation units; or
6. Other facilities which do not meet the standards for Intensive Care.

**Medical Emergency** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in: 1) death; 2)

permanent placement of the Insured's health in jeopardy; 3) serious impairment of bodily functions; or 4) serious and permanent dysfunction of any body organ or part.

**Medical Necessity** means those services or supplies provided or prescribed by a Hospital or Physician which are: 1) essential for the symptoms and diagnosis or treatment of the Sickness or Injury; 2) provided for the diagnosis, or the direct care and treatment of the Sickness or Injury; 3) in accordance with the standards of good medical practice; 4) not primarily for the convenience of the Insured, or the Insured's Physician; and, 5) the most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being Hospital Confined means that: 1) the Insured requires acute care as a bed patient; and, 2) the Insured cannot receive safe and adequate care as an outpatient.

This Policy only provides payment for services, procedures and supplies which in the judgment of the Company are a Medical Necessity. No benefits will be paid for expenses which are determined not to be Medical Necessity, including any or all days of the Hospital Confinement.

**Mental or Nervous Disorder** means nervous, emotional and mental disease, illness, syndrome or dysfunction classified in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to a Covered Person. Mental or Nervous Disorder does not include Biologically-based Mental Illness.

**Negative X-ray** means an X-ray that shows the absence of a fracture; pathology; or disease.

**PHCS Preferred Provider** means a provider in the PHCS network who contracts to provide services at a discounted rate.

**Physician** means a fully qualified licensed Physician or any provider of medical care and treatment when such services are within the scope of the provider's licensed authority and are provided pursuant to applicable laws, other than a member of the Insured's immediate family:

The term "member of the immediate family" means husband, wife, children, father, mother, brother, sister, and the corresponding in-laws.

**Physiotherapy** means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat

treatment in any form; manipulation or massage administered by a Physician.

**Positive X-ray** means an X-ray that shows the presence of a fracture; pathology; or disease.

**Pre-existing Condition** means a condition which existed for which the Insured Person received treatment or medical advice from a Physician or used Prescription Drugs within six (6) months prior to the effective date of the Coverage.

**Prescription Drugs** means: 1) prescription legend drugs; 2) compound medications of which at least one (1) ingredient is a prescription legend drug; 3) any other drugs, including "off-label" use of FDA-approved drugs which under the applicable state or federal law may be dispensed only upon written prescription of a Physician; and 4) injectable insulin.

Prescription Drugs also means a drug prescribed for treatment which has not been approved by the Food and Drug Administration, if the drug is recognized as being medically appropriate for the specific treatment for which it has been prescribed in the: 1) American Medical Association Drug Evaluation; 2) American Hospital Formulary Service Drug Information; 3) United States Pharmacopoeia Drug Information; or is recommended by a clinical study or review article in a major peer-reviewed professional journal.

Prescription Drugs does not mean any experimental or investigational drug; or any drug which the FDA has determined to be contraindicated for the specific treatment for which the drug has been prescribed.

**Reasonable and Customary Charges, Fees or Expenses** mean 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; 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 reasonable determined by Us for the same service or supply.

**Registered Nurse** means a professional nurse (R.N.) who is not a member of the Insured Person's immediate family.

**Sickness** means illness, disease, Pregnancy and Complications of Pregnancy which begin after the effective

date of a Covered Person's coverage, which are not a Pre-existing Condition. All related conditions and recurrent symptoms of the same or similar condition will be considered the same Sickness.

**Sound, Natural Teeth** means natural teeth, the major portion of which are present, regardless of fillings.

**Totally Disabled** means a condition of a Named Insured which, because of Sickness or Injury, renders the Insured unable to actively attend classes. A totally disabled Dependent is one who is unable to perform all activities usual for a person of that age.

### **EXCLUSIONS AND LIMITATIONS**

No benefit will be paid for loss or expense caused by, contributed to, or resulting from:

3. Biofeedback services and supplies related to biofeedback;
4. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this Policy or for newborn children; hirsutism; nonmalignant warts, moles and lesions;
5. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
6. Elective surgery and elective treatment; elective abortion;
7. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
8. Patient controlled analgesia (PCA);
9. Loss sustained or contracted as a consequence of the Insured Person's intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a Physician;
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
11. Participation in a riot or civil disorder;
12. Pre-existing Conditions as defined in the Policy for a period of six (6) months; except for 1) Insured Persons under nineteen (19) years of age; 2) individuals who

have been continuously Insured under the school's Student Insurance Policy for at least six (6) consecutive months; or 3) individuals who have been insured under another group policy issued by this Company immediately preceding the individual's Effective Date under this Policy, and the Company paid benefits for the Pre-existing Condition under the preceding group policy. Credit shall be given to the Covered Person for satisfaction of the Pre-existing Condition waiting period under the prior school policy, or any portion thereof if the prior waiting period has not been satisfied in full;

13. Premarital examinations: vasectomy; sexual reassignment surgery; impotence, organic or otherwise; except as specifically provided in the Policy;
14. Routine Services or supplies for foot care including care or corns, bunions (except capsular or bone surgery) and calluses;
15. Services provided normally without charge;
16. Services, supplies and/or treatment for acne; acupuncture; or alopecia;
17. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery;
18. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline or chartered aircraft only while participating in a school sponsored intercollegiate sport activity;
19. Sleep disorders, supplies, treatment, or testing relating to sleep disorders;
20. Supplies, except as specifically provided in the Policy;
21. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices; or gynecomastia; other than as specifically provided in the Policy
22. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
23. Vision services and supplies related to eye refractions or eye examinations, eyeglasses or contact lenses or

prescriptions or fitting of eyeglasses except when due to a disease process;

24. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
25. Weight management services and supplies related to weight reduction programs, weight management programs (except counseling), related nutritional supplies, surgical treatment for obesity, and surgery for removal of excess skin or fat.

### **CLAIM PROCEDURE**

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

1. Contact Your Student Health Services, if available. If Student Health Services is not available, determine whether a PHCS Preferred Provider is located close by for treatment at reduced cost to You. A complete listing of PHCS providers is available at [www.phcs.com](http://www.phcs.com) or [www.chpstudent.com](http://www.chpstudent.com).
2. Itemized billings (Written Proof of Loss) should be submitted by Your health care provider or the Covered Person within ninety (90) days of treatment, or as soon as reasonably possible.

All Claim forms should be submitted to the Claims Administrator shown below:

#### **Claims Administrator:**

#### **CONSOLIDATED HEALTH PLANS**

2077 Roosevelt Avenue  
Springfield, MA 01104

(413) 733-4540

Toll Free (800) 633-7867

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

#### **The Plan is underwritten by:**

#### **Nationwide Life Insurance Company**

Policy Number: 302-065-2910

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

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

There is no utilization review performed on this Policy.

## **CLAIM APPEAL**

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To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plan's Appeal Department at the above address. 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.

Translation services are available to assist insureds, upon request, related to administrative services.

## **EMERGENCY MEDICAL AND TRAVEL ASSISTANCE**

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

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

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

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

## **VISION DISCOUNT PROGRAM**

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For Vision Discount Benefits please go to:

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

### **This is your Temporary ID card**

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Detach and Retain for your Records

The Permanent ID Card Will Follow.

2012-2013 Identification Card

Consolidated Health Plans

2077 Roosevelt Avenue

Springfield, MA 01104

800-633-7867 [www.chpstudent.com](http://www.chpstudent.com)

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### **Insured (Name of Student)**

If a premium has been paid, the Student whose name appears above has been insured under a Policy issued to:

**Stevens Institute of Technology**

Policy Number: 302-065-2910

**Medical Expense Schedule of Benefits**

**Up to \$100,000 Maximum Benefit Paid as Specified Below (For Each Injury or Sickness)**

This Certificate provides benefits for 100% (except outpatient charges which are paid at 80%) of the Reasonable and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Basic Maximum Benefit of \$2,000. After the Basic Maximum Benefit of \$2,000 has been paid by the Company, the Major Medical Benefit will pay 80% of the Reasonable and Customary Charges incurred in excess of \$2,000 up to, but not exceeding \$100,000 (including the Basic Benefits) for Domestic Students and International Students and their Dependents. Benefits will be paid up to Maximum Benefit for each Injury or Sickness as scheduled below. **The student must use the services of the Student Health Center (SHC) first where treatment will be administered, or referral issued. Expenses incurred for medical treatment rendered outside of the SHC for which no prior approval or referral is obtained are excluded from coverage.** SHC referral for outside care is not necessary under certain conditions such as medical emergency. Please refer to page 8 of brochure for those conditions. Covered Medical Expenses include:

<b>INPATIENT</b>	
<b>Room and Board</b> , daily semi-private room rate; and general nursing care provided by the Hospital.	R&C Charges
<b>Hospital Miscellaneous Expenses</b> , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	Reasonable & Customary (R&C) Charges
<b>Intensive Care</b>	R&C Charges
<b>Physiotherapy</b>	R&C Charges
<b>Surgeon's Fee</b> , in accordance with data provided by Fair Health, Inc., no more than one (1) surgical procedure will be Covered when multiple procedures are performed through the same incision or in immediate succession.	R&C Charges
<b>Anesthetist</b>	25% of Surgery Allowance
<b>Registered Nurse</b> , private duty nursing care.	R&C Charges
<b>Physician's Visits</b> , benefits are limited to one (1) visit per day and do not apply when related to surgery.	R&C Charges
<b>Pre-Admission Testing</b> , payable within three (3) working days prior to admission.	R&C Charges
<b>Treatment of Biologically-based Mental Illness</b>	Paid as any other Sickness
<b>Treatment of Mental or Nervous Disorders</b>	Paid as any other Sickness
<b>Treatment of Alcoholism or Drug Abuse</b>	Paid as any other Sickness
<b>OUTPATIENT</b>	
<b>Surgeon's Fees</b> , in accordance with data provided by Fair Health, Inc. No more than one (1) surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	80% of R&C Charges
<b>Day Surgery Miscellaneous</b> , related to major scheduled surgery performed in the operating room; tests and X-Ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Reasonable and Customary charges for Day Surgery Miscellaneous are based on the outpatient Surgical Facility Charge Index.	80% of R&C Charges
<b>Anesthetist</b>	25% of Surgery Allowance
<b>Physician's Visits</b> , benefits are limited to one (1) visit per day. Benefits for Physician's visits do not apply when related to surgery or Physiotherapy.	80% of R&C Charges
<b>Physiotherapy</b> , benefits are limited to one (1) visit per day. Benefits reduced to 50% when treatment is rendered without a referral.	80% of R&C Charges
<b>Preventive/Wellness and Immunizations</b>	R&C Charges
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies	80% of R&C Charges
<b>Diagnostic X-Ray</b>	80% of R&C Charges
<b>Laboratory Services</b>	80% of R&C Charges
<b>Chemotherapy and Radiation Therapy</b>	80% of R&C Charges
<b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's visit, Physiotherapy, X-rays and lab procedures.	80% of R&C Charges
<b>Injections</b>	80% of R&C Charges
<b>Registered Nurse</b> , private duty nursing care.	80% of R&C Charges
<b>Treatment of Biologically-based Mental Illness</b>	Paid as any other Sickness
<b>Treatment of Mental or Nervous Disorders</b> , including all related or ancillary charges incurred as a result of a Mental or Nervous Disorder. A referral by the counseling center is required. The following will be considered covered providers for Mental or Nervous Disorders: a) a community mental health center; b) any other mental health clinic; c) an independent clinical social worker; d) a clinical specialist in psychiatric and mental health nursing.	80% of R&C Charges; 12 days Policy Year Maximum
<b>Treatment of Alcoholism or Drug Abuse</b>	Paid as any other Sickness
<b>OTHER</b>	
<b>Ambulance Services</b>	80% of R&C Charges
<b>Braces &amp; Appliances</b> , a written prescription must accompany the claims when submitted.	80% of R&C Charges
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	80% of R&C Charges
<b>Dental Treatment</b> , made necessary by Injury to Sound, Natural Teeth (only).	80% of R&C Charges up to \$500 Policy Year Maximum
<b>Intercollegiate, Intramural and Club Sports</b>	Paid as any other Injury
<b>Maternity</b> , benefits will be paid for at least 48 hours Hospital Confinement following normal delivery and 96 hours hospital Confinement Following Cesarean section.	Paid as any other Sickness
<b>Complications of Pregnancy</b>	Paid as any other Sickness
<b>Diabetes</b> , benefits will be provided for the expense incurred for equipment and supplies for the treatment of Diabetes, if recommended or prescribed by a Physician. Benefits will also be provided for the expense incurred for the education as to the proper self-management and treatment of the diabetic condition, including information on proper diet.	Paid as any other Sickness
<b>Prescription Drug Expense</b> , including contraceptive drugs and devices, through Express Scripts.	\$10 generic/\$25 brand co-pay, up to a \$100,000 Policy Year Maximum for all conditions. Co-pays do not apply to generic contraceptives.
<b>Medical Evacuation</b>	\$10,000 Policy Year Maximum
<b>Repatriation of Remains</b>	\$7,500 Policy Year Maximum

**OPTIONAL CATASTROPHIC BENEFIT**

This optional benefit is subject to payment of an additional premium and begins payment after the Major Medical maximum of \$100,000 for Domestic Students and International Students has been paid by the Company. It must be purchased at the same time the basic coverage is purchased. This benefit is paid at 100% up to an additional \$200,000. The total benefit payable for each Injury or Sickness, including the Major Medical Benefit is \$300,000 for Domestic and International Students. This optional benefit is not subject to any Pre-existing Condition limitations. The Optional Catastrophic Medical Coverage does not include Prescription Drugs in excess of the \$100,000 Major Medical Policy Year Maximum.