Rhode Island College requires that all undergraduate students taking nine (9) or more credits participate in the school-sponsored Student Health Insurance Plan unless they provide proof that they participate in a health insurance program that provides comparable coverage. Coverage is mandatory for international students. Please note that part-time, non-degree and graduate students carrying a minimum of six (6) credits may enroll in the Plan on a voluntary basis. Rhode Island College’s Student Health Insurance Plan is designed to meet student needs by providing coverage twenty-four (24) hours a day throughout the policy period, from August 15, 2016 to August 14, 2017. The plan is underwritten by National Guardian Life Insurance Company, as Policy form no. NBH-280 (2016) PPO RI and is serviced by University Health Plans, Inc. This summary is provided for informational purposes as a courtesy and is not meant to replace or override the terms or conditions detailed in the policy. It contains only a partial, general description of plan benefits and does not constitute a contract. Please refer to the policy on file at the school for a full description of medical coverage, eligibility, exclusions, limitations and provisions.

**RHODE ISLAND COLLEGE 2016/2017 SUMMARY OF INSURANCE BENEFITS**

The chart below shows how the plan pays benefits for the major types of health plan expenses. By using a Preferred Provider, you may lower your out-of-pocket expenses, and extend the overall benefits available to you under the Plan.

**PLEASE NOTE THE FOLLOWING:**

In-Network Charges are covered at the PPO Allowance. Out-of-Network Charges are covered at Usual & Reasonable (U&R).

**PHCS Preferred Providers can be found at www.phcs.com.**

The following summary is intended as an overview of the benefits provided under the 2016/2017 Rhode Island College Student Insurance Plan. To view the full Plan brochure, please visit www.universityhealthplans.com, and click on “Rhode Island College”.

Coverage is provided for benefits as mandated by the State of Rhode Island; please refer to the Master Policy on file at the College for full details.

<table>
<thead>
<tr>
<th>Benefit Maximum:</th>
<th>Unlimited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Health Benefits</td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance</strong> – Benefits will increase to 80% with a referral from the Student Health Center.</td>
<td></td>
</tr>
<tr>
<td>**Out of Pocket ** Maximum: (Includes Coinsurance, Deductible and Copayments, does not include non-covered medical expenses or elective treatment)</td>
<td>$6,350 per Individual</td>
</tr>
<tr>
<td><strong>Deductible (waived if referred by SHC):</strong></td>
<td>$100</td>
</tr>
</tbody>
</table>

**INPATIENT CARE EXPENSE**

- **Hospital Inpatient Expense:** including Room & Board, Intensive Care Unit, Hospital Miscellaneous Expenses and Physician Visits.
  - 70% of PA | 70% of U&R

- **Surgeon Services:** When multiple surgeries are performed through the same incision at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with the highest benefit value.
  - 70% of PA | 70% of U&R

- **Anesthetist Expense:**
  - 70% of PA | 70% of U&R

**OUTPATIENT CARE EXPENSE**

- **Surgeon Services:**
  - 70% of PA | 70% of U&R

- **Physician Visit:**
  - 70% of PA after a $15 co-pay per visit | 70% of U&R after a $15 co-pay per visit

National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka The Guardian or Guardian Life
<table>
<thead>
<tr>
<th>Service</th>
<th>PA Allowance</th>
<th>U&amp;R Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-Ray &amp; Lab Services</td>
<td>70% of PA after a $15 co-pay per visit</td>
<td>70% of U&amp;R after a $15 co-pay per visit</td>
</tr>
<tr>
<td>Chiropractic or Physical Therapy</td>
<td>70% of PA</td>
<td>70% or U&amp;R</td>
</tr>
<tr>
<td>Emergency Room: co-pay waived if admitted</td>
<td>80% of PA after a $50 co-pay per visit</td>
<td>80% of U&amp;R after a $50 co-pay per visit</td>
</tr>
<tr>
<td>Abortion Expense</td>
<td>100% of U&amp;R subject to $150 maximum per Policy Year</td>
<td></td>
</tr>
<tr>
<td>Medical Evacuation</td>
<td>100% of U&amp;R Charge for Covered Medical Expense</td>
<td></td>
</tr>
<tr>
<td>Repatriation</td>
<td>100% of U&amp;R Charge for Covered Medical Expense</td>
<td></td>
</tr>
</tbody>
</table>

### OTHER EXPENSES

<table>
<thead>
<tr>
<th>Service</th>
<th>Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness/Preventive and Immunization Services</td>
<td>100% of PPO Allowance No cost sharing</td>
</tr>
<tr>
<td>Ambulance Expense</td>
<td>80% of PA</td>
</tr>
</tbody>
</table>

### Prescription Drug Expense
Prescriptions must be filled at an OptumRx Pharmacy, which includes most national chain pharmacies.

### Mail Order Drug Benefit Option
Mail Order Drug Benefit Option is available for maintenance medications (those that are taken for long periods of time, such as drugs sometimes prescribed for heart disease, high blood pressure, asthma, etc.). Because of volume buying, OptumRx, the mail order pharmacy, is able to offer significant savings on their prescriptions.

### Accidental Death and Dismemberment
If, as the result of a covered Accident, an Insured Person sustains any of the following losses within the time shown in the Schedule of Benefits, We will pay the benefit shown.

- Principal Sum for Double Dismemberment or Loss of Life....... $5,000
- ½ Principal Sum for Single Dismemberment........... $2,500

### 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. That is except as otherwise provided by the benefits of this Policy and as shown in the Schedule of Benefits.

- **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.
- Preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy.
- Routine physical or other examinations where there are no objective indications of impairment of normal health. Except as specifically provided under the Policy.
- Dental treatment including orthodontic braces and orthodontic appliances. Except as specified for accidental Injury to the Insured Person’s Sound, Natural Teeth or as specifically covered under the Pediatric Dental Benefit.
- Professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
- Services or supplies not necessary for the medical care of the Insured Person’s Injury or Sickness.
- Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids. Except those resulting from a covered accidental Injury.
- Weak, strained or flat feet, corns, calluses or ingrown toenails.
- Treatment of sleep disorders including the testing for same.
- Expenses covered under any Workers’ Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
• 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.

• 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.

• 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.

• Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate, sports;

• Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;

• 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.

• 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.

• Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.

• Charges incurred for acupuncture, heat treatment, in any form. Except to the extent provided in the Schedule of Benefits.

• Expenses for weight increase or reduction, except Medically Necessary bariatric surgery and hair growth or removal. Unless otherwise specifically covered under the policy.

• Expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as described in the Schedule of Benefits or as required for repair caused by a Covered Injury or as specifically covered under the Pediatric Vision Benefit.

• Racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, or other hazardous sport or hobby.

• 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.
  o For the purposes of this provision. **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body. This can be 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.
  o 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.

• Treatment to the teeth. This includes 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.

• An Insured Person’s:
  o committing or attempting to commit a felony,
  o being engaged in an illegal occupation, or
  o participation in a riot.

• Custodial care service and supplies.

• Expenses that are not recommended and approved by a Physician.
stated in the Policy. Payments from such coverage and from the Plan will not be in excess of the total eligible expenses incurred.