

Student Health Insurance

Designed for the Students of

The University of Vermont

2014-2015

Underwritten by:
Nationwide Life Insurance Company
Columbus, OH
Policy Number: 302-054-4412

Effective: August 1, 2014 to July 31, 2015
Group Number: S210510

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.

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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	The University of Vermont Student Health Insurance Office Center for Health and Wellbeing (802) 656-0602 Email: StudentInsurance@uvm.edu
Enrollment Dependent Enrollment	University Health Plans, Inc. One Batterymarch Park Quincy, MA 02169-7454 Phone: (800) 437-6448 Fax : (617) 472-6419 www.universityhealthplans.com Email: info@univhealthplans.com
Insurance Benefits Preferred Provider Listings Claims Processing	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (800) 633-7867 www.chpstudent.com customerservice@chpemail.com
Preferred Provider Listings	Consolidated Health Plans or www.cigna.com
Prescription Drug Benefit & Providers	Express Scripts (800) 451-6245 www.express-scripts.com

THE UNIVERSITY OF VERMONT STUDENT INJURY AND SICKNESS INSURANCE PLAN

The University of Vermont is making available a Student Health Insurance program (hereinafter called "plan") underwritten by Nationwide Life Insurance Company and administered by Consolidated Health Plans. 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. This brochure provides a general summary of the insurance coverage; the Schedule of Benefits is not all inclusive of eligible benefits payable under this plan. Keep this brochure as no individual policy will be issued. This summary is not a contract; however, the Master Policy will be available for review upon request. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this brochure and the Master Policy.

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.

Students must be physically and actively attending classes on campus for at least the first thirty-one (31) days beginning with the first day for which coverage is purchased.

Students who are enrolled exclusively in online courses and whose enrollment does not consist entirely of Short-Term Courses do not fulfill the Eligibility requirements. Home study, correspondence, online, and television (TV) courses do not fulfill the Eligibility requirements.

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.

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 thirty-one (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.

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. 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, 2014
Students enrolling for the Spring Semester	February 15, 2015

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, 2014, and will terminate at 11:59 p.m. on July 31, 2015.
- 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, 2015, and will terminate at 11:59 p.m. on July 31, 2015.
- 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.

	Annual 8/1/14-7/31/15	Fall 8/1/14-12/31/14	Spring 1/1/15-7/31/15
Student*	\$2,590	\$1,080	\$1,510
Spouse/Civil Union Partner/Domestic Partner	\$2,463	\$1,026	\$1,437
Each Child	\$2,463	\$1,026	\$1,437

**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.

TERMINATION OF BENEFITS

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

- The Termination Date of the Policy;
- The last day of the term of Coverage for which Premium is paid
- The date a Covered Person enters full time active military service. Upon written request within ninety (90) days of leaving school. We will refund the unearned pro-rata Premium to such person upon request.
- the date the Covered Person no longer meets the conditions of eligibility for coverage; or
- the date the Covered Person enrolls in Medicare.

Termination is subject to the Extension of Benefits provision.

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.

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.

EXTENSION OF BENEFITS

The Coverage provided under this Policy ceases on the Covered Person's 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 Expenses for such Injury or Sickness will continue to be paid for a period of ninety (90) days or until date of discharge, whichever is earlier. Or
- Totally Disabled on the Termination Date from a covered Injury or Sickness for which Benefits were paid before the Termination Date, Covered Expenses for such Injury or Sickness will continue to be paid for a period of twelve (12) months or until the date the disability ends, whichever is earlier.

The total payments made in respect of the Insured for such Condition both before and after the termination date will never exceed the Maximum Benefit. After this Extension of Benefits provision has been exhausted, all Benefits cease to exist and under no circumstances will further Benefits be made.

Totally Disabled means, with respect to the Insured, the inability to attend classes at the location where he is enrolled. With respect to a Dependent, or the Insured if such classes are not in session, disability means the inability to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Covered Person immediately prior to the Injury or Sickness.

This Extension of Benefits provision is applicable only to the extent the Covered Person will not be covered under this or any other similar health insurance policy in the ensuing term of Coverage.

Dependents that are newly acquired during the Insured's Extension of Benefits period are not eligible for Benefits under the provision.

DEFINITIONS

Accident: An event that is sudden, unexpected, and unintended, and over which the Covered Person has no control.

Accidental Injury: A specific unforeseen event, which directly, and from no other cause, results in an Injury.

Coinsurance: The percentage of the expense for which the Covered Person is responsible for a Covered Service. The Coinsurance is separate and not a part of the Deductible and Copayment.

Copayment: A specified dollar amount a Covered Person must pay for specified Covered Charges.

Covered Charge(s) or Covered Expense: As used herein means those charges for any treatment, services or supplies:

- for Preferred Providers, not in excess of the Preferred Allowance;
- for Out-of-Network Providers not in excess of the Reasonable and Customary expense; and
- not in excess of the charges that would have been made in the absence of this insurance; and
- not otherwise excluded under this Policy; and
- incurred while this Policy is in force as to the Covered Person.

Covered Person: A person:

- who is eligible for Coverage as the Insured or as a Dependent;
- who has been accepted for Coverage or has been automatically added;
- for whom the required Premium has been paid; and
- whose Coverage has become effective and has not terminated.

Deductible: The amount of expenses for Covered Services and supplies which must be incurred by the Covered Person before specified Benefits become payable.

Dependent: A person who is the Insured's:

- Legally married spouse, who is not legally separated from the Insured and resides with the Insured.

- Child who is under the age of 26.

The term child refers to the Insured's:

- Natural child;
- Stepchild ; A stepchild is a Dependent on the date the Insured marries the child's parent.
- Adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.
- Foster child is a Dependent from the moment of placement with the Insured as certified by the agency making the placement.

Elective Treatment: Those services that do not fall under the definition of Essential Health Benefits. Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's Effective Date of Coverage.

Emergency: An Illness, 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 that a reasonable person would seek care right away to avoid severe harm.

Essential Health Benefits: Has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services, and includes the following categories of Covered Services: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care (in accordance with the applicable state or federal benchmark plan).

Injury: Bodily Injury due to a sudden, unforeseeable, external event which results independently of disease, bodily infirmity or any other causes. 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.

Insured: The Covered Person who is enrolled at and meets the eligibility requirements of the Policyholder's school.

Medically Necessary/Medical Necessity: We reserve the right to review claims and establish standards and criteria to determine if a Covered Service is Medically Necessary and/or Medically Appropriate. Benefits will be denied by Us for Covered Services that are

not Medically Necessary and/or Medically Appropriate. In the event of such a denial, You will be liable for the entire amount billed by that Provider. You do have the right to appeal any adverse decision as outlined in the Appeals and Complaint Section of this Policy.

Covered Services are Medically Necessary if they are:

- Required to meet the health care needs of the Covered Person; and
- Consistent (in scope, duration, intensity and frequency of treatment) with current scientifically based guidelines of national medical or research organizations or governmental agencies; and
- Consistent with the diagnosis of the Condition; and
- Required for reasons other than the comfort or convenience of the Covered Person or Provider; and
- Of demonstrated medical value and medical effectiveness.

A Covered Service is Medically Appropriate if it is rendered in the most cost-effective manner and type of setting appropriate for the care and treatment of the Condition.

When specifically applied to Hospital Confinement, it means that the diagnosis or treatment of symptoms or a Condition cannot be safely provided on an Outpatient basis.

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.

Out-of-Pocket Maximum: The most You pay during a Policy Year before Your Coverage begins to pay 100%. This limit will never include Premium, balance-billed charges or health care Your Policy does not cover.

Physician: A health care professional practicing within the scope of his or her license and is duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy, and who is not:

1. the Insured Person;
2. a Family Member of the Insured Person; or
3. a person employed or retained by the Policyholder.

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.

Reasonable and Customary (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. The most common charge means the lesser of:

- The actual amount charged by the Provider;
- The negotiated rate, if any; or
- The fee often charged for in the geographical area where the service was performed.

The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 80th percentile of Fair Health Inc. schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

For a Provider who has a reimbursement agreement, the Reasonable Charge is equal to the Preferred Allowance under any reimbursement agreement with Us, either directly or

indirectly through a third party, as described in the Preferred Provider Benefit provision. If a Provider accepts as full payment an amount less than the rate negotiated under the reimbursement agreement, the lesser amount will be the maximum Reasonable Charge.

Sickness (Sick): means illness, disease or condition, including pregnancy and Complications of Pregnancy that impairs a Covered Person's normal functioning of mind or body and which is not the direct result of an Injury or Accident. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

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

You, Your, Yours means the insured student.

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 2014-2015 Policy Year has a Preferred Provider Organization network through Cigna PPO. 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 Cigna PPO Network, providing access to quality health care at discounted fees. To find a complete listing of Cigna PPO Providers, go to www.cigna.com, or contact Consolidated Health Plans at (413) 733-4540, toll-free at (800) 633-7867, or www.chpstudent.com for assistance.

In the case of an Emergency, if an Out-of-Network Provider is used, the In-Network percentage in the Schedule of Benefits will be applied.

A Covered Person is not required to seek treatment from a Preferred Provider. Each Covered Person is free to elect the services of a Provider and Benefits payable will be made in accordance with the terms and Conditions of this benefit.

"In-Network Benefit" means the level of payment made by Us for Covered Services received by a Preferred Provider under the terms of the Policy. Payment is based on the Preferred Allowance unless otherwise indicated.

"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.

SCHEDULE OF MEDICAL EXPENSE BENEFITS

The Policy provides benefits for expenses incurred by an Insured Person for loss due to a covered Injury or Sickness. Benefits will be paid up to the maximum benefit for each service as scheduled below. **The Insured Student will be subject to a \$200 Deductible per Condition without a referral from the Center for Health and Wellbeing.** Note: Medical Students are not subject to the deductible when participating in mandatory out-of-area rotations.

Covered Medical Expenses include:

	In-Network	Out-of-Network
Policy Year Maximum Benefit (includes Medical Evacuation & Repatriation)	Unlimited	
Deductible (per Person) Note: Medical Students are not subject to the deductible when participating in mandatory out-of-area rotations. Deductible does not apply to emergency services.	\$200 per condition waived with a referral from the University of Vermont Center for Health & Wellbeing	
Out-of-Pocket Maximum (includes Coinsurance and Copayments; does not include non-covered medical expenses or elective treatment)	\$6,350 per Covered Person \$12,700 Family Maximum	No Maximum
Coinsurance	90% of Preferred Allowance (PA)	80% of the Reasonable & Customary Charge (R&C)
Treatment outside the United States	80% of R&C	
Preventive Care Services		
Preventive/Wellness & Immunizations-Students , 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% Deductible does not apply	Not Covered
Preventive/Wellness & Immunizations-Insured Dependents	100% of PA Deductible does not apply	Not Covered
Colorectal Screening Exam	100% of PA	80% of R&C
Mammogram Expense -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 R&C

Outpatient Services (other than Surgery, Maternity, Mental Health/Drug or Alcohol)		
Office Visits (includes Specialists, Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery or physiotherapy.	90% of PA	80% of R&C
Diagnostic Imaging, X-ray and Laboratory Services	90% of PA	80% of R&C
Radiation and Chemotherapy	90% of PA	80% of R&C
Inpatient Services – (other than Surgery, Maternity, Mental Health/Drug or Alcohol, except as specified)		
Miscellaneous Hospital Services	90% of PA	80% of R&C
Room and Board expense , at the semi-private room, general nursing care, and ICU	90% of PA	80% of R&C
Physician visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.	90% of PA	80% of R&C
Skilled Nursing and Sub-Acute Care Facilities	100% of PA	80% of R&C
Rehabilitation Facility , for the rehabilitation facility's daily room and board maximum for semi-private accommodations.	90% of PA	80% of R&C
Surgical Services (Inpatient & Outpatient)		
Surgeon's Fee	90% of PA	80% of R&C
Assistant Surgeon	90% of PA	80% of R&C
Anesthetist Services	90% of PA	80% of R&C
Hospital Miscellaneous includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.	90% of PA	80% of R&C
Organ transplant – (benefit limitations may apply, see policy for details)	90% of PA	80% of R&C
Obesity Surgery up to a lifetime maximum of \$10,000.	90% of PA	80% of R&C

Maternity Care – Includes forty-eight (48) hours of Inpatient care following a normal delivery and ninety-six (96) hours of Inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the Attending Physician or a certified nurse-midwife who consults with a Physician, decides to discharge the mother or newborn child sooner. In the event of early discharge, Home Health Care visits will be provided (up to 40 visits PPY).		
Pre- and Post-Natal Care , including diagnostic services performed and billed by a Physician's office, delivery and Inpatient Physician visits for mother and baby	Paid the same as any other Sickness	
Hospital services - Includes room and board, general nursing care, meals and prescribed diets, pharmaceuticals administered while an Inpatient, anesthesia, dressings, other miscellaneous items, rooming in for maternity care, delivery, routine newborn care, including circumcision, or sick newborn care.	Paid the same as any other Sickness	
Mental Conditions & Substance Abuse		
Inpatient Services	Paid the same as any other Sickness	
Outpatient Office Visits	Paid the same as any other Sickness	
Urgent Care and Emergency Services		
Urgent Care (non-emergency) <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>	90% of PA	80% of R&C
Emergency services. Use of the emergency room and supplies. Subject to a \$100 per visit co-pay (waived if admitted). (The In-Network Out of Pocket Maximum applies to the Out-of-Network Benefit for this benefit.) (The Plan Policy Year Deductible does not apply to emergency services.)	90% of PA, after \$100 co-pay per visit	90% of R&C, after \$100 co-pay per visit
Emergency Medical Transportation services	100% of Actual Charges	

Other Services		
Allergy Services (testing/injections/treatment)	90% of PA	80% of R&C
Habilitative and Rehabilitative therapy – including Physical, Speech, Inhalation and Occupational only when prescribed by the Attending Physician	90% of PA	80% of R&C
Chiropractic	90% of PA	80% of R&C
Home Health Care	90% of PA	80% of R&C
Hospice	90% of PA	80% of R&C
Diabetic treatment and Education	Paid the same as any other Sickness	
Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices	90% of PA	80% of R&C
Dental treatment due to Injury to a Sound Natural Tooth	100% of Actual Charge	
Neuropsychological Testing – coverage is limited to 8 hours per Policy Year.	90% of PA	80% of R&C
Prescription Drug Expense (retail or mail order) <ul style="list-style-type: none"> Only a thirty (30) day supply can be dispensed at any time One (1) copayment per thirty (30) day supply Copayments apply to the out-of-pocket Infertility drugs are limited to a one hundred twenty (120) day supply per Policy Year (when the attempt to conceive is through natural means). 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 or go to www.express-scripts.com. 	\$0 Co-pay for generic contraceptives and wellness prescription drugs \$15 Co-pay for other generic prescription drugs \$25 Co-pay for any brand name prescription drugs	
Private Duty Nursing	90% of PA	80% of R&C

Routine Vision Exam for Covered Persons under twenty one (21) – limited to one (1) exam per Policy Year. Includes prescription eye glasses (lenses & frames), or contact lenses in lieu of eyeglasses, limited to once per Policy Year.	Exam: 90% of PA	Exam: 80% of R&C
	Eyeglasses or Contact Lenses: 100% up to \$150, then 60% thereafter	
Routine Vision Exam for Covered Persons over twenty one (21) – limited to one (1) exam per Policy Year. (Eye glasses/contact lenses not covered).	90% of PA	80% of R&C
Intercollegiate Sports Expense Benefit , limited to \$1,500 per Injury	100% of PA	100% of R&C
Club and Intramural Sports Injury	Paid the same as any other Injury	
Medical Evacuation	100% of R&C	
Repatriation	100% of R&C	
Elective Treatment		
Gender Reassignment Surgery , including hormone replacement therapy, limited to \$50,000 per Policy Year. Note: Mental Health Counseling is covered under the Mental Health Benefit.	Paid the same as any other Sickness	
Removal of Impacted Wisdom Teeth , up to a maximum of \$100 per tooth	90% of PA	80% of R&C
Temporomandibular Joint (TMJ) Dysfunction and Craniofacial Disorders Expense , including 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.	90% of PA	80% of R&C
Sterilization Expense (except for tubal ligation for women – which is covered under the Preventive Care Services Benefit)	90% of PA	80% of R&C
Mastectomy and Breast Reconstruction Expense Benefits	Paid the same as any other Sickness	
Elective Abortion , if conception of the pregnancy is during the Policy Year: limited to \$360 per occurrence.	90% of PA	80% of R&C
Acupuncture , limited to \$300 per Policy Year	90% of PA	80% of R&C

Acupuncture in Lieu of Anesthesia	90% of PA	80% of R&C
Sleep Studies	90% of PA	80% of R&C

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; Chiropractic Benefit; Mental Health Benefit; Diabetes Supplies, Equipment and Self-Management Training Benefit; Low Protein Modified Food Product Benefit; Chemotherapy Benefit; Maternity Benefit (including midwife and home birth coverage); Contraceptives Benefit; Low Dose Mammography; Treatment to Bones or Joints in the Neck, Face or Head; Autism; Cancer Clinical Trials; Off Label Drugs; Colorectal; Tobacco Cessation; Cancer Screening for Prostate; Telemedicine Services; Naturopathic Physician; Athletic Trainer; General Anesthesia for certain dental procedures; Home Health Services (maternity & childbirth); Organ transplant surgery; Pediatric vaccines; Prescription drugs bought in Canada; Coverage for mail order prescriptions same reimbursement level as retail; Maximum out-of-pocket for prescriptions drugs (\$1,200 single/\$2,400 family); and Prosthetic devices.

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

If the Insured cannot continue his academic program because he sustains an Accidental Injury or Emergency Sickness while Insured under the Policy or if a Covered Dependent sustains an Accidental Injury or Emergency Sickness and is more than a 100 mile radius from his current place of primary residence or outside of his Home Country, We will pay for the actual charge Incurred for an emergency medical evacuation of the Covered Person to or back to the Insured's home state, country, or country of regular domicile subject to the Coinsurance, Deductible, Copayment, as stated in the Schedule of Benefits, and the Exclusions and Limitations provisions. No payment will be made under this provision unless the evacuation follows a Hospital Confinement of at least five (5) consecutive days. Before We make any payment, We require written certification by the Attending Physician that the evacuation is necessary. Any expense for medical evacuation requires Our prior approval and coordination. For international students, once evacuation is made outside the country, Coverage terminates. This Benefit does not include the transportation expense of anyone accompanying the Covered Person or visitation expenses.

REPATRIATION BENEFIT

If the Covered Person dies while Insured under the Policy and is more than 100 miles from his permanent residence or outside of his Home Country, We will pay for the actual charge incurred for embalming, and/or cremation and returning the body to his place of

permanent residence in his home state, country or country of regular domicile, up to the benefit amount shown in the Schedule of Benefits, subject to the Coinsurance, Deductible, Copayment, as stated in the Schedule of Benefits, the maximum Benefit limit shown above, and the Exclusions and Limitations provisions. Expenses for repatriation of remains require the Policyholder's and Our prior approval. If You are a United States citizen, Your Home Country is the United States. This Benefit does not include the transportation expense of anyone accompanying the body, visitation or lodging expenses or funeral expenses.

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;
2. Dental surgery other than oral surgery for the excision of tumors, growths and cysts of the jaw and mouth, except as specifically provided;
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 specifically provided and 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;
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 treatment, cosmetic surgery, or other services and supplies that We determine to be furnished primarily to improve appearance rather than a physical function or control of organic disease, except as provided herein, or for treatment of an Injury that is covered under the Policy and which necessitates medical treatment within twenty-four (24) hours of the accident. Improvements of physical function does not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include, but are not limited to: face lifts; sagging eyelids; prominent ears; skin scars; hair growth or hair removal; correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants (except for correction or deformity resulting from mastectomies or lymph node dissections); deviated nasal septum, including submucous resection and/or other surgical correction, other than necessary treatment of covered acute purulent sinusitis. This exclusion does not include Reconstructive Surgery when the service is incidental to or follows surgery

resulting from trauma, Injury, infection or other diseases of the involved part, or because of congenital disease or anomaly of a covered newborn child for which benefits are otherwise payable under the Policy.

12. Treatment of sleep disorders (except as specifically provided)
13. Reproductive/Infertility services, including but not limited to: treatment of infertility (male or female) including diagnosis, diagnostic tests, medication, surgery, supplies, and fertilization procedures rendered for the purpose or with the intent of inducing conception, except for the treatment for an underlying covered Sickness; premarital examination; impotence, organic or otherwise.
14. Elective Surgery or Elective Treatment;
15. 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);
16. Services and supplies not Medically Necessary for the diagnosis recommended by the attending physician;
17. 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;
18. Expenses incurred for the treatment for routine foot care, including, but not limited to trimming of corns, calluses, toenails, or bunions;
19. Expenses incurred for confinement in a nursing, rest or convalescent home;
20. Personal and convenience items and completions of forms;
21. 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;
22. Committing or attempting to commit an assault or felony; or fighting, except in self-defense;
23. 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);
24. 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;
25. Expenses resulting from a motor vehicle accident for which benefits are payable from other valid insurance;
26. Services rendered or supplies furnished after the coverage expiration date;
27. Nutrition counseling services (except as specifically provided in the Policy), including services by a Physician for general nutrition], weight increase or reduction services, except as specifically provided in the Policy; general fitness, exercise programs, health club memberships and weight management programs; [exercise machinery or equipment, including but not limited to treadmill, stair steps, trampolines, weights,

sports equipment, support braces used primarily for use during any sport or in the course of employment, any equipment obtainable without a Physician's prescription.

- 28. Circumcision, except as provided herein;
- 29. Acupuncture (except as specifically provided in the Schedule of Benefits) and biofeedback.

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

Prescription Drugs (Retail or Mail Order): Eligible prescription drugs are covered at 100% after a Co-pay of \$0 for generic contraceptives, \$15 for generic or \$25 for a brand name drug (per 30-day supply of a prescription or refill).

Prescriptions must be filled at an "Express Scripts" Participating Pharmacy. You will be given an ID card to show the Pharmacy as proof of coverage. No claim forms need be completed once you receive this ID card. Until such card is received, you may fill prescriptions and be reimbursed by submitting a completed "Express Scripts" claim form. Claim forms can be obtained by calling Consolidated Health Plans at (800) 633-7867 or visiting their website at www.chpstudent.com. You will be reimbursed for covered medications directly by Express Scripts.

A directory of participating pharmacies is available by calling Express Scripts directly at (800) 451-6245.

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 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 Cigna at the address listed.

SUBMIT ALL CLAIMS TO:

Cigna
1000 Great West Drive
Kennett, MO 63857-3749
Electronic Payor ID: 62308

- 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

2077 Roosevelt Avenue
Springfield, MA 01104
(413) 733-4540 or Toll Free (800) 633-7867

www.chpstudent.com

Group Number: S210510

Servicing Broker:

UNIVERSITY HEALTH PLANS, INC.

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

The Plan is underwritten by:

Nationwide Life Insurance Company
Columbus, Ohio

Policy Number: 302-054-4412

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

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 sixty (60) days by Consolidated Health Plans.

VALUE ADDED SERVICES

VISION DISCOUNT PROGRAM

For Vision Discount Benefits, please go to 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.

NURSE HOTLINE FOR STUDENTS

For quick, sound medical advice from specially trained Nurses

24 hours a day, 365 days per year

Call toll free at 800-557-0309



Your out-of-pocket costs may be lower when you utilize the Cigna PPO Providers. For a listing of Cigna PPO Providers, go to www.cigna.com or contact Consolidated Health Plans at (413) 773-4540, toll-free at (800) 633-7867, or www.chpstudent.com for assistance.