

Student Accident and Sickness Insurance Program

Designed for the Students of

WENTWORTH INSTITUTE

2007-2008

NATIONWIDE LIFE INSURANCE COMPANY
Columbus, Ohio

Policy Number: 302-002-2005

Effective August 20, 2007 to August 20, 2008

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

HEALTH CARE SERVICES FOR STUDENTS OF WENTWORTH INSTITUTE OF TECHNOLOGY

HOW CAN I OBTAIN MEDICAL CARE AT WENTWORTH INSTITUTE?

Wentworth Health Services is available for primary care medical services for all Wentworth students. Health Services is affiliated with Beth Israel Deaconess Medical Center, a major teaching hospital of Harvard Medical School. Wentworth students may also use the Simmons College Health Center for medical care.

	Wentworth Health Services	Simmons College Health Center
Location	Watson Hall Wentworth	94 Pilgrim Rd. (Simmons Residence Campus)
Telephone	(617) 989-4070	(617) 521-1002
Hours (Academic Year)	Monday–Friday 8:30am - 3:30pm (Saturday, Sunday, holidays closed)	Monday–Friday 9:00am– 8:00pm (Saturday, Sunday, holidays 12pm–4pm)
Hours (Summer & Intercession)	Monday-Friday Call for specific hours Saturday, Sunday holidays closed	CLOSED
After-hours care	Call 989-4400 (Wentworth Public Safety) to reach the nurse practitioner or physician-on-call.	
Physician Staff	All are board-certified in internal medicine and have appointments at Beth Israel Deaconess Medical Center and Harvard Medical School.	

Services	
	Alcohol and other drug information
	Allergy treatment and injections
	Appointments with doctor and nurse practitioners
	Cold-Clinic (self-help)
	Contraception
	Eating Disorder Care
	Gynecology
	Immunizations and TB testing
	Laboratory Testing
	Physical Exams
	Pregnancy Testing
	Primary Care for injuries and for acute chronic illness
	Referrals to specialists
	Telephone Advice
	Sexually-Transmitted Disease Testing
	Wellness Clinic

DO I HAVE TO PAY FOR SERVICES AT WENTWORTH HEALTH SERVICES OR THE SIMMONS HEALTH CENTER?

There are no charges to Wentworth students for office visits and many laboratory tests ordered at Wentworth Health Services or the Simmons Health Center. Some laboratory tests and x-rays are not covered, and students either use their health insurance to pay for those tests or pay out-of-pocket.

WHY DO I NEED TO HAVE HEALTH INSURANCE?

Wentworth Health Services provides primary care, but sometimes students must be referred off-campus for specialty care or for tests that cannot be performed at Health Services. Health insurance generally covers most or all of the cost of off-campus medical care. In addition, the Commonwealth of Massachusetts requires that students carry health insurance.

I AM COVERED BY MY PARENTS' PRIVATE HEALTH INSURANCE POLICY. WHY SHOULD I CONSIDER PURCHASING THE WENTWORTH-SPONSORED HEALTH INSURANCE FROM UNIVERSITY HEALTH PLANS?

All undergraduates must carry health insurance. Therefore, students must purchase the Wentworth-sponsored insurance policy administered by University Health Plans if they do not have insurance that meets the Massachusetts requirements. Those who carry private medical insurance may opt to waive participation in the Wentworth-sponsored plan. However, the

Institute strongly encourages students with private insurance to consider carrying both private and college-sponsored insurance whenever possible because many private insurance plans, particularly HMOs, have large Copayments or have restrictions on out-of-area providers or services.

HOW CAN I KEEP OUT-OF-POCKET MEDICAL EXPENSES TO A MINIMUM?

When you are ill or in need of routine health services, you will minimize your out-of-pocket expenses if you use Wentworth Health Services or the Simmons Health Center for primary care and for assistance with referrals elsewhere. If you obtain medical care off-campus, your health insurance may not cover some or all of the charges, and you or your family may incur some otherwise avoidable expenses. As a Wentworth student, you will not be charged for office visits at Wentworth Health Services or the Simmons Health Center.

PRIVATE HEALTHCARE SYSTEMS, INC. (PHCS) PREFERRED PROVIDER NETWORK

By enrolling in this Insurance Program, You have the PHCS Preferred Provider Network available throughout Massachusetts, except in the Western Massachusetts Counties of Hampden, Hampshire, Berkshire and Franklin where you have the CHP Preferred Provider Network, available to You and Your insured Dependents, if any, providing access to quality health care at discounted fees. A complete listing is available at www.phcs.com or www.chpstudent.com.

A Preferred Provider may require a Covered Person to pay an annual fee for inclusion within the Preferred Providers panel of patients. Any services that are represented to be a part of the Preferred Provider's annual service agreement are part of that separate agreement and are not part of this Insurance Program.

THE PROGRAM DOES NOT REQUIRE YOU TO USE A PREFERRED PROVIDER, but if an eligible expense is incurred through a Preferred Provider, the Program will pay:

- For covered Doctor's office visits, **including Licensed Mental Health Professionals**, 100% of the discounted fee, after payment of a \$25 per-visit Copayment;
- For covered medical treatments other than Doctor's office visits, **including Licensed Mental Health Professionals**, 80% coverage of the discounted fee, meaning that Your 20% share of the fee is also discounted.

Payments are subject to:

- An aggregate maximum benefit and to internal maximum benefits;
- Limits as stated in the Policy Schedule of Benefits; and
- Terms and conditions of the Policy and any Exclusions.

As an Insured Student with health benefits through Wentworth Institute, You will receive maximum benefits under the Policy when You use a PHCS or CHP PPO Provider.

If a Preferred Provider is not available in a particular area or specialty, the Policy will cover at the Preferred Provider level until a provider has been added.

Coverage will be provided at the Preferred Provider level for a provider who is not a Preferred Provider for the first 30 days from the effective date of coverage if a Covered Person is undergoing an ongoing course of treatment or the provider is the Covered Person's primary care provider.

If the Covered Person is a female who is in her 2nd or 3rd trimester of pregnancy and whose provider in connection with her pregnancy is involuntarily disenrolled, other than disenrollment for quality-related reasons or fraud, treatment will be allowed with said provider, according to the terms of the Policy, for the period up to and including the Covered Person's first postpartum visit.

If a Covered Person is terminally ill and the provider in connection with said Sickness is involuntarily disenrolled, other than for quality related reasons or fraud, the Covered Person will be allowed to continue treatment with said provider, according to the terms of the Policy, until the death of the Covered Person.

Continued coverage is conditioned upon the provider agreeing to:

- Accept reimbursement at the rates applicable prior to notice of disenrollment as payment in full and not to impose cost sharing with respect to the Covered Person in an amount that would exceed the cost sharing that could have been imposed if the provider had not been disenrolled; and
- Adhere to the Policy's quality assurance standards and to provide necessary medical information related to the care provided; and
- Adhere to Our policies and procedures.

Physician profiling information may be available from the Board of Registration in Medicine for physicians licensed to practice in Massachusetts.

We will provide coverage for pediatric specialty care to Covered Persons requiring such services, including mental health services, by a person with recognized expertise in specialty pediatrics.

For a complete listing of PHCS Preferred Providers and Consolidated Health Plans Preferred Providers, call PHCS at (866) 559-7427 or Consolidated Health Plans at (413) 733-4540 or toll-free at (800) 633-7867 for assistance.

ELIGIBILITY AND EFFECTIVE DATE

To be eligible for this Insurance Program, You must be enrolled as a full-time student or carrying a course load equivalent to at least 3/4 full-time. **If You are eligible to be covered under this Program, You are automatically enrolled unless You can certify that You have comparable coverage.**

You may enroll in this Insurance Program only during the 31-day periods beginning with the start of the first and second semesters. If You are eligible for coverage and wish to enroll in the Program after these enrollment opportunities, You must present documentation from Your former insurance company that it is no longer providing You with personal accident and health insurance coverage. Your effective date under this Program will be the date Your former insurance expired, if You make the request for coverage within 31 days after it expires. Your premium for this coverage must accompany the request.

WAIVER / ENROLLMENT PROCESS

All eligible students must complete an enrollment/waiver form by logging onto www.universityhealthplans.com by the specified deadline dates (see below). Eligible students will be automatically enrolled in the Plan unless the enrollment/waiver form has been submitted by the following deadline dates:

Category	Waiver Deadline Date
Returning Students	August 1, 2007
New Fall 07 Students	August 1, 2007
New Spring 08 Students	December 13, 2007
New Summer 08 Students	April 16, 2008

INSURANCE COST

Premium for coverage must be received by the dates shown above.

Coverage Period

	Annual 8/20/07- 8/20/08	Spring 1/1/08- 8/20/08	Summer 5/1/08- 8/20/08
Student	\$780	\$600	\$275
Spouse	\$1,650	\$1,265	\$580
Each Child	\$1,100	\$845	\$385

A minimum administration fee has been included in all of the premiums shown above.

REFUND OF PREMIUM

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

Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person upon written request received by the Company within 90 days of withdrawal from school. Refunds for any other reason are not available.

TERMINATION OF COVERAGE

Your coverage will terminate on the earliest of one of the following: upon entry into the armed forces of any country; or the end of the coverage period for which premium was paid; or the date the Policy terminates. No benefits are payable after termination, except as stated in the Extension of Benefits provision.

A Covered Person's coverage may be cancelled, or its renewal refused, only in the following circumstances: failure by the Covered Person or other responsible party to make payments under the Policy; misrepresentation or fraud on the part of the Covered Person; commission of acts of physical or verbal abuse by the Covered Person which pose a threat to providers or other insureds and which are unrelated to the Covered Person's physical or mental condition; relocation of the Covered Person outside the Policy's service area; or non-renewal or cancellation of the Policy through which the

Covered Person receives coverage or the Covered Person is no longer a student or Dependent.

No Covered Persons were involuntarily disenrolled within the past 2 years.

COVERAGE FOR DEPENDENTS

If You are covered under the Policy, coverage may be purchased for Your eligible Dependents. Your Dependents will be covered for the same benefits for which You are covered. Dependent coverage, if any, begins and ends with Your coverage.

A Dependent newborn child will be automatically covered under the Policy from the moment of birth until the 31st day following birth. During the 31-day period, we must receive written notice of the birth and the required premium must be paid.

Coverage for newly born infants and adoptive children shall consist of Injury or Sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities or premature birth including the cost of a newborn hearing screening test to be performed before the newborn infant is discharged from the hospital or birthing center to the care of the parent or guardian or as provided by the regulations of the department of public health.

EXTENSION OF BENEFITS AFTER TERMINATION

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 as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Covered Person for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this Extension of Benefits After Termination provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

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.

Biologically-Based Mental Disorders means those disorders described in the most recent edition of the Diagnostic and

Statistical Manual of the American Psychiatric Association, referred to as "the DSM": schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder, delirium and dementia, affective disorders, and any biologically-based mental disorders appearing in the DSM that are scientifically recognized and approved by the commissioner of the department of mental health in consultation with the commissioner of the division of insurance.

CHP Preferred Provider means a provider in the Consolidated Health Plans network who contracts to provide services at a discounted rate.

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

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

Covered Person means You or a Dependent insured under the Policy.

Creditable Coverage means any blanket or general policy of medical, surgical or health insurance, including the Policy; any policy of accident or sickness insurance that provides hospital or surgical expense coverage; any non-group medical, surgical or hospital insurance; any non-group or group hospital or medical service plan issued by a non-profit hospital or medical corporation; any non-group health maintenance contract issued by a health maintenance organization; any self-insured or self-funded employer group health plan; any health coverage provided to persons serving in the Armed Forces of the United States; or Medicare or Medicaid.

Dependent means a person who resides with You and is Your: legal spouse; unmarried child(ren) under age 26 who are/is financially dependent on You. The term child includes a stepchild, a foster child, an adopted child and a child legally placed with You as a prospective adoptive parent, even if the adoption has not been finalized; child, despite attaining age 26, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and dependent on You for financial support.

Doctor 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 nurses, anesthetists, nurse practitioners and certified nurse midwives.

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

A Covered Person has the option of calling the local pre-hospital emergency medical service system by dialing the emergency telephone access number 911, or its local equivalent, whenever a Covered Person is confronted with an Emergency Medical Condition which in the judgment of a prudent layperson would require pre-hospital emergency services. No Covered Person shall in any way be discouraged from using the local pre-hospital emergency medical services system, the 911 telephone number, or the local equivalent, or be denied coverage for medical and transportation expenses incurred as a result of such emergency medical condition.

Experimental / Investigative Services and Charges will not be considered experimental/investigative if successfully completed Stage III clinical trials of the United States Food and Drug Administration.

Home Health Care means part-time nursing care, by or supervised by, a registered graduate nurse; part-time home health aide service which consists mainly of caring for the patient; physical, occupational, respiratory or speech therapy; nutrition counseling; medical social services by a qualified social worker licensed by the jurisdiction where services are rendered; medical supplies, prosthetic and orthopedic appliances, rental or purchase of durable medical equipment, drugs and medicines obtainable by prescription only, including insulin, but only to the extent that such charges would have been considered covered expenses had the Covered Person required confinement in a hospital or in a skilled nursing facility.

Hospice Care means Doctor services; nursing care provided by or under the supervision of a registered professional nurse; social services; volunteer services; and counseling services provided by a professional or volunteer staff under professional supervision.

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

Licensed Mental Health Professional means a licensed physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed mental health counselor, or a licensed nurse mental health clinical specialist.

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

Mental Illness means either the Biologically-Based Mental Disorders; or rape-related mental or emotional disorders for victims of a rape or victims of an assault with intent to commit rape; or a Non-Biologically Based Mental, Behavioral or Emotional Disorder of a Child or Adolescent Under the Age of 19; or all other mental disorders described in the most recent edition of the DSM.

Non-Biologically-Based Mental, Behavioral or Emotional Disorders of a Child or Adolescent Under the Age of 19 means a disorder described in the most recent edition of the DSM which substantially interferes with or substantially limits the functioning and social interactions of such a child or adolescent; provided, that said interference or limitation is documented by and the referral for said diagnosis and treatment is made by the primary care Doctor, primary pediatrician, or a Licensed Mental Health Professional of such a child or adolescent or is evidenced by conduct, including, but not limited to: (1) an inability to attend school as a result of such a disorder, (2) the need to hospitalize the child or adolescent as a result of such disorder, or (3) a pattern of conduct or behavior caused by such a disorder which poses a serious danger to self or others. The Policy shall continue to provide such coverage to any adolescent who is engaged in an ongoing course of treatment beyond the adolescent's 19th birthday until said course of treatment, as specified in said adolescent's treatment plan, is completed and while the benefit contract under which such benefits first became available remains in effect, or subject to a subsequent benefits contract which is in effect.

PHCS Preferred Provider means a provider in the Private Healthcare Systems network who contracts to provide services at a discounted rate.

Pre-existing Condition means (1) a condition that manifested itself during the 6 months immediately preceding the Covered Person's effective date of coverage in such a manner as would have caused an ordinarily prudent person to seek medical

advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment was recommended or received; (2) a pregnancy existing on the Covered Person's effective date of coverage.

Diagnosis, care or treatment shall not include any prior diagnosis of or prior treatment for infertility.

Preventive Care Services means services rendered to a Dependent child from the date of birth through the attainment of six years of age and shall include physical examination, history, measurements, sensory screening, neuropsychiatric evaluation and development screening, and assessment at the following intervals: six times during the child's first year after birth, three times during the next year, annually until age six. Such services shall also include hereditary and metabolic screening at birth, appropriate immunizations, and tuberculin tests, hematocrit, hemoglobin or other appropriate blood tests, and urinalysis as recommended by the Doctor.

Reasonable and Customary Charge (R&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.

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

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

You, Your, Yours means the insured student.

AD&D and LOSS OF SIGHT BENEFITS

Accidental Death or Dismemberment for a loss as shown below must result from a covered Accident, directly and independently of all other causes. The Accident must also take place while the Covered Person is insured under the Policy, and the loss must take place within 90 days after the covered accident. The following table shows the amounts we will pay:

FOR LOSS OF:	AMOUNT
Life	\$5,000
Both hands or both feet or sight of both eyes	\$5,000
One hand and one foot	\$5,000
One hand and the sight of one eye	\$5,000
One foot and the sight of one eye	\$5,000
One hand or one foot or sight of one eye.....	\$2,500

The most we will pay for all of the above losses, as the result of one covered Accident is \$5,000. Loss of hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight means total and irrecoverable loss of sight.

Benefits for the Covered Person's loss of life are payable to the first surviving class of the following: his or her spouse; his or her child or children; his or her mother or father; his or her sisters or brothers; or his or her estate. All other benefits are payable to the Covered Person.

BASIC ACCIDENT AND SICKNESS EXPENSE BENEFITS

The Policy will pay 80%, except as specifically stated, of Covered Medical Expenses incurred by a Covered Person due to a covered Sickness or covered Injury, up to a maximum benefit of \$50,000 per Sickness or Injury. Payments made to non-preferred providers shall be a percentage of the provider's fees, up to the Reasonable and Customary charge, and not a percentage of the amount paid to Preferred Providers. Covered Medical Expenses are considered incurred on the date the treatment or service is rendered or the supply is furnished. Covered Medical Expenses are:

- **Hospital Room and Board:** and general nursing care while hospital confined, up to the semi-private room rate or intensive care unit rate, if applicable.
- **Miscellaneous Hospital Charges:** incurred while hospital confined, including expenses for: anesthesia; operating room; laboratory tests; x-rays; oxygen tent; pre-admission tests; medicines or supplies; dressings; other non-room and board expenses; prescription drugs, excluding take-home drugs.
- **Services of a Private Duty Registered Nurse or Licensed Practical Nurse.**
- **Services of a Doctor During Hospital Confinement:** limited to one visit per day. This benefit does not apply when related to surgery.
- **Ambulance Expense:** Use of an ambulance for an Emergency Medical Condition up to a \$250 maximum subject to a \$25 Copayment for sickness related transportation only.
- **Doctor's Fee for Surgery:** Up to a \$5,000 maximum based on data provided by Ingenix. When more than one surgical procedure is performed through the same incision or in immediate succession, the additional surgery will be covered at 50%.

- **Services of an Anesthetist:** who is not employed or retained by the hospital in which the surgery is performed, up to 30% of the amount paid the surgeon.
- **Service of an Assistant Surgeon:** required by the hospital, or by the procedure, up to 30% of the amount paid the surgeon.
- **Second Surgical Opinion:** by a board certified specialist in the medical field relating to the surgical procedure to be performed. Benefit includes x-rays and diagnostic tests when elective surgery is recommended. This benefit shall not exceed 5% of the amount paid to the surgeon.
- **Outpatient Services:** provided in a Doctor's office, Licensed Mental Health Professional's office, a community mental health center, home based services for Mental Illness, chiropractor visits, hospital or outpatient department or emergency room, clinical lab, radiological facility or similar facility licensed by the state, up to a maximum benefit of \$1,500 for each Sickness or Injury, unless specifically stated elsewhere, subject to the following per visit Copayments:
 - **Emergency Room:** not resulting in a hospital admission - \$100
 - **Emergency Room:** with Health Service Referral, not resulting in a hospital admission - \$50.
 - **Outpatient Department / Clinic:** \$50.
 - **Doctor's Office Visits:** \$25.
**Doctor's office visits to a PHCS Preferred Provider or a CHP Preferred Provider will be paid at 100% after a \$25 per-visit Copayment.*
**Note: Copayments will be waived if referred by W.I.T Health Service or Simmons Health Center*
- **Physiotherapy:** treatments prescribed by a Doctor. The prescription must be for a stated number of treatments.
- **Prescription Drugs:** maximum of \$500 per policy year after a \$5 co-pay per prescription or refill of a generic drug and an \$10 co-pay per prescription or refill of a brand name drug, a maximum of \$333 per policy if coverage begins Spring/Summer Term and a maximum of \$167 if coverage begins Summer Term, including hormone replacement therapy and contraceptive outpatient prescription drugs or devices approved by the U. S. Food and Drug Administration. Coverage for a prescription drug will not be excluded for the treatment of cancer or HIV/AIDS on the grounds that the drug has not been approved by the U.S.

Food and Drug Administration (FDA) for that indication, if such drug is recognized for treatment of such indication in one of the standard reference compendia, in medical literature, or by the commissioner under the provisions of section forty-seven L of the Massachusetts General Laws. Prescription Drug coverage shall also include Medically Necessary services associated with the administration of the drug. Acne drugs are not covered.

- **Sickness Dental Expense:** for services of a Doctor for removal of impacted wisdom teeth, payable at 80%, up to a maximum benefit of \$100 per tooth. No other benefits for impacted wisdom teeth will be paid.
- **Mental Illness:** treatment for Biologically Based Mental Disorders; rape-related mental or emotional disorders; and Non-Biologically Based Mental, Behavioral or Emotional Disorders of Children and Adolescents under the Age of 19 will be paid the same as any other Sickness, except the diagnosis and treatment of rape-related mental or emotional disorders will be paid only if the costs of such diagnosis and treatment exceed the maximum compensation awarded to such victims. Treatment will consist of inpatient, intermediate and outpatient services that permit active and noncustodial treatment to take place in the least restrictive clinically appropriate setting.
- **Mental Illness:** treatment of all other mental disorders, which are described in the most recent edition of the DSM, consisting of inpatient, intermediate and outpatient services that permit active and noncustodial treatment to take place in the least restrictive clinically appropriate setting. Treatment is limited during each 12-month period for a minimum of 60 days inpatient treatment and 24 outpatient visits.
- **Psychopharmacological Services and Neuropsychological Assessment Services Expense.**
- **Treatment of Alcoholism and Chemical Dependency:**
 - **Inpatient:** Confinement in a hospital or in any other public or private facility providing services especially for the detoxification or rehabilitation and which is licensed by the department of public health, or in a residential alcohol treatment program, up to 30 days in any calendar year.
 - **Outpatient:** Outpatient services furnished by a hospital or by any public or private facility or portion thereof providing services especially for the rehabilitation of

intoxicated persons or alcoholics, up to \$500 per Policy Year.

The limitation on benefits for treatment of alcoholism and chemical dependency shall not apply when said treatment is rendered in conjunction with treatment of mental or nervous disorders.

- **Cytological Screening And Mammogram:** Benefits will be provided for: one cytological (pap smear) screening for ages 18 and over; a baseline mammogram for ages 35 through 39; and a mammogram every year for women age 40 and over.
- **Home Health Care Services.**
- **Hospice Care Services:** of a licensed hospice care agency which are furnished to a Covered Person at home, on an outpatient basis or on a back-up in-patient basis, as defined by the Department of Public Health.
- **Cardiac Rehabilitation:** for a Covered Person who has a documented cardiovascular disease. Multidisciplinary outpatient treatment will be provided in either a hospital or other setting. Treatment must meet standards promulgated by the Commissioner of Public Health and be initiated within 26 weeks after the diagnosis of the disease.
- **Bone Marrow Transplant:** for treatment of metastatic breast cancer. If a bone marrow transplant is not available from a Preferred Provider, benefits will be paid at the Preferred Provider level for services rendered by a non-preferred provider.
- **Non-prescription Enteral Formulas:** up to \$2,500 per policy year for non-prescription enteral formulas for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudo-obstruction, and inherited diseases of amino acids and organic acids.
- **Diabetes:** diagnosis and treatment expense for treatment of insulin-dependent, insulin-using, gestational and non-insulin-dependent diabetes. Benefit includes expense for blood glucose monitors; blood glucose monitoring strips for home use; voice-synthesizers for blood glucose monitors for use by the legally blind; visual magnifying aids for use by the legally blind; urine glucose strips; ketone strips; lancets; insulin; insulin syringes; prescribed oral diabetes medications that influence blood sugar levels; laboratory tests, including glycosylated hemoglobin, or HbA1c tests; urinary/protein/microalbumin and lipid profiles; insulin pumps and insulin pump supplies; insulin pens, so-called;

therapeutic/molded shoes and shoe inserts for people who have severe diabetic foot disease when the need for therapeutic shoes and inserts has been certified by the treating doctor and prescribed by a podiatrist or other qualified doctor and furnished by a podiatrist, orthotist, prosthetist or pedorthist; supplies and equipment approved by the FDA for the purposes for which they have been prescribed and diabetes outpatient self-management training and education, including medical nutrition therapy.

- **Diagnosis and Treatment of Infertility:** payable the same as any other Sickness. Infertility is a condition of a presumably healthy individual who is unable to conceive or produce conception during a period of one year. Benefit includes expense incurred for the following non-experimental infertility procedures: artificial insemination; in vitro fertilization and embryo placement; gamete intra-fallopian transfer; zygote intra-fallopian transfer; Intra-cytoplasmic sperm injection for the treatment of male factor infertility; and sperm, egg and/or inseminated egg procurement and processing, and banking of sperm or inseminated eggs, to the extent such costs are not covered by the donor's insurer, if any. Coverage is not limited to sperm provided by the Covered Person's spouse.
- **Scalp Hair Prosthesis Expense:** for prosthesis worn for hair loss suffered as a result of the treatment of any form of cancer or leukemia, payable up to \$350 per policy year.
- **Maternity Expense:** to include expenses for prenatal care, childbirth and post partum care (including well baby care) on the same basis as any other Sickness. Benefit includes hospital inpatient care for 48 hours following vaginal delivery and 96 hours following a cesarean section. Any decision to shorten maternity stays shall be made by the attending Doctor in consultation with the mother, in accordance with regulations promulgated by the Department of Public Health. The Covered Person is entitled to one home visit should they elect to participate in an early discharge.
- **Preventive Care Services:** expense for Dependent children from the date of birth through the attainment of six years of age.
- **Special Medical Formulas:** for treatment of phenylketonuria, tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia, or methylmalonic acidemia in infants and children or to protect the unborn fetuses of pregnant women with phenylketonuria.

- **Early Intervention Services:** early intervention services delivered by certified early intervention specialists for children from birth until their 3rd birthday, up to \$5,200 per year and an aggregate benefit of \$15,600 over the total enrollment period.
- **Emergency Services:** expense for health care items and services furnished in an emergency department and all ancillary services routinely available to an emergency department to the extent they are required for stabilization of an Emergency Medical condition. If a Covered Person receives emergency services and cannot reasonably reach a Preferred Provider, payment for emergency services will be at the same level and in the same manner as if the person had received treatment by a preferred provider.
- **Human Leukocyte Antigen Testing or Histocompatibility Locus Antigen Testing:** that is necessary to establish bone marrow transplant donor suitability. The coverage shall cover the costs of testing for A, B or DR antigens, or any combination thereof, consistent with rules, regulations and criteria established by the department of public health.
- **High Cost Procedure Expense:** Covered Medical Expenses for high cost procedures in excess of \$200, such as, but not limited to, outpatient diagnostic C.A.T. Scans, Magnetic Resonance Imaging, and Laser treatments are payable at 80% of the negotiated charge (in-network) or 80% of reasonable & customary charge (out-of-network) to a maximum of \$2,000 per Accident or Sickness.
- **Speech, Hearing and Language Disorders:** Diagnosis and treatment of speech, hearing and language disorders by individuals licensed as speech-language pathologists or audiologists under the provisions of chapter 112, if such services are rendered within the lawful scope of practice for such speech-language pathologists or audiologists regardless of whether the services are provided in a Hospital, clinic or private office, payable the same as any other Sickness. Coverage shall not extend to the diagnosis or treatment of speech, hearing and language disorders in a school-based setting.
- **Breast Reconstruction Incident to Mastectomy:** Reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complications of all stages of mastectomy, including lymphedemas; in a manner determined in consultation with the attending Doctor and patient.

- **Hormone Replacement Therapy:** for peri- and post-menopausal women.
- **Outpatient Contraceptive Services:** including consultations, examinations, procedures and medical services related to contraceptive methods to prevent pregnancy approved by the U.S. Food and Drug Administration under the same terms and conditions for other outpatient services.
- **Cancer Clinical Trials:** for Qualified Cancer Clinical Trials as defined in MA Chapter 257 subject to all other terms and conditions of the policy.

PRE-EXISTING CONDITIONS LIMITATION

Pre-existing Conditions are not covered for the first 6 months following the Covered Person's effective date of coverage under the Policy. This limitation will not apply if, during the period immediately preceding the Covered Person's effective date of coverage under the Policy, the Covered Person was covered under prior creditable coverage for 6 consecutive months. Prior creditable coverage of less than 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 63 days of termination of his or her prior coverage. The Covered Person must provide us proof of prior Creditable Coverage.

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 your 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.

EXCLUSIONS

The Policy does not cover Loss nor provide benefits for:

1. Expenses for daily hospital room and board higher than the usual semi-private room charge or higher than the usual charge for the Intensive Care Unit, if applicable.
2. Expenses incurred for medical services, treatments and supplies for which no charge would have been normally made in the absence of insurance.
3. Services normally provided without charge by Your Health Services, Infirmary or Hospital or any employees thereof.
4. Surgery for the correction of refractive error and services in connection with eye examinations, eye glasses or contact lenses or hearing aids, except as required for a repair due to an Accident in which the Covered Person sustains an Injury.
5. Loss resulting from participation in an illegal occupation, riot, civil commotion or act of terrorism; or committing, or attempting to commit, a felony.
6. Elective plastic or cosmetic surgery, unless resulting directly from an Injury which necessitated medical treatment within 24 hours of the Accident. This exclusion does not apply to cosmetic surgery made necessary by an Injury or a congenital disease or deformity of a newborn child who is a Dependent insured under the Policy.
7. Loss resulting from air travel, except as a fare-paying passenger on a commercial airline.
8. Injury or Sickness resulting from war, declared or undeclared.
9. Injury sustained or Sickness contracted while in the armed forces of any country.
10. An occupational loss covered by any occupational benefit plan, Workers' Compensation Act or similar law.
11. Treatment, services or supplies received in a governmental hospital unless the Covered Person is legally obligated to pay such charges in the absence of insurance.
12. Outpatient expense incurred for treatment of drug, alcohol, Mental Illness except as specifically stated.
13. Expense incurred for treatment of injuries resulting from any motor vehicle accident to the extent covered by other valid and collectible insurance, or third party action.

14. Expenses, which are reimbursable by any other valid and collectible hospital or insurance, plan, but such charges in excess thereof shall be covered as otherwise provided.
15. Pre-existing conditions, except as specifically stated.
16. Expenses for prescription medications, except as specifically stated.
17. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia. This exclusion does not apply to the repairs to sound natural teeth caused by an Injury.
18. Expense incurred after coverage terminates, except as specifically provided in the Extension of Benefits provision.
19. Routine Newborn Infant care, well-baby nursery and related Physician charges in excess of forty-eight hours of inpatient care following a vaginal delivery and in excess of ninety-six hours of inpatient care following a cesarean section delivery.
20. Acne medication.
21. Services and Charges that are determined to be Experimental/Investigational in nature.

CLAIM PROCEDURE

In the event of Covered Injury or Sickness:

1. Contact Your Student Health Services, if available. If Student Health Services is not available, determine whether a PHCS Preferred Provider or in the Western Massachusetts Counties of Hampden, Hampshire, Berkshire and Franklin a CHP Preferred Provider is located close by for treatment at reduced cost to You.
2. You need to submit a claim form for each separate Injury or Sickness, available at Your school, or from Consolidated Health Plans' website www.chpstudent.com. The claim form should be submitted within 30 days after the date of Injury or commencement of a covered Sickness, or as soon as reasonably possible.
3. Itemized billings (Written Proof of Loss) should be submitted by Your health care provider or the Covered Person within 90 days of treatment, or as soon as reasonably possible.

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

Claims Administrator:

CONSOLIDATED HEALTH PLANS

195 Stafford Street
Springfield, MA 01104-3503
(413) 733-4540
Toll Free (800) 633-7867

The Plan is underwritten by:

Nationwide Life Insurance Company
Policy Number: 302-002-2005

Within 45 days following receipt of the appropriate documentation, we will either (1) make payment for the services provided, (2) notify the provider or claimant in writing of the reason or reasons for nonpayment, or (3) notify the provider or claimant in writing of what additional information or documentation is necessary to complete the claim filing. If we fail to comply, We are required to pay, in addition to any reimbursement for health care services provided, interest on the benefits beginning 45 days after receipt of the properly documented claim at the rate of 1.5 percent per month, not to exceed 18 percent per year. These provisions do not apply to claims that a carrier is investigating because of suspected fraud.

There is no utilization review performed on the Policy.

CLAIM APPEAL

To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plan's Appeal Department at the above address. Include your name, phone number, address, school attended and email address, if available.

Claims will be reviewed and responded to within 60 days by Consolidated Health Plans.

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

Serviced By:

UNIVERSITY HEALTH PLANS, INC.

One Batterymarch Park
Quincy, Massachusetts 02169-7454
Telephone (617) 472-5324
(800) 437-6448
www.universityhealthplans.com
or email us at info@univhealthplans.com

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VISION BENEFITS

The Vision One discount program is available to participants in the Student Health Insurance Plan through Cole Vision® at no additional cost. This program may help you save on many eye care products, including eyeglasses and contact lenses, nonprescription sunglasses, contact lens solutions and accessories.

The Vision One program is available at many optical centers nationwide – such as **Sears, JCPenney, Target**, most **Pearle Vision** Centers and others – as well as through selected independent optometrist and ophthalmologist offices.

When you visit a Vision One location, show your Student Health Insurance card, and any applicable services or merchandise you receive will be discounted right at the point of purchase. There are no claim forms to complete and no waiting for reimbursement.

Here is an example of some of the discounts you are eligible for:

Frames	Vision One Cost	Typical Savings
Up to \$60 retail	\$25	58%
\$60 to \$80 retail	\$35	56%
\$80 to \$100 retail	\$45	55%
Over \$100 retail		35% off retail
Exams - Spectacle		\$5 discount
Lenses		
Single Vision	\$30	46%
Bifocal	\$50	42%
Trifocal	\$60	45%
Lens Options		Additional
Standard Progressive (no-line bifocal)	\$50	33%
Polycarbonate	\$30	40%
Scratch Resistant Coating	\$12	40%
Ultraviolet Coating	\$12	40%
Anti-Reflective Coating	\$35	30%
Photochromic	\$30	25%
Solid or Gradient Tint	\$ 8	33%
Contact Lenses		
Non-Disposable Contacts		20%
Disposable Contacts		10%
Exams – Contacts		\$10 discount

To find the nearest Vision One location log on to the Cole Managed Vision website at www.cmv.com or call (800) 424-1155, weekdays from 9 a.m. to 9 p.m. ET and Saturdays from 9 a.m. to 5 p.m. ET to speak to a representative. Cole Managed Vision Plan #47034.