

# Student Health Insurance Program

Designed for the Students of



**2013-2014**

**NATIONWIDE LIFE INSURANCE COMPANY**

COLUMBUS, OHIO

Policy Number: 302-065-2911

Effective August 18, 2013 to August 18, 2014

Group Number: S210004

**NOTICE: Your Student Health Insurance coverage, offered by Nationwide Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits for health insurance plans other than Student Health Insurance coverage for the 2013/2014 policy year. Minimum restrictions for policy year dollar limits for Student Health Insurance coverage are \$500,000 for**

the 2013/2014 policy year. Your Student Health Insurance coverage has a limit of \$500,000 per policy year. Be advised that you may be eligible for coverage under your parents' plan if you are under the age of 26. If you have any questions or concerns about this notice, contact Consolidated Health Plans at 800-633-7867.

### 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 2013 – 2014 School Year

- Increased plan maximum to \$500,000 per Policy Year.

## 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 2013-2014. This twelve (12) month plan is effective from August 18, 2013 to August 18, 2014.

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 who have comparable insurance coverage can waive the student plan on-line at [www.universityhealthplans.com](http://www.universityhealthplans.com) and select **Stevens Institute of Technology**.

### The deadline to process a waiver is August 29, 2013.

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 \$1,297. 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,**

**Marguerite B. Cuning, BA, RN**  
**Director of the Student Health Center**

## 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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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 enrolled in Stevens' Cooperative Education program have full-time status. 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.

**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 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.

**EFFECTIVE AND TERMINATION DATES**

The Master Policy on file at the school becomes effective at 12:01 a.m., August 18, 2013. 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, 2014. Coverage terminates 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, 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*
	8/18/13-8/18/14	1/8/14-8/18/14	5/15/14-8/18/14	7/14/14-8/18/14
Student	\$1,297	\$872	\$459	\$254
Spouse/ Domestic Partner	\$2,777	\$1,793	\$872	\$399
Child(ren)	\$2,076	\$1,359	\$672	\$327

\*The above rates include an administrative fee retained by the servicing broker.

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 fifty-two (52) weeks 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. 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. Expenses incurred for treatment rendered outside of the SHC for which no prior referral is obtained will be paid at 70% of R&C.

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**
- Wellness Health**
- Inpatient Coverage for Mastectomy and Reconstructive Breast Surgery**
- Diabetes Treatment**
- Childhood Immunizations**
- Lead Poisoning Screening**
- Alcoholism Treatment**
- Home Health Care Expense**
- Bone Marrow Transplant and Cancer Treatment**
- Prostate Cancer Screening**
- Second Surgical Opinion**
- Third Surgical Opinion**
- Maternity Stay**
- Treatment of Wilm's Tumor**
- Inherited Metabolic Disease**
- Anesthesia and Hospitalization for Dental Services**
- Home Treatment of Hemophilia**
- Colorectal Cancer Screening Biologically Based Mental Illness**
- Screening for Newborn Hearing Loss**

**Treatment of Infertility**

**Hearing Aids for Covered Persons Fifteen (15) Years or Younger**

**Oral Anticancer Medication**

**Sickle Cell Anemia**

**Positron Emission Tomography**

**Ovarian Cancer Screening**

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

**ADDITIONAL BENEFITS**

**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**

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.

**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 \$500,000 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 Policy Year)**

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 per Policy Year.

**MAJOR MEDICAL BENEFIT**

**(Per Policy Year)**

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$2,000 per Policy Year 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 \$500,000 for Domestic Students and J1-Visa Holders / Exchange Visitors and their dependents.

The total amount payable by the Company under this endorsement will never exceed \$500,000 per Policy Year for all covered conditions or services including prescription drugs.

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).

**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 the policy maximum. 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

**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 charges that would have been made in the absence of this insurance; 3) not otherwise excluded under this Policy; and 4) incurred while this Policy is in force as to the Covered Person.

**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:** 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. Hospital does not include an institution, or part thereof, which is, other than incidentally, a place for rest, the aged, a place for educational or Custodial Care.

**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) 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.** All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**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.

**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) 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.

The Medical Necessity of being Hospital Confined means that:) 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.

**Preferred Provider** means a provider 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.

**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.

**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 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 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:

1. Biofeedback services and supplies related to biofeedback;
2. 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;
3. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
4. Elective surgery and elective treatment; elective abortion;
5. 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;
6. Patient controlled analgesia (PCA);
7. 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;
8. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
9. Participation in a riot or civil disorder;
10. 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;

11. Premarital examinations: vasectomy; sexual reassignment surgery; impotence, organic or otherwise; except as specifically provided in the Policy;
12. Routine Services or supplies for foot care including care or corns, bunions (except capsular or bone surgery) and calluses;
13. Services provided normally without charge;
14. Services, supplies and/or treatment for acne; acupuncture; or alopecia;
15. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery;
16. 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;
17. Sleep disorders, supplies, treatment, or testing relating to sleep disorders;
18. Supplies, except as specifically provided in the Policy;
19. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices; or gynecomastia; other than as specifically provided in the Policy
20. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
21. 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;
22. 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
23. 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

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### 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 Preferred Provider is located close by for treatment at reduced cost to You. Your plan includes the MagnaCare Preferred Provider Organization (PPO). Go to [www.magnacare.com](http://www.magnacare.com) to locate a preferred provider. 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)  
Group Number: S210004

**The Plan is underwritten by:  
Nationwide Life Insurance Company**

Policy Number: 302-065-2911

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**

.....  
Detach and Retain for your Records

The Permanent ID Card Will Follow.

2013-2014 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: 302-065-2911