

# Student Accident and Sickness Insurance Program

Designed for the Students of

## UNIVERSITY OF RHODE ISLAND

2005-2006

NATIONWIDE LIFE INSURANCE COMPANY  
Columbus, Ohio

Policy Number: 302-040-3803

### 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.

Dear Students and/or Parent(s):

All full-time students and international students at the University of Rhode Island are required to be covered by a health insurance plan. In order to effectively administer the Policy, **all full-time students and international students are automatically assessed \$1,106** (administration fee is included) **for the ACCIDENT/SICKNESS INSURANCE on the tuition bill.** This charge can be **WAIVED.** The insurance is offered through University Health Plans, underwritten by Nationwide Life Insurance Company and offers the Private Healthcare Systems (PHCS) network.

If you presently have comparable private health insurance and wish to waive the student plan offered by the University, you must complete an on-line waiver. To complete the on-line waiver, log on to [www.universityhealthplans.com](http://www.universityhealthplans.com), select University of Rhode Island and then 'Waiver Form.' Fill in all required fields and submit the form. If all required information is entered successfully, you will receive a confirmation that your waiver has been successfully submitted.

**The deadline for completing the on-line waiver is October 8, 2005.** If you do not complete your waiver by the deadline, you will be charged \$1,106 (administration fee is included) for the Accident & Sickness Insurance. Please complete the on-line waiver as soon as possible and check your next tuition bill to verify that this charge has been removed.

If you have any questions, please contact University Health Plans at [info@univhealthplans.com](mailto:info@univhealthplans.com) or (800) 437-6448 or contact our Insurance Office at (401) 874-4755.

Sincerely,  
Charles Henderson, III  
Director

### UNIVERSITY HEALTH SERVICES

The Policy requires that students must first seek care and treatment at URI Health Services. Covered Medical Expenses are payable at 100% when rendered at URI Health Services. If the medical staff determines the student requires additional care of a specialist, a referral will be made for that particular Injury or Sickness.

When the University is in session, URI Health Services is open Monday through Friday from 8:00AM to 8:00PM. Weekends and some holidays, URI Health Services is open 10:00AM to 6:00PM. During these hours of operation, a triage nurse can be reached at (401) 874-2675 to schedule an appointment. URI Emergency Medical Service provides Emergency Medical Technicians and ambulance transport 24 hours a day by calling (401) 874-2121. URI Health

Services is not open during school breaks or in the summer. During these times a referral is not needed.

Treatment received without a referral will result in a claim denial unless URI Health Services is closed, it is an Emergency Medical Condition, the student is not within 40 miles proximity of URI Health Services, or the insured has graduated mid year and is on the December Graduates List. (Emergency Medical Condition is defined as the unexpected onset of a bodily Injury or Sickness which if not treated immediately, could reasonably be expected to result in a serious physical impairment or loss of life. It does not include elective or routine care.)

You receive maximum coverage when you seek care from a Private Healthcare Systems Preferred Provider. When referred by URI Health Services the referral requirement will be handled by the Health Services Insurance Office. For care otherwise received, the following is required:

1. Pick up a claim form at Health Services or on-line at [www.universityhealthplans.com](http://www.universityhealthplans.com). Complete and mail with all itemized medical and hospital bills to Consolidated Health Plans.
2. Claims must be submitted within 30 days and bills within 90 days.

### ELIGIBILITY AND ENROLLMENT

All full time students are automatically enrolled UNLESS A WAIVER IS SUBMITTED ELECTRONICALLY TO HEALTH SERVICES BY GOING TO [www.health.uri.edu](http://www.health.uri.edu) by the waiver deadline. Your tuition bill will list Accident/Sickness Insurance. The term of the Policy is 9/1/05 to 9/1/06.

All International students are automatically enrolled and are required to enroll all accompanying dependents, unless proof of comparable coverage is provided. The term of the Policy is 08/15/05 to 08/15/06.

Part-time matriculating students may enroll. Enrollment forms are available at URI Health Services or online at [www.universityhealthplans.com](http://www.universityhealthplans.com). This insurance coverage is effective on receipt of the premium payment and completed enrollment form. Enrollment and premium must be received no later than 09/15/05.

Insurance coverage for eligible dependents of students (spouse residing with the student and unmarried children under age 19 or under age 25 if a full time student who is not self supporting or a child of any age who is medically certified as disabled and dependent upon the parent) is available with the same benefits and exclusions that apply to students. However, while the student's spouse must pay the health fee and seek care at URI Health Services, dependent children are eligible only for insurance benefits described in this brochure. University Health Services are

not available to dependent children of insured students. Dependent children of insured students are not required to obtain a referral and are covered according to the benefit schedule. Newborn children are covered for an Injury or Sickness from birth until 31 days old. Coverage may be continued for that child when the insurance office is notified in writing within 31 days from the date of birth and by payment of any additional premium.

#### **WITHDRAWAL**

Except for medical withdrawal due to a covered Injury or Sickness any student withdrawing from school during the first 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 31 days will remain covered under the Policy for the full period for which the premium has been paid and no refund will be allowed. 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 90 days of withdrawal from school.

#### **PREFERRED PROVIDER INFORMATION**

You will receive maximum coverage for eligible services when you visit doctors, hospitals and other providers who belong to the PHCS Preferred Provider Network. Many primary care physicians (general practitioners, internists, family physicians and pediatricians) are members of the network and accept the Nationwide Life Insurance Company allowance as full payment minus any applicable Copayments.

The PHCS Preferred Provider Network Directory will guide you to physicians and other health care providers who belong to the Network. If you receive services from a non-network provider in the service area, you are responsible for the full charge and for filing claims. You will be reimbursed at 60% after you meet your \$200 per Policy Year deductible. Non-participating providers may charge more than our allowance. All percentages are based on PHCS Preferred Provider Network Allowance, not actual charges.

You may call the provider network at (866) 559-7427 toll free or you may visit the PHCS website at [www.PHCS.com](http://www.PHCS.com) and the University Health Plans website at [www.universityhealthplans.com](http://www.universityhealthplans.com). The participation of individual providers is subject to change without notice; it is the responsibility of the insured to verify participation of a provider at the time services are rendered.

#### **MEDICAL EVACUATION**

In the event of a serious covered Injury or Sickness, benefits are payable at 100% of the actual charge up to \$10,000 for the air

evacuation of the Insured Student, including physician or nurse accompaniment, to his/her home country or a specialized medical facility.

Benefits are payable only upon written certification of the attending physician, with prior approval from University Health Services and from the Company. Medical Evacuation benefits are subject to the same exclusions as the student accident and sickness Policy.

#### **REPATRIATION**

In the event of the death of the Insured Student, benefits are payable at 100% of the actual charge up to \$7,500 for the repatriation and transportation of the body to the insured's place of residence in his/her home country, provided the student is studying outside of his/her home country.

#### **EXTENSION OF BENEFITS**

Benefits are payable under the Policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Covered Person. The coverage provided under the Policy ceases on the Termination Date. However, if a Covered Person 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 31 days after the Termination Date.

The total payments made in respect of the Covered Person for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

#### **TERMINATION OF INSURANCE**

Coverage terminates at the earliest of: the termination of the Policy; the last day of the term of coverage for which premium is paid; the last date of the period for which premium has been paid following the date a Dependent ceases to be a Dependent as defined; or the date a Covered Person enters full time active military services.

Please keep this brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, exclusions and qualifications of your insurance benefit, some of which may not be included in this brochure. If any discrepancy exists between the brochure and the Policy, the Master Policy will govern and control the payment of benefits.

#### **STATE MANDATED BENEFITS**

**Benefit for Infertility:** Expense for diagnosis and treatment of infertility, payable the same as any Sickness. Such benefits are subject to the same terms and conditions applicable to other benefits under the Policy; however any applicable Co-payments

will not exceed 20%. "Infertility" means that condition of an otherwise presumably healthy married individual who is unable to conceive or produce conception during a period of one (1) year.

**Mental Illness and Substance Abuse Benefit:** Inpatient hospitalization, partial hospitalization provided in a hospital or any other licensed facility, intensive outpatient services, outpatient services and community residential care services for substance abuse treatment, paid the same as any Sickness. It shall not include methadone maintenance services or community residential care services for Mental Illnesses other than substance abuse disorders. Outpatient services means office visits, which provide for the treatment of Mental Illness and substance abuse. Outpatient services, for the treatment of substance abuse shall be provided for up to 30 hours in any calendar year. Community residential care services for substance abuse treatment shall be provided for up to 30 days in any calendar year. Detoxification benefits shall be provided for up to 5 detoxification occurrences or 30 days in any calendar year, whichever comes first.

**Mammography Benefit:** Actual expenses incurred by a Covered Person age 40 and over for an annual mammogram.

**Cytological Screening Benefit:** Actual expenses incurred by a Covered Person age 18 and over for an annual cytological screening.

**Home Health Care services:** Home healthcare services will be provided for the care and treatment of a covered Injury or Sickness provided that the following definition applies and the following limitations are observed. Home health care is defined as a Medically Necessary program to reduce the length of a Hospital stay or delay or eliminate an otherwise Medically Necessary Hospital admission. The home healthcare program must be formulated and supervised by the Covered Person's physician, and must not exceed six (6) home or office physician visits per month, three (3) nursing visits per week and twenty (20) hours of home health aide visits per week.

Benefits include the following services as needed; physical or occupational therapy as a rehabilitative service, respiratory service, speech therapy, medical social work, nutrition counseling, prescription drugs and medication, medical and surgical supplies, such as dressings, bandages, and casts, minor equipment such as commodes and walkers, laboratory testing, x-rays and E.E.G. and E.K.G. evaluations. Communicable diseases and Mental or Nervous Disorders are excluded from Home Health Care Benefits.

**Pediatric Preventive Care:** Expenses incurred by Dependent children covered under the Policy for Pediatric Preventive Care.

**Reconstructive Breast Surgery:** Expenses for prosthetic devices and/or reconstructive breast surgery in order to achieve symmetry, incident to a mastectomy, are considered Covered Medical Expenses under the Policy. Any reconstructive surgery must be performed within 18 months of the original mastectomy.

**Experimental Cancer Drug Benefit:** Benefits provided by the Policy for prescription drugs includes any drug used for the treatment of cancer, provided that such drug is either approved by the FDA for that indication or such drug is recognized for treatment of such indication in one of the standard reference compendia or in the medical literature.

**Diabetes:** Equipment, supplies and self-management training for the treatment of Diabetes.

**Maternity expense:** Expenses for prenatal care, childbirth and post partum care (including well baby care) on the same basis as any other Sickness. Benefit includes hospital inpatient care for 48 hours following vaginal delivery and 96 hours following a cesarean section. Any decision to shorten maternity stays shall be made by the attending doctor in consultation with the mother, in accordance with regulations promulgated by the Department of Public Health. In the event of early discharge, the Covered Person and her newborn are eligible for post-discharge care.

Post discharge care consists of a minimum of two visits by a registered professional nurse, at least one of which is at the Covered Person's residence, for the purpose of providing a physical assessment of the Covered Person and her newborn, parent education assistance and training in breast feeding, education and services for complete childhood immunizations, the performance of any necessary and appropriate clinical test and submission of a metabolic specimen satisfactory to the state laboratory.

**Leukocyte Testing:** Expense for human leukocyte antigen testing, also referred to as histocompatibility locus antigen testing, for A, B, and DR antigens for utilization in bone marrow transplantation.

**Prostate Cancer Screening:** Expense for prostate specific antigen (PSA) and digital rectal examination annually beginning at age 50 years, to men who have at least a 10-year life expectancy, and to younger men who are at high risk, such as those with a strong familial predisposition (e.g. two or more affected first degree relatives) or African Americans may begin at a younger age (e.g. 45 years).

**Colorectal Cancer Screening:** Expense for colorectal cancer screening according to the most recent guidelines of the American Cancer Society.

**Lead Poisoning Benefits:** Screening for lead poisoning, related and diagnostic evaluations for Dependent children under age 6, including but not limited to conformity blood lead testing.

#### **PRE-EXISTING CONDITIONS LIMITATION**

The Company will not pay benefits for a Pre-existing Condition. This limitation does not apply if either:

1. He/She has received no such treatment, care or advice for that condition for 6 straight months after being insured under the Policy, or
2. He/She has been insured under the Policy for 12 months.

Credit will be given towards the Pre-existing Condition limitation for the period or time an eligible person was previously covered under a previous health insurance plan or Policy or employer-provided health benefit arrangement, if the previous coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. If the eligible person was previously covered under previous health maintenance organization coverage, any waiting period prior to that previous coverage becoming effective shall also be credited toward the pre-existing condition limitation. Such credit shall apply to the extent that the prior coverage was substantially similar to the new coverage.

#### **DEFINITIONS**

**Accident** means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while a Covered Person is insured under the Policy.

**Copayment** means separate charge for certain Covered Medical Expenses which is paid by the Covered Person.

**Covered Medical Expense** means the Reasonable and Customary Charge for a service or supply, which is performed or given under the direction of a Doctor for the Medically Necessary treatment of Injury or Sickness pursuant to the terms of the Policy.

**Covered Person** means You or a Dependent insured under the Plan.

**Emergency Medical Condition** means a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of a Covered Person in serious jeopardy, serious impairment to body function, or

serious dysfunction of any body organ or part, or, with respect to a pregnant woman, serious jeopardy to the fetus.

**Injury** means bodily harm caused by an Accident, which results in loss. All Injuries sustained in one Accident, including related conditions, will be considered one Injury.

**Loss** means medical expense caused by Injury and Sickness and covered by the Policy.

**Medically Necessary** means the services or supplies provided by a hospital, physician, or other provider that are required to identify or treat an Injury or Sickness and which as determined by the Company, are

1. Consistent with the symptoms or diagnosis and treatment of the Injury or Sickness.
2. Appropriate with regard to standards of good medical practice.
3. Not solely for the convenience of the Covered Person.

The most appropriate supply or level of service, which can be safely provided. When applied to the care of an Inpatient, it further means that the Covered Person's medical symptoms or condition requires that the services cannot be safely provided as an outpatient.

**Mental Illness** means any mental disorder and substance abuse disorder that is listed in the most recent revised publication or the most updated volume of either the Diagnostic and Statistical Manual of Mental Disorder (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (IC) published by the World Health Organization, and that substantially limits the life activities of the person with the illness, provided, however, that tobacco and caffeine are hereby excluded from the definition of "substance."

**Pre-existing Condition** means a Sickness or Injury for which medical advice, diagnosis, care, or treatment was recommended or received within the six (6) month period prior to the Covered Person's effective date of coverage under the Policy or a pregnancy existing on the Covered Person's effective date of coverage under the Policy.

**Sickness (Sick)** means illness or disease which begins or for which expense is incurred while coverage is in force under the Policy. Sickness includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of a Sickness will be considered one Sickness.

**Reasonable and Customary Charge (R&C)** means usual amount charged by a Provider for a service or supply, regardless of insurance coverage, but not more than the amount charged by most providers in the same area for a similar service.

**We, Our, or Us** means Nationwide Life Insurance Company.

**You, Your, Yours** means the Insured Student.

### **Emergency Medical and Travel Assistance**

MEDEX Assistance Corporation provides you with a comprehensive program with 24/7 emergency medical assistance, including emergency evacuation and repatriation, and other travel assistance services when you are 100 or more miles away from home.

Your MEDEX identification card is your key to travel security. If you have a medical or travel problem, simply call MEDEX 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: 800-527-0218 or if you are in a foreign country, call *collect* at: 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.**

### **EXCLUSIONS**

**The Policy does not cover Loss nor provide benefits for:**

1. Treatment, services or supplies which are not Medically Necessary; are not prescribed by a doctor as necessary to treat a Sickness or Injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
4. 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 commercial scheduled airline.
5. Injury or Sickness covered by any coverage provided or required by law including, but not limited to group, group type, and individual automobile "No-Fault" coverage.
6. Treatment of known congenital abnormalities and conditions arising or resulting directly therefrom.

7. Cosmetic surgery, except cosmetic surgery which the Covered Person needs as a result of an injury; or reconstructive surgery needed as a result of a congenital disease or abnormality of a covered newborn Dependent child which has resulted in a functional defect.
8. Expenses incurred as a result of participation in a riot or civil disorder; commission of or attempt to commit a felony.
9. Treatment for a deviated nasal septum, unless required due to an Injury.
10. Treatment of alcoholism, or any form of substance abuse, except as specifically provided.
11. Treatment of Mental or Nervous Disorders, except as specifically provided.
12. Expenses incurred as a result of dental treatment, except as specifically stated.
13. Treatment, services or supplies provided by a Hospital or facility owned or run by the United States government, unless a charge is made for such services in the absence of insurance; or in a Hospital which does not unconditionally require payment.
14. Birth control, including surgical procedures and devices.
15. Diagnosis and treatment of Infertility, except as otherwise stated in the Policy.
16. Injury arising out of skydiving, parachuting, hang gliding, glider flying, parasailing, or sail planing.
17. Claims arising out of participation in, practice of, or orthopedic equipment and appliances used for intercollegiate tackle football; intercollegiate sports; semi-professional sports or professional sports.
18. Treatment services or supplies provided normally without charge by the Policyholder's infirmary or its employees, or Doctors who work for the Policyholder.
19. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams; except as specifically stated.
20. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems, except as specifically stated. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process.

21. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
22. Expenses up to the amount payable under any other valid collectible coverage for treatment of Injury sustained by reason of a motor vehicle Accident.

### **CLAIM PROCEDURE**

**In the event of covered Accident or Sickness:**

- 1) Report at once to URI Health Services for treatment or referral. When not in school or Health Services is closed, report to the nearest physician or hospital. (If the provider is not part of the PHCS Network, additional costs will be incurred, see chart.)
- 2) A Company claim form is required for filing a claim. Claim forms are available online at [www.consolidatedhealthplan.com](http://www.consolidatedhealthplan.com). Mail itemized medical bills along with the patient's name and Insured Student's name, address, Member Identification number and name of the university under which the student is insured to Consolidated Health Plans.
- 3) File claim within 30 days of Injury or first treatment for a Sickness. Medical bills must be received by Consolidated Health Plans within 90 days of service to be considered for payment.

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

**Claims Administrator:**  
**CONSOLIDATED HEALTH PLANS**  
195 Stafford Street  
Springfield, MA 01104-3503  
(413) 733-4540  
Toll Free (800) 633-7867  
[www.consolidatedhealthplan.com](http://www.consolidatedhealthplan.com)

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

**Policy No. 302-040-3803**

### **CLAIM APPEAL**

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 60 days by Consolidated Health Plans.

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

**Servicing Broker:**

University Health Plans, Inc.

One Batterymarch Park

Quincy, MA 02169-7454

Local: (617) 472-5324

Out of area: (800) 437-6448

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

Please visit our website for frequently asked questions and answers regarding this plan, or email us at

[info@univhealthplans.com](mailto:info@univhealthplans.com)



**UNIVERSITY OF RHODE ISLAND  
DR. PAULINE B. WOOD HEALTH SERVICES  
2005/2006 CALENDAR**

FALL SEMESTER 2005			
Sept. 4	Sunday	H.S. Open 10 am to 6 pm	*Holiday Schedule Physician on-call
Sept. 5	Monday	LABOR DAY H.S. Open 10 am to 6 pm	*Holiday Schedule
Sept. 6	Tuesday	H.S. Open 8 am to 8 pm	**Full Clinical Services Begin
Oct. 10	Monday	COLUMBUS DAY H.S. Open 10 am to 6 pm	*Holiday Schedule
Nov. 11	Friday	VETERAN'S HOLIDAY H.S. Open 10 am to 6 pm	*Holiday Schedule
Nov. 23	Wednesday	H.S. Open 8 am to 4 pm	H.S. Closes at 4 p.m. Reduced Staff
Nov. 24	Thursday	THANKSGIVING DAY	H.S. Closed
Nov. 25	Friday	H.S. Closed	H.S. Closed
Nov. 26	Saturday	H.S. Closed	H.S. Closed
Nov. 27	Sunday	H.S. Open 10 a.m. to 6 p.m.	Nursing Coverage; Physician on-call
Nov. 28	Monday	H.S. Open 8 a.m. to 8 p.m.	Full Clinical Services Resume
Dec. 23	Friday	CHRISTMAS/NEW YEAR INTERCESSION	H.S. Closes at 4 pm Reduced Staff
Dec. 24 through Jan. 21	Saturday Saturday	Administrative Services Only 8 am to 4 pm Monday through Friday	H.S. Closed
Dec. 26	Monday	Christmas Observance	H.S. Closed
Jan. 2	Monday	New Years Day Observance	H.S. Closed

**\*Holiday Schedule:**

- Nursing Coverage; Physician on Call
- Four-hour Physician Clinic
- Pharmacy open 12 p.m. to 4p.m.
- Medical Records coverage

**\*\*Full Clinical Services:**

- Open 8 a.m. to 8 p.m.
- Appointments 9 a.m. - 7:30 p.m
- Pharmacy and Lab open 9 a.m. to 8 p.m.
- X-Ray usually available on a daily basis

**UNIVERSITY OF RHODE ISLAND  
DR. PAULINE B. WOOD HEALTH SERVICES  
2005/2006 CALENDAR**

SPRING SEMESTER 2006			
Jan. 16	Monday	MARTIN LUTHER KING DAY Observance	H.S. Closed
Jan. 22	Sunday	H.S. Open 10 am to 6 pm	Nursing Coverage; Physician On-call
Jan. 23	Monday	H.S. Open 8 am to 8 pm	**Full Clinical Services Begin
Mar. 17	Friday	H.S. Open 8 am to 4 pm	H.S. Closes 4 p.m.
Mar. 18 Through March. 25	Saturday Saturday	SPRING BREAK Administrative services only 8 am to 4 pm, Monday – Friday	H.S. Closed
Mar. 26	Sunday	H.S. Open 10 am to 6 pm	Nursing Coverage; Physician on-call
Mar. 27	Monday	H.S. Open 8 am to 8 pm	Full Clinical Services Resume
May 12	Friday	END OF ACADEMIC YEAR H.S. Open 8 am to 8 pm	H.S. Closes at 8 pm

**\*Holiday Schedule:**

- Nursing Coverage; Physician on Call
- Four-hour Physician Clinic
- Pharmacy open 12 p.m. to 4p.m.
- Medical Records coverage

**\*\*Full Clinical Services:**

- Open 8 a.m. to 8 p.m.
- Appointments 9 a.m.-7:30 p.m.
- Pharmacy and Lab open 9 a.m. to 8 p.m.
- X-Ray usually available on a daily basis