

# Student Health Insurance

Designed for the Students of



Bethlehem, PA

**2015-2016**

Underwritten by:

**Nationwide Life Insurance Company  
Columbus, OH**

Policy Number: **302-039-3713**

**Effective August 8, 2015 to August 8, 2016**

Group Number: **S207101**

**NON-PARTICIPATING  
NON-RENEWABLE ONE YEAR TERM**

**IMPORTANT NOTICE**

This brochure provides a brief description of the important features of the Policy. It is not a Policy. Terms and conditions of the coverage are set forth in the Policy. We will notify Covered Persons of all material changes to the Policy. Please keep this material with your important papers.

**NONDISCRIMINATORY**

Health care services and any other benefits to which a Covered Person is entitled are provided on a nondiscriminatory basis, including benefits mandated by state and federal law.

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**LEHIGH UNIVERSITY  
HEALTH AND WELLNESS CENTER**

**Eligibility**

All students are eligible to receive care at the Student Health and Wellness Center. It is not necessary to purchase student insurance to use the services of the center. Spouses and children of students are not eligible for treatment. The office works by appointments so please call ahead 610-758-3870.

**Services**

Our Health and Wellness Center staff provides medical care similar in scope to that provided in a private practice. We treat medical, surgical and orthopedic problems, with referral to a specialist or to a hospital emergency room when necessary. We also provide gynecological services by appointment.

A self-treatment area is available to students who have minor illnesses. Over-the-counter medicines and instructions are provided for students to treat their symptoms.

Students receiving allergy injections may store their extracts in the Health Center. For the Health and Wellness Center to administer injections, we require written orders from the patient's allergist, including the dosage and schedule of injections.

The Health and Wellness Center staff works closely with the University Counseling and Psychological Services staff to help students who have psychological issues and drug and alcohol problems.

**Medications**

Many commonly prescribed medications, including pain relievers, antibiotics, and cold and cough preparations are dispensed at no charge. Prescriptions provided by outside physicians cannot be filled at the Health and Wellness Center.

Our health care providers write prescriptions for many medications, but not for ADD medication, Accutane, and some psychiatric medicine.

Students and their families should check with the current prescriber to see if this individual will continue to prescribe once the student comes to Bethlehem.

Students who are on medicine for chronic conditions such as diabetes or inflammatory bowel disease are advised to call the Health and Wellness Center for a list of local specialists.

**Lab and X-Rays**

For your convenience, a technician from St. Luke's Hospital is available at the Health and Wellness Center from 12:00 - 1:00pm, Wednesdays during the fall and spring semesters.

Students who have purchased health insurance through [University Health Plans](http://www.universityhealthplans.com) may use the St. Luke's lab tech who comes on Wednesday, and generally must see a Health and Wellness clinician in order to have laboratory work covered by this insurance plan. Be sure to bring your insurance card with you when you come for lab testing.

X-ray services are not available on campus. Orders for x-rays and other imaging studies can be written by the Health and Wellness Center providers and then performed at St. Luke's Hospital or another local facility.

**Location**

The Health and Wellness Center is located on the third floor of Johnson Hall, just south of the University Center.

**Costs**

Students are not charged for most services. For a list of fees, see <http://www.lehigh.edu/health/fees.shtml>.

**Hours**

The Health and Wellness Center is open during the following hours:

During the academic year:

- Weekdays – 8:15 am to 4:45 pm
- Saturday – 10:00 am to 2:00 pm
- Friday first appointments scheduled at 9:15 am.
- Weekday last appointments scheduled at 4:30 pm.
- Saturday clinic is for urgent concerns only. No vaccinations, allergy shots, non-urgent concerns or prescription writing for ongoing medications is available. Students who wish to be seen on Saturday are to check in at the Health and Wellness Center by 1:30.

During the summer, semester and spring breaks:

- Weekdays: 9:00 am to 12:30 pm and 1:00 pm to 4:00 pm
- Last appointment before lunch is 12:15.
- Last appointments scheduled at 3:45 pm.

**WHERE TO FIND HELP**

***For questions about claims status, eligibility, enrollment and benefits please contact:***

<b>For Questions About:</b>	<b>Please Contact:</b>
<b>Enrollment • Waiver of Mandatory Insurance Charge</b>	<b>University Health Plans</b> One Batterymarch Park, Quincy, MA 02169-7454 Local: (617) 472-5324 - Out of Area: (800) 437-6448 <a href="http://www.universityhealthplans.com">www.universityhealthplans.com</a>
<b>Insurance Benefits • Customer Service • ID Cards</b>	<b>Consolidated Health Plans</b> 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (800) 633-7867 <a href="http://www.chpstudent.com">www.chpstudent.com</a>
<b>Preferred Provider Listings</b>	<b>For a listing of Cigna PPO Network Participating Providers, go to</b> <a href="http://www.cigna.com">www.cigna.com</a>
<b>Send Claims to:</b>	<b>CIGNA</b> PO Box 188061 Chattanooga, TN 37422-8061 Electronic Payor ID: 62308

## AM I ELIGIBLE?

The Lehigh University is making available a Student Health Insurance program (hereinafter called "plan") underwritten by Nationwide Life Insurance Company and administered by Consolidated Health Plans. 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.

**Undergraduate** students taking more than four (4) credits are required by University Policy to have Health insurance and therefore are automatically enrolled in this Insurance Plan. The charge for the annual premium will be included on the student's fall invoice. Those undergraduate students who are insured under another policy may drop his/her coverage under this Insurance Plan and have the premium credited back to his/her university account by completing a waiver form by the **August 1st deadline**.

**International:** All Lehigh students, visiting scholars, and research associates with a current visa status of J-1 are required by Federal law to have Health insurance and must provide proof of insurance to Lehigh's Office of International Students and Scholars.

Registered graduate students are eligible to purchase this Insurance Plan voluntarily by submitting an enrollment form and payment to the Bursar's Office at Lehigh University.

Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium, minus any claims paid.

Any student eligible for enrollment in the annual insurance plan who does not enroll in the Fall Semester Only insurance plan by the enrollment deadline loses eligibility to enroll in the Spring Semester Only insurance plan, unless there is a Qualifying Event.

## HOW DO I WAIVE?

An online waiver form can be found [www.universityhealthplans.com](http://www.universityhealthplans.com) prior to the waiver deadline.

## INVOLUNTARY LOSS OF OTHER COVERAGE

If You are eligible for Coverage but do not enroll in Coverage under this Policy when You first meet the definition of Eligible Person as a result of coverage under another Policy, You may be eligible to enroll in Coverage under this Policy provided enrollment and Premium are received within 31 days of Involuntary Loss of Other Coverage.

For purposes of this section, Involuntary Loss of Other Coverage means that prior coverage is involuntarily terminated due to no fault of the Eligible Person, which includes coverage that terminates due to a loss of employment by the Eligible Person or the Eligible Person's spouse or parent. This definition does not include coverage that has a predetermined termination date, or expiration of COBRA eligibility, and does not apply to coverage that has been voluntarily terminated.

Coverage is effective upon enrollment and receipt of Premium by Us or Our authorized representative.

## ENROLLMENT PERIODS

Eligible individuals who wish to voluntarily enroll in this Insurance Plan must do so by the applicable deadline.

	Coverage Period	Enrollment Deadline
<b>Annual Plan</b>	8/8/15-8/8/16	9/9/15
<b>Fall Only</b>	8/8/15-1/9/16	9/9/15
<b>Spring Only</b>	1/9/16-8/8/16	2/5/16

The insurance under Lehigh University's Student Health Insurance Plan for the Annual Plan is effective from 12:01 a.m. on August 8, 2015, through August 8, 2016. The Fall Semester Plan is effective from 12:01 a.m. on August 8, 2015, through January 9, 2016. The Spring Semester Plan is effective from 12:01 a.m. on January 9, 2016, through August 8, 2016. An eligible student's coverage becomes effective on that date or, in the case of a qualifying event, the date of the eligible qualifying event or the day after prior creditable coverage terminated, whichever is later. Please refer to the Qualifying Events section for details on deadlines. Full premium must be received by the Bursar's Office at Lehigh University before any applicable enrollment deadline.

## EFFECTIVE DATES AND COSTS

The Lehigh University Student Health Insurance Plan provides coverage to students for a twelve (12) month period - from 12:01 a.m. on August 8, 2015, through August 8, 2016.

	Annual* 8/8/2015 to 8/8/2016	Fall* 8/8/2015 to 1/9/2016	Spring* 1/9/2016 to 8/8/2016
<b>Student</b>	\$1,875	\$845	\$1,244

*\*The above rates include an administrative fee.*

### TERMINATION

Coverage will terminate at 12:01 a.m. standard time at the Policyholder's address on the earliest of:

- The Termination Date of the Policy;
- The date Insured ceases to be eligible person
- 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 90 days of leaving school, We will refund the unearned pro-rata Premium to such person upon written request; or
- The last date of the period for which Premium has been paid following the date a Dependent ceases to be a Dependent as defined.

Termination is subject to the Extension of Benefits provision.

### EXTENSION OF BENEFITS

The Coverage provided under this Policy ceases on the termination date, shown on the face page. 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 Expenses for such Injury or Sickness will continue to be paid for a period of fifty-two (52) weeks or until date of discharge, whichever is earlier.
- Being treated on the Termination Date for a pregnancy for which Benefits were paid under this Policy prior to the Termination Date, Covered Expenses for such Pregnancy will continue to be paid until birth.

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 provision has been exhausted, all Benefits cease to exist and under no circumstances will further Benefits be made.

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

### PREMIUM REFUND POLICY

Any Insured Student withdrawing from the college during the first thirty-one (31) days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made minus any claims. Students withdrawing after thirty-one (31) days will remain covered under the Policy for the full period for which premium has been paid and no refund will be made available. This is true for students on leave for medical or academic reasons, graduating students, and students electing to enroll in a separate comparable plan during the Policy Year. Premiums received by the Company are non-refundable except as specifically provided.

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 ninety (90) days of withdrawal from school. Refunds for any other reason are not available.

### STUDENT HEALTH CENTER REFERRAL

The Covered Person must first seek services of the Student Health Center (SHC). If the SHC cannot provide the service needed, the Insured must obtain an initial referral that verifies that the services were not available at the SHC. The Insured is then free to seek services without penalty with a Provider outside of the SHC.

Expenses incurred for treatment rendered outside of the SHC for which no prior referral is obtained will be subject to the \$50 deductible(s).

A SHC referral for outside care is required except under the following Conditions:

- Medical Emergency;
- When the SHC is closed;
- When service is rendered at another facility during break or vacation periods;
- Medical care received when the Insured is more than 20 miles from the Student Health Center;
- Medical care obtained when the Insured is no longer able to use the SHC due to change in eligibility status;
- Pregnancy or Maternity care;
- treatment of Mental Conditions or Serious Mental Illness;
- Routine care from a obstetrician/gynecologist

A written referral from the SHC is required for any follow-up care, with a Provider other than SHC, after Emergency services.

A SHC referral does not constitute a guarantee of Benefits when treatment is provided outside the SHC. We reserve the right to determine the Medical Necessity of treatment for services provided outside the SHC.

### SCHEDULE OF BENEFITS

**Your Coverage provides for the utilization of Preferred Providers in a Preferred Provider Organization (PPO). The Preferred Provider Organization(s) for your Coverage is: Cigna. Go to [www.cigna.com](http://www.cigna.com) for a list of participating providers.**

	In-Network	Out-of-Network
<b>Policy Year Maximum Benefit</b>	<b>Unlimited</b>	
<b>Out-of-Pocket Maximum</b> (includes Coinsurance and Copayments; does not include non-covered medical expenses or elective treatment)	\$6,350 per Individual	Not applicable
<b>Basic Insured percent</b> (Deductible waived if Student is referred by the Student Health Center)	\$50 Deductible per Condition; then 100% up to \$1,000	
<b>Major Medical Insured percent</b> (Deductible waived if Student is referred by the Student Health Center)	\$50 Deductible per Policy Year; then 80% up to \$5,000; 100% thereafter	

<b>Outpatient Services</b>		
Office Visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery or physiotherapy.	Preferred Allowance (PA)	Reasonable & Customary (R&C)
Diagnostic Imaging, X-ray and Laboratory Services	PA	R&C
<b>Inpatient Services</b>		
Miscellaneous Hospital Services Includes meals and prescribed diets, Diagnostic Imaging, Laboratory, pharmaceuticals administered while an Inpatient, use of operating room, anesthesia, therapeutic services, supplies, dressings, blood and blood plasma, oxygen, radiation therapy, chemotherapy, miscellaneous items used in association with a surgical event, and Pre-Admission Testing.	PA	R&C
Room and Board expense, at the semi-private room, general nursing care, and ICU	PA	R&C
Physician visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.	PA	R&C
Inpatient rehabilitation – limited to thirty (30) days per Policy Year.	PA	R&C
Skilled Nursing and Sub-Acute Care Facilities	PA	R&C
<b>Surgical Services (Inpatient &amp; Outpatient)</b> – When multiple surgeries are performed through the same incision at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed. When multiple surgeries are performed through more than one (1) incision at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed and 50% of the Benefit otherwise payable for each subsequent procedure.		
Surgeon's Fee	PA	R&C
Assistant Surgeon	PA	R&C
Inpatient Anesthetist Services	PA	30% of Surgeon's payment
Outpatient Anesthetist Services	PA	25% of Surgeon's payment
Inpatient/Outpatient Surgical miscellaneous includes supplies, drugs, facility fee, and miscellaneous items used in association with the	PA	R&C

surgical event.		
<b>Maternity Care</b> – 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.		
Pre and post-natal services	Paid the same as any other Sickness	
<b>Mental Conditions &amp; Substance Abuse</b>		
Inpatient Services	Paid the same as any other Sickness	
Outpatient Office Visits	Paid the same as any other Sickness	
<b>Urgent Care and Emergency Services</b>		
Urgent Care	PA	R&C
Emergency services. Use of the emergency room and supplies.	PA	R&C
Emergency Medical Transportation services	PA	R&C
<b>Other Services</b>		
Preventive/Wellness & Immunization Services	100% of PA Deductible does not apply.	not covered
Allergy Services (testing/injections/treatment)	PA	R&C
Habilitative therapy – including Physical, Speech, and Occupational therapies– up to 30 visits per Policy Year for each therapy.	PA	R&C
Rehabilitative care – including Physical therapy– up to 30 visits per Policy Year	PA	R&C
Rehabilitative care – including Speech, and Occupational therapies	PA	R&C
Chiropractic care	PA	R&C
Treatment for Impacted Teeth	PA	R&C
Prescription Drug Expense	100% after a: \$10 Copay for Generic; \$20 Copay for Preferred Brand and Non-preferred Brand	
Prescription Drug Expense	<ul style="list-style-type: none"> <li>• Only a thirty (30) day supply can be dispensed at any time</li> <li>• One (1) copayment per thirty (30) day supply; Copay does not apply to generic contraceptives</li> <li>• Copayments apply to the out-of-pocket</li> <li>• Deductible does not apply</li> <li>• Prescriptions should be filled at a Cigna participating pharmacy. Go to <a href="http://www.cigna.com">www.cigna.com</a> for a list of participating pharmacies.</li> </ul>	

Routine Vision Exam for Covered Persons under nineteen (19) – 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. 100% of R&C up to \$150, 50% thereafter.		
Pediatric dental for Covered Persons under the age of nineteen (19) – see policy for details		
Preventive & diagnostic services	100% of R&C	
Basic restorative services	70% of R&C	
Major services	50% of R&C	
Pediatric Dental – Medically Necessary orthodontia services (requires pre-authorization)	50% of R&C	
<b>Elective Services (do not apply to the Out of Pocket maximum)</b>		
Medical Evacuation/Repatriation	unlimited - no cost sharing	
Family Travel Benefit	100% of Actual Charge up to \$5,000 Per Policy Year with no cost sharing	
Non-emergency Care when traveling outside the U.S.	Paid as any other condition	
Intercollegiate Sports up to \$2,000 per Injury	Paid as any other Injury.	
Elective Abortion – up to \$400 maximum per Policy Year	PA	R&C
Dental Injury to Sound Natural Teeth	PA	R&C

#### MANDATED BENEFITS

If You are enrolled in this Insurance Program, Policy coverage also includes the following benefits. (Note: Wellness/preventive benefits under the Affordable Care Act (ACA) are required to meet federal regulations. Under ACA, states retain the ability to mandate benefits beyond those established by the federal mandate. Please see the Schedule of Benefits for coverage details.)

Mandated benefits as required by the state in which the Policy is issued include: Alcohol Abuse and Dependency; Inpatient Detoxification; Childhood Immunizations; Coverage for Cost of Nutritional Supplements/Medical Foods; Women’s Preventive Services; Licensed Certified Nurse Midwife; Mammography; Mastectomy and Breast Cancer Reconstruction; Diabetes Equipment, Supplies and Services; Cancer Chemotherapy and Hormone Therapy; and Severe Mental Illness.

See the Policy on file with the school for further details on these benefits.

#### PREFERRED PROVIDER INFORMATION

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

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

If care is received within the Network from a Preferred Provider, all Covered Medical Expenses will be paid at the Preferred Provider level of benefits found on the Schedule of Benefits. 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.

"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's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

#### 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.

This Excess Provision will not be applied to the first \$100 of medical expenses incurred. The Deductible Provision will also not be applied to the first \$50 of medical expenses incurred. Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as the result of the Insured's failure to comply with Policy provisions or requirements.

#### SUBROGATION AND RECOVERY RIGHTS

If We pay Covered Expenses for an Accident or Injury You incur as a result of any act or omission of a third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our reimbursement rights are limited by the amount You recover. Our reimbursement and subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

#### EXCLUSIONS

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

1. Eyeglasses, contact lenses, eye examinations, repair or replacement of eye glasses or contact lens except when required as a direct result of an Injury.
2. Hearing Screenings (except as specifically provided in the Policy) or hearing examinations or hearing aids and the fitting or repairing or replacement of hearing aids, except in the case of Accident or Injury.
3. Treatment (other than surgery) of chronic Conditions of the foot including weak feet, fallen arches, flat foot, pronated foot, subluxations of the foot, foot strain, care of corns, calluses, toenails or bunions, any type of massage procedure on or to

the foot, corrective shoes, shoe inserts and Orthotic Device; except for treatment of Injury, infection or disease.

4. Cosmetic surgery, plastic 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 or for treatment of an Injury that is covered under the Policy. 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; warts, non-malignant moles and lesions; hair growth; hair removal; correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants including gynecomastia (except for correction or deformity resulting from mastectomies or lymph node dissections); lipectomy services and supplies related to surgical suction assisted lipectomy; rhinoplasty; nasal and sinus surgery; and deviated nasal septum, including submucous resection except when Medically Necessary such as for the treatment of 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.
5. Sexual reassignment surgery; or any treatment of gender identity disorders, including hormone replacement therapy except as provided herein. This exclusion does not include related mental health counseling;
6. Treatment, service, or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved.
7. Treatments which are considered to be unsafe, Experimental, or Investigational by the American Medical Association (AMA), and resulting complications.
8. Custodial Care; Care provided in a: rest home, home for the aged, halfway house, health resort, college infirmary, or any similar facility for domiciliary or Custodial Care, or that provides twenty-four (24) hour non-medical residential care or day care (except as provided for Hospice care).
9. Dental care or treatment of the teeth, gums or structures directly supporting the teeth, (except as specified herein).
10. Temporomandibular Joint Dysfunction (TMJ), except as specified herein.
11. Injury while sustained while (a) participating in any intercollegiate (in excess of \$2,000), professional or semiprofessional sport, contest or competition; (b) traveling to or from such sport, contest, or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest, or competition.
12. Injury sustained by reason of a motor vehicle Accident to the extent that Benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such Benefits;
13. Injury resulting from participation in any hazardous activity, including: parachuting, hang gliding, skydiving, parasailing, glider flying, sailplaning, or bungee jumping; (except as specifically provided in this Policy).

14. Injury occurring in consequence of riding as a passenger or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline or as a passenger in a Policyholder owned, leased, chartered, or operated aircraft;
15. Reproductive/Infertility services including but not limited to: treatment of infertility (male or female) including medication, surgery, supplies, and fertilization procedures rendered for the purpose or with the intent of inducing conception, premarital examination; impotence, organic or otherwise; vasectomy reversal except as specifically provided in this Policy. Examples of fertilization procedures are ovulation induction procedures, in vitro fertilization; embryo transfer or similar procedures that augment or enhance Your reproductive ability.
16. Hospital Confinement or any other services or treatment that are received without charge or legal obligation to pay;
17. Services provided normally without charge by the health service of the Policyholder;
18. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
19. Expenses that would be payable, or medical treatment that is available, under any governmental or national health plan for which the Covered Person could be eligible.
20. Any services of a Physician or Nurse who lives with You or Your Dependent(s) or who is related to You or Your Dependent(s) by blood or marriage.
21. Expense covered by any other medical insurance to the extent that Benefits are payable under any other medical insurance whether or not a claim is made for such Benefits.
22. Services received before the Covered Person's Effective Date; services received after the Covered Person's Coverage ends, except as specifically provided under the Extension of Benefits provision.
23. Injuries sustained as a result of intentional/unintentional self-inflicted Injury or any attempt at intentional/unintentional self-inflicted Injury.
24. Services for the treatment of any Injury or Sickness incurred while committing or attempting to commit a felony; or to which a contributing cause was the Covered Person's being engaged in an illegal occupation; or; or while taking part in an insurrection or riot; or fighting, except in self-defense.
25. Injury or Sickness for which Benefits are paid or payable under any workers' compensation or occupation disease law or act, or similar legislation.
26. War or any act of war, declared or undeclared; or while in the armed forces of any country.
27. Obesity treatment: Services and associated expenses for the treatment of obesity, except nutrition counseling specifically provided in the Policy, and any resulting complications, consequences and after effects of treatment that involves surgery and any other associated expenses, including, but not limited to:
  - Gastric or intestinal bypasses;
  - Gastric balloons;
  - Stomach stapling;
  - Wiring of the jaw

- Panniculectomy;
  - Appetite suppressants;
  - Surgery for removal of excess skin or fat.
28. 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.
29. Acupuncture and acupressure, aroma therapy, hypnosis, rolfing, Hyperhidrosis, Psychosurgery, biofeedback.
30. Diagnosis and treatment of sleep disorders including but not limited to apnea monitoring, sleep studies, and oral appliances used for snoring, except treatment and appliances for documented obstructive sleep apnea.

## DEFINITIONS

The terms listed below, if used, have the meaning stated.

**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.

**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).

**Hospital:** A facility which provides diagnosis, treatment, and care of persons who need acute Inpatient Hospital care under the supervision of Physicians. It must be licensed as a general acute care Hospital according to state and local laws.

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

**In-Network Benefit:** 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.

**Insured Percent:** That part of the Covered Charge that is payable by the Company after the Deductible and/or Copayment has been paid.

**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.

**Out-of-Network Benefit Level:** The lowest level of payment made by Us for Covered Services under the terms of the Policy.

**Out-of-Network Provider:** Physicians, Hospitals and other Providers who have not agreed to any pre-arranged fee schedules. See the definition of Out-of-Network Benefit Level.

**Out-of-Pocket:** means the most You will pay during a Policy Year before your coverage pays at 100%. This includes deductibles, copayments (medical and prescription) and any coinsurance paid by You. This does not include non-covered medical expenses and elective services.

**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.

**Preferred Allowance (PA):** The amount a Preferred Provider has agreed to accept as payment in full for Covered Charges.

**Preferred Providers:** Physicians, Hospitals and other healthcare Providers who have contracted to provide specific medical care at negotiated prices.

**Preventive Care:** Provides for periodic health evaluations, immunizations and laboratory services in connection with periodic health evaluations, as specified in the Schedule of Benefits. Well Baby and Child Care, and Well Adult Care benefits will be considered based on the following:

- (a) Evidenced-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009;
- (b) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;
- (c) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- (d) With respect to women, such additional preventive care and screenings, not described in paragraph (a) above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

**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 and Us:** Nationwide Life Insurance Company.

**You and Your:** The Covered Person or Eligible Person as applicable.

Male pronouns whenever used include female pronouns.

#### MEDICAL EVACUATION BENEFIT

If the Insured cannot continue his academic program because he sustains an Accidental Injury or Emergency Sickness while Insured under the 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 100% of 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.

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 Insured or visitation expenses.

#### REPATRIATION OF REMAINS BENEFIT

If the Insured 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 100% of 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.

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.

## CLAIM PROCEDURES

In the event of Injury or Sickness, students should:

1. Report to their Physician, Hospital or Student Health Center.
2. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, Social Security number or student ID number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
3. File claim within ninety (90) days of Injury or first treatment for a Sickness. Bills should be received by the Company within ninety (90) days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

**Submit all Claims to:**

**Cigna**

**P.O. Box 188061**

**Chattanooga, TN 37422-8061**

**Group Number: S207101**

## CLAIMS APPEAL PROCESS

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an Insured Person who disagrees with how a claim was processed may appeal that decision. The Insured Person must request an appeal in writing within 180 days of the date appearing on the EOB. The appeal request must include any additional information to support the request for appeal, e.g. medical records, physician records, etc. Please submit all requests to the Claims Administrator at the address below.

**Claims Administrator:**

**CONSOLIDATED HEALTH PLANS**

2077 Roosevelt Avenue

Springfield, MA 01104

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

(413) 733-4540

**Servicing Agent:**

**UNIVERSITY HEALTH PLANS**

One Batterymarch Park, Quincy, MA 02169-7454

Local: (617) 472-5324 - Out of Area: (800) 437-6448

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

This plan is underwritten by and offered by:

**NATIONWIDE LIFE INSURANCE COMPANY**

**Columbus, OH**

**Policy Number: 302-039-3713**

For a copy of the privacy notice you may go to:

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

## VALUE ADDED SERVICES

### VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:

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

### 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**

### 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.**