

# Student Health Insurance Plan

Plan Year  
17/18

*Designed Exclusively for the Students of:*

## **Lehigh University**

Bethlehem, PA

2017 - 2018

*Underwritten by:*

National Guardian Life Insurance Company  
Madison, WI

Policy Number: 2017I5B29

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Effective: 8/1/2017 - 8/1/2018



*Administered by:*

Consolidated Health Plans

2077 Roosevelt Ave | Springfield, MA



ST0864SH-1718(Bro.)

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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 - 1:00 pm, Wednesdays during the fall and spring semesters. A technician from Health Network Lab is also available from 3:00-4:00 pm Tuesdays. Matriculating Students who have purchased health insurance through University Health Plans may use the St. Luke's lab tech who comes on Wednesdays, they may also go to in-network labs off campus. Students should check with Consolidated Health Plans for specific lab coverage. Be sure to take your insurance card with you when you go 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://studentaffairs.lehigh.edu/content/policies-resources>

**Hours**

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

During the academic year:

- Weekdays – 8:15 am to 4:45 pm

- Friday first appointments scheduled at 9:15 am.
- Weekday last appointments scheduled at 4:30 pm.

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:	Please Contact:
<b>Enrollment • Waiver of Mandatory Insurance Charge</b>	<b>University Health Plans, a Risk Strategies Company</b> <i>(After July 10, 2017)</i> 15 Pacella Park Drive Randolph, MA 02368 (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 877-657-5030 <a href="http://www.chpstudent.com">www.chpstudent.com</a>
Preferred Provider Listings	<b>For a listing of Cigna PPO Network Participating Providers, go to</b> <a href="http://www.cigna.com">www.cigna.com</a>
Send Claims to:	<b>CIGNA</b> PO Box 188061 Chattanooga, TN 37422-8061 <b>Electronic Payor ID: 62308</b>

## AM I ELIGIBLE?

Lehigh University is making available a Student Health Insurance program (hereinafter called “plan”) underwritten by National Guardian Life Insurance Company and administered by Consolidated Health Plans. This brochure provides a general summary of the insurance coverage. 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.

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/ENROLL?

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

## QUALIFYING LIFE EVENT

No changes of any type may be made during the plan year unless a qualified family or employment status change occurs. In all cases, the change in coverage must be consistent with the change in the person's family or employment status. If you do have a qualifying change in status, you have 31 days from the event to make changes to your elections by completing a Qualifying Event Notification form and paying any applicable premium.

## ENROLLMENT PERIODS

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

	Coverage Period	Enrollment Deadline
<b>Annual Plan</b>	8/1/2017-8/1/2018	9/8/2017
<b>Fall Only</b>	8/1/2017-1/9/2018	9/8/2017
<b>Spring Only</b>	1/9/2018-8/1/2018	2/2/2018

The insurance under Lehigh University's Student Health Insurance Plan for the Annual Plan is effective from 12:01 a.m. on August 1, 2017, through 12:01 a.m. on August 1, 2018. The Fall Semester Plan is effective from 12:01 a.m. on August 1, 2017, through 12:01 a.m. on January 9, 2018. The Spring Semester Plan is effective from 12:01 a.m. on January 9, 2018, through 12:01 a.m. on August 1, 2018. 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 1, 2017, through 12:01 a.m. on August 1, 2018.

	Annual* 8/1/17-8/1/18	Fall* 8/1/17-1/9/18	Spring* 1/9/18-8/1/18
<b>Student</b>	\$1,954	\$868	\$1,311

*\*The above rates include an administrative fee*

**Effective Dates:** Insurance under this Policy will become effective on the later of:

1. The Policy effective date;
2. The beginning date of the term for which premium has been paid;
3. The day after the Enrollment Form (if applicable) and premium payment is received by the Company, its authorized agent or the School;
4. The day after the date of postmark if the Enrollment Form is mailed;
5. For International Students, the date the Insured Person departs his or her Home Country to travel to the Country of Assignment. The scheduled arrival in the Country of Assignment must be no more than 48 hours later than the departure from the Home Country.

## TERMINATION OF BENEFITS

**Termination Dates:** An Insured Person's insurance will terminate on the earliest of:

1. The date this Policy terminates for all Insured Persons; or
2. The end of the period of coverage for which premium has been paid; or
3. The date an Insured Person ceases to be eligible for the insurance; or
4. The date an Insured Person enters military service; or

5. For International Students, the date Insured Person departs the Country of Assignment for his/her Home Country (except for scheduled school breaks);
6. For International Students, the date the student ceases to meet Visa requirements;
7. On any premium due date the Policyholder fails to pay the required premium for an Insured Person except as the result of an inadvertent error.

## REFUND OF PREMIUM

**Refund of Premium:** Premiums received by Us are fully earned upon receipt. Refund of premium will be considered only:

1. For any student who does not attend school during the first thirty-one (31) – days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a full refund of the premium will be made.
2. For Insured Persons entering the Armed Forces of any country. Such persons will not be covered under the Policy as of the date of his/her entry into the service. A pro rata refund of premium will be made for such person upon written request received by Us within ninety (90) days of withdrawal from school.
3. For International Students, and/or their covered Dependents. We will refund a pro rata portion of the premium actually paid for any individual who:
  - a. Withdraws from School during his/her first semester; and
  - b. Returns to his/her Home Country.

A written request must be sent to us within 60 days of such departure.

No other refunds will be allowed.

## EXTENSION OF BENEFITS

Coverage under the Policy ceases on the Termination Date shown in the Insurance Information Schedule. However, coverage for an Insured Person will be extended as follows: If an Insured Person is Hospital confined for Covered Injury or Covered Sickness on the date his or her insurance terminates, we will continue to pay benefits for up to 90 days from the Termination Date while such confinement continues.

## DEFINITIONS

These are key words used in this Policy. They are used to describe the Policyholder's rights as well as Ours. Reference should be made to these words as the Policy is read.

**Accident** means a sudden, unforeseeable external event which results independently of disease, bodily infirmity or any other cause that causes Injury to an Insured Person.

**Ambulance Service** means transportation to a Hospital by an Ambulance Service.

**Anesthetist** means a Physician or nurse who administers anesthesia during a surgical procedure. He or she may not be an employee of the Hospital where the surgical procedure is performed.

**Autism Spectrum Disorder** means conditions that effect neurodevelopmental growth and defined as Pervasive Developmental Disorders in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. This includes Asperger's Syndrome.

**Brand Name Drugs** means drugs for which the drug manufacturer's trademark registration is still valid and where the trademarked or proprietary name of the drug still appears on the packaged label.

**Coinsurance** means the ratio by which We and the Insured Person share in the payment of Usual and Reasonable expenses for treatment. The Coinsurance percentage that We will pay is stated in the Schedule of Benefits.

**Complications of Pregnancy** means conditions that require Hospital confinements before the pregnancy ends and whose diagnoses are distinct from but caused or affected by pregnancy. These conditions are acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar conditions as severe as these.

Complications of Pregnancy also include non-elective cesarean section, termination of an ectopic pregnancy, and spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.)

Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, preeclampsia, and similar conditions not medically distinct from a difficult pregnancy.

**Copayment** means the amount of Usual and Reasonable expenses for treatment that We do not pay. The Insured Person is responsible for paying this portion of the expenses incurred. Any Copayment amounts are shown in the Schedule of Benefits.

**Country of Assignment** means the country in which an Eligible International Student, scholar or visiting faculty member is:

1. Temporarily residing; and
2. Actively engaged in education or educational research related activities sponsored by the National Association for Foreign Student Affairs or its Member Organizations.

**Covered Clinical Trials** means phase I, II, phase III, and phase IV patient research studies designed to evaluate new treatments, including prescription drugs, and that:

1. Involve the treatment of life-threatening medical conditions,
2. Are medically indicated and preferable for that patient compared to available non-investigational treatment alternatives, and
3. Have clinical and preclinical data that shows the trial will likely be more effective for that patient than available non-investigational alternatives.

Covered Clinical Trials must also meet the following requirements:

1. Must involve determinations by treating Physicians, relevant scientific data, and opinions of experts in relevant
2. Must be trials approved by centers or cooperative groups that are funded by the National Institutes of Health, the Food and Drug Administration, the Centers for Disease Control, the Agency for Health Care Research and Quality, the Department of Defense, or the Department of Veterans Affairs. The health benefit plan may also cover clinical trials sponsored by other entities.
3. Must be conducted in a setting and by personnel that maintain a high level of expertise because of their training, experience, and volume of patients.

**Covered Injury** means a bodily injury that is caused by an accident directly and independently of all other causes. Coverage under the School's policies must be in force on the date services and supplies are received for them to be considered as a Covered Medical Expense under this Policy

**Covered Medical Expense** means those charges for any treatment, service or supplies that are:

1. Not in excess of the Usual and Reasonable charges therefore;
2. Not in excess of the charges that would have been made in the absence of this insurance; and
3. Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

**Covered Sickness** means Sickness, disease or trauma related disorder due to Injury which:

1. causes a loss while the Policy is in force; and
2. which results in Covered Medical Expenses.

Covered Sickness includes Mental Health Disorders and Substance Use Disorders.

**Deductible** means the dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable under the Policy. The amount of the Deductible and the frequency (annual or per occurrence) will be shown in the Schedule of Benefits.

**Elective Surgery or Elective Treatment** means surgery or medical treatment that is:

1. not necessitated by a pathological or traumatic change in the function or structure of any part of the body; and
2. which occurs after the Insured Person's effective date of coverage.

**Elective Treatment** includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, infertility, learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, preventive medicines or vaccines except when required for the treatment of Covered Injury or Covered Sickness to the extent coverage is not required by state or federal law. **Elective Surgery** includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, submucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include Plastic or Cosmetic Surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

**Eligible Student** means a student who meets all enrollment requirements of the School named as the Policyholder in the Insurance Information Schedule.

**Emergency Medical Condition** means a medical condition which:

1. manifests itself by acute symptoms of sufficient severity (including severe pain); and
2. causes a prudent layperson, who possesses an average knowledge of health and medicine, to reasonably expect that the absence of immediate medical attention might result in:



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

**Emergency Services** means, with respect to an Emergency Medical Condition: transportation services, including but not limited to ambulance services, and covered inpatient and outpatient Hospital services furnished by a Hospital or Physician qualified to furnish those services that are needed to evaluate or Stabilize an Emergency Medical Condition.

**Emergency Services** means, with respect to an Emergency Medical Condition: transportation services, including but not limited to ambulance services, and covered inpatient and outpatient Hospital services furnished by a Hospital or Physician qualified to furnish those services that are needed to evaluate or Stabilize an Emergency Medical Condition.

**Essential Health Benefits** means benefits that are defined as such by the Secretary of Labor and are to be provided in a manner that is equal to the scope of benefits provided under a typical employer plan. This applies to the following general categories and the items and services covered within the categories:

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

**Formulary** means a list of medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. The Formulary includes Generic, Brand, and Preferred Brand Drugs.

**Generic Drugs** means a drug that is identical or bioequivalent to a Brand Named drug in dosage form, safety, strength, route of administration, quality, performance characteristics, intended use and is not protected by a patent.

**Home Country** means the Insured Student's country of citizenship. If the Insured Student has dual citizenship, his or her Home Country is the country of the passport he or she used to enter the United States. The Insured Student's Home Country is considered the Home Country for any dependent of an Insured Student while insured under this Policy.

**Hospital** means an institution that:

1. Operates as a Hospital pursuant to law;
2. Operates primarily for the reception, care and treatment of sick or injured persons as inpatients;
3. Provides 24-hour nursing service by Registered Nurses on duty or call;
4. Has a staff of one or more Physicians available at all times; and
5. Provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis.

Hospital does not include the following:

1. Convalescent homes or convalescent, rest or nursing facilities;
2. Facilities primarily affording custodial, educational, or rehabilitatory care; or
3. Facilities for the aged.

**Hospital Confined or Hospital Confinement** means a stay of eighteen (18) or more consecutive hours as a resident bed patient in a Hospital.

**Immediate Family Member** means the Insured Person and his or her spouse or the parent, child, brother or sister of the Insured Person or his or her spouse.

**Insured Person** means an Insured Student or dependent of an Insured Student while insured under this Policy.

**Insured Student** means a student of the Policyholder who is eligible and insured for coverage under this Policy.

**International Student** means an international student:

1. With a current passport and a student Visa;
2. Who is temporarily residing outside of his or her Home Country; and
3. Is actively engaged, on a full time basis, as a student or in educational research activities through the



Policyholder.

In so far as this Policy is concerned, permanent residents or those who have applied for Permanent Residency Status are not considered to be an International Student.

**Loss** means medical expense caused by an Injury or Sickness which is covered by this Policy.

**Medically Necessary** means medical treatment that is appropriate and rendered in accordance with generally accepted standards of medical practice. The Insured Person's health care provider determines if the medical treatment provided is Medically Necessary.

**Mental Health Disorder** means a condition or disorder that substantially limits the life activities of the Insured Person with the disorder. Mental Health Disorders must be listed in the most recent version of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

**Network Providers** are Physicians, Hospitals and other health care providers who have contracted with Us to provide specific medical care at negotiated prices.

**Non-Network Providers** have not agreed to any pre-arranged fee schedules.

**Non-Preferred Brand Drugs** means drugs that have a higher copayment and have recently come on the market. In most cases, an alternative preferred medication is available. If a physician prescribes a brand-name drug when a generic equivalent is available, you must pay the difference in cost in addition to a copayment.

**Out-of-pocket Expense Limit** means the amount of Usual and Reasonable expenses that an Insured Person is responsible for paying.

**Physical Therapy**, means treatment by physical means, hydrotherapy, heat, or similar modalities, physical agents, bio-mechanical and neuro-physiological principles and devices. Such therapy is given to relieve pain, restore function, and to prevent disability following illness, injury, or loss of a body part.

**Physician** means a:

1. Doctor of Medicine (M.D.); or
2. Doctor of Osteopathy (D.O.); or
3. Doctor of Dentistry (D.M.D. or D.D.S.); or
4. Doctor of Chiropractic (D.C.); or
5. Doctor of Optometry (O.D.); or
6. Doctor of Podiatry (D.P.M.);

who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered.

A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a Health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

**Physician** will also mean any licensed practitioner of the healing arts who We are required by law to recognize as a "Physician." This includes an acupuncturist, a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant, social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician.

The term Physician does not mean any person who is an Immediate Family Member.

**PPO Allowance** means the amount a Network Provider will accept as payment in full for Covered Medical Expenses.

**Preferred Brand Drug** means a formulary drug that is within a select subset of therapeutic classes, which make up the formulary drug list.

**School or College** means the college or university attended by the Insured Student.

**Sound, Natural Teeth** means natural teeth. The major portion of a tooth must be present, regardless of fillings, and not carious, abscessed or defective. Sound, Natural Teeth will not include capped teeth.

**Student Health Center or Student Infirmary** means an on campus facility that provides:

1. Medical care and treatment to Sick or Injury students; and
2. Nursing services.

A Student Health Center or Student Infirmary does not include:

1. Medical, diagnostic and treatment facilities with major surgical facilities on its premises or available on a pre-arranged basis; or
2. Inpatient care.

**Skilled Nursing Facility** means an institution that provides skilled nursing care under the supervision of the individual from a facility.

**Substance Use Disorder** means any condition or disorder that substantially limits the life activities of the Insured Person with the disorder. Substance Use Disorders must be listed in the most recent version of either the Diagnostic

and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

**Treatment** means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

**Usual and Reasonable** means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for a:

1. Like service by a provider with similar training or experience; or
2. Supply that is identical or substantially equivalent.

**Visa**, in so far as this Policy is concerned, means the document issued by the United States Government that permits an individual to participate in the educational activities of a college, university or other institution of higher learning either as a student or in another academic capacity. An International Student must have and maintain a valid visa, either an F-1 (Academic), J-1 (Exchange) or M-1 (Vocational) in order to continue as a student in the United States.

**We, Us, or Our** means National Guardian Life Insurance Company or its authorized agent.

## PPO PLAN - 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 toll-free at 877-657-5030, or [www.chpstudent.com](http://www.chpstudent.com) for assistance.**

### Preferred Provider Organization

If an Insured Person uses a Network Provider, the Policy will pay the Coinsurance percentage of the PPO Allowance shown in the Schedule of Benefits for Covered Medical Expenses

If a Non-Network Provider is used, the Policy will pay the percentage of the Usual and Reasonable Covered Medical Expense shown in the Schedule of Benefits. The difference between the provider fee and the Coinsurance amount paid by Us will be the responsibility of the Insured Person.

Note however, that We will pay at the PPO Allowance level for treatment by a Non-Network Provider if:

1. There is no Network Provider available to treat the Insured Person for a specific Covered Injury or Covered Sickness; or
2. There is an Emergency Medical Condition and the Insured Person cannot reasonably reach a network Provider. This benefit will continue to be paid for the Emergency Services until the Insured Person can reasonably be expected to safely transfer to a Network Provider. If the transfer does not occur at that time, benefits will then be reduced and paid at the lower percentage applicable to a Non-Network Provider.

An Insured Person should be aware that Network Provider Hospitals may be staffed with Non-Network Providers. Receiving services from a Network Provider does not guarantee that all charges will be paid at the Network Provider level of benefits. It is important that the Insured Person verify that his or her Physicians are Network Providers each time he or she calls for an appointment or at the time of service.

## STUDENT HEALTH CENTER REFERRAL

This is a supplemental plan. Where available, the student must first use the resources of the Student Health Center (SHC) where treatment will be administered or a referral issued. Expenses incurred for medical treatment rendered outside of the SHC for which no prior approval or referral is obtained may be excluded from coverage. A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is not necessary ONLY under the following conditions:

1. For an Emergency Medical Condition. The student must return to the SHC for necessary follow-up care;
2. When the SHC is closed;
3. For medical care received when the student is more than 20 miles from campus;
4. For medical care obtained when a student is no longer able to use the SHC due to a change in student status.
5. For maternity care;
6. When service is rendered at another facility during break or vacation period.

## SCHEDULE OF BENEFITS

### PLATINUM PLAN

**Benefit Period:** When an Insured Person receives initial medical treatment within 90 days of the occurrence of a Covered Injury or at the onset of a Covered Sickness, eligible benefits will be provided for a continuous Benefit Period. The Benefit Period begins:

1. On the date of occurrence of such Covered Injury; or
2. From the first day of treatment of a Covered Sickness. The Benefit Period terminates at the end of the Policy Term (+ Extension of Benefits - when appropriate).

**Preventive Services:**

Network Provider: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of the Actual Charge when services are provided through a Network Provider.

Non-Network: Deductible, Coinsurance, and any Copayment are applicable to Preventive Services provided through a Non-Network Provider. Any Deductible, Coinsurance, and Copayment for services provided by a Non-Network Provider are not applied toward the annual Out-of-Pocket Maximum.

**Deductible (Waived with Student Health Center Referral):**

Network	\$50
Non-Network	\$50

**Out-of-Pocket Expense Limit:**

Network Provider:	\$1,500
Non-Network Provider:	No maximum

**Coinsurance Amount:**

Network Provider:	95% of PPO Allowance for Covered Medical Expenses unless otherwise stated below.	
Non-Network Provider:	85% of Usual and Reasonable Charge for Covered Medical Expenses unless otherwise stated below.	

**Benefit Payment for Network Providers and Non-Network Providers**

This policy provides benefits based on the type of health care provider selected. This Policy provides access to both Network Providers and Non-Network Providers. Different benefits may be payable for Covered Medical Expenses rendered by Network Providers versus Non-Network Providers, as shown in the Schedule of Benefits.

**PREFERRED PROVIDER ORGANIZATION:**

To find a complete listing of Cigna PPO Providers, go to: [www.cigna.com](http://www.cigna.com), or contact Consolidated Health Plans toll-free at (877) 657-5030, or [www.chpstudent.com](http://www.chpstudent.com) for assistance.

**THE COVERED MEDICAL EXPENSE FOR AN ISSUED POLICY WILL BE:**

1. THOSE LISTED IN THE COVERED MEDICAL EXPENSES PROVISION;
2. ACCORDING TO THE FOLLOWING SCHEDULE OF BENEFITS; AND
3. DETERMINED BY WHETHER THE SERVICE OR TREATMENT IS PROVIDED BY A NETWORK OR NON-NETWORK PROVIDER.

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
<b>Inpatient Benefits</b>		
Hospital Room & Board Expenses	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Hospital Intensive Care Unit Expense - in lieu of normal Hospital Room & Board Expenses	The PPO Allowance stated above	The Usual and Reasonable Charge stated above

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
Hospital Miscellaneous Expenses for services & supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts & temporary surgical appliances, oxygen, blood & plasma, misc. supplies	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Preadmission Testing	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Physician's Visits while Confined: Limited to one per day of Confinement	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
<b>Inpatient Surgery:</b>		
Surgeon Services	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Anesthetist	The PPO Allowance stated above	30% of benefits payable for Surgeon Services
Assistant Surgeon	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Registered Nurse Services for private duty nursing while confined	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Skilled Nursing Facility Expense Benefit	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Human Organ Transplant	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Mental Health Disorder	Same as any other Covered Sickness	Same as any other Covered Sickness
Substance Use Disorder	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
<b>Outpatient Benefits</b>		
Outpatient Surgery: Surgeon Services  Anesthetist  Assistant Surgeon	The PPO Allowance stated above. Deductible waived if Student Health Center Referred  The PPO Allowance stated above. Deductible waived if Student Health Center Referred  The PPO Allowance stated above. Deductible waived if Student Health Center Referred.	The Usual and Reasonable Charge stated above. Deductible waived if Student Health Center Referred 25% of benefits payable for Surgeon Services. Deductible waived if Student Health Center Referred  The Usual and Reasonable Charge stated above. Deductible waived if Student Health Center Referred

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services & supplies, such as cost of operating room, ambulatory surgery center, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood & plasma	The PPO Allowance stated above. Deductible waived if Student Health Center Referred	The Usual and Reasonable Charge stated above. Deductible waived if Student Health Center Referred
Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy Physical Therapy and Occupational therapy subject to combined limit of 36 visits per Policy Year Speech Therapy limited to 30 visits per Policy Year.	The PPO Allowance stated above. Deductible waived if Student Health Center Referred	The Usual and Reasonable Charge stated above. Deductible waived if Student Health Center Referred
Habilitative Services are covered to the extent that they are Medically Necessary	The PPO Allowance stated above. Deductible waived if Student Health Center Referred	The Usual and Reasonable Charge stated above. Deductible waived if Student Health Center Referred
Emergency Services Expenses	The PPO Allowance stated above. Deductible waived if Student Health Center Referred	The PPO Allowance stated above. Deductible waived if Student Health Center Referred
In Office Physician's Visits	The PPO Allowance stated above. Deductible waived if Student Health Center Referred	The Usual and Reasonable Charge stated above. Deductible waived if Student Health Center Referred
Diagnostic X-ray Services	100% of PPO Allowance for Covered Medical Expenses. Deductible waived if Student Health Center Referred	The Usual and Reasonable Charge stated above. Deductible waived if Student Health Center Referred
Laboratory Procedures (Outpatient)	100% of PPO Allowance for Covered Medical Expenses. Deductible waived if Student Health Center Referred	The Usual and Reasonable Charge stated above Deductible waived if Student Health Center Referred
Shots and Injections unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit	The PPO Allowance stated above. Deductible waived if Student Health Center Referred	The Usual and Reasonable Charge stated above. Deductible waived if Student Health Center Referred
Prescription Drugs When provided at a Cigna network Pharmacy <i>(Including hormone treatment for Gender Dysphoria)</i>	100% of PPO Allowance for Covered Medical Expenses Copayment: \$10.00 Generic Copayment: \$20.00 Brand See Prescription	N/A

<b>BENEFITS FOR COVERED INJURY/SICKNESS</b>	<b>IN-NETWORK</b>	<b>NON-NETWORK</b>
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	The PPO Allowance stated above. Deductible waived if Student Health Center Referred	The Usual and Reasonable Charge stated above. Deductible waived if Student Health Center Referred
Home Health Care Expenses Up to 60 visits per Benefit Period Policy Year	The PPO Allowance stated above.	The Usual and Reasonable Charge stated above
Hospice Care Coverage	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Mental Health Disorder	Same as any other Covered Sickness	
Substance Use Disorder	Same as any other Covered Sickness	
Miscellaneous Therapies, including dialysis, allergy testing, chemotherapy, radiation therapy, and infusion therapy	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
<b>Other Benefits</b>		
Ambulance Service - Ground and/or Air Transportation	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Braces and Appliances	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Durable Medical Equipment	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Maternity Benefit	Same as any other Covered Sickness	
Routine Newborn Care	Same as any other Covered Sickness	
<b>Pediatric Dental Care Benefit</b> Preventive Dental Care Benefit limited to 1 dental exam every 6 months  <i>The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care:</i> Emergency Dental Care Routine Dental Care Endodontic Services Prosthodontic Services Medically Necessary Orthodontic Care	See Benefit for limitations 100% of PPO Allowance for Preventive Services  50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable	See Benefit for limitations 85% of U&C for Preventive Services  50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable
<b>Pediatric Vision Care Benefit</b> Limited to 1 visit(s) per Policy Year and 1 pair of prescribed lenses and frames per Policy Year	100% of PPO Allowance for Covered Medical Expenses for Preventive Services	The Usual and Reasonable Charge stated above for Preventive Services
Adult Vision Care Routine Eye Exam once every 12 months	The PPO Allowance Amount stated above Deductible Waived if Student Health Center Referred	The Usual and Reasonable Charge stated above Deductible Waived if Student Health Center Referred

<b>BENEFITS FOR COVERED INJURY/SICKNESS</b>	<b>IN-NETWORK</b>	<b>NON-NETWORK</b>
Chiropractic Care Benefit	The PPO Allowance Amount stated above Deductible Waived if Student Health Center Referred	The Usual and Reasonable Charge stated above Deductible Waived if Student Health Center Referred
Consultant/Specialist Physician Services	The PPO Allowance Amount stated above Deductible Waived if Student Health Center Referred	The Usual and Reasonable Charge stated above Deductible Waived if Student Health Center Referred
Covered Clinical Trials	Same as any other Covered Sickness, subject to the limitations described in the Benefit	Covered Clinical Trials
Accidental Injury Dental for Insured Person over age 18	The PPO Allowance Amount stated above Deductible Waived if Student Health Center Referred	The Usual and Reasonable Charge stated above Deductible Waived if Student Health Center Referred
Student Health Center/Infirmary Expense	100% of Usual and Reasonable Charge stated above for Covered Medical Expenses	
Sports Accident Expense - incurred as the result of the play or practice of Intercollegiate sports up to \$2,000 per Accident	The PPO Allowance Amount shown above Deductible Waived if Student Health Center Referred	The Usual and Reasonable Charge stated above Deductible Waived if Student Health Center Referred
Abortion Expense subject to \$400 maximum per Policy Year	The PPO Allowance Amount shown above Deductible Waived if Student Health Center Referred	The Usual and Reasonable Charge stated above Deductible Waived if Student Health Center Referred
Medical Evacuation Expense	100% of Usual and Reasonable Charge for Covered Medical Expenses	
Repatriation Expense	100% of Usual and Reasonable Charge for Covered Medical Expenses	
<b>MANDATED BENEFITS</b>		
Mastectomy and Reconstructive Surgery Benefit	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Treatment and Self-Management of Diabetes	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Mammography examinations	Same as any other Preventive Service	
Cancer Benefit	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Dental Anesthesia for Children and Developmentally Disabled Insured Persons	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Medical Foods (Enteral Formulas) Benefit	Same as any other Covered Sickness, subject to the limitations described in the Benefit	



## MEDICAL EVACUATION & REPATRIATION

To be eligible for this benefit, a Student must: a) be an International Student enrolled in the authorized college or school during the period for which coverage is purchased. or b) be an Eligible Domestic Student participating in a study abroad program sponsored by the College or School.

An eligible **International Student** must meet the definition of same. An International Student may also enroll his or her Dependent under this Section by payment of additional premium.

As used in this Section, an **Eligible Domestic Student** means a permanent resident of the United States who is enrolled at the college or school and who is temporarily participating in international educational activities outside their Home Country.

The maximum combined benefit for Medical Evacuation and Repatriation is shown in the Schedule of Benefits.

### **Medical Evacuation Expense – If:**

- a. an Insured Person is unable to continue his or her academic program as the result of a Covered Injury or Covered Sickness;
- b. that occurs while he or she is covered under this Policy,
- c. We will pay the necessary Usual and Reasonable charges for evacuation to another medical facility or the Insured Person's Home Country. Benefits will not exceed the specified benefit shown in the Schedule of Benefits.

Payment of this benefit is subject to the following conditions:

- a. The Insured Person must have been in a Hospital due to a Covered Injury or Covered Sickness for a confinement of five or more consecutive days immediately prior to medical evacuation;
- b. Prior to the medical evacuation occurring, the attending Physician must have recommended and We must have approved the medical evacuation;
- c. We must approve the Usual and Reasonable Expenses incurred prior to the medical evacuation occurring, if applicable;
- d. No benefits are payable for Usual and Reasonable Expenses after the date the Insured Person's insurance terminates. However, if on the date of termination, the Insured Person is in the Hospital, this benefit continues in force until the earlier of the date the confinement ends or 31 days after the date of termination;
- e. Evacuation of the Insured Person to his or her Home Country terminates any further insurance under the Policy for the Insured Person; and
- f. Transportation must be by the most direct and economical route.

**Repatriation Expense-** If the Insured Person dies while he or she is covered under this Policy, We will pay a benefit. The benefit will be the necessary Usual and Reasonable charges for preparation, including cremation, and transportation of the remains to the Insured Person's place of residence in his or her Home Country. Benefits will not exceed the specified benefit shown in the Schedule of Benefits.

## THIRD PARTY REFUND

When:

1. an Insured Person is injured through the negligent act or omission of another person (the "third party"); and
2. benefits are paid under the Policy as a result of that Injury,

We are entitled to a refund by the Insured Person of all Policy benefits paid as a result of the Injury.

The refund must be made to the extent that the Insured Person receives payment for the Injury from the third party or that third party's insurance carrier. We may file a lien against that third-party payment. Reasonable pro rata charges, such as legal fees and court costs, may be deducted from the refund made to Us. The Insured Person must complete and return the required forms to Us upon request.

## COORDINATION OF BENEFITS

The Policy will coordinate benefits for expense covered by any other valid and collectible medical, health or accident insurance or pre-payment plan as stated In the Policy. Payments from such coverage from the plan will not be in excess of the total eligible expenses incurred.

## EXCLUSIONS AND LIMITATIONS

Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of the Act.

This Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of this Policy and as shown in the Schedule of Benefits.

1. **International Students Only** - Eligible expenses within the Insured Person's Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
2. routine physical or other examinations where there are no objective indications of impairment of normal health or except as specifically provided under the Policy.
3. dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's Sound, Natural Teeth; or as stated in the Pediatric Dental Treatment Benefit.
4. professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
5. services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
6. services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury; except as required by the Pediatric Vision Benefit.
7. weak, strained or flat feet, corns, calluses or ingrown toenails.
8. diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
9. treatment or removal of nonmalignant moles, warts, boils, actinic or seborrheic keratosis, dermatofibrosis or nevus of any description or form, hallus valgus repair, varicosity, or sleep disorders including the testing for same.
10. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
11. charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
12. any expenses in excess of Usual and Reasonable charges.
13. loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world;
14. loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Schedule of Benefits.
15. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate sports in excess of \$2,000 per Accident;
16. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
17. treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay;
18. services that are duplicated when provided by both a certified nurse-midwife and a Physician;
19. expenses payable under any prior Policy which was in force for the person making the claim;
20. Injury sustained as the result of the Insured Person's operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
21. expenses incurred after:
  - The date insurance terminates as to the Insured Person
  - The end of the Benefit Period specified in the Benefit Schedule.
22. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
23. charges incurred for, acupuncture, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
24. expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
25. expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury; or the Pediatric Vision Benefit.
26. racing or speed contests, skin diving, or sky diving, mountaineering (where ropes or guides are customarily used), ultra light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.
27. expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from Reconstructive Surgery.
  - For the purposes of this provision, **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection,

tumors or disease to either improve function or to create a normal appearance, to the extent possible.

- For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance).
28. treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
  29. an Insured Person's:
    - committing or attempting to commit a felony,
    - being engaged in an illegal occupation, or
    - participation in a riot.
  30. custodial care, service and supplies.

## CLAIM PROCEDURES

In the event of an accident or sickness, the student should:

1. If on campus, report immediately to the Student Health Center so that proper treatment will be administered or a referral issued. The SHC referral might waive or reduce the deductible when treatment is referred elsewhere.
2. If off campus or the Student Health Center is closed, you may use an urgent care facility or consult a doctor and follow his/her instructions.  
However, in the case of a medical emergency, go to the nearest hospital.
3. A referral issued by the SHC must accompany the claim when submitted.
4. 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.
5. 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: ST0864SH**

## 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)

This plan is underwritten by:

National Guardian Life Insurance Company

As Policy Form No.: NBH-280(2015)PPO PA et al

**National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America, aka The Guardian or Guardian Life.**

**Servicing Agent:**

University Health Plans, a Risk Strategies Company  
(After July 10, 2017)  
15 Pacella Park Drive  
Randolph, MA 02368  
Phone: (800) 437-6448  
Fax: (617) 472-6419  
[www.universityhealthplans.com](http://www.universityhealthplans.com)

For a copy of the privacy notice you may go to:  
[www.consolidatedhealthplan.com/about/hipaa](http://www.consolidatedhealthplan.com/about/hipaa)

or

National Guardian Life Insurance Company  
C/O Privacy Officer  
70 Genesee Street  
Utica, NY 13502

or

Request one from the Health office at your school  
(Please indicate what school you attend with your written request)

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary State approvals. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

*National Guardian Life Insurance Company complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. Coverage for medically necessary health services is made available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender. National Guardian Life Insurance Company will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. National Guardian Life Insurance Company will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual."*

## **VALUE ADDED SERVICES**

The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company. These value-added options are provided by Consolidated Health Plan.

### **VISION DISCOUNT PROGRAM**

For Vision Discount Benefits please go to:

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

#### **EMERGENCY MEDICAL AND TRAVEL ASSISTANCE**

Consolidated Health Plans provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-877-657-5030. **If you are traveling and need assistance in North America, call the Assistance Center toll-free at: 877.305.1966 or if you are in a foreign country, call collect at: 715.295.9311.** When you call, please provide your name, school name, the group number shown on your ID card, and a description of your situation. 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.