

a guide to

STUDENT HEALTH SERVICES

UNIVERSITY OF DELAWARE
Newark, Delaware 19716-8101



University of Delaware Student Health Service is fully accredited by the Accreditation Association for Ambulatory Health Care, Inc. and is an institution member of the American College Health Association

2012-2013

Including the Voluntary
Student Accident and Sickness Plan

Nationwide Life Insurance Company

Policy Number: 302-001-0710

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 policy year limit of \$100,000 per Injury per Sickness. 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.

Benefit Enhancements New for the 2012 – 2013 School Year

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

July 2012

Dear Students and Parents or Guardians:

Part I of this brochure provides information about the health care services and programs offered by the University of Delaware Student Health Service. These services are funded through semester and winter session health fees, which all full-time students are required to pay. The semester and winter session health fee is also used to support services offered through the Center for Counseling and Student Development, as well as other health-related services on campus. Part-time matriculated students may use the Student Health Service by paying the semester/winter session fee, or by paying a per visit/service fee.

Part II of the brochure outlines the benefits offered in the Student Accident and Sickness Insurance Plan underwritten by the Nationwide Life Insurance Company.

Expenses for medical and psychological services beyond those provided on campus, including referrals by the campus services, are the personal responsibility of the student. This is the case even if the expense results from University-sponsored programs such as physical education, field or clinical experiences, and intramural or recreational activities.

Such expenses can affect a student's ability to continue his or her education. Therefore, the importance of having some form of insurance coverage cannot be overemphasized.

The 2012-2013 Student Accident and Sickness Insurance Plan provides substantial benefits for Covered Medical Expenses at a reasonable cost. In order to better meet the changing insurance needs of our student population, the 2012-2013 Plan provides the following plan options: the Blue Plan – which is a basic comprehensive major medical program; and the Blue & Gold Plan – which increases the maximum benefits of the Blue Plan. A student may enroll in either Plan. Coverage is also available for a student's spouse or domestic partner and/or Dependent children at an additional charge.

You will find information about the advantages of the Plan, cost, term of coverage, covered benefits, and enrollment procedures in Part II of this brochure. For parents of entering students, we urge you to evaluate this Plan for your student, not only based upon the absence of

insurance coverage, but as an important Delaware medical community based supplement to existing insurance coverage. We encourage you to enroll online at www.universityhealthplans.com. Please note that international students will automatically be charged for the Blue Plan and can use a special upgrade application available on the Student Health website to upgrade to the Blue & Gold Plan and/or to add a spouse and/or children. For further information please contact University Health Plans at (800) 437-6448.

Sincerely,
E.F. Joseph Siebold, D.O., F.A.A.P.
Physician/Director, Student Health Service

NOTE: The benefits of the Plan described in Section II are not part of the University Student Health Services. If you want this coverage, please contact University Health Plans at (800) 437-6448.

**PART I:
SERVICES AVAILABLE AT THE UNIVERSITY OF
DELAWARE STUDENT HEALTH SERVICE**

WHAT IS THE STUDENT HEALTH SERVICE?

The Student Health Service (SHS) provides a full range of primary care, treatment, and referral services, as well as related health education programs. All programs and services are aimed at maintaining the physical and emotional well being of University of Delaware students. The SHS is located in Laurel Hall, a freestanding ambulatory care center on the south end of "THE GREEN" near the intersection of South College Avenue and East Park Place. This well-equipped facility provides medical treatment and office consultation space for a variety of outpatient services, as well as a six (6) bed inpatient (bed patient) unit.

In addition to the Laurel Hall facility, the SHS provides medical services in support of the University athletic program in a sports medicine clinic located in the Bob Carpenter Center.

HOW IS THE STUDENT HEALTH SERVICE STAFFED?

The SHS is staffed by physicians, nurse practitioners, nurses, technical and support staff - all well-trained, fully-

licensed professionals. The physician staff are Board Certified or Board Eligible in specialty areas that include Family Practice, Internal Medicine, Sports Medicine, Adolescent Medicine, Pediatrics and Gynecology. The nurse staff includes nurse practitioners and ANA certified college health nurses. SHS physicians serve on the teaching faculty of the Christiana Care Health Services. The affiliation with the Christiana Care Health Services includes recognition of the Health Service as a primary teaching site for second (2nd) and third (3rd) year Resident Physicians in Family Practice and Medicine-Pediatrics as well as access to major group buying contracts and continuing education of SHS staff. The SHS is also a training site for Nurse Practitioner Students from the University of Delaware and other area universities.

WHEN IS THE STUDENT HEALTH SERVICE OPEN?

During the fall and spring semesters, and during the winter session, the SHS is open 24 hours a day, 7 days a week. During semester breaks the SHS is open weekdays, 8:00 a.m. to 5:00 p.m. During the summer period the SHS is open weekdays, 8:00 a.m. to 5:00 p.m. The SHS is closed during University holidays when the residence halls are closed.

WHAT ARE THE STUDENT HEALTH SERVICE HOURS OF OPERATION?

The normal hours of operation for outpatient clinics and specialty services, to include physician services, are Monday - Friday, from 8:00 a.m. to 4:30 p.m.

Inpatient (bed patient) services are staffed by registered nurses and licensed practical nurses on a 24-hour, 7-day-a-week basis during the academic year (September-May). The inpatient service nurse staff are available for outpatient treatment and consultation providing 24-hour, 7-day-a-week access to services during the academic year.

After normal hours of operation physician coverage is maintained through on-call telephone consultation. Serious medical conditions or emergencies may be referred to the Christiana Care Health Services or other area hospitals as the case demands.

IMPORTANT NOTE: *Please remember that every effort is made by SHS personnel to accommodate students at the times listed in this brochure. Since this is a medical facility,*

however, unexpected emergencies occur making it impossible to adhere to fixed schedules.

WHO CAN USE THE STUDENT HEALTH SERVICE?

Unless otherwise indicated, the services and programs listed in this guide, as well as the services of the Center for Counseling and Student Development and Wellspring, are available during the academic year to all full-time students who are required to pay the semester and winter session health fee. Part-time matriculated students can elect to pay the health fee and be eligible to receive all services, or use the SHS on a fee for service basis.

During the summer period the services are available on a fee for service basis to those students mentioned above, as well as any matriculated student enrolled in the summer session(s). Students may also elect an optional summer session health fee.

STUDENT HEALTH FEE COVERAGE AND FINANCIAL RESPONSIBILITY

Most of the medical, mental health, and health education services provided by the SHS, the Center for Counseling and Student Development and Wellspring are paid for by the semester or winter session health fee. This includes outpatient walk-in visits and appointments, some routine laboratory work, immunization service visits, minor surgery and related non-operative orthopedics, inpatient (bed patient) care, gynecology services, psychiatric/counseling services, substance abuse counseling services, limited on-campus medical transport services, and health education programs.

Diagnostic x-ray services are provided at the SHS in cooperation with an off-campus radiology group. Billing for this service is routinely accomplished through the student's health insurance carrier. Charges for pharmaceuticals at the SHS Dispensary or off-campus, optional colposcopy procedures through the Gynecology Clinic, lab work processed at outside laboratories, tuberculin PPD tests, some serum injections and health maintenance and travel vaccinations, and certain specialty procedures are the responsibility of the student or parent/guardian. In addition, the cost of receiving medical care and psychiatric/counseling services beyond that provided by the SHS and the Center for Counseling and Student

Development, including referrals to specialists, use of the Christiana Hospital Emergency Department and hospitalization, is the responsibility of the student or parent.

STUDENT HEALTH SERVICES AND HOW TO USE THEM

OUTPATIENT CLINICS AND SPECIALTY SERVICES

The SHS has four (4) types of clinical services: outpatient/general medical; immunization; gynecology; and sports medicine. All clinical services operate on an appointment basis. In addition, a walk-in system is utilized to address urgent care needs.

OUTPATIENT / GENERAL MEDICAL CLINIC

The Outpatient General Medical Clinic is staffed by physicians, nurses and nurse practitioners Monday through Friday from 8:00 a.m. to 4:30 p.m. During the academic year registered nurses are available for outpatient treatment and consultation after 4:30 p.m. on weekdays, and on a 24-hour basis on weekends.

To make an appointment, call the main SHS office number (831-2226), or see the receptionist at the main desk waiting area. Serious medical conditions and emergencies are given priority in all cases.

IMMUNIZATION CLINIC

Allergy injections are administered on a regular basis in the Immunization Clinic at no additional charge. Students must provide their serum and allergist's instructions and schedule. The first dose of every new vial of allergy serum must be given by the allergist who ordered the serum. Injections are also provided on a routine basis in support of Outpatient and General Medical Clinic services. Immunizations, travel vaccines, and special injections are provided at an additional charge according to a fee for service schedule.

The Immunization Clinic is located in Room 141, Laurel Hall. Clinic hours are Monday, Tuesday, Thursday, and Friday, 8:00 a.m. to 11:30 a.m. and 1:00 p.m. to 4:00 p.m. A special Wart Clinic is provided on Wednesday.

GYNECOLOGY CLINIC

The all-female Clinic is staffed by a Board-certified gynecologist, nurse practitioners, and nurse staff with training and experience in gynecology. Comprehensive services include complete pelvic examinations, liquid-based Pap smears, contraceptive services, including emergency contraception, pregnancy testing and counseling, and routine gynecological treatment. Colposcopy, Depo-Provera, and IUDs are also provided as an option for an additional charge. During the academic year, Clinic hours for appointments are scheduled Monday through Friday, 8:00 a.m. to 11:30 a.m., and 1:00 p.m. to 3:30 p.m. Services are available on an emergency basis from 8:00 a.m. to 12 noon, and from 1:00 p.m. to 4:00 p.m. To make an appointment, call the Gynecology Clinic at 831-8035, or see the Clinic receptionist, Room 232, Laurel Hall.

SPORTS MEDICINE CLINIC

Medical services in support of the University Athletic Program are provided by Fellowship-trained athletic medicine physician teams. The services are offered in a Sports Medicine Clinic facility located at the Bob Carpenter Center, in close proximity to practice, training, and game facilities. The services provided at the Sports Medicine Clinic include primary care both in- and out-of-season, pre-competition physical examinations, minor surgery, and non-operative orthopedics relating to sports injury. The services of the Sports Medicine Clinic are available to students who are not participating in intercollegiate athletics on referral from staff physicians at the SHS.

The Sport Medicine Clinic is open August through May. Clinic hours are 8 a.m. to 6 p.m., Monday through Friday. For an appointment or additional information contact the Sports Medicine Clinic at 831-2482.

HEALTHY HENS

Healthy Hens is a free program promoting **Healthy Exercise, Nutrition, and Sleep**. Our goal is to foster healthy lifestyle habits for optimal wellness and disease prevention. The program consists of an online health-risk assessment, fitness evaluation and health screening with a nurse and nurse practitioner, and education on topics such as weight management, healthy food choices, and exercise. Students

can join one of the various fitness groups led by their peers. Visit our website for more information or to join Healthy Hens.

DISPENSARY SERVICES

For the convenience of University students a few selected prescriptive and non-prescriptive items and non-returnable orthopedic soft goods (e.g. air casts) may be purchased at the SHS Dispensary located in Rooms 132 and 133 Laurel Hall. The SHS Dispensary is not a pharmacy and has only a limited formulary of pharmaceutical medications. Only prescriptions written by an SHS practitioner will be accepted. Payment is by check, cash, or UD1 FLEX flexible spending account. Most credit cards and bank cards and some prescription cards are also accepted. The Dispensary is open Monday through Friday, 8:30 a.m. to 12 noon and 1:00 p.m. to 4:00 p.m. Call 831-4251 for additional information. Prescriptions can also be filled at any of several pharmacies near campus.

LABORATORY SERVICES

During the academic year our CLIA accredited diagnostic laboratory provides testing in support of all outpatient clinics and specialty services. Most of the lab work is performed at the SHS lab, to include urinalysis, complete blood counts, mono testing, strep throat cultures, cholesterol testing, and glucose testing. For special studies sent to our reference lab the patient's insurance carrier is billed for this service by the reference lab. Some insurance plans exclude coverage for laboratory tests not authorized or taken in conjunction with that plan. While every effort will be made by SHS staff to coordinate your level of coverage with the need for diagnostic laboratory services, you need to be aware of your insurance coverage requirements and limitations at the time of your visit. The Laboratory Service is located in Rooms 103 and 104, Laurel Hall.

RADIOLOGY

During the academic year, diagnostic x-ray services are provided at Laurel Hall in cooperation with a local radiology group. For the benefit of patients and SHS staff, x-rays are taken and digital images are made available for immediate evaluation at the SHS. The digital images are then sent electronically to a radiologist for detailed evaluation and

reports. The patient's health insurance carrier is billed directly by the local radiology group for this service. Some insurance plans exclude coverage for x-rays not authorized or taken in conjunction with that plan. While every effort will be made by SHS staff to coordinate your level of coverage with the need for diagnostic x-ray services, you need to be aware of your insurance coverage requirements and limitations at the time of your visit. The X-Ray Service is located in Rooms 126 and 127, Laurel Hall.

MINOR SURGERY

During regular medical clinic hours certain minor surgical procedures are performed by SHS staff physicians. Procedures include some suturing of lacerations, incision and drainage of some abscesses, removal of some small growths, and splinting or casting for some minor fractures. There is no additional charge for this service for students who have paid the semester/winter session health fee. There may be a charge for biopsy, if needed. (See Laboratory Services).

BORROWED ARTICLES

Crutches, canes, and other re-usable medical supplies are available on a loan basis. Students will have their account charged for any equipment item not returned.

INPATIENT CARE

The SHS provides a six (6) bed Inpatient Service in the Laurel Hall facility. Patients can be admitted by SHS staff physicians for illness requiring diagnostic testing and observation, treatment and isolation of infectious disease, and for injury requiring inpatient care. This allows students to maintain their course of study without serious interruptions. The Inpatient Service is staffed by registered nurses and licensed practical nurses on a 24-hour, 7-day-a-week basis during the academic year. An SHS physician is available for telephone consultation during off hours. There is no Inpatient Service during the summer or during semester break periods and University holidays when the residence halls are closed.

MEDICAL TRANSPORT SERVICES

The SHS, in conjunction with the Department of Public Safety, provides limited on-campus medical transport services. Short-term on-campus transportation to and from classes for disabling injuries may be authorized by the Director or Assistant Director for Nursing Service.

TRANSPORT SERVICES ARE NOT PROVIDED FOR SCHEDULED APPOINTMENTS WITH CONSULTING PHYSICIANS, DENTISTS, OR OTHER HEALTH CARE AGENCIES.

In addition to the above transport services, the SHS and the Department of Public Safety sponsor an emergency ambulance service. The service is operated by well-trained student volunteers, utilizing a modern, well-equipped University Ambulance vehicle. The University Ambulance service operates on a 24-hour basis during the academic year. The ambulance telephone number is 831-2222 (Department of Public Safety). Dial 911 from a campus phone for emergencies. Ambulance services will be provided by a non-University ambulance squad, if needed, when the University ambulance is making another call. There will be a charge for a non-University ambulance transport.

HOW STUDENTS ARE ACTIVE IN THE STUDENT HEALTH SERVICE

The SHS welcomes and encourages student participation in the ongoing process of maintaining the quality of services, improving the way we do things and developing new programs to meet student needs.

Feedback: There are a number of places to direct your comments/suggestions on how we can improve our services. You are encouraged to speak directly to the staff who have served you or to their supervisor(s). A letter to the Director will receive a response. Appointments to discuss concerns with the Director, the Assistant Director for Administration, or the Assistant Director for Nursing Service are also encouraged. You may also call our comment line at 831-4898 or give us your comments by e-mail. See the Student Health Service home page www.udel.edu/studenthealth for details.

The Student Health Advisory Council (SHAC): This group represents all University students and exists to provide input and assistance in the planning and evaluation of

services, the preparation and review of the budget, and special projects of the SHS. The group is made up of representatives from various student organizations and elected bodies, as well as interested students. The SHS places great value on the work of the Council and encourages your active participation. Interested students should contact the Director at 831-3699.

STUDENT HEALTH SERVICES DIRECTORY

General information/Outpatient Appointments
 Main Reception Area 831-2226
Director
 Room 217 Laurel Hall 831-2871
Assistant Director for Administration
 Room 215 Laurel Hall 831-2871
Assistant Director for Nursing Service
 Room 216 Laurel Hall 831-2871
Ambulance Service
 Dept. of Public Safety 831-2222
 Or **911** from **campus phone** for emergencies
Dispensary Service
 Room 132 / 133 Laurel Hall 831-4251
Gynecology Clinic
 Room 232 Laurel Hall 831-8035
Immunization Clinic
 Room 141 Laurel Hall 831-4150
Inpatient Service
 Room 210 Laurel Hall 831-8324
Laboratory Service
 Room 103 / 104 Laurel Hall 831-2226
Outpatient/General Medicine Clinic
 1st Floor, Laurel Hall 831-2226
Physical Therapy Referral
 Main Office Laurel Hall 831-2226
Radiology (X-Ray)
 Rooms 126 / 127 Laurel Hall 831-2226
Sports Medicine Clinic
 Bob Carpenter Sports / Convocation Center 831-2482

**Center for Counseling
& Student Development** 831-2141
Student Wellness & Health Promotion 831-3457
Comment Line 831-4898
FAX 831-6407
WWW www.udel.edu/studenthealth
E-mail studenthealth@udel.edu

**PART II:
STUDENT HEALTH INSURANCE**

INTRODUCTION

This is a brief description of the Student Health Insurance Plan available for University of Delaware students. The Plan is underwritten by Nationwide Life Insurance Company. The exact provisions governing this insurance are contained in the master policy (referred to below as "the Policy") issued to the University and may be viewed at the University's office during business hours. The Policy shall control in the event of any conflict between this brochure and the Policy.

ELIGIBILITY

All matriculated full-time and part-time undergraduate and graduate students are eligible to enroll in the Student Health Insurance Plan while enrolled at the University of Delaware. Coverage must be purchased during specified enrollment periods.

All international students engaged in educational activities who are F-1 and J-1 visa holders must be enrolled in this Insurance Plan. Students must submit proof of other comparable coverage by completing a waiver form at www.universityhealthplans.com if they wish to waive coverage.

Students must actively attend classes for at least the first thirty-one (31) days after the date for which coverage is purchased unless they would have been eligible to attend classes for thirty-one (31) days and were prevented from attending due to a Sickness or Injury. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

ENROLLMENT PERIODS

	Coverage Period	Enrollment Deadline
Annual – Available to all eligible students and post docs	9/1/12–8/15/13	9/30/12
Fall Only – Available to all eligible students and post docs	9/1/12–2/1/13	9/30/12
Spring Only (January) – Non-Funded rates only	1/1/13–8/15/13	1/31/13
Spring Only (February) – Available to all eligible students and post docs	2/1/13 – 8/15/13	2/28/13
Summer Only – Non-Funded rates only	6/1/13–8/15/13	6/30/13

ENROLLMENT METHOD

Enrollment for international students is verified through the Office of Foreign Students and Scholars Services at the University of Delaware. International students do not complete an application form as the students are enrolled and billed directly on their student account.

All other enrollment (including all Dependent enrollment) is handled by University Health Plans (UHP). U.S. students may go online to the UHP website to enroll and pay by credit card or may print the application from the website and send to UHP with a check or money order. International students may go to the same website to find forms used to upgrade to Blue & Gold Plan and/or add Dependents.

QUALIFYING EVENTS

Eligible students and Post Docs may enroll after the enrollment deadlines because of an eligible qualifying event. Eligible qualifying events are defined as loss of other Creditable Coverage or new student eligibility.

Enrollment in any situation described in this section must be completed within thirty (30) days of the event. The student must provide evidence of the event, along with an application and payment, to University Health Plans within those thirty (30) days following the event. The full premium for the semester must be paid unless stated otherwise.

Post Docs may enroll within thirty (30) days of the start of their post-doctoral position at the University and must contact UHP for information about the premium due.

All students and Post Docs may enroll their Dependent(s) because of an eligible qualifying event. Eligible qualifying events for a Dependent are defined as birth or marriage, including civil union (to the Insured Student) or meeting the definition of Domestic Partner.

Newborns of covered female enrollees will be automatically covered for the first thirty-one (31) days after birth. Coverage will cease after such thirty-one (31) days unless the additional enrollment premium is received by University Health Plans within thirty (30) days of the birth.

Under no circumstances will enrollment due to a qualifying event be allowed if the request for coverage and/or event documentation is received after thirty (30) days following the event.

TERM OF COVERAGE

The "Policy term" begins at 12:01 AM on 9/1/12 and ends at 12:01 AM on 8/15/13. Coverage for Insured Persons begins at 12:01 AM on the latest of the following dates: a) the first day of the "Coverage Term" selected when a signed enrollment form and premium payment are received by the Company (or authorized representative) within fourteen (14) days from such date, or b) the date a signed enrollment form and premium payment are received by the insurance company (or authorized representative), if later. Coverage for Insured Dependents will begin and end on the same dates as that applicable for students.

If an Insured Student or Insured Dependent spouse, including a same-sex civil union partner, or Domestic Partner gives birth to a child while coverage is in effect for such student or spouse, coverage for that child will be provided for Injury or Sickness, including medically diagnosed congenital defects and birth abnormalities, as well as routine care furnished for an infant, for thirty-one (31) days from the moment of birth. This coverage will cease at the end of the thirty-one (31) day period if enrollment and "due" premium payment for the child have not been received.

WITHDRAWAL

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first thirty-one (31) days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Students withdrawing after such thirty-one (31) days will remain covered under the Policy for the full period for which premium has been paid and no refund will be available. Insured Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro rata refund of premium will be made for such person upon written request received by the Company within ninety (90) days of withdrawal from school.

REFUND OF PREMIUM

Premiums received by the Company are fully earned upon receipt. Refund of premium will be considered only as specifically provided in the case of withdrawal from school or entry in the armed forces. No other refund will be allowed.

THE BLUE PLAN

COMPREHENSIVE MAJOR MEDICAL BENEFITS

The Maximum Benefit payable shall be \$100,000 per Injury or Sickness per Policy Year. The payment percentage for Covered Medical Expenses is 80% until \$2,000 in covered charges per Injury or Sickness has been paid, then 100% until the Maximum Benefit is paid.

After satisfying a deductible of \$50 per Injury or Sickness (see section on "Waiver of Deductible"), payment shall be made for Covered Medical Expenses incurred during the term insured. Covered Medical Expenses are those expenses for:

- Hospital room and board and general nursing care while Hospital Confined, up to the semi-private room rate or Intensive Care unit rate, if applicable;
- Miscellaneous Hospital expense incurred while Hospital Confined;
- Outpatient Hospital Services, including Birthing Centers;
- Inpatient and Outpatient Physician visits and

consultations;

- Inpatient and Outpatient Services of an advanced registered nurse and midwife;
- Inpatient and Outpatient services of a surgeon;
- Anesthesia;
- Emergency services;
- X-ray and laboratory services;
- Emergency ambulance services;
- Treatment for mental or nervous disorders;
- Prescription Drugs (generic contraceptives are not subject to cost-sharing);
- Dental treatment of Injury to sound natural teeth, limited to \$200 per tooth;
- Outpatient physical therapy for Injury; and
- Outpatient physical therapy for treatment of Sickness, up to ten (10) visits.

Waiver of Deductible - The \$50 deductible shall not apply

a) to covered x-ray services performed at the Student Health Service; b) to care rendered to students at the Newark Emergency Center, Christiana Hospital, or Beebe Medical Center for bonafide emergencies; c) to covered outpatient physical therapy rendered for treatment of Sickness at the University of Delaware Physical Therapy Health Clinic; d) outpatient prescription drugs when prescribed and filled at the University of Delaware Student Health Service; and 5) Preventive/Wellness and Immunizations.

Maximum Benefit:

- a) Medical Expenses incurred for treatment of mental or nervous disorders, which are not otherwise excluded, are not covered in excess of the Blue Plan Maximum.
- b) Medical Expenses incurred for Pre-Existing Conditions, which are not otherwise excluded, after the Insured has been continuously for twelve (12) months, are not covered in excess of the Blue Plan Maximum. This exclusion does not apply to Covered Persons under the age of nineteen (19).
- c) Outpatient physical therapy for a Sickness is not covered in excess of the Blue Plan Maximum.

- d) Medical Expenses incurred for outpatient prescription drugs are limited to \$100,000 for all conditions per Policy Year.

Attention: If an Injury or Sickness **first occurs** during a Policy Year in which You select the Basic Medical Benefit plan, Covered Charges related to that Injury or Sickness will be limited to the Maximum Benefit amount set forth in the Basic Medical Benefit Plan. This limitation will continue to apply even if You select the Enhanced Medical Benefit Plan in subsequent Policy Years.

REPATRIATION EXPENSE

This benefit will cover all insured International Students and Domestic Students on authorized study abroad programs, and their insured Dependents. In the event of death of an Insured and when approved by the Company, payment will be made to prepare and ship the deceased's body to his/her home country, up to \$7,500.

MEDICAL EVACUATION EXPENSE

This benefit will cover all insured International Students and Domestic Students on authorized study abroad programs, and their insured Dependents. When an Insured is hospitalized for Injury or Sickness for five (5) days in a row, payment will be made to evacuate that person to his/her home country or another facility, if medically necessary, up to \$10,000. The attending physician and the Company must approve the evacuation. With respect to International Students, all coverage ends under the Policy once the evacuation takes place.

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

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.

THE BLUE & GOLD PLAN
ENHANCED MAJOR MEDICAL BENEFITS

When You select the Blue & Gold Plan, You automatically have the Blue Plan Benefits described above. When Injury or Sickness requires treatment and after the Maximum Benefit has been paid under the Blue Plan, payment shall be made at 100% for Covered Medical Expenses incurred during the term insured. Covered Medical Expenses are those expenses for physicians and surgeons, including services of an advanced registered nurse or nurse midwife, hospital confinement, x-rays, laboratory tests, casts, surgical dressings, use of an ambulance and other Reasonable and Customary medical expenses. **The Maximum Benefit payable shall be \$1,000,000 per Injury or Sickness per Policy Year, inclusive of the Blue Plan benefits.**

The Blue & Gold Plan does not cover the following expenses in excess of the Blue Plan Maximum of \$100,000:

- Outpatient prescription drugs;
- Mental or nervous disorders;
- Outpatient physical therapy for a Sickness.

Attention: If an Injury or Sickness **first occurs** during a Policy Year in which You select the Basic Medical Benefit Plan (the Blue Plan), Covered Charges related to that Injury or Sickness will be limited to the Maximum Benefit amount set forth in the Basic Medical Benefit Plan. This limitation will continue to apply even if You select the

Enhanced Medical Benefit Plan in subsequent Policy Years.

DEFINITIONS

"Injury" means bodily Injury caused by an Accident, which results in loss, directly and independently of all other causes. The Injury must begin while the Insured is covered under the Policy.

"Accident" means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Insured is covered under the Policy.

"Sickness" means illness or disease, which is the sole cause of the loss. The Sickness must manifest itself while the person is insured under the Policy. Sickness includes normal pregnancy and complications of pregnancy.

"Pre-Existing Condition" means a condition for which medical advice or treatment was recommended by or received from a physician within a twelve (12) month period preceding the Insured's Effective Date of insurance.

"Creditable Coverage" means coverage under any of the following: 1) A group health plan; 2) Health insurance coverage; 3) Medicaid or Medicare; 4) A State health benefits risk pool; 5) United States Military sponsored health care; 6) Public health plan; 7) The Federal Employees Health Benefit Plan; 8) A medical care program of the Indian Health Service or of a tribal organization; and 9) A health plan under the Peace Corps Act.

"Reasonable and Customary Charge" means the normal charge of the provider, in the absence of insurance, 1) for a medical service or supply, but not more than the prevailing charge in the area for a like service by a provider with similar training or experience, or 2) for a supply which is identical or substantially equivalent. Fair Health, Inc. is used to determine Reasonable and Customary. The final determination of a Reasonable and Customary charge rests solely with the Company.

"Medically Necessary" means a medical service, treatment or supply: 1) Consistent with "approved and generally accepted medical, surgical or dental practice" for the covered Injury or covered Sickness of the Insured, as determined by the Company, 2) Accepted as safe, effective and reliable by a medical specialty or board recognized by the American Board of Medical Specialties, and 3) Not

"experimental or investigational treatment," as determined by the Company. See the Policy for a complete definition.

"Dependent" means a person who is the Insured's:

1. Legally married spouse, including a same sex civil union partner, who is not legally separated from the Insured;
2. Domestic Partner who resides with the Insured Student;
3. Child under the age of twenty-six (26); and
4. Child who is incapable of self-sustaining employment due to mental retardation or physical handicap on the date that such child's coverage would otherwise terminate under this Policy due to the attainment of the specified age limit for children and is chiefly dependent on the Insured for support and maintenance. Within thirty (31) days of such date, We must receive due proof of such incapacity in order for the Insured to continue coverage with respect to such child.

The term child refers to the Insured's:

1. Natural child;
2. Stepchild or foster child; A stepchild is a Dependent on the date the child begins permanently residing in the Insured's home; and
3. Adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

"Domestic Partner" means two individuals who, together, each meet all of the following criteria set forth below:

1. Are 18 years of age or older.
2. Are competent to enter into a contract.
3. Are not legally married to, nor the Domestic Partner of, any other person.
4. Are not related by marriage.
5. Are not related by blood closer than permitted under marriage laws of the state in which they reside.
6. Have entered into the Domestic Partner relationship voluntarily, willingly, and without reservation.
7. Have entered into a relationship which is the functional equivalent of a marriage, and which includes all of the following:

- a) living together as a couple;
 - b) mutual support of each other;
 - c) mutual caring and commitment to each other;
 - d) mutual fidelity;
 - e) mutual responsibility for each other's welfare; and
 - f) joint responsibility for the necessities in life.
8. Have been living together as a couple for at least six (6) months prior to obtaining the Coverage provided under this Policy and the Certificate.
9. Intend to continue the Domestic Partner relationship indefinitely, while understanding that the relationship is terminable at the will of either partner.

“Party to a Civil Union” means a person who has established a civil union according to applicable state law.

STATE MANDATED BENEFITS

The Policy covers, according to the benefit outline, the Reasonable and Customary Charges incurred for the following services, as mandated by the State of Delaware:

- 1) Ovarian Cancer Monitoring;
- 2) Prostate Specific Antigen Test;
- 3) Mammograms;
- 4) Pap Smear Test;
- 5) Lead Poisoning Screening;
- 6) Colorectal Cancer Screening;
- 7) Immunizations for Dependent Children from Birth Through Age 18;
- 8) Outpatient Contraceptive Services, including Contraceptive Drugs and Devices;
- 9) Diabetes Equipment and Supplies;
- 10) Reconstructive Breast Surgery;
- 11) Routine Patient Care Costs While Engaging in Clinical Trials for Treatment of a Life-threatening Disease;
- 12) Phenylketonuria;
- 13) Hearing Aids (up to age 24);
- 14) Scalp Hair Prosthesis;
- 15) Treatment of Severe Mental Illness and Drug and Alcohol Dependency;
- 16) Reimbursement for Midwife Services;
- 17) Newborn and Infant Hearing Screening;
- 18) Outpatient Drug Coverage for Chronic or Life-threatening Illness; and
- 19) Oral Anticancer Medication; the same as any other Sickness See the Policy for details.

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.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover nor provide benefits for:

- 1. Expense incurred as a result of dental treatment, except that this exclusion shall not apply for treatment resulting from Injury to sound, natural teeth.
- 2. Services normally provided without charge to students who pay the Student Health Fee by the University's Health Service, Infirmary or Hospital, or by health care providers employed by the University.
- 3. Eyeglasses, contact lenses, including but not limited to routine eye refractions, eye exams except as in the case of Injury. Orthoptic Therapy, visual training or radial keratotomy or similar surgical procedures to correct vision, except as provided herein;
- 4. Hearing Screenings (except as provided herein) or hearing examinations or hearing aids and the fitting or repairing of hearing aids; except in the case of Accident or Injury.
- 5. Injury due to participation in a riot, or commission of a felony.
- 6. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
- 7. Injury or Sickness resulting from declared or undeclared war or any act thereof.
- 8. Injury or Sickness for which benefits are payable under Workers' Compensation or Occupational Disease Law.
- 9. Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Insured entering the armed forces of any country, we will refund the unearned pro rata premium to such Insured.
- 10. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
- 11. Elective treatment or elective surgery.
- 12. Cosmetic surgery except as the result of covered Injury occurring while the Policy is in force as to the Insured.

- 13. Injury sustained while participating in the play or practice of intercollegiate sports.
- 14. Injuries sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance.
- 15. Any expense incurred for the treatment of Temporomandibular Joint (TMJ) Dysfunction Syndrome, including examination and fitting for the TMJ device, nutritional counseling and occlusal adjustment. However, benefits will be provided for the treatment of TMJ Dysfunction caused by documented organic joint disease or joint damage resulting from physical trauma. Benefits for a TMJ appliance are excluded.
- 16. Expense incurred for: vasectomy; breast reduction; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis and circumcision.
- 17. Expense incurred for infertility procedures and fertility tests.
- 18. Expense incurred for vitamins and anti-toxins, except as specifically stated.
- 19. Services and/or supplies, which are not Medically Necessary for the care and treatment of the Injury or Sickness, except as specifically provided.
- 20. Expense in excess of the Reasonable and Customary charge.
- 21. Expense for outpatient prescription drugs or medicines that exceed the Blue Plan maximum.
- 22. Pre-Existing Conditions. This exclusion will not apply if, during the period immediately preceding the Insured's Effective Date of coverage under the Policy, the Insured was covered under prior Creditable Coverage for twelve (12) consecutive months. This waiver of Pre-existing Conditions will apply only if the Insured becomes eligible and applies for coverage within sixty-three (63) days of termination of his or her prior coverage. This exclusion does not apply to Insured Persons under the age of nineteen (19).
- 23. With respect to the Blue & Gold Plan, expense for outpatient physical therapy for a Sickness that exceed the Blue Plan maximum.

24. Expense for Mental or Nervous Disorders under the Blue & Gold Plan that exceed the Blue Plan maximum.

SUBROGATION

If claims are incurred as a result of another person's negligence, the Company has the right to seek reimbursement in accordance with the Policy.

TERMINATION OF INSURANCE

Benefits are payable under the Policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Insured. No benefits are payable for expenses incurred after the date the insurance terminates for the insured, except as may be provided under the Extension of Benefits.

EXTENSION OF BENEFITS

If, as a result of Injury or Sickness, an Insured is confined to a hospital on the date his or her insurance terminates, expenses incurred after such termination date and during the continuance of that hospital confinement shall be payable in accordance with the Policy, but only while they are incurred during the thirty-one (31) day period following such termination of insurance.

COORDINATION OF BENEFITS

When an Insured has coverage under other policies and/or plans, the Policy will coordinate payments from all sources of coverage so that the total amount paid does not exceed 100% of the allowable expenses incurred. Benefits available under the Policy may be reduced for the purposes of such coordination. This provision shall not apply to benefits payable for motor vehicle accident injuries.

CLAIM PROCEDURE

In the event of Injury or Sickness, the Insured should consult a doctor and follow his/her instructions.

Claim forms and instructions are available at the Student Health Service and all claim forms should be mailed to Consolidated Health Plans, Inc., 2077 Roosevelt Avenue, Springfield, MA 01104, Phone: (800) 633-7867. Written notice of claim must be given within thirty (30) days after the occurrence or commencement of any loss covered by

the Policy. Bills for which benefits are to be paid must be submitted within ninety (90) days of the date of treatment. Whenever a claim for benefits is denied, you will receive a notice to this effect. If you feel your claim should not have been denied, you may submit any additional medical information to the Claims Administrator in support of your claim. Such request should be made in writing and submitted within sixty (60) days from the date you receive the denial notice. Upon receipt of your request, the Claims Administrator will reconsider the denial and inform you of the outcome.

CERTIFICATION OF GROUP HEALTH PLAN COVERAGE

If an Insured is no longer eligible to be insured under this Plan, the Insured should request a Certificate of Group Health Plan Coverage from Consolidated Health Plans. This request must include the name of the school and the name of each person who is no longer eligible to be insured under this Plan.

ANNUAL RATES (9/1/2012-8/15/2013)

The Blue Plan

Student only	\$1,767
Student & One (1) Dependent.....	\$4,437
Student & Two (2) or More Dependents	\$6,488

The Blue & Gold Plan

Student only	\$1,976
Student & One (1) Dependent.....	\$4,965
Student & Two (2) or More Dependents	\$7,262

Note: For additional rates, see the enrollment form.

The above rates include an administrative fee.

CONTINUATION PLAN

Students currently insured under this Accident and Sickness Insurance Plan whose eligibility ends due to graduation or otherwise leaving school are eligible to continue coverage under a Continuation Plan, subject to its terms and conditions. Enrollment for this Continuation Plan

must be made before 8/15/2013. To enroll, call University Health Plans at (800) 437-6448.

Any provision of the Policy or the brochure which is in conflict with the statutes of the state in which the Policy is issued, will be administered to conform to the requirements of the state statutes.

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

www.consolidatedhealthplan.com/about/hipaa

Claims Administrator: Consolidated Health Plans

2077 Roosevelt Avenue
Springfield, MA 01104
Telephone (800) 633-7867
www.chpstudent.com

Servicing Broker: University Health Plans, Inc.

One Batterymarch Park
Quincy, MA 02169-7454
Telephone (800) 437-6448
info@univhealthplans.com
www.universityhealthplans.com

Underwritten By: Nationwide Life Insurance Company

Policy Number: 302-001-0710

VISION DISCOUNT PROGRAM: For Vision Discount Benefits please go to: www.chpstudent.com.