

# Student Health Insurance

Designed Specifically for the Students of  
**University of Rhode Island**



**2011-2012**

Underwritten by:  
**Nationwide Life Insurance Company**  
**Columbus, OH**

**Policy Number: 302-040-3809**

International: August 15, 2011 to August 14, 2012  
Domestic: September 1, 2011 to August 31, 2012

#### **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.

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## STUDENT HEALTH SERVICES (SHS)

The Student and Spouse should use the resources of the U.R.I. Health Services where treatment will be administered for best coverage. Dependent Children are not eligible to use the SHS.

### U.R.I. HEALTH SERVICES

#### Hours of Operation

Monday – Friday 8:00 a.m. to 8:00 p.m.

Appointments available 9:00 a.m. to 7:15 p.m.

Saturday – Sunday – Holidays:

10:00 a.m. to 4:00 p.m.

Physician and Pharmacy available

12:30 p.m. to 4:00 p.m.

Closed: Thanksgiving, Spring and Summer Break

\*Please visit our website @ [www.health.uri.edu](http://www.health.uri.edu) for updated Information

- For medical emergencies requiring an ambulance on campus:  
Call 24 hours a day: 874-2121
- For a new illness/condition, call: 874-2675
- For Women’s Clinic, call: 874-5151
- For other medical appointments (follow-up, etc.), call: 874-4763
- For other services or inquiries, call: 874-2246
- TTY RI Relay is available by calling: 1-800-745-5555

## AM I ELIGIBLE?

All full-time Undergraduate Students who are enrolled in 12 or more hours and all Graduate Students taking 9 or more hours are automatically enrolled in this insurance plan unless proof of comparable coverage is provided by completing the online waiver by the waiver deadline.

All International Students are automatically enrolled in this insurance plan unless proof of comparable coverage is provided.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. 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. Home study, correspondence, and television (TV) courses do not fulfill the Eligibility requirement that the student actively attend classes. 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 that the Eligibility requirements have not been met, its only obligation is to refund premium.

## COVERAGE FOR DEPENDENTS

Students may enroll their eligible Dependents at an additional cost. Dependent means: the Spouse (husband or wife or domestic partner) of the Named Insured and their dependent, unmarried children. Children shall cease to be dependent of the first to occur of: 1) The end of the month in which they marry; or 2) the end of the month in which they attain age of nineteen (19) or twenty five (25) years, if a full-time dependent student at an accredited institution of higher learning.

Newborn infant means any child born to an Insured Student 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. Coverage for such a child will be for Injury or Sickness including medically diagnosed congenital defects, birth abnormalities, prematurity, and nursery care; benefits will be the same as for the Insured Person who is the child’s parent. 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 thirty-one (31) days after the child’s birth, complete and return the Dependent Enrollment Form. Students who wish to add their dependents may visit [www.health.uri.edu](http://www.health.uri.edu) and click on the insurance link to download the enrollment form.

Dependent eligibility expires concurrently with that of the Insured Student.

If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of this first thirty-one (31) days after the child’s birth.

## HOW DO I WAIVE/ENROLL?

If You are eligible to be covered under this Program, You are automatically enrolled unless proof of comparable coverage is provided. If you presently have comparable health insurance and wish to waive the student plan offered by the University, you must complete an online waiver. To complete the online waiver, please log on to [www.health.uri.edu](http://www.health.uri.edu) and select insurance waiver. Fill in all required fields and submit the form. The deadline for completing the online waiver is October 1, 2011.

You may enroll in this Insurance Program or waive the Insurance prior to the start of the School year, or during the thirty-one (31) day period beginning with the date you become eligible under this Plan; this is known as the Open Enrollment Period.

If You are eligible for coverage and wish to enroll in the Plan outside of these enrollment opportunities, You must present documentation from Your former insurance company that it is no longer providing You with personal Accident and Sickness insurance coverage. Your Effective Date of coverage under this Insurance Program will be the date that Your former insurance expired, but only if You make the request for coverage within thirty-one (31) days from the date that Your

previous plan expired. Otherwise, the Effective Date of coverage under this Insurance Program will be the first (1<sup>st</sup>) of the month following Our receipt of Your written request for coverage. The appropriate premium must accompany Your application for coverage.

### EFFECTIVE/TERMINATION DATES AND COSTS

The University of Rhode Island Student Accident and Sickness Insurance Plan provides coverage to students for a twelve (12) month period. Coverage becomes effective on September 1, 2011 for Domestic Students, and August 15, 2011 for International Students. The individual Student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. Coverage will terminate on August 31, 2012 for Domestic Students, and on August 14, 2012 for International Students. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured Student or extended beyond that of the Insured Student.

Domestic Students	Annual 9/1/11-8/31/12	Spring 1/1/12-8/31/12
Student	\$1,292*	\$824*
Spouse	\$2,599*	\$1,650*
Child(ren)	\$1,963*	\$1,250*

International Students	Annual 8/15/11-8/14/12	Spring 1/1/12-8/14/12
Student	\$1,292*	\$824*
Spouse	\$2,599*	\$1,650*
Child(ren)	\$1,963*	\$1,250*

\*The above rates include a \$15 Administration Fee.

### PREMIUM REFUND POLICY

Except for medical withdrawal due to a covered Injury or Sickness, any Insured Student withdrawing from the College 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 will not receive a refund for any portion of the policy.

Coverage for an Insured Student entering the armed forces of any country will terminate as of the date of such entry. Students withdrawing from the school to enter military service will be entitled to a pro-rata refund of premium upon written request.

The Policy is a Non-Renewable One Year Term Policy.

### DEFINITIONS

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

**CO-PAYMENT:** A separate charge for certain Covered Expenses which is paid by the Insured Person.

**COVERED MEDICAL EXPENSES:** Means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the Policy; 4) made for services included in the Schedule of Benefits; 5) made for services and supplies which are a Medical Necessity; 6) in excess of the amount stated as a Deductible, if any. Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

#### CREDITABLE COVERAGE:

- Any individual or group Policy, contract, or program, that is written or administered by a disability insurance Company, health care service plan, fraternal Benefits society, self-Insured employer plan, or any other entity, and that arranges or provides medical, Hospital, and surgical Coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion Coverage, but does not include accident only, credit, Coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, Coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance, or insurance under which Benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance Policy or equivalent self-insurance.
- The Federal Medicare programs pursuant to Title XVIII of the Social Security Act.
- The Medicaid program pursuant to Title XIX of the Social Security Act.
- Any other publicly sponsored program, provided in this state or elsewhere, of medical, Hospital, and surgical care.
- 10 U.S.C.A. Chapter 55 (commencing with Section 1071) (Civilian Health and Medical Program of the Uniformed services (CHAMPUS)).

- A medical care program of the Indian Health Service or of a tribal organization.
- A state health Benefits risk pool.
- A health plan offered under 5 U.S.C.A. Chapter 89 (commencing with Section 8901) (Federal Employees Health Benefits Program (FEHBP)).
- A public health plan as defined in federal regulations authorized by Section 2701(c)(1)(I) of the Public Health Service Act, as amended by Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996.
- A health Benefit plan under Section 5(e) of the Peace Corps Act (22 U.S.C.A. Sec. 2504(e)).
- Any other Creditable Coverage as defined by subsection (c) of Section 2701 of Title XXVII of the federal Public Health Services Act (42 U.S.C. Sec. 300gg(c)).

**DOCTOR:** A legally qualified person licensed in the healing arts and practicing within the scope of his or her license and is not a Family Member, including, but not limited to: any Doctor of Medicine, "MD", or any Doctor of Osteopath, "D.O.", who is licensed and qualified under the laws of the jurisdiction in which treatment is received.

**ELECTIVE SURGERY OR 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; or 2) are not recognized and generally accepted medical practices in the United States. This does not include services that are medically necessary.

**EMERGENCY:** A Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The Condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

**INJURY:** Bodily Injury due to a sudden, unforeseeable, external event which:

- Results solely, directly, and independently of disease, bodily infirmity, or any other causes;
- Occurs after the Covered Person's Effective Date of Coverage;
- Occurs while Coverage is in force.

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

**INSURED:** The Covered Person who is enrolled at and meets the eligibility requirements of the Policyholder's school or Dependents of the Covered Person.

**LOSS:** Medical expense that is caused by a Covered Injury or Sickness and covered by the Policy.

**MENTAL ILLNESS:** 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 Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization and that substantially limits the life activities of the person with the illness, tobacco and caffeine are excluded from the definition of "substance". "Mental illness" does not include: (i) mental retardation, (ii) learning disorders, (iii) motor skills disorders, (iv) communication disorders, and (v) mental disorders classified as "V" codes.

**PRE-EXISTING CONDITION:** A Sickness or Injury for which medical care, treatment, diagnosis, or advice was received or recommended within the six (6), consecutive months prior to the Covered Person's Effective Date of Coverage under the Policy.

**PREFERRED PROVIDERS:** The Physicians, Hospitals, and other health care providers who have contracted to provide specific medical care at negotiated prices.

**REASONABLE AND CUSTOMARY EXPENSE (R&C):** The most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of:

- The actual amount charged by the Provider;
- The negotiated rate, if any; 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 reasonably determined by Ingenix for the same service or supply.

Geographic area means the first three digits of the zip code in which the service, treatment, procedure, drugs, or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug, or supply.

Reasonable charges, fees, or expenses as used herein to describe expense, will be considered to mean the percentile of the payment system in effect on the Effective Date of this Plan.

**SICKNESS:** Illness, disease, pregnancy, and Complications of Pregnancy. All related Conditions and recurrent symptoms of the same or a similar Condition will be considered the same Sickness.

**WE, OUR, AND US:** Nationwide Life Insurance Company.

**YOU, YOUR, YOURS:** The covered person.

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

There is no Coverage for Pre-existing Conditions unless the Covered Person has had six (6) months of Continuous Coverage. The Covered Person must provide Us proof of prior Creditable Coverage.

This limitation will not apply if, during the period immediately preceding the Covered Person's Effective Date of Coverage under this Policy, the Covered Person was covered under prior Creditable Coverage for six (6) consecutive months. Prior Creditable Coverage of less than six (6) months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Conditions will apply only if the Covered Person becomes eligible and applies for Coverage within sixty-three (63) days of termination of his or her prior Coverage.

Pregnancy, including Complications of Pregnancy maternity care and genetic disorders, shall not be considered a Pre-existing Condition under the Policy.

### **PREFERRED PROVIDER INFORMATION**

The URI Student Health Insurance Plan provides access to hospitals and health care providers who participate in Preferred Provider Networks both locally and across the country. The advantage of using Preferred Providers is that these providers have agreed to accept a predetermined fee or Preferred Allowance as payment in full for their services. Consequently, when Insured Persons use Preferred Providers, out-of-pocket expenses will be lower because any applicable coinsurance will be based on a Preferred Allowance.

The Insured Person should be aware that Preferred Provider Hospitals might be staffed with Out-of-Network Providers. As a result, receiving services or care from an Out-of-Network Provider at a Preferred Provider Hospital does not guarantee that all charges will be paid at the Preferred Provider level of benefits. The participation of specific providers in the Preferred Provider Networks is subject to change without notice. Insured Persons should always confirm when making an appointment that the provider participates in a Preferred Provider Network.

**First Health Network** is the Preferred Provider Network and provides access to providers located across the United States. To determine if a provider participates in First Health, students can call (800) 226-5116 or visit [www.firsthealth.com](http://www.firsthealth.com). It is important that Insured Persons verify that their providers are Preferred Providers each time they call for an appointment or at the time of service.

**"Preferred Providers"** are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

**"Preferred Allowance" (PA)** means the amount a Preferred Provider will accept as payment in full for covered medical expenses.

**"Network Area"** means the 40-mile radius around the local school campus the Named Insured is attending.

**"Out-of-Network"** providers have not agreed to any prearranged fee schedules. Insureds may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

### **MATERNITY TESTING**

This Policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met; 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, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every 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 35 years of age: Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call Consolidated Health Plans (CHP) at 1-800-633-7867.

### **PRE-CERTIFICATION POLICY**

This plan does not require pre-certification of benefits. Please refer to the schedule of benefits section of the policy for covered benefits.

### **EXTENSION OF BENEFITS**

The coverage provided under this policy ceases on the Termination Date. However, if an Insured is hospital confined on the termination date from a covered Injury or Sickness for which Benefits were paid before the termination date, covered medical expenses for such Injury or Sickness will continue to be

paid for a period of twelve (12) months or until the date of discharge, whichever occurs first.

The total payments made in respect to 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.

**SCHEDULE OF MEDICAL EXPENSE BENEFITS  
INJURY & SICKNESS**

**Per Injury & Sickness Lifetime Maximum Benefit - \$150,000**

The Policy provides benefits for the Reasonable and Customary (R&C) Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to a Maximum Benefit of \$150,000 for each Injury or Sickness. In no event will the total combined benefits for any one Injury or Sickness (either in a single policy term or through continuing policy term coverage) exceed the Policy Maximum Benefit of \$150,000.

If care is received from an In-Network Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency or a Preferred Provider is not located within the 40-mile range or the hospital or health care facility is a PPO but its emergency staff is not, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

Covered Medical Expenses at URI Health Services are paid at 100% (deductible does not apply).

Benefits will be paid up to the Maximum Benefit for each service as shown in the schedule below. All benefit maximums are combined Preferred Provider and Out-of-Network, unless otherwise noted below. Covered Medical Expenses include:

	In-Network Providers	Out-of-Network Providers
<b>Per Injury &amp; Sickness Maximum Benefit</b>	<b>\$150,000</b>	
<b>Deductible (Per Insured Person, Per Policy Year)</b>	<b>\$0</b>	<b>\$200</b>
<b>Hospital Expense Benefit</b>		
<b>Hospital Room and Board</b> , daily semi-private room rate, general nursing care provided by the Hospital, or Intensive Care Unit (ICU)	90% of PA	60% of R&C
<b>Hospital Miscellaneous Expense</b> , including the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services, and supplies. Including Skilled Nursing and Sub-Acute Care	90% of PA	60% of R&C
<b>Routine Newborn Care</b> , as part of Postpartum Care within the 48/96 hour maximum. Including PKU Testing and Treatment.	Paid as any other Sickness	

<b>In-Hospital Doctor's Fees and Medical Expense</b> , Limited to 1 visit per day. Does not apply when related to surgery.	90% of PA	60% of R&C
<b>Registered Nurse</b> , private duty nursing care.	80% of PA	60% of R&C
<b>Pre-Admission Testing</b>	Paid under Hospital Miscellaneous	
<b>Physiotherapy</b>	90% of PA	60% of R&C
<b>Mental Illness</b> , limited to 90 consecutive days	90% of PA	60% of R&C
<b>Substance Abuse</b> - Limited to 30 days of Community Residential Care services within a policy year (or partial/day treatment program not to exceed above benefit). - Detoxification benefits will be paid for up to five (5) detoxification occurrences or thirty (30) days in any policy year, whichever comes first.	90% of PA	60% of R&C
<b>Surgical Expense Benefits (Inpatient or Outpatient)</b>	<b>In-Network Providers</b>	<b>Out-of-Network Providers</b>
<b>Surgeon's Fees</b> , in accordance with data provided by Fair Health, Inc. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures	90% of PA	60% of R&C
<b>Assistant Surgeon</b>	20% of Surgeon's Fee	
<b>Anesthetist</b>	75% of Charges	75% of Charges
<b>Outpatient Benefits</b>	<b>In-Network Providers</b>	<b>Out-of-Network Providers</b>
<b>Day Surgery Miscellaneous</b> , services related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies.	90% of PA	60% of R&C
<b>Outpatient Miscellaneous</b> , including Urgent Care services.	90% of PA	60% of R&C
<b>Physician Visits</b> , includes annual routine physicals, hearing tests, speech tests, GYN visits, allergists, and dermatology. Benefits for Physician Visits do not apply when related to surgery or Physiotherapy. <i>(The out-of-network per visit deductible is in addition to the Policy Deductible).</i>	\$20 co-pay per visit, then 90% of PA  100% at University Health Services (no co-pay/deductible)	\$30 deductible per visit, then 60% of R&C

Outpatient Benefits (cont'd)	In-Network Providers	Out-of-Network Providers
<b>Eye Exam</b> , limited to one (1) annual routine eye exam. <i>(The out-of-network deductible is in addition to the Policy Deductible).</i>	\$20 co-pay, then 90% of PA	\$30 deductible, then 60% of R&C
<b>Chiropractic Care</b> , limited to twelve (12) treatments per Policy Year. <i>(The out-of-network per visit deductible is in addition to the Policy deductible).</i>	\$20 co-pay per visit, then 90% of PA	\$30 deductible per visit, then 60% of R&C
<b>Physiotherapy/Occupational Therapy</b> , limited to one (1) visit per day.	90% of PA	60% of R&C
<b>Immunizations and/or titers</b>	90% of PA 100% at University Health Services	60% of R&C
<b>STI Screening</b>	90% of PA 100% at University Health Services	60% of R&C
<b>Medical Emergency Expenses</b> , use of the Emergency Room and supplies. Treatment must be rendered within 72 hours from the time of Injury or first onset of Sickness. <i>(The out-of-network per visit/deductible is in addition to the Policy Deductible. Co-pay/per visit deductible will be waived if admitted within 24 hours).</i>	\$50 co-pay per visit, then 90% of PA	\$50 deductible per visit, then 60% of R&C
<b>Diagnostic X-ray &amp; Laboratory Services</b> , includes Radiation Therapy and Chemotherapy, CAT Scans, MRIs and PET Scans.	90% of PA	60% of R&C
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	Paid under Outpatient Miscellaneous	
<b>Tests &amp; Procedures</b> , Diagnostic services and medical procedures performed by a Physician, other than Physician's visits, Physiotherapy, x-rays and laboratory procedures. Including Dialysis and Filtration Procedures.	Paid under Outpatient Miscellaneous	
<b>Mental Illness</b> , Outpatient Services, except outpatient Medication Visits, up to thirty (30) visits per policy year. <i>(The out-of-network per visit deductible is in addition to the Policy deductible).</i>	\$20 co-pay per visit, then 90% of PA	\$30 deductible per visit, then 60% of R&C
<b>Outpatient Substance Abuse Treatment</b> , paid up to thirty (30) hours per Policy Year. <i>(The out-of-network per visit deductible is in addition to the Policy deductible).</i>	\$20 co-pay per visits, then 90% of PA	\$30 per visit deductible then 60% of R&C

Prescription Drugs	NO BENEFITS	
Additional Benefits	In-Network Providers	Out-of-Network Providers
<b>Ambulance Services</b>	90% of PA	80% of R&C
<b>Durable Medical Equipment, Braces, and Appliances</b> , a written prescription must be submitted with the claim. Replacement equipment is not covered.	90% of PA	80% of R&C
<b>Physician Consultant Fees</b> , when requested and approved by the attending Physician.	Paid under Outpatient Miscellaneous	
<b>Dental Treatment</b> , Benefits paid for Injury to Sound, Natural Teeth and removal of impacted wisdom teeth only. <ul style="list-style-type: none"> <li>\$150 per tooth for simple extraction;</li> <li>\$250 per tooth for complication extraction; or</li> <li>\$300 per tooth for repair due to a covered Injury.</li> </ul>	80% of PA	80% of R&C
<b>Maternity</b> , 48 hours vaginal/96 hours cesarean Hospital confinement expense maximum.	Paid as any other sickness	
<b>Complications of Pregnancy</b>	Paid as any other sickness	
<b>Voluntary Termination of Pregnancy</b>	100% of PA	60% of R&C
<b>Hospice Care</b>	90% of PA	60% of R&C
<b>Motor Vehicle Injury</b>	90% of PA	60% of R&C
<b>Emergency Medical Evacuation</b>	100% up to \$15,000 maximum	
<b>Repatriation</b>	100% up to \$10,000 maximum	

### MANDATED BENEFITS

All Policy provisions, including benefit maximums, coinsurance amounts, limitations, exclusions, and general provisions apply unless specifically stated otherwise.

#### BENEFITS FOR CONTRACEPTIVES

Benefits will be paid the same as any other outpatient Prescription Drug for prescription contraceptive drugs and devices approved by the Food and Drug Administration (FDA). Benefits will not be provided for the Prescription Drug RU 486.

#### CRANIAL PROSTHETICS

Benefits will be paid the same as any other Sickness for cranial prosthetics up to a maximum of \$350 per covered member per year.

### **BENEFITS FOR DIABETES TREATMENT**

Benefits will be paid the same as any other Sickness for the following equipment and supplies for the treatment of all types of diabetes, if recommended or prescribed by a Physician. Benefits shall include coverage for the following equipment and supplies for the treatment of diabetes: blood glucose monitors and blood glucose monitors for the legally blind, test-strips for glucose monitors and/or visual reading, insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances thereto, insulin infusion devices, and oral agents for controlling blood sugar, and therapeutic/molded shoes for the prevention of amputation.

Benefits will also be provided for the expense incurred for the education as to the proper self-management and treatment of the diabetic condition, including information on proper diet. Benefits shall be limited to visits Medically Necessary upon diagnosis of diabetes by a Physician or a significant change in the Insured Person's symptoms or conditions which necessitate changes in the Insured Person's self management; and upon determination of a Physician the re-education or refresher education is necessary. Diabetes self-management education shall be provided by a Physician. Coverage for self-management education and education relating to medical nutrition therapy shall also include home visits when medically necessary.

### **BENEFITS FOR EARLY INTERVENTION SERVICES**

Benefits will be paid as designated below, exclusive of any Deductibles or coinsurance, for Early Intervention Services up to \$5,000 maximum per Dependent child, per Policy Year. Any amount paid under this benefit shall not be applied to any annual or maximum lifetime benefit contained in the Policy. The Company shall reimburse certified Early Intervention providers, who are designated as such by the Department of Human Services, for Early Intervention Services at rates of reimbursement equal to or greater than the prevailing integrated state/Medicaid rate for Early Intervention Services as established by the Department of Human Services.

"Early Intervention Services" means, but is not limited to, speech language therapy, occupational therapy, physical therapy, evaluation, case management, nutrition, service plan development and review, nursing services, and assistive technology services and devices for Dependents from birth to age three (3) who are certified by the Department of Human Services as eligible for services under part C of the Individuals with Disabilities Education Act (20 U.S.C. sec. 1471 et seq.).

### **BENEFITS FOR ENTERAL FORMULAS**

Benefits will be paid the same as any other Sickness for nonprescription enteral formulas for home use for which a physician has issued a written order and which are Medically Necessary for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, chronic intestinal pseudo- obstruction, and inherited diseases of amino acids and organic acids.

Coverage for inherited diseases of amino acids and organic acids shall include food products modified to be low protein. Coverage shall not exceed an amount of two thousand five hundred dollars (\$2,500) per covered member per year.

### **BENEFITS FOR HEARING AIDS**

Benefits will be paid up to \$1,500 per individual hearing aid, per ear, every three (3) years for an Insured Person under age nineteen (19); and will be paid up to \$700 per individual hearing aid, per ear, every three (3) years for an Insured Person over age nineteen (19). Hearing aid means any non-experimental wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but excluding batteries, cords, and other assistive listening devices, including but not limited to FM devices.

### **BENEFITS FOR HOME HEALTH CARE**

Home Health Care 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 to delay or eliminate an otherwise Medically Necessary Hospital admission. The Home Health Care program must be formulated and supervised by the Insured Person's Physician, and must not exceed six (6) home or Physician's office 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, E.E.G. and E.K.G. evaluations. Communicable diseases and Mental Illness are excluded from Home Health Care coverage.

### **BENEFITS FOR HUMAN LEUKOCYTE ANTIGEN OR HISTOCOMPATIBILITY LOCUS ANTIGEN TESTING**

Benefits will be paid the same as any other Sickness for human leukocyte antigen testing or histocompatibility locus antigen testing that is necessary to establish bone marrow transplant donor suitability. Benefits shall include the costs of testing for A, B, or DR antigens. Benefits will be limited to one (1) test per Insured per lifetime. The Insured must complete and sign an informed consent form which also authorizes the results of the test to be used for participation in the National Marrow Donor Program.



#### **BENEFITS FOR THE TREATMENT OF INFERTILITY**

Benefits will be paid the same as any other Sickness with a lifetime maximum of \$100,000 for the medically necessary expenses of diagnosis and treatment of Infertility. The insured co-payment shall not exceed 20% for those programs and/or procedures of the sole purpose of which is the treatment of infertility.

“Infertility” means the condition of an otherwise presumably healthy married individual who is between age 25 and 42 unable to conceive or sustain a pregnancy during a period of two (2) years.

#### **BENEFITS FOR SCREENING FOR LEAD POISONING**

Benefits will be paid the same as any other Sickness for screening tests for lead poisoning for children under six (6) years of age, including, but not limited to, confirmatory blood lead testing. Benefits are not payable where the child is eligible for benefits from the Department of Human Services.

#### **BENEFITS FOR TREATMENT OF LYME DISEASE**

Benefits will be paid the same as any other Sickness for diagnostic testing and long-term antibiotic treatment recommended by a Physician for treatment of chronic Lyme disease. Benefits will not be denied solely because treatment may be characterized as unproven, experimental, or investigational in nature.

#### **BENEFITS FOR MAMMOGRAPHY AND PAP SMEAR**

Benefits will be paid the same as any other Sickness for mammograms and pap smears in accordance with the guidelines established by the American Cancer Society. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under this Policy.

Coverage is provided for two (2) screening mammograms per year when recommended by a physician for women who have been treated for breast cancer within the last five (5) years or are at high risk of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple first degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical ductal hyperplasia.

Reimbursement for mammograms will be made only if the facility in which the mammogram has been taken and processed and the licensed Physician interpreting the mammogram both meet state-approved quality assurance standards for taking, processing, and interpreting mammograms.

Reimbursement for pap smears will be made only if the laboratory in which the pap smear is processed is licensed by the Rhode Island Department of Health specifically to perform cervical cytology, or is accredited by the American Society of Cytology, or is accredited by the College of American Pathologists, or is a Hospital accredited by the Joint Commission on Accreditation of Health Care Organizations or the American Osteopathic Association at the time the pap smear is processed.

#### **BENEFITS FOR MASTECTOMY, RECONSTRUCTIVE SURGERY, AND PROSTHETIC DEVICES**

Benefits will be paid the same as any other Sickness for medically appropriate care as determined by the attending Physician in consultation with the Insured for an axillary node dissection or a Mastectomy for the treatment of breast cancer. Benefits will be paid for a minimum of forty-eight (48) hours of inpatient care following a Mastectomy and a minimum of twenty-four (24) hours after an axillary node dissection. If the Insured in consultation with the Physician chooses to be discharged earlier than the time period stated for the applicable procedure, benefits will be paid for a minimum of one (1) home visit conducted by a Physician or Registered Nurse. Benefits will be paid the same as any other Sickness for reconstructive surgery performed after a Mastectomy. Benefits will be paid for Prosthetic Devices and reconstruction to produce a symmetrical appearance. Benefits will be paid for prostheses and treatment of physical complications, including lymphedemas, at all stages of Mastectomy, in consultation with the attending Physician and the patient. “Mastectomy” means the removal of all or part of the breast to treat breast cancer, tumor, or mass. “Prosthetic Devices” means and includes the provision of initial and subsequent prosthetic devices ordered by the Insured’s Physician.

#### **BENEFITS FOR TREATMENT OF MENTAL ILLNESS AND SUBSTANCE ABUSE**

Benefits will be paid the same as any other Sickness for the treatment of Mental Illness and Substance Abuse. Benefits will include 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. Benefits will not include methadone maintenance services or Community Residential Care Services for Mental Illnesses other than Substance Abuse disorders.

Outpatient Services, except outpatient medication visits, will be paid for up to thirty (30) visits in any policy year. Outpatient Services for Substance Abuse treatment will be paid for up to thirty (30) hours in any policy year. Community Residential Care Services for Substance Abuse treatment will be paid for up to thirty (30) days in any policy year and detoxification benefits will be paid for up to five (5) detoxification occurrences or thirty (30) days in any policy year, whichever comes first.

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 Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) 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 excluded from the definition of “substance” for the purposes of this Policy. Mental Illness shall not

include: a) mental retardation, b) learning disorders, c) motor skills disorders, d) communication disorders, and e) mental disorders classified as “V” codes.

“Outpatient Services” means office visits that provide for the treatment of Mental Illness and Substance Abuse. “Community Residential Care Services” means those facilities as defined and licensed in accordance with Rhode Island Title 40.1, Chapter 24.5.

#### **CERTIFIED COUNSELORS IN MENTAL HEALTH**

Benefits will be paid for the services of licensed counselors in mental health and licensed therapists in marriage and family practice, excluding marital and family therapy unless the individual is diagnosed with a mental disorder.

#### **BENEFITS FOR NEW CANCER THERAPIES**

Benefits will be paid the same as any other Sickness for new cancer therapies still under investigation when the following circumstances are present:

1. Treatment is being provided pursuant to a phase II, III or IV clinical trial which has been approved by the National Institutes of Health (NIH) in cooperation with the National Cancer Institute (NCI) Community clinical oncology programs; the Food and Drug Administration (FDA) in the form of an Investigational New Drug (IND) exemption; the Department of Veterans’ Affairs; or a qualified nongovernmental research entity as identified in the guidelines for NCI cancer center support grants;
2. The proposed therapy has been reviewed and approved by a qualified institutional review board (IRB);
3. The facility and personnel providing the treatment are capable of doing so by virtue of their experience, training, and volume of patients treated to maintain expertise;
4. The patients receiving the investigational treatment meet all protocol requirements;
5. There is no clearly superior, non-investigational alternative to the protocol treatment; and
6. The available clinical or preclinical data provide a reasonable expectation that the protocol treatment will be at least as successful as the non-investigational alternative.
7. The coverage of new cancer therapy treatment provided pursuant to a Phase II clinical trial will not be required for only that portion of that treatment provided as part of the phase II clinical trial; and is otherwise funded by a national agency, such as the National Cancer Institute, the Veteran's Administration, the Department of Defense, or funded by commercial organizations such as the biotechnical and/or pharmaceutical industry or manufacturers of medical devices. Any portions of a Phase II trial which are customarily funded by government, biotechnical and/or pharmaceutical and/or medical device industry sources in Rhode Island or in other states will continue to be so funded in Rhode Island and coverage

pursuant to this section shall supplement, not supplant, customary funding.

Benefits will not be paid for new cancer therapy treatment under this provision for that portion of the treatment in connection with a Phase II clinical trial that is funded by a national agency or by commercial organizations.

#### **BENEFITS FOR OFF-LABEL DRUG USE FOR CANCER TREATMENT**

Benefits will be paid the same as any other Prescription Drug for any Drug prescribed to treat an Insured for cancer if the Drug is recognized for treatment of such indication in one of the Standard Reference Compendia or in Medical Literature. Benefits will not be paid for a) any Drug not fully licensed or approved by the FDA, b) the use of any Drug when the FDA has determined that use to be contraindicated, or c) any experimental Drug not otherwise approved for any indication by the FDA. Benefits will include services associated with the administration of such Drugs.

“Standard Reference Compendia” means a) the United States Pharmacopeia Drug Information; b) the American Medical Association Drug Evaluations; or c) the American Hospital Formulary Service Drug Information. “Medical Literature” means published scientific studies published in at least two (2) articles from major peer-reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is clear and convincing contradictory evidence presented in a major peer reviewed medical journal. “Drug” means the primary anti-cancer or antineoplastic agent or agents.

#### **BENEFITS FOR ORTHOTIC AND PROSTHETIC SERVICES**

Benefits for will be provided for orthotic and prosthetic devices that equal those benefits provided for under federal laws for health insurance for the aged and disabled. Benefits are limited to the model that adequately meets the patient’s medical needs as determined by the treating physician. Repair and replacement of an Orthotic or Prosthetic Device is covered and subject to Co-payments and Deductibles, unless necessitated by misuse or loss. The benefits provided under this provision are the same as benefits provided under federal laws (42 U.S.C. sections 1395K, 1395I and 1395M and 42 CFR 414.202, 414.210, 414.228, and 410.100 as applicable to this section). Prior authorization may be required to receive this benefit if required for other benefits.

#### **BENEFITS FOR PEDIATRIC PREVENTIVE CARE**

Benefits will be paid the same as any other Sickness exclusive of any Deductible provision in this Policy for the cost of Pediatric Preventive Care Services provided for the ages specified below.

“Pediatric Preventive Care Services” are those services recommended by the Committee on Practice and Ambulatory Medicine of the American Academy of Pediatrics when delivered, supervised, prescribed, or recommended by a

Physician and rendered to a child from birth through age nineteen (19). All such services must be in keeping with the prevailing medical standards. Benefits are payable on a per visit basis to one (1) health care provider per visit.

#### **BENEFITS FOR SERVICES OF LICENSED MIDWIVES**

Coverage provided for licensed midwives if the services provided are within the licensed midwives' area of professional competence and are currently reimbursed when rendered by any other licensed health care provider.

#### **BENEFITS FOR POSTPARTUM CARE**

Benefits will be paid the same as any other Sickness for the expense of postpartum care. Benefits will be provided for a minimum of forty-eight (48) hours of in-patient care following a vaginal delivery and a minimum of ninety-six (96) hours of in-patient care following a caesarean section for a mother and her newly born child, including routine well-baby care. Any decision to shorten such minimum stay will be made by the attending Physician in consultation with the mother and will be made in accordance with the standards for guidelines for perinatal care published by the American College of Obstetrics and Gynecology and the American Academy of Pediatrics. If the stay is less than the minimum, post-delivery care shall include home visits, parent education, assistance and training in breast or bottle feeding, and the performance of any necessary and appropriate clinical tests, or any other tests or services consistent with the guidelines.

#### **BENEFITS FOR PROSTATE AND COLORECTAL CANCER SCREENING**

Benefits will be paid the same as any other Sickness for prostate and colorectal examinations and laboratory tests for cancer for any non-symptomatic Insured in accordance with the current American Cancer Society guidelines.

#### **BENEFITS FOR TOBACCO CESSATION TREATMENT**

Benefits will be paid for expenses incurred for tobacco cessation treatments including outpatient counseling for smoking cessation when provided by a qualified practitioner. If prescription drug coverage is provided under the Policy, We will also include coverage for nicotine replacement therapy or prescription drugs.

Nicotine replacement therapy includes, but is not limited, to nicotine gum, patches, lozenges, nasal spray and inhalers.

Smoking cessation treatment, as used in this regulation, includes the tobacco dependence treatments identified as effective in the most recent clinical practice guideline published by the United States Department of Health and Human Services for treating tobacco use and dependence. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under this Policy.

#### **BENEFITS FOR SCALP HAIR PROSTHESIS**

Benefits will be paid for hair loss suffered as a result of the treatment of any form of cancer or leukemia, subject to the same limitations and guidelines as other prostheses and not to exceed \$350 per covered member per year, exclusive of any Deductible.

#### **BENEFITS FOR AMBULANCE SERVICES**

Benefits will be paid for ground ambulance services; will not exceed a \$50 Co-payment. Ground Ambulance Services means those services provided by an ambulance service licensed to operate in Rhode Island in accordance with section 23-4.1-6. The term excludes air and water ambulance services and ambulance services provided outside of Rhode Island.

### **EXCLUSIONS**

Unless specifically included, no Benefits will be paid for: a) Loss or expense caused by, contributed to, or resulting from; or b) treatment, services, or supplies for, at, or related to:

1. Cosmetic procedures, except cosmetic surgery which the Covered Person needs as a result of an Accident which happens while he/she is insured under this Policy; 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;
2. Dental care or Treatment other than care of sound natural teeth and gums required due to an injury resulting from an Accident while the Covered Person is insured under this Policy (except as specifically provided in the Schedule of Benefits);
3. Temporomandibular Joint Dysfunction (TMJ);
4. Elective Treatments and voluntary testing (except as otherwise specified in the policy);
5. Eye examinations, prescriptions, or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems unless the result of a covered accident or illness (i.e. glaucoma). "Visual defects" means any physical defect of the eye which does or can impair normal vision (except as otherwise specified in the Policy);
6. Hearing examinations or hearing aids except as specifically provided in the Benefits for 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;
7. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
8. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;

9. Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest, or competition; (b) traveling to or from such sport, contest, or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest, or competition. This exclusion does not apply to club sports whether intercollegiate or not;
10. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
11. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy.
12. Prescription Drugs dispensed or purchased while not Hospital Confined;
13. Charges used to meet any deductible, or in excess of the coinsurance level, or in excess of those considered Reasonable and Customary (R&C) Charges;
14. Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made;
15. Treatment, services, or supplies provided normally without charge by the School's infirmary or its employees, or by Physicians who work for the school;
16. Birth Control, including surgical procedures and devices (except as specifically provided);
17. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided for in the Schedule of Benefits or required by law;
18. Treatment for deviated nasal septum unless required due to an injury resulting from an Accident while the Covered Person is insured under this policy; including submucous resection and/or other surgical correction thereof;
19. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft, except while riding as a fare-paying passenger on a regularly scheduled flight of a commercial airline;
20. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
21. 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 for such period of service); and
22. Sexual reassignment surgery.

## CLAIM PROCEDURES

In the event of either an Injury or a Sickness, students should:

1. Report to the URI Student Health Services for treatment for best coverage. When not in school, or Health Services is closed, go to the nearest In-Network Provider or Hospital.
2. Mail itemized medical and Hospital bills along with the patient's name and Insured Student's name, address, Member Identification number, and the name of the University under which the student is insured to the Claims Administrator, 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. Bill submitted after one (1) year will not be considered for payment except in the absence of legal capacity.

## QUESTIONS? NEED MORE INFORMATION?

For general information on benefits, enrollment/eligibility questions, ID cards, or service issues, please contact:

**Servicing Agent:**

**UNIVERSITY HEALTH PLANS, INC.**

One Batterymarch Park

Quincy, MA 02169-7454

Telephone (800) 437-6448

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

or email us at [info@univhealthplans.com](mailto:info@univhealthplans.com)

If you need medical attention before the ID card is received, benefits will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits. Call University Health Plans to verify eligibility.

## CLAIMS APPEAL PROCESS

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an Insured Person who disagrees with how a claim was processed may appeal that decision. The Insured Person must request an appeal in writing within 90 days of the date appearing on the EOB. The appeal request must include any additional information to support the request for appeal, e.g. medical records, physician records, etc. Please submit all requests to the Claims Administrator at the address below.

**Claims Administrator:**

**CONSOLIDATED HEALTH PLANS**

2077 Roosevelt Avenue

Springfield, MA 01104

(413) 733-4540 or

Toll Free (800) 633-7867

This plan is underwritten and offered by:  
**Nationwide Life Insurance Company**  
Columbus, Ohio

**Policy Number: 302-040-3809**

**For a copy of the Company's privacy notice, go to:**  
[www.consolidatedhealthplan.com/about/hipaa](http://www.consolidatedhealthplan.com/about/hipaa)

### VALUE ADDED SERVICES

#### VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:  
[www.chpstudent.com](http://www.chpstudent.com)

### STUDY / TRAVEL ABROAD

Whether studying or traveling abroad, the Student Health Insurance Plan provides the same benefits as if you were on campus, in addition to Return of Mortal Remains, Emergency Medical Evacuation, and Global Emergency Medical Assistance. These services are coordinated through MEDEX, the 24-hour worldwide assistance service, and must be approved in advance by MEDEX in order to be covered. When studying or traveling abroad, keep your identification card with you and take a copy of the brochure for reference. When outside of the United States, you will likely be asked to pay for your medical care first and then will need to seek reimbursement. Covered Expenses will be reimbursed on an Out-of-Network basis, after any applicable Co-payments or Deductibles. When you submit claims for reimbursement, you will need to have the itemized bill(s) translated into English and include a letter informing the claims administrator that you are seeking reimbursement for charges previously paid. Please ensure that your name, ID number, address (to receive your reimbursement check), and the University's name are on the bill.

#### REPATRIATION

This benefit applies only to Domestic Students studying or traveling abroad and International Students and their Dependents. In the event of the death of an Insured Person, The Plan will pay the actual charges incurred up to \$10,000 for preparing and transporting that person's remains to his or her home country. This will be done in accord with all legal requirements in effect at the time the body remains are to be returned to his or her home. The death must occur while the person is insured for this benefit. If you are a United States citizen, your home country is the United States. Return of Mortal Remains must be approved in advance by MEDEX.

#### EMERGENCY MEDICAL EVACUATION

This benefit applies only to Domestic Students studying or traveling abroad and International Students and their Dependents. The Plan will pay benefits up to \$15,000 for the Reasonable and Customary Expenses incurred if any Injury or Sickness results in the Emergency Evacuation of the Insured Person.

Emergency Evacuation means: after being treated at a local Hospital, the Insured Person's medical condition warrants transportation to his/her home country to obtain further medical treatment to recover.

Covered Expenses are expenses for transportation, medical services, and medical supplies necessarily incurred in connection with an Emergency Evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be: a) by the most direct and economical conveyance; and b) approved in advance by MEDEX.

Transportation means any land, water, or air conveyance required to transport the Insured Person during an Emergency Evacuation. Expenses for special transportation must be: a) recommended by the attending physician; or b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to; air Ambulance, land Ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Physician.

#### **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. **For general inquiries regarding our international assistance coverage, please call Consolidated Health Plans at 800-633-7867.** 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.