

# Student Health Insurance

## Designed for the Students of The University of Vermont



**2012-2013**

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

**Policy Number: 302-054-4410**

Effective: August 1, 2012 to July 31, 2013

**NOTICE:** Your student health insurance coverage, offered by Nationwide Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits for health insurance plans other than Student Health Insurance coverage for the 2012/2013 policy year. Minimum restrictions for policy year dollar limits for Student Health Insurance coverage are \$100,000 for the 2012/2013 policy year. Your Student Health Insurance coverage has a limit of \$250,000 per Policy Year. Be advised that you may be eligible for coverage under your parents' plan if you are under the age of 26. If you have any questions or concerns about this notice, contact Consolidated Health Plans at (800)-633-7867.

### **IMPORTANT NOTICE**

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. If any discrepancy exists between the Brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

### **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.

### **Benefit Enhancements**

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

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

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## WHERE TO FIND HELP?

The University of Vermont Student Health Insurance Plan has been developed especially for The University of Vermont students. The Plan provides coverage for Sicknesses and Injuries that occur on and off campus and includes special cost-saving features to keep the coverage as affordable as possible. The University of Vermont is pleased to offer the Plan as described in this brochure.

For Questions About:	Please Contact:
Waiver Process Health Services	<b>The University of Vermont</b> Student Health Insurance Office Center for Health and Wellbeing (802) 656-0602 Email: <a href="mailto:StudentInsurance@uvm.edu">StudentInsurance@uvm.edu</a>
Enrollment Dependent Enrollment	<b>University Health Plans, Inc.</b> One Batterymarch Park Quincy, MA 02169-7454 Phone : (800) 437-6448 Fax : (617) 472-6419 <a href="http://www.universityhealthplans.com">www.universityhealthplans.com</a> Email: <a href="mailto:info@univhealthplans.com">info@univhealthplans.com</a>
Insurance Benefits Preferred Provider Listings Claims Processing	<b>Consolidated Health Plans</b> 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (800) 633-7867 <a href="http://www.chpstudent.com">www.chpstudent.com</a>
Preferred Provider Listings	<b>Consolidated Health Plans</b> or <a href="http://www.mycignaforhealth.com">www.mycignaforhealth.com</a>
Prescription Drug Benefit & Providers	<b>Express Scripts</b> (800) 451-6245 <a href="http://www.express-scripts.com">www.express-scripts.com</a>

## THE UNIVERSITY OF VERMONT STUDENT INJURY AND SICKNESS INSURANCE PLAN

This is a brief description of the Injury and Sickness Medical Expense benefits available to The University of Vermont students. The Plan is underwritten by Nationwide Life Insurance Company. If you are covered by this plan, you will be covered 24 hours a day, on or off campus, throughout the United States and around the world. The exact provisions governing this insurance are contained in the Master Policy. See the University for additional information. The Plan is administered by Consolidated Health Plans, 2077 Roosevelt Avenue, Springfield, Massachusetts, 01104.

## AM I ELIGIBLE?

All undergraduate students attending UVM taking nine (9) or more credit hours and graduate students taking nine (9) or more credit hours are automatically enrolled in the UVM insurance plan, subject to the waiver requirements.

Part-time undergraduate and continuing educational students taking at least six (6) credit hours, and graduate students taking at least five (5) credit hours, may enroll at their option. Part-time students opting to enroll must also pay the health fee.

All international students will be required to pay the semester Health Fee and purchase the University of Vermont Student Health Insurance Plan. International Students will automatically be billed for the insurance premium and are not eligible to waive participation in the Plan. If you have questions regarding this requirement, please contact the Student Insurance Office at (802) 656-0602.

Any student whose personal health insurance policy is cancelled during the academic year would have the option to purchase the University's Student Health Insurance Plan.

**Please note:** Failure to enroll in this plan within sixty-three (63) days of cancellation of your personal creditable health insurance may result in a break in coverage. A condition existing during such break which is a Pre-Existing Condition will not be payable. Please see the Pre-Existing Condition section of this brochure for more information.

## COVERAGE FOR DEPENDENTS

Insured Students may also enroll their lawful spouse, domestic partner, or civil union partner and dependent children under age twenty-six (26) .

Dependent eligibility expires concurrently with that of the Insured student. Your Dependents will be covered for the same benefits for which You are covered. Coverage is not effective until the start date shown in the Plan Costs and Period of Coverage section. To enroll your Dependent(s), please visit [www.universityhealthplans.com](http://www.universityhealthplans.com).

**Please note:** Once a break in Continuous Coverage occurs, a condition existing during such break which is a Pre-Existing Condition will not be payable.

## NEWBORN INFANT COVERAGE

A child born to a Covered Person shall be covered for Accident, Sickness, and congenital defects for thirty-one (31) days from the date of birth. At the end of this thirty-one (31) day period, coverage will cease under The University of Vermont Student Health Insurance Plan. However, the Insured must notify Us in writing within thirty-one (31) days of such birth and pay the required additional premium, if any, in order to have coverage for the newborn child continue beyond such thirty-one (31) day period.

Coverage is provided for a child legally placed for adoption with a Covered Person for thirty-one (31) days from the moment of placement, provided the child lives in the household of the Covered Person and is dependent upon the Covered Person for support. However, the Insured must notify Us in writing within thirty-one (31) days of such adoption and pay the required additional premium, if any, in order to have coverage for the adopted child continue beyond such thirty-one (31) day period.

A dependent will not be considered a late enrollee if a court order requires the Covered Person to provide coverage for his or her eligible dependent. Such coverage will become effective on the date of the court order and will remain in effect for 31 days. To extend coverage past the thirty-one (31) days, Covered Person must (1) enroll the child(ren) within thirty-one (31) days of the court order, and (2) pay any additional premium, if necessary, starting from the date of the court order.

## CONTINUOUSLY INSURED

Covered Persons who have remained Continuously Insured under the Policy and prior student health insurance policies issued to the school will be covered for any Pre-Existing Condition that manifests itself while continuously insured, except for expenses payable under prior policies in the absence of the Policy. Previously Covered Persons must re-enroll for coverage, including dependent coverage, by September 15, 2012, in order to avoid a break in coverage for conditions that existed in the prior Policy Year. Once a break in continuous coverage occurs, the definition of Pre-Existing Condition will apply.

## HOW DO I WAIVE/ENROLL?

Participation in this Student Health Insurance Plan can be waived if the student has comparable coverage currently in force. A Waiver/Decision Form can be accessed online at [www.uvm.edu/health/insurance](http://www.uvm.edu/health/insurance). Follow the links to complete the waiver/decision form. The student can either: (a) purchase the University of Vermont Student Health Insurance Plan, or (b) decline the insurance by identifying comparable coverage currently in force with another insurance company. The online waiver process will be available but will not accept a decision past the published deadlines.

Category	Waiver Deadline Date
Students enrolling for the Fall Semester	September 15, 2012
Students enrolling for the Spring Semester	February 15, 2013

**Please note:** International Students are not able to waive this coverage. If you have questions regarding this requirement, please contact the Student Insurance Office at (802) 656-0602.

## LATE WAIVER/WAIVER APPEAL PROCESS

After the deadline, The University of Vermont Student Health Insurance Plan may not be waived/cancelled, except as provided by policy guidelines. Call the Center for Health and Wellbeing for more information.

## EFFECTIVE DATES AND COSTS

- Students:** Coverage for all insured students enrolled for the Fall Semester will become effective at 12:01 a.m. on August 1, 2012, and will terminate at 11:59 p.m. on July 31, 2013.
- New Spring Semester Students:** Coverage for all insured students enrolled for the Spring Semester will become effective at 12:01 a. m. on January 1, 2013, and will terminate at 11:59 p.m. on July 31, 2013.
- Insured Dependents:** Coverage will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premiums are sent, if later. Coverage for insured dependents terminates in accordance with the Termination provisions as described in the Master Policy. Examples include, but are not limited to, the date the Insured student's coverage terminates and the date the dependent no longer meets the definition of a dependent.
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	Annual 8/1/12- 7/31/13	Fall 8/1/12- 12/31/12	Spring 1/1/13- 7/31/13
<b>Student*</b>	\$2,740	\$1,142	\$1,598
<b>Spouse/Civil Union Partner/Domestic Partner</b>	\$2,522	\$1,052	\$1,470
<b>Child(ren)</b>	\$3,780	\$1,576	\$2,204

*\*The above Student rates include an Administrative Fee.*

## CONTINUATION PLAN

Students currently insured under this Health Insurance Plan whose eligibility ends due to graduation or otherwise leaving school are eligible to continue coverage under a Continuation Plan, subject to its terms and conditions. Enrollment for this Continuation Plan must be made by calling University Health Plans at (800) 437-6448.

## PREMIUM REFUND POLICY

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first thirty-one (31) days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. If a claim has been paid there is no option for a refund of premium. Students withdrawing after such thirty-one (31) days will remain covered under the Policy for the full period for which premium has been paid. **No refund will be allowed.**

A Covered Person 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, and any covered dependents, upon written request received by Consolidated Health Plans within ninety (90) days of withdrawal from school.

## 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.

**Coinurance** means the out-of-pocket expenses to be paid by the Covered Person as a percentage of the Covered Medical Expenses.

**Continuous Coverage** means the period of time that a Covered Person is Continuously Insured under this Policy and/or any prior Creditable Coverage with no greater than a sixty-three (63) day lapse between the effective date of coverage under this Policy and the termination of prior Creditable Coverage.

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

**Covered Person** means You, an insured under the Plan, or a Dependent for whom an application has been received and the required premium has been paid.

**Creditable Coverage** means 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.

**Doctor or Physician** means a licensed practitioner of the healing arts acting within the scope of his or her license. The Doctor may not be a member of the Covered Person's immediate family. Doctor includes, but is not limited to, podiatrists, dentists, chiropractors, certified registered nurse anesthetist, nurse practitioner, and certified nurse midwife.

**Elective Surgery or Elective Treatment** means any surgery or treatment that is not Medically Necessary, including any service, treatment, or supplies that are deemed by us to be research or experimental; or are not recognized as generally accepted medical practices in the United States. Elective Surgery and Elective Treatment do not include any procedures deemed a Medical Necessity. Elective surgery does not mean a cosmetic procedure required to correct an Injury for which benefits are payable under the Policy.

Elective Surgery and Elective Treatment includes, but is not limited, to surgery and/or treatment for acupuncture;; bio-feedback type services; breast implants; breast reduction; circumcision; corns, calluses, and bunions; cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under the Policy; and except for cosmetic surgery required to correct a covered Injury or infection or other diseases of the involved part and reconstructive surgery on either or both breasts or because of congenital disease or anomaly of a covered newborn child for which benefits are otherwise payable under the Policy; deviated nasal septum, including submucous resection and/or other surgical correction, other than necessary treatment of covered acute purulent sinusitis;; fertility tests; hair growth or removal; impotence, organic or otherwise; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; except for the treatment of an underlying covered Sickness; premarital examinations;, except where required for the treatment of a covered Injury; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing; smoking cessation; and weight loss or reduction (except as provided for the treatment of obesity).

**Emergency Medical Condition** means a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that in 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 or another 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 injury caused by an Accident, which results in loss. The Accident must occur while the Covered Person's insurance is in force under the Policy. A Covered Person must begin receiving services, supplies or treatment within seventy-two (72) hours from the time of accident in order for it to be considered a covered Injury. All Injuries sustained by one person in any one (1) Accident, including all related conditions and recurrent symptoms of these Injuries, will be considered one (1) Injury. The Injury must be the direct cause of loss and must be independent of all other causes.

**Intercollegiate Sports Injury** means a loss due to participating as a member of the Policyholder's sponsored and supervised Intercollegiate athletic team in a scheduled game, official tournament, or practice session; or while traveling directly to or from such game, tournament, or practice session.

**Maximum Benefit** means the maximum amount payable for expenses incurred by a Covered Person for any one Injury or Sickness.

**Medically Necessary** means care which a Physician has determined to be certifiably essential for the diagnosis or treatment of a Sickness or Injury. This determination must be based on objective results produced by an examination of the Covered Person's demonstrable symptoms. The Physician's treatment plan may be reviewed by an impartial third party whose determination will be binding on Us and the Covered Person.

**Preferred Provider** means a provider in the GWH-Cigna PPO Network of Participating Providers who contracts to provide services at a discounted rate.

**Prescription Drugs** means any Medically Necessary drugs that, under the applicable state or federal law, may be dispensed only upon written prescription of a Physician; and injectable insulin.

**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 (1) Sickness.

**Usual and Customary Charge (U&C)** means the normal and customary charge of the provider, incurred by the Covered Person, in the absence of insurance for a service or supply, but not more than the prevailing charge in the area.

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

**You, Your, Yours** means the insured student.

## PRE-EXISTING CONDITIONS LIMITATION

(Does not apply to Dependent child under the age of 19).

Pre-existing Conditions in excess of \$1,500 are not covered for the first twelve (12) months following the Covered Person's effective date of coverage under the Policy. Pre-existing Conditions are defined as Injury sustained or a Sickness for which the Insured noticed symptoms or was medically diagnosed, treated (including medication), or advised by a Physician within twelve (12) months immediately prior to his Effective Date of Coverage under the Policy.

Covered Medical Expenses resulting from Pre-existing Condition will not be covered unless:

- (1) twelve (12) consecutive months have elapsed during which no medical treatment or advice is given by a physician for such condition; or
- (2) the Covered Person has been insured under the Policy and the University's prior policies for twelve (12) continuous months; or
- (3) the Covered Person has been receiving benefits under the University's prior policies and has been Continuously Insured since the date of Injury or Sickness, whichever occurs first.

Credit will be given for prior Creditable Coverage.

Pregnancy, including Complications of Pregnancy, shall not be considered a Pre-existing Condition under the Policy.

## PREFERRED PROVIDER NETWORK

Consolidated Health Plans has arranged for you to access a Preferred Provider Network in your local community. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of The University of Vermont campus.

The University of Vermont Student Health Insurance Plan for the 2012-2013 Policy Year has a Preferred Provider Organization network through GWH-Cigna. To maximize your savings and reduce your out-of-pocket expense, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services.

By enrolling in this Insurance Program, you have the GWH-CIGNA PPO Network of Participating Providers, providing access to quality health care at discounted fees. To find a complete listing of GWH-Cigna PPO Network of Participating Providers, go to [www.mycignaforhealth.com](http://www.mycignaforhealth.com), or contact Consolidated Health Plans at (413) 733-4540, toll-free at (800) 633-7867, or [www.chpstudent.com](http://www.chpstudent.com) for assistance.

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

“Preferred Allowance” means the amount a Preferred Provider will accept as payment in full for covered medical expenses.

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

## 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 the Policy ceases on the termination date. However, if a Covered Person 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 until the completion of his hospital confinement but not to exceed 90 days from the expiration date of his coverage or the Maximum Policy Benefit, whichever occurs first.

The total payments made in respect of the Covered Person for each condition both before and after the termination date will never exceed the maximum Policy benefit.

## TERMINATION OF BENEFITS

The insurance of any Covered Person will immediately terminate on the earliest of:

1. the date to which the premium is paid; or
2. the date the Policy expires as shown on the Schedule of Benefits, subject to the Extension of Benefits After Termination provision; or
3. the date of entrance into the armed forces of any country, a pro-rata portion of the premium paid will be returned; or
4. the date the Covered Person no longer meets the conditions of eligibility for coverage; or
5. the date the Covered Person enrolls in Medicare.

Termination will be made without prejudice to any existing expense. Coverage for any Covered person who leaves The University of Vermont before the end of the semester will continue in force through the end of the period for which a premium was paid.

## BASIC STUDENT HEALTH INSURANCE PLAN

The following benefits are subject to the imposition of Policy limits and exclusions. All coverage is based on Usual and Customary Charges unless otherwise specified. All Covered Medical Expenses are payable up to an aggregate maximum of \$250,000 per Policy Year.

**You will be subject to a \$200 Deductible per Condition without a referral from the University of Vermont Center for Health & Wellbeing.**

	In-Network	Out-of-Network
<b>INPATIENT HOSPITALIZATION BENEFITS</b>		
<b>Hospital Room and Board</b>	80% of Preferred Allowance (PA)	80% of the Usual & Customary Charge (U&C) for a semi-private room
<b>Intensive Care Unit</b>	80% of PA	80% of the U&C for an intensive care room rate
<b>Miscellaneous Hospital Expense</b> , covered medical expenses include, but are not limited to, use of an operating room, anesthesia, supplies, laboratory, x-ray examinations, and medicines.	80% of PA	80% of U&C
<b>Physician Hospital Visit Expense</b> , covered medical expenses for charges for the non-surgical services of the attending Physician or a consulting Physician, not to exceed one (1) visit per day.	80% of PA	80% of U&C
<b>Licensed Nurse Expense</b>	80% of PA	80% of U&C

<b>SURGICAL BENEFITS (Inpatient and Outpatient)</b>		
<b>Surgical Expense</b> , covered medical expenses for charges for surgical services performed by a Physician.	80% of PA	80% of U&C
<b>Anesthetist and Assistant Surgeon Expense</b> , covered medical expenses for charges of an anesthetist and an assistant surgeon during a surgical procedure.	80% of PA	80% of U&C
<b>Ambulatory Surgical Expense</b>	80% of PA	80% of U&C
<b>OUTPATIENT BENEFITS</b>		
Covered Medical Expenses include, but are not limited to, Physician's office visits, diagnostic x-rays, MRI and laboratory services, hospital emergency room or outpatient department services, and physical therapy.		
<b>Hospital Outpatient Department or Walk-In Clinic Expense</b>	80% of PA	80% of U&C
<b>Emergency Room Expense</b> Deductible is waived when referred by the Center for Health and Wellbeing or if you are a medical student being treated outside of the Burlington, VT area:	80% of PA	80% of U&C
<b>Urgent Care Expense</b>	80% of PA	80% of U&C
<i>Please Note: A Covered Person should not seek medical care or treatment from an urgent care provider if their illness, injury or condition, is an emergency condition. The Covered Person should go directly to the emergency room of a hospital or call 911 (or the local equivalent) for ambulance and medical assistance.</i>		
<b>Physician's Office Visit</b> (including): a) Consultant, Specialist, or Second Surgical Opinion Expense b) Dermatological and Podiatric Expense Deductible is waived when referred by the Center for Health and Wellbeing or if you are a medical student being treated outside of the Burlington, VT area:	80% of PA	80% of U&C
<b>Diagnostic Testing</b> (including): a) Laboratory b) X-Ray c) Pre-Admission Testing d) High Cost Procedures (Outpatient procedure costing more than \$200) e) Allergy Testing	80% of PA	80% of U&C
<b>Mammogram Expense</b> - Coverage is limited to: -One baseline mammogram for women between the ages of 35 to 40* and -One mammogram every year thereafter* *Coverage will be provided more frequently if based upon a Physician's recommendation.	100% of PA	80% of U&C

<b>OUTPATIENT BENEFITS (continued)</b>		
<b>Therapy Expense</b> , including: a) Physical Therapy b) Chiropractic Care c) Speech Therapy d) Inhalation Therapy e) Occupational Therapy	80% of PA	80% of U&C
<b>Chemotherapy Expense</b>	80% of PA	80% of U&C
<b>Durable Medical Equipment</b> , does not include eye glasses, vision aids, hearing aids, and orthotics.	80% of PA	80% of U&C
<b>Prosthetic Devices</b> , at least equivalent to those covered by the federal Medicare program. Medically necessary repair and replacement is included.	80% of PA	80% of U&C
<b>MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS</b>		
<b>Inpatient Expense</b>	80% of PA	80% of U&C
<b>Outpatient Expense</b>	80% of PA	80% of U&C
<b>MATERNITY BENEFITS</b>		
<b>Maternity Expenses</b> , Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy. In the event of an inpatient confinement, such benefits will be payable for inpatient care of the Covered Person and any newborn child for a minimum of 48 hours following a vaginal delivery and a minimum of 96 hours following a cesarean delivery.	Payable on the same basis as any other Sickness.	
<b>Well Newborn Nursery Care Provided</b> during Mother's confinement but for not more than four (4) days for a normal delivery.	80% of PA	80% of U&C
<b>ADDITIONAL BENEFITS</b>		
<b>Ambulance Expense</b> , Covered Medical Expenses for the services of a professional ambulance to and from a hospital when required due an emergency of a covered Injury or Sickness.	100% of Actual Charge	
<b>Dental</b> (limited to): a) Dental Injury, limited to \$500 per tooth per Policy Year, per Accident. b) Impacted Wisdom Teeth, limited to maximum of \$100 per tooth.	100% of Actual Charge	
<b>Diabetic Treatment and Supplies Expense</b>	80% of PA	80% of U&C

<b>ADDITIONAL BENEFITS (continued)</b>		
<b>Temporomandibular Joint (TMJ) Dysfunction and Craniofacial Disorders Expense</b> , Covered Medical Expenses include diagnosis and medically necessary treatment, including surgical and nonsurgical procedures, for a musculoskeletal disorder that affects any bone or joint in the face, neck or head and is the result of accident, trauma, congenital defect, developmental defect, or pathology.	80% of PA	80% of U&C
<b>Prescription Contraceptive Devices Expense</b>	80% of PA	80% of U&C
<b>Sterilization Expense (except as provided for tubal ligation for women, which is covered at 100% of PA in-network)</b>	80% of PA	80% of U&C
<b>Mastectomy and Breast Reconstruction Expense Benefits</b>	Paid the same as any other Sickness.	
<b>Elective Abortion</b> , if conception of the pregnancy is during the Policy Year: limited to \$360 per occurrence.	80% of PA	80% of U&C
<b>Acupuncture</b> , limited to \$300 per Policy Year	80% of PA	80% of U&C
<b>Acupuncture in Lieu of Anesthesia</b>	80% of PA	80% of U&C
<b>Home Health Care Expense</b>	80% of PA	80% of U&C
<b>Hospice Benefit</b>	80% of PA	80% of U&C
<b>Skilled Nursing Facility Expense</b> , limited to 60 days per Policy Year. For the semi-private room rate.	100% of PA	80% of U&C
<b>Rehabilitation Facility</b> , for the rehabilitation facility's daily room and board maximum for semi-private accommodations.	80% of PA	80% of U&C
<b>Collegiate or Intercollegiate Sports Expense Benefit</b> , limited to \$1,500 per Injury.	100% of PA	100% of U&C
<b>Preventive/Wellness Care and Immunizations – Student</b> covered only when services are received at UVM Center for Health and Wellbeing. For preventive services not available at the SHC, the In-network benefit with a preferred provider will be 100% of PA.	100%,	Not Covered
<b>Preventive/Wellness Care and Immunizations – Insured Dependents</b>	100% of PA	Not Covered

<b>ADDITIONAL BENEFITS (continued)</b>	
<b>Prescription Drug Expense</b> , Up to \$100,000 per Policy Year. This Pharmacy benefit is provided to cover prescriptions associated with covered Sickness or covered Injury occurring during the Policy Year. Medications not covered by this benefit include, but are not limited to: appetite suppressants, drugs to promote or stimulate hair growth, and non-self-injectables. Prescriptions must be filled at an "Express Scripts" Participating Pharmacy. To contact Express Scripts, please call (800) 451-6245.	\$25 Co-pay for Brand Name and \$15 Co-pay for Generic Drug, \$0 co-pay for Generic Contraceptives.
<b>Medical Evacuation</b>	\$100,000
<b>Repatriation</b>	\$100,000

### **GENERAL PROVISIONS STATE MANDATED BENEFITS**

The Plan will pay benefits for the following mandated benefits and any other applicable mandate in accordance with Vermont insurance laws; Autism Spectrum Disorder; Colorectal Cancer Screening; Cancer Clinical Trials Chiropractic Benefit; Mental Health Benefit; Diabetes Supplies, Equipment and Self-Management Training Benefit; Low Protein Modified Food Product Benefit; Chemotherapy Benefit; Maternity Benefit; Contraceptives Benefit; Low Dose Mammography; Treatment to Bones or Joints in the Neck, Face or Head; Independent External Review; Prosthetic Devices; Tobacco Cessation; Cancer Screening for Prostate; and Off-Label Drugs.

### **EXCESS COVERAGE**

No benefits are provided by the Policy for expenses which are paid or payable by any other valid and collectible hospital or insurance plan, or to the extent that benefits are provided and paid for by or through a managed care program. This provision does not apply to emergencies.

### **MEDICAL EVACUATION BENEFIT**

Upon receipt of due proof that a Covered Person incurred expenses for Physician ordered emergency medical evacuation, including medically appropriate transportation, and Medically Necessary care en route to the nearest suitable hospital or a facility operated pursuant to law for the care and treatment of ill or injured persons or to the Covered Person's home country, when the Covered Person is critically ill or Injured, and appropriate local care is not available, we will pay the actual charges incurred not to exceed \$100,000, subject to the prior approval of the Claims Administrator for the Policy and the attending physician.



Payment of a benefit under the terms of this provision is in lieu of all benefits otherwise payable under the Policy and any Riders. Insurance for the Covered Person ends upon the evacuation.

### **REPATRIATION BENEFIT**

Upon receipt of due proof of a Covered Person's death, we will pay the actual charges for the preparation and transportation of the body to his home country or country of regular domicile, subject to the approval of the Claims Administrator of the Policy. If applicable, such action will be in accordance with any international standards. The benefit payable is not to exceed \$100,000, and death must occur at least 100 miles away from the Covered Person's city of residence. Benefits provided by this provision are paid in addition to any other benefits payable under the Policy.

### **EXCLUSIONS**

Benefits will not be paid for any expenses which result from:

1. Expenses incurred as a result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
2. Dental surgery other than oral surgery for the excision of tumors, growths and cysts of the jaw and mouth, or procedure for treatment of fractures and dislocations of the jaw and facial bones unless specifically stated elsewhere;
3. Services that are provided normally without charge by the University's Student Health Center, infirmary or hospital, or by any person employed by the University;
4. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
5. Eye surgery for the correction of refractive defects such as myopia or astigmatism;
6. Declared or undeclared war, riot, civil disorder, or civil commotion or acts of terrorism;
7. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as fare-paying passenger in an aircraft operated by a commercial scheduled airline. This exclusion does not apply to insured students while taking flight instructions for College credit;
8. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
9. Injury sustained or Sickness contracted while in the service of the armed forces of any country. When a Covered Person enters the armed forces, we will refund any unearned pro-rata premium upon written request;
10. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
11. Cosmetic surgery, except for the correction of birth defects, correction of deformities resulting from cancer surgery, reconstructive breast surgery on either or both breasts, or surgery that is required as a result of an Injury

which necessitates medical treatment within 24 hours of the accident. Correction of deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis, shall be considered as Cosmetic surgery for the purpose of the Policy;

12. Treatment for breast implants; breast reduction; circumcision; deviated nasal septum; including submucous resection and/or other surgical correction thereof; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; and sleep disorders;
13. Elective Surgery or Elective Treatment;
14. Expenses resulting from a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place (this exclusion will not apply to passengers if they are insured under the Policy);
15. Services and supplies not Medically Necessary for the diagnosis recommended by the attending physician;
16. Expenses incurred outside the United States by a Covered Person whose home country is outside the United States and who has received a Medical Evacuation benefit. This exclusion does not apply to approved Medical Evacuation benefits;
17. Expenses incurred for the treatment for routine foot care, including, but not limited to trimming of corns, calluses, and nails
18. Expenses incurred for confinement in a nursing, rest or convalescent home;
19. Personal and convenience items and completions of forms;
20. Expenses covered by any other valid and collectible medical, health, or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits;
21. Committing or attempting to commit an assault or felony; or fighting, except in self-defense;
22. Homemaking, companion or chronic (custodial) care services. Charges of a home health aide who is a member of your household. Charges of any care provided by relatives (by blood, marriage or adoption);
23. Services or supplies which are experimental or investigative in nature; including the treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as acceptable medical practices and any such items requiring federal or other governmental agency approval not received at the time services were rendered;
24. Expenses resulting from a motor vehicle accident for which benefits are payable from other valid insurance; and
25. Services rendered or supplies furnished after the coverage expiration date. Any exclusion above will not apply to the extent that coverage is specifically provided by name in the Policy, or coverage of the charges is required under any law that applies to the coverage.

## PRESCRIPTION DRUG CLAIM PROCEDURE

When obtaining a covered Prescription, please present your insurance identification card to the Pharmacy. Prescription drugs are covered at 100% after a \$15 Co-pay for each Generic Prescription Drug or a \$25 Co-pay for each Brand Name Prescription Drug, and a \$0 co-pay for Generic Contraceptives **to a maximum of \$100,000 per Policy Year**. Prescriptions must be filled at an "Express Scripts" Participating Pharmacy. To contact Express Scripts, please call (800) 451-6245. When you need to fill a Prescription at the Pharmacy and you do not have your ID card with you, you may obtain your prescription and be reimbursed by submitting a completed Express Scripts Claim Form. You will be reimbursed for covered medications directly by Express Scripts.

## CLAIM PROCEDURES

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

1. Contact the Center for Health and Wellbeing. If the Center for Health and Wellbeing is not available, determine whether a GWH-Cigna PPO Provider is located close by for treatment at reduced cost to You.
2. Itemized billings (Written Proof of Loss) should be submitted by Your health care provider or the Covered Person within ninety (90) days of treatment, or as soon as reasonably possible.

**Itemized medical bills should be mailed promptly to GWH-Cigna at the address listed. SUBMIT ALL CLAIMS TO:**

#### GWH-CIGNA

1000 Great West Drive  
Kennett, MO 63857-3749

3. Direct all questions regarding benefits available under the Plan, claim procedures, status of a submitted claim or payment of a claim to Consolidated Health Plans.

#### Claims Administrator:

#### CONSOLIDATED HEALTH PLANS

Springfield, MA 01104  
(413) 733-4540 or Toll Free (800) 633-7867  
[www.chpstudent.com](http://www.chpstudent.com)

#### Servicing Broker:

#### UNIVERSITY HEALTH PLANS, INC.

One Batterymarch Park  
Quincy, MA 02169-7454  
Telephone (800) 437-6448  
Email [info@univhealthplans.com](mailto:info@univhealthplans.com)  
[www.universityhealthplans.com](http://www.universityhealthplans.com)



#### The Plan is underwritten by:

Nationwide Life Insurance Company  
Columbus, Ohio

**Policy Number: 302-054-4410**

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

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

## CLAIM APPEAL PROCESS

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.

## VALUE ADDED SERVICES

### VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:

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

### EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

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

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

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

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