Student Health Insurance Plan

Plan Year 17/18

Designed Exclusively for the Students of:
Rhode Island College
Providence, RI
2017 - 2018

Underwritten by:
National Guardian Life Insurance Company
Madison, WI

Policy Number: 2017I5B34
Group Number: ST0894SH
Effective: 8/15/2017 - 8/15/2018

Administered by:
Consolidated Health Plans
2077 Roosevelt Ave | Springfield, MA
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Dear Student,

The expense of unanticipated medical care as a result of an Injury or Sickness can jeopardize the ability of a student to continue her/his education. Insurance is a suitable means for protection against unplanned medical expenses. Rhode Island College is pleased to offer the Student Health Insurance Program described in this brochure. A committee composed of staff recommended this program for the 2017-2018 academic year.

All undergraduate degree students, pre-registered for nine (9) or more credit hours at the end of the initial Fall (July 12, 2017) or Spring (December 5, 2017) billing periods are automatically enrolled in this plan, and the cost of the insurance will be included on your tuition bill. Students registered for nine (9) or more credits after the initial Fall or Spring tuition billing will not be assessed the Insurance coverage. You may add the coverage by enrolling online at: www.universityhealthplans.com. If your status changes to fewer than nine (9) credits after you’ve been assessed the insurance charge, and you do not want the insurance, you must be sure to waive out of the insurance plan prior to the deadline date.

If you are currently insured under another policy and do not wish to have coverage under the college plan, you may waive out of the program and receive a refund. To waive out, students are required to access the Broker’s website at www.universityhealthplans.com, and click on Rhode Island College to access the waiver link, and follow the instructions carefully.

FAILURE TO COMPLETE the on-line Waiver Form by the deadline, September 21, 2017, will result in your mandatory purchase of the College’s Student Insurance Plan for the Fall 2017 Semester, without the possibility of later waiver, refund or cancellation. You will be able to waive out of the Student Health Insurance Plan by the deadline date of September 21, 2017, for either the Fall Semester or the entire academic year, if you have other insurance coverage that will insure you for the entire academic year. For the spring semester, the deadline to waive out is February 19, 2018. If you do not waive by the deadline, you will not be eligible for a refund.

Please Note: If your status changes to fewer than nine (9) credits after you’ve been assessed the insurance charge, and you do not want the insurance, you must be sure to waive out of the insurance plan prior to the deadline date. All international students are required to carry insurance and are automatically enrolled in the College's Insurance Plan.

RHODE ISLAND COLLEGE HEALTH SERVICES

(401) 456 8055

HOURS

Monday through Friday 7:30 a.m. to 5:00 p.m.

SUMMER SESSION HOURS

Monday through Friday 7:30 a.m. to 4:00 p.m.

Rhode Island College Health Services, located in the Browne Residence Hall, is an integral part of Student Services. The Health Services provides medical care to all students whether they are full-time, part-time or graduate students. The services provided by the College Health Services are not in any way connected with or underwritten by the Insurance Company.
WHERE TO FIND HELP

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

<table>
<thead>
<tr>
<th>For Questions About:</th>
<th>Please Contact:</th>
</tr>
</thead>
</table>
| Enrollment & Waiver Process | **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)  
or email us at [info@univhealthplans.com](mailto:info@univhealthplans.com) |
| Insurance Benefits  
Preferred Provider Listings  
Claims Processing | **Consolidated Health Plans**  
2077 Roosevelt Avenue  
Springfield, Massachusetts 01104  
(877) 657-5030  
[www.chpstudent.com](http://www.chpstudent.com) |
| Prescription Drug Providers | **OptumRX**  
[www.optum.com](http://www.optum.com) |

**AM I ELIGIBLE?**

To be eligible for coverage under the policy, a Student must:
1. Meet the enrollment requirements stated in the Insurance Information Schedule; and
2. Pay the required premium; and
3. Attend classes for at least the first 31 days of the period for which premium has been paid except in the case of medical withdrawal.

As used in this section, “Attend class” means the student be present for class. Alternate methods of receiving course credit such as online courses do not meet the requirements of attending class.

We maintain the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever We discover that they have not been met, our only duty is to refund premium.

**International Students** - All international students are required to carry insurance and are automatically enrolled in the College’s Student Health Insurance Plan, and may not waive out of it.

**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.

**EFFECTIVE DATES AND COSTS**

<table>
<thead>
<tr>
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<th>Fall* 8/15/17 – 1/15/18</th>
<th>Spring* 1/15/18-8/15/18</th>
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<tbody>
<tr>
<td>Student</td>
<td>$758</td>
<td>$758</td>
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</table>

*The above rates include an administrative fee.

**Effective Dates:** Insurance under the policy will become effective on the later of:
1. The Policy effective date;
2. The start date of the term for which premium has been paid;
3. For International Students or scholars, 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.

The last date for enrollment is shown in the Insurance Information Schedule. The Enrollment Period will run from the start of the quarter or semester for which coverage is desired.

The Policy is renewed as a new policy for the term August 15, 2017 to August 15, 2018 as Policy Number 2017I5B34. All time periods begin and end at 12:01 A.M., local time, at the Policyholder’s address.

**TERMINATION OF BENEFITS**

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

1. The date the 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 unplanned error.

**PREMIUM REFUND POLICY**

**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 or 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.

No other refunds will be allowed.

**EXTENSION OF BENEFITS**

**Extension of Benefits:** Coverage under the policy ends on the Termination Date shown in the Insurance Information Schedule. However, coverage for an Insured Person will be extended as follows:

1. 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; or
2. If an Insured Person is Totally Disabled due to Covered Injury or Covered Sickness, the coverage for that condition will be extended for up to three months from the Termination Date.

**DEFINITIONS**

These are key words used in the 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 procedure is performed.

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

**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. Not in excess of the PPO Allowance; and
4. 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 and routine physical exams. This also includes fertility tests and premarital exams, 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 and sexual reassignment surgery. This also includes 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 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** mean 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 medicines designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost effective medicines. The Formulary includes Generic, Brand, and Preferred Brand Drugs.

**Generic Drugs** means a drug that is identical or equivalent 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.

**Habilitation/Habilitative Services** means health care services that help the Insured Person keep, learn, or improve skills and functions for daily living. Habilitative Services may include such services as physical therapy, occupational therapy, and speech therapy.

**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 the 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 rehab care; or
3. Facilities for the aged, drug addicts or alcoholics.

**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, sibling of the Insured Person or his or her spouse.

**Insured Person** means an Insured Student or dependent of an Insured Student while insured under the policy.

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

**International Student** means an international student:
1. With a current passport and a student Visa;
2. Who for the time being resides 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 the 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 the 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.
**Morbidly Obese** means a body mass index (BMI) greater than 40 kg/m² or a BMI greater than 35 kg/m² with at least one clinically significant obesity related disease such as diabetes mellitus, obstructive sleep apnea, coronary artery disease, or hypertension for which these complications or diseases are not controlled by best practice medical management.

**Network Providers** are Physicians, Hospitals and other healthcare 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.

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

**Physician** means a: Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), Doctor of Dentistry (D.M.D. or D.D.S.), Doctor of Chiropractic (D.C.), Doctor of Optometry (O.D.), or 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 and social workers. This also includes psychiatric nurses to the 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.

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

**Skilled Nursing Facility** – a facility, licensed, and operated as set forth in applicable state law, which:
1. Mainly provides inpatient care and treatment for persons who are recovering from an illness or injury;
2. Provides care supervised by a Physician;
3. Provides 24 hour per day nursing care supervised by a full-time Registered Nurse;
4. Is not a place primarily for the care of the aged, Custodial or Domiciliary Care, or treatment of alcohol or drug dependency; and
5. Is not a rest, educational, or custodial facility or similar place.

**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.

**Stabilize** means, with respect to an Emergency Medical Condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

**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 prearranged basis; or
2. Inpatient care.

**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.

**Total Disability or Totally Disabled**, as it applies to the Extension of Benefits provision, means:
1. With respect to an Insured Person, who otherwise would be employed:
   a. His or her complete inability to perform all the substantial and material duties of his or her regular job;
   b. With care and treatment by a Physician for the Covered Injury or Covered Sickness caused the inability.
2. With respect to an Insured Person who is not otherwise employed:
   a. His or her inability to engage in the normal activities of a person of like age and sex; with
   b. Care and treatment by a Physician for the Covered Injury or Covered Sickness causing the inability; or
   c. His or her Hospital or home confinement at the direction of his or her Physician due to a Covered Injury or a Covered Sickness, except for visits to receive medical treatment.

**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. It also includes...
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 the 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.

**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. A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is not required **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 50 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.

**PPO PLAN - PREFERRED PROVIDER INFORMATION**
By enrolling in this Insurance Program, you have the PHCS PPO Network of Participating Providers, providing access to quality health care at discounted fees. To find a complete listing of PHCS PPO Network of Participating Providers, go to [www.PHCS.com](http://www.PHCS.com), or contact Consolidated Health Plans toll-free at (877) 657-5030, or [www.chpstudent.com](http://www.chpstudent.com) for assistance.

**INSURANCE INFORMATION SCHEDULE**
Benefit Period: When an Insured Person receives initial medical treatment within 30 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 PPO Allowance when services are provided through a Network Provider.

Non-Network: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 70% of the Usual and Reasonable charge.

**Deductible:**
- **Network** $100 (Waived if referred by SHC)
- **Non-Network** $100 (Waived if referred by SHC)

**Out-of-Pocket Expense Limit:**
- **Network Provider** $6,350/Individual
- **Non-Network Provider** No Maximum

**Coinsurance Amount:**
- **Network Provider** 70% of PPO Allowance (80% if referred by SHC)
- **Non-Network Provider** 70% of U&R (80% if referred by SHC)
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.
3. DETERMINED BY WHETHER THE SERVICE OR TREATMENT IS PROVIDED BY A NETWORK OR NON-NETWORK PROVIDER.

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<tr>
<th>BENEFITS FOR COVERED INJURY/SICKNESS</th>
<th>IN-NETWORK</th>
<th>NON-NETWORK</th>
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<tbody>
<tr>
<td>Inpatient Benefits</td>
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<tr>
<td>Hospital Room &amp; Board Expenses</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Services</td>
</tr>
<tr>
<td>Hospital Intensive Care Unit Expense - in lieu of normal Hospital Room &amp; Board Expenses</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Services</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expenses for services &amp; supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts &amp; temporary surgical appliances, oxygen, blood &amp; plasma, misc. supplies</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Services</td>
</tr>
<tr>
<td>Preadmission Testing</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Physician’s Visits while Confined</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Inpatient Surgery: Surgery Anesthetist Assistant Surgeon</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
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<tr>
<td>BENEFITS FOR COVERED INJURY/SICKNESS</td>
<td>IN-NETWORK</td>
<td>NON-NETWORK</td>
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<tr>
<td>Registered Nurse Services for private duty nursing while confined</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Physical Therapy (inpatient)</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
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<tr>
<td>Skilled Nursing Facility Expense Benefit</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
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<tr>
<td>Mental Health Disorder</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
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<tr>
<td>Substance Use Disorder</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
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<tr>
<td>Outpatient Benefits</td>
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<td>Outpatient Surgery:</td>
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<tr>
<td>Surgery</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
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<tr>
<td>Anesthetist</td>
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<td>Assistant Surgeon</td>
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<tr>
<td>Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services &amp; supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood &amp; plasma</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Habilitative Services are covered to the extent that they are Medically Necessary</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Emergency Services Expenses</td>
<td>80% of PPO Allowance for Covered Medical Expenses after a $50 copay per visit</td>
<td>80% of PPO Allowance for Covered Medical Expenses after a $50 copay per visit</td>
</tr>
<tr>
<td>BENEFITS FOR COVERED INJURY/SICKNESS</td>
<td>IN-NETWORK</td>
<td>NON-NETWORK</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>In Office Physician’s Visits</td>
<td>70% of PPO Allowance for Covered Medical Expenses after a $15 Copay per visit</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses after a $15 Copay per visit</td>
</tr>
<tr>
<td></td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses after a $15 Copay per visit</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses after a $15 Copay per visit</td>
</tr>
<tr>
<td>Urgent Care Centers or Facilities</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses after a $15 Copay per visit</td>
</tr>
<tr>
<td>Diagnostic X-ray Services</td>
<td>70% of PPO Allowance for Covered Medical Expenses after a $15 Copay per visit</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses after a $15 Copay per visit</td>
</tr>
<tr>
<td>Laboratory Procedures (Outpatient)</td>
<td>70% of PPO Allowance for Covered Medical Expenses after a $15 Copay per visit</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses after a $15 Copay per visit</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Retail: 100% of PPO Allowance after a: $15 Copay for Generic $35 Copay for Brand</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Mail Order: 100% PPO Allowance after a: $30 Copay for Generic $70 Copay for Brand for a 90 Day Supply</td>
<td>N/A</td>
</tr>
<tr>
<td>Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses after a $15 Copay per visit</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses after a $15 Copay per visit</td>
</tr>
<tr>
<td>Hospice</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses after a $15 Copay per visit</td>
</tr>
<tr>
<td>Mental Health Disorder</td>
<td>70% of PPO Allowance for Covered Medical Expenses after a $15 Copay</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses after a $15 Copay per visit</td>
</tr>
<tr>
<td>Substance Use Disorder</td>
<td>70% of PPO Allowance for Covered Medical Expenses after a $15 Copay</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses after a $15 Copay per visit</td>
</tr>
<tr>
<td>Other Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>80% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>BENEFITS FOR COVERED INJURY/SICKNESS</td>
<td>IN-NETWORK</td>
<td>NON-NETWORK</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>Same as any other covered sickness</td>
<td></td>
</tr>
<tr>
<td>Routine Newborn Care</td>
<td>Same as any other covered sickness</td>
<td></td>
</tr>
<tr>
<td>Consultant Physician Services</td>
<td>70% of PPO Allowance for Covered Medical Expenses after a $15 Copay per visit</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses after a $15 Copay per visit</td>
</tr>
<tr>
<td>Accidental Injury Dental Treatment for Insured Persons over age 19</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Sickness Dental Expense for Insured Persons over age 19</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Abortion Expense</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Preventive Care, Screening and Immunizations</td>
<td>100% of PPO Allowance for Covered Medical Expenses No Cost Sharing</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Medical Evacuation</td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses</td>
<td></td>
</tr>
<tr>
<td>Repatriation</td>
<td>100% of Usual and Reasonable Charge stated above</td>
<td></td>
</tr>
<tr>
<td>BENEFITS FOR COVERED INJURY/SICKNESS</td>
<td>IN-NETWORK</td>
<td>NON-NETWORK</td>
</tr>
<tr>
<td>-------------------------------------</td>
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</tr>
<tr>
<td>Pediatric Dental Care Benefit</td>
<td>See Benefit for limitations 100% of PPO Allowance for Preventive Services</td>
<td>See Benefit for limitations 70% of Usual and Reasonable Charge for Preventive Services</td>
</tr>
<tr>
<td>Preventive Dental Care – limited to 1 dental exams every 6 months</td>
<td>70% of Usual and Reasonable</td>
<td>70% of Usual and Reasonable</td>
</tr>
<tr>
<td>Emergency Dental</td>
<td>50% of Usual and Reasonable</td>
<td>50% of Usual and Reasonable</td>
</tr>
<tr>
<td>Clinical Oral Evaluations</td>
<td>50% of Usual and Reasonable</td>
<td>50% of Usual and Reasonable</td>
</tr>
<tr>
<td>Endodontic Services</td>
<td>50% of Usual and Reasonable</td>
<td>50% of Usual and Reasonable</td>
</tr>
<tr>
<td>Periodontal Services</td>
<td>50% of Usual and Reasonable</td>
<td>50% of Usual and Reasonable</td>
</tr>
<tr>
<td>Prosthodontic Services</td>
<td>50% of Usual and Reasonable</td>
<td>50% of Usual and Reasonable</td>
</tr>
<tr>
<td>Medically Necessary Orthodontic Care</td>
<td>50% of Usual and Reasonable</td>
<td>50% of Usual and Reasonable</td>
</tr>
<tr>
<td>Pediatric Vision Care Benefit</td>
<td>100% of PPO Allowance for Preventive services</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Limited to 1 visit per Policy Year and 1 pair of prescribed lenses and frames</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine Eye Care (adult)</td>
<td>70% of PPO Allowance for Covered Medical Expenses Copayment: $15</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses Copayment: $15</td>
</tr>
<tr>
<td>Limited to 1 routine eye exam per Policy Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Non-Emergency Treatment Outside the United States for Medically Necessary Treatment</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
<td></td>
</tr>
<tr>
<td>BENEFITS FOR COVERED INJURY/SICKNESS</td>
<td>IN-NETWORK</td>
<td>NON-NETWORK</td>
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<tr>
<td>--------------------------------------</td>
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</tr>
<tr>
<td><strong>Mandated Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infertility</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Contraceptive Drugs and Devices</td>
<td>Same as any other Covered Sickness</td>
<td>No Copayment for generic contraceptives</td>
</tr>
<tr>
<td>Mastectomy Treatment and Hospital Stay</td>
<td>Same as Inpatient Surgery</td>
<td></td>
</tr>
<tr>
<td>Hair Prosthesis - Wigs</td>
<td>70% of Usual and Reasonable charge stated above up to $350 per hair prosthesis per Policy Year</td>
<td></td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>Ages birth to 19 - Up to $1,500 per individual hearing aid, per ear every 3 years Over age 19 – Up to $700 per individual hearing aid, per year, every 3 years</td>
<td></td>
</tr>
<tr>
<td>Pediatric Preventive Care/Screening/Immunization</td>
<td>100% of PPO Allowance for Preventive Services Deductible waived</td>
<td>70% of Usual and Reasonable Charge for Preventive Services Deductible waived</td>
</tr>
<tr>
<td>Smoking Cessation Program</td>
<td>The Usual and Reasonable charge stated above, subject to limitations described in Policy</td>
<td></td>
</tr>
<tr>
<td>Lead Poisoning</td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td>Lyme Disease Treatment</td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td>Diabetes Benefit</td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td>Early Intervention Services</td>
<td>Same as any other Covered Sickness, subject to limitations described in Policy</td>
<td></td>
</tr>
<tr>
<td>Enteral Nutrition Products</td>
<td>The Usual and Reasonable charge stated above</td>
<td></td>
</tr>
<tr>
<td>Human Leukocyte Antigen Testing Benefit Limited to 1 test per lifetime</td>
<td>The Usual and Reasonable charge stated above</td>
<td></td>
</tr>
<tr>
<td>Mammogram and Pap Smear Benefit</td>
<td>Same as any other Preventive Service</td>
<td></td>
</tr>
<tr>
<td>Prostate and Colorectal Examination Benefit</td>
<td>Same as any other Preventive Service</td>
<td></td>
</tr>
<tr>
<td>Approved Clinical Trial Benefit</td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
</tbody>
</table>

**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

Loss must occur within 90 days of the date of a covered Accident.

Only one benefit will be payable under this provision, that providing the largest benefit, when more than one loss occurs as the result of any one Accident. This benefit is payable in addition to any other benefits payable under the Policy.
MEDICAL EVACUATION & REPATRIATION

Medical Evacuation and Repatriation to be eligible, an Insured 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 a Eligible Domestic Student participating in a study abroad program sponsored by the College or School.

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.

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 the policy,

We will pay the necessary Usual and Reasonable charges for evacuation to another 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 the policy, We will pay a benefit. The benefit will be the necessary Usual and Reasonable charges for preparation. This includes 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

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

The policy does not cover loss nor provide benefits for any of the following. That is except as otherwise provided by the benefits of the 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. Services that are not Medically Necessary.

3. Preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy.

4. Routine physical or other examinations where there are no objective indications of impairment of normal health. Except as specifically provided under the Policy.

5. 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.

6. Professional services rendered by an Immediate Family Member or any who lives with the Insured Person.

7. Services or supplies not necessary for the medical care of the Insured Person’s Injury or Sickness.

8. Weak, strained or flat feet, corns, calluses or ingrown toenails.

9. Treatment of 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. 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.

13. 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.

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

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

16. 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.

17. 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.

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


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

21. 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 as specifically covered under the Pediatric Vision Benefit.

22. 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.

23. 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.

24. 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.
25. 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.
26. Custodial, care service and supplies.
27. Expenses that are not recommended and approved by a Physician.

**CLAIM PROCEDURES**

In the event of an Injury or Sickness the Insured Person 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.
   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.
2. Expenses incurred for medical treatment rendered outside of the SHC for which no prior approval or referral is obtained may be excluded.
3. A claim form is not required to submit a claim. However, an itemized bill, (HCFA 1500, or UB04) should be used to submit expenses. The Insured Student/Person’s name and identification number needs to be included. Providers should submit claims within ninety (90) days from the date of Accident or from the date of first medical treatment for a Sickness, or as soon as reasonably possible. If a student is submitting a claim, a copy should be retained and claims should be mailed to the Claims Administrator.
4. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to the Claims Administrator, Consolidated Health Plans.

**Claims Administrator:**
CONSOLIDATED HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
Toll Free (877) 657-5030
www.chpstudent.com
Group Number: ST0894SH

**Servicing Agent:**
University Health Plans, a Risk Strategies Company
15 Pacella Park Drive
Randolph, MA 02368
Phone: (800)437-6448
www.universityhealthplans.com

Please visit our website for frequently asked questions and answers regarding this plan, or email us at info@univhealthplans.com
CLAIM 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 one hundred eighty (180) days of the date appearing on the EOB. The appeal request must include why the Insured Person disagrees with the way the claim was processed. The request must include any additional information he/she feels supports the request for appeal, e.g. medical records, physician records, etc. Please submit all requests to the Claims Administrator, Consolidated Health Plans.

The Plan is Underwritten By:

National Guardian Life Insurance Company
Madison, WI
As Policy Form NBH-280 (2016) PPO RI et al

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

Claims Administrator:
Consolidated Health Plans
2077 Roosevelt Avenue
Springfield, MA 01104
877-657-5030
Email: customerservice@consolidatedhealthplan.com
www.chpstudent.com

For a copy of the Company’s privacy notice you may go to:
www.consolidatedhealthplan.com/about/hipaa
Or
Request one from the Health Office at your School
Or
Request one from:
National Guardian Life Insurance Company
C/O Privacy Officer
70 Genesee Street
Utica, NY 13502
(Please indicate the school you attend with your written request)

Representations of this plan must be approved by the Company.

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

VISION DISCOUNT PROGRAM
For Vision Discount Benefits please go to:
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.