

Roger Williams University

Student Health Insurance Plan

Plan Year
17/18

Designed Exclusively for the Students of:

Roger Williams University

Bristol, RI

2017 - 2018

Underwritten by:

National Guardian Life Insurance Company
Madison, WI

Policy Number: 2017I5B27

Group Number: ST0897SH

Effective: 8/14/2017 – 8/14/2018



Administered by:

Consolidated Health Plans
2077 Roosevelt Ave | Springfield, MA



ST0897SH(Bro.) – 1718

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ROGER WILLIAMS HEALTH SERVICES

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 Rachel Sardinha - Receptionist

HOURS

Monday through Friday
 8:30 a.m. to 5:00 p.m.
 By Appointment (401) 254-3156

The Roger Williams University Health Services is committed to wellness in addition to providing care and appropriate referral during a Sickness. They encourage health practices which promote physical and emotional well-being.

Services are available by appointment. The services include but are not limited to:

1. Physical assessment and treatment and/or referral for Illness or Injury;
2. Gynecological examination and Contraception;
3. Health Education and Counseling;
4. Immunizations;
5. Physician on campus Tuesday and Friday;
6. Pharmacy services; and
7. Laboratory services.

The Health Services is located at the Center for Student Development. After-hours emergency care is available at the Bristol County Medical Center, Newport Hospital and Rhode Island Hospital. If you have any emergency, contact the R.A. on duty in your dormitory or Public Safety at Extension 3333 or (401) 254-3333.

The services provided by the Health Services are not in any way connected with or underwritten by National Guardian Life Insurance Company.

WHERE TO FIND HELP

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

For Questions About:	Please Contact:
Insurance Benefits Preferred Provider Listings Claims Processing ID Cards	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, Massachusetts 01104 877-657-5030 www.chpstudent.com
Enrollment Waivers	Servicing Agent: University Health Plans, a Risk Strategies Company 15 Pacella Park Drive Randolph, MA 02368 1-800-437-6448 www.universityhealthplans.com/rwu
Preferred PPO Provider Listings	Consolidated Health Plans Or First Health www.firsthealth.com
Prescription Drug Providers	OptumRx www.optumrx.com

AM I ELIGIBLE?

All full-time undergraduate students (both residential and commuter) registered for 9 or more credit hours, all masters in Architecture students, all school of law students, and all international students will be enrolled in the insurance program unless proof of adequate health insurance under an existing plan is provided by completing an online waiver. The deadline to complete the waiver is August 15, 2017.

All full-time graduate students with 6+ credits (non-masters in architecture) are eligible to enroll on a voluntary basis. The deadline to complete the enrollment form is August 15, 2017.

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.

HOW DO I WAIVE/ENROLL?

All international students are automatically enrolled in the student health insurance plan unless proof of adequate US based health insurance under an existing plan is provided by completing a waiver. All full-time undergraduate students, masters in architecture students, and all school of law students are **required to enroll or waive coverage**. Students who do not enroll or waive coverage by the deadline will automatically be enrolled in the student health insurance plan.

To complete the online enrollment or waiver form go to: www.universityhealthplan.com/rwu and select "Waive" or "Enroll" from the menu on the left-hand side of the page and proceed as directed. **The deadline to enroll or waive coverage is August 15, 2017.**

QUALIFYING LIFE EVENT

No changes of any type may be made during the plan year unless you lose coverage under another health insurance plan or 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 an enrollment form and paying any applicable premium.

EFFECTIVE DATES AND COSTS

Insurance under the policy will become effective at 12:01 am. on the later of:

1. The Policy effective date;
2. The start 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 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.

	Annual 8/14/2017 - 8/14/2018
Student Only	\$2,332

The Policy is renewed as a new policy for the term August 14, 2017 to August 14, 2018 as Policy Number 201715B27. All time periods begin and end at 12:01 A.M., local time, at the Policyholder's address.

TERMINATION

Coverage will terminate at 12:01 a.m. standard time at the Policyholder's address 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); or
6. For International Students, the date the student ceases to meet Visa requirements; or
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

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 minus the cost of any benefits paid by Us, will be made. Coverage for Insured students who withdraw for any reason after the first 31 days will continue through the end of the Policy Term. No refund will be made available.
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.
3. For International Students, Scholars, Visiting Faculty member 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 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.
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.

The Extension of Benefits will end on the earliest of the following dates:

- a. Hospitalization is not Medically Necessary; or
- b. The Insured Person obtains other coverage.

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 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;
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, learning disabilities and routine physical exams. This also includes 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, breast reduction. 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.

Extended Care Facility means a licensed institution devoted to providing medical, nursing, or custodial care for an Insured Person over a prolonged period, such as during the course of a chronic disease or the rehab phase after an acute sickness or injury.

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.

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 40kg/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 disease 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 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.

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.

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.

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
3. 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.

SCHEDULE OF BENEFITS

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: 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:

Network	\$500
Non-Network	\$1,000

Out-of-Pocket Expense Limit:

Network Provider:	\$6,350
Non-Network Provider:	No Maximum

Coinsurance:

Network Provider:	90% of PPO Allowance (PA) unless otherwise stated below
Non-Network Provider:	70% of Usual and Reasonable Charge (U&R) for Covered Medical Expenses unless otherwise stated below

Benefit Payment for Network Providers and Non-Network Providers

The policy provides benefits based on the type of health care provider selected. The 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 locate a First Health Provider in Your area, consult Your Provider Directory or visit the network website at www.firsthealth.com.

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
1. DETERMINED BY WHETHER THE SERVICE OR TREATMENT IS PROVIDED BY A NETWORK OR NON-NETWORK PROVIDER.

BENEFITS PER COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
Inpatient Benefits		
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	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
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	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	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Inpatient Surgery: Surgeon Services Anesthetist 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
Physical Therapy (inpatient)	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Inpatient Rehabilitation Benefit	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
Mental Health Disorder	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Substance Use Disorder	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Outpatient Benefits		
Outpatient Surgery: Surgeon Services Anesthetist Assistant Surgeon	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services & supplies, such as cost of operating room, therapeutic services, oxygen, oxygen tent, and blood & plasma	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy Habilitative Services are covered to the extent that they are Medically Necessary	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Emergency Services Expenses	Copayment: \$100 100% of PPO Allowance for Covered Medical Expenses (deductible waived)	Copayment: \$100 100% of PPO Allowance for Covered Medical Expenses (deductible waived)

BENEFITS PER COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
In Office Physician's Visits, includes care by Primary Physician, specialist, and any other licensed practitioner operating within the scope of his or her license	Copayment: \$15 PPO Allowance stated above (deductible waived)	Copayment: \$15 The Usual and Reasonable Charge stated above
Urgent Care Centers or Facilities	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Diagnostic X-ray Services	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Laboratory Procedures (Outpatient)	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Prescription Drugs	100% of PPO Allowance for Covered Medical Expenses Copayments: Generic: \$25 Preferred Brand: \$50 Brand: \$75 Specialty Drug: \$100 Copays apply to a 30-day supply (deductible waived) See Prescription Card	N/A
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Home Health Care Expenses	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	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Substance Use Disorder	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Other Benefits		
Ambulance Service Insured Person's copayment will not exceed \$50 per ambulance trip	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	Same as any other Covered Sickness
Routine Newborn Care	Same as any other Covered Sickness	Same as any other Covered Sickness

BENEFITS PER COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
Consultant Physician Services	Copayment: \$15 The PPO Allowance stated above	Copayment: \$15 The Usual and Reasonable Charge stated above
Accidental Injury Dental Treatment for Insured Persons over age 19	100% of PPO Allowance for Covered Medical Expense	100% of U&R for Covered Medical Expense
Treatment outside of the U.S.	70% of Usual and Reasonable Charge for Covered Medical Expenses	
Human Organ Transplant	Same as any other Covered Sickness	
Abortion Expense	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Preventive Care, Screening, and Immunizations	100% of PPO Allowance for Covered Medical Expenses No cost-sharing	The Usual and Reasonable Charge stated above
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	
Pediatric Dental Care Benefit Preventive Dental Care - limited to 1 dental exams every 6 months <i>The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care:</i>	See Benefit for limitations 100% of PPO Allowance for Preventive Services	See Benefit for limitations The Usual and Reasonable Charge stated above for Preventive Services
<ul style="list-style-type: none"> • Emergency Dental • Clinical Oral Evaluations • Endodontic Services • Periodontal Services • Prosthodontic Services • Medically Necessary Orthodontic Care 	<p style="text-align: center;">50% of U&R 50% of U&R 50% of U&R 50% of U&R 50% of U&R 50% of U&R</p>	<p style="text-align: center;">50% of U&R 50% of U&R 50% of U&R 50% of U&R 50% of U&R 50% of U&R</p>
Pediatric Vision Care Benefit, Limited to 1 visit(s) per Policy Year and 1 pair of prescribed lenses and frames	100% of the PPO Allowance for Preventive Services	100% of U&R Charge for Preventive Services up to \$150, then 50% thereafter
Routine Eye Care (adult), Limited to one routine exam per Policy Year	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Chiropractic Care, subject to a maximum number of visits of 12 per Policy Year	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
MANDATED BENEFITS		
Infertility Treatment	80% of the PPO Allowance for Covered Medical Expense	80% of the Usual and Reasonable Charge for Covered Medical Expense
Contraceptive Drugs and Devices	Same as any other Covered Sickness No Copayment for generic contraceptives	
Mastectomy Treatment and Hospital Stay	Same as Inpatient Surgery	
Hair Prosthesis – Wigs	70% of Usual and Reasonable Charge for Covered Medical Expenses	

Hearing Aids	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	
Pediatric Preventive Care/Screening/Immunization	100% of PPO Allowance for Preventive Services Deductible Waived	The Usual and Reasonable Charge stated above Deductible Waived
Smoking Cessation Program	The Usual and Reasonable charge stated above, subject to limitations described in Policy	
Lead Poisoning	Same as any other Covered Sickness	
Lyme Disease Treatment	Same as any other Covered Sickness	
Diabetes Benefit	Same as any other Covered Sickness	
Early Intervention Services	Same as any other Covered Sickness, subject to limitations described in Policy	
Enteral Nutrition Products	The Usual and Reasonable charge stated above	
Human Leukocyte Antigen Testing Benefit Limited to 1 test per lifetime	The Usual and Reasonable charge stated above	
Mammogram and Pap Smear Benefit	Same as any other Preventive Service	
Prostate and Colorectal Examination Benefit	Same as any other Preventive Service	
Approved Clinical Trial Benefit	Same as any other Covered Sickness	

MEDICAL EVACUATION & REPATRIATION

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.

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. 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.
5. professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
6. services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
7. services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury.
8. weak, strained or flat feet, corns, calluses or ingrown toenails.
9. treatment or removal of nonmalignant moles warts, boils, acne, 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, or club sports;
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. expenses incurred after:
 - o The date insurance terminates as to the Insured Person.
19. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
20. charges incurred for acupuncture. in any form, except to the extent provided in the Schedule of Benefits.
21. expenses for weight increase or reduction, except Medically Necessary bariatric surgery and hair growth or removal. Unless otherwise specifically covered under the policy.
22. 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.
23. skin diving or sky diving, 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.
24. 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.
25. 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.

26. 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.
27. custodial care service and supplies.
28. drugs and medications for the treatment of impotence or sexual dysfunction.

COORDINATION OF BENEFITS

The Coordination of Benefits ("COB") provision applies when a person has health care coverage under more than one Plan. Plan is defined in the Policy.

The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary plan. The Primary plan must pay benefits in accordance with its policy terms without regard to the possibility that another Plan may cover some expenses. The Plan that pays after the Primary plan is the Secondary plan. The Secondary plan may reduce the benefits it pays so that payments from all Plans do not exceed 100% of the total Allowable expense.

THIRD PARTY REFUND

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 of 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.

CLAIM PROCEDURES

In the event of Injury or Sickness, students should:

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

Claims Administrator:
CONSOLIDATED HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
Toll Free (877) 657-5030
www.chpstudent.com
Group Number: ST0897SH

HOW TO FILE AN APPEAL

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
Policy Number: 201715B27

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
www.chpstudent.com
(877) 657-5030

SERVICING BROKER:

**University
Health Plans, Inc.**

A RISK STRATEGIES COMPANY

15 Pacella Park Drive
Randolph, MA 02368
(800) 437-6448

www.universityhealthplans.com/rwu

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 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

WELLNESS SERVICES



www.myfuturehealth.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.