

# Student Health Insurance

Designed for the Students of



**ST. JOHN'S  
UNIVERSITY**

**2015-2016**

Underwritten by:

**Nationwide Life Insurance Company  
Columbus, OH**

**Policy Number: 302-053-3113**

Effective: August 15, 2015 - August 14, 2016

**Group Number: S207801**

**IMPORTANT NOTICE**

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

**NONDISCRIMINATORY**

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

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## WHERE TO FIND HELP

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

For Questions About:	Please Contact:
Enrollment Dependent Enrollment Waiver Process	<b>University Health Plans</b> <a href="http://www.universityhealthplans.com">www.universityhealthplans.com</a> (800) 437-6448
Insurance Benefits Preferred Provider Listings Claims Processing	<b>Consolidated Health Plans</b> 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (800) 633-7867 <a href="http://www.chpstudent.com">www.chpstudent.com</a>
Preferred Provider Listings	<b>MagnaCare</b> <a href="http://www.magnacare.com">www.magnacare.com</a>
Prescription Drug Benefit & Providers	<b>Catamaran Rx</b> <a href="http://www.mycatamaranrx.com">www.mycatamaranrx.com</a>

## AM I ELIGIBLE?

St. John's University is making available a Student Health Insurance program (hereinafter called "plan") underwritten by Nationwide Life Insurance Company and administered by Consolidated Health Plans. This brochure provides a general summary of the insurance coverage; the Schedule of Benefits is not all inclusive of eligible benefits payable under this plan. Keep this brochure as no individual policy will be issued. This summary is not a contract; however, the Master Policy will be available for review upon request. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this brochure and the Master Policy.

All registered undergraduate and graduate students of St. John's University are eligible to enroll in the Student Health Insurance Plan.

All eligible Resident Students are automatically enrolled in the Student Health Insurance Plan unless they can provide evidence of equivalent coverage satisfactory to St. John's University.

Enrollment is mandatory for all International Students with a current passport and student Visa (J-1 or F-1) who are temporarily located outside their home country and are actively engaged in education or educational research activities at St. John's University.

To be an Insured Person under the Policy, You must have paid the required premium and Your name, student number, and date of birth must have been included in the declaration made by St. John's University or the Administrative Agent to Us. You must actively attend class for at least the first thirty-one (31) days of the period for which coverage is purchased, except in the case of medical withdrawal.

We maintain Our right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever We discover that the Policy eligibility requirements have not been met, Our only obligation is a pro-rata refund of premium.

Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements. The Company maintains its right to investigate eligibility or student status and

attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium, minus any claims paid.

## HOW DO I WAIVE?

All eligible Resident Students are automatically enrolled in the Student Health Insurance Plan unless they can provide evidence of equivalent coverage satisfactory to St. John's University. To waive out, Resident Students with comparable coverage are required to visit [www.universityhealthplans.com](http://www.universityhealthplans.com) and fill out the waiver form. The deadline to waive for the annual plan is September 9, 2015 and for the spring semester is February 8, 2016. Failure to complete the waiver form by the deadline will result in automatic enrollment and responsibility for the full premium.

Enrollment is **mandatory** for all International Students with a current passport and student Visa (J-1 or F-1) who are temporarily located outside their home country and are actively engaged in education or educational research activities at St. John's University.

## COVERAGE FOR DEPENDENTS

Insured Students who are enrolled in the Student Health Insurance Plan may also enroll their eligible Dependents. Eligible dependents under the plan include the Insured person's spouse and dependent children under age twenty-six (26). Dependent Eligibility expires concurrently with that of the Insured Student.

Students may also enroll their Dependents within thirty-one (31) days of an eligible qualifying event. Eligible qualifying events for a Dependent are defined in the Master Policy. Enrollment requests (including payments) received after the thirty-one (31) days following the qualifying event will not be accepted. Coverage will be effective as of the date of the qualifying event.

## EFFECTIVE DATES AND COSTS

St. John's University Student Health Insurance Plan provides coverage to students for a twelve (12) month period - from 12:01 a.m. **August 15, 2015** through 11:59 p.m. **August 14, 2016**

	<b>Annual+ 8/15/15 – 8/14/16</b>	<b>Spring+ 1/1/16 – 8/14/16</b>
<b>Student</b>	\$1,639	\$1,025
<b>Spouse</b>	\$1,614	\$1,000
<b>Each Child*</b>	\$1,614	\$1,000

*\*If more than 3 children are to be covered as a Dependent on the plan, the rate will reflect a maximum of (3) children.*

*+All costs above include a fee retained by the Servicing Agent. Student cost includes an administrative fee retained by the School.*

## TERMINATION

Coverage will terminate at 11:59 pm standard time at the Policyholder's address on the earliest of (*see policy language for full details*):

- The Termination Date of the Policy;
- The last day of the term of Coverage for which Premium is paid;
- The date on which the Student ceases to meet the eligibility requirements as defined by the Policyholder. We will provide written notice to the Student at least thirty (30) days prior to when the coverage will cease.
- The date a Covered Person enters full time active military service. Upon written request within 90 days of leaving school, We will refund the unearned pro-rata Premium to such person upon written request.
- The last date of the period for which Premium has been paid following the date a Dependent ceases to be a Dependent as defined.

Termination is subject to the Extension of Benefits provision.

## EXTENSION OF BENEFITS

When Your coverage under this Plan ends, benefits stop. If You are totally disabled on the date Your coverage under this Certificate terminates, continued benefits may be available for the treatment of the injury or sickness that is the cause of the total disability. If you are pregnant on the date Your coverage under this Certificate terminates, continued benefits may be available for Your maternity care.

For purposes of this section, "total disability" means You are prevented because of injury or disease from engaging in any work or other gainful activity. Total disability for a minor means that the minor is prevented because of injury or disease from engaging in substantially all of the normal activities of a person of like age and sex who is in good health.

### A. When You May Continue Benefit.

1. If You are totally disabled on the date Your coverage under this Plan terminates, We will continue to pay for Your care under this Certificate during an uninterrupted period of total disability until the first of the following:
  - The date You are no longer totally disabled; or
  - Ninety (90) days from the date extended benefits began (if Your benefits are extended based on termination of Student status)
2. If You are pregnant on the date Your coverage under this Plan terminates, We will continue to pay for Your maternity care through delivery and any post-partum services directly related to the delivery.

### B. Limits on Extended Benefits.

We will not pay extended benefits:

- For any Member who is not totally disabled or pregnant on the date coverage under this Certificate ends; or
- Beyond the extent to which We would have paid benefits under this Certificate if coverage had not ended.

## PREMIUM REFUND POLICY

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

Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person upon written request received by the Company within ninety (90) days of withdrawal from school. Refunds for any other reason are not available.

## SERVICES SUBJECT TO PREAUTHORIZATION

Preauthorization is required before You receive certain Covered Services. Your Participating Provider is responsible for requesting Preauthorization for in-network services and You are responsible for requesting Preauthorization for the out-of-network services listed in the Schedule of Benefits section.

### Preauthorization Notification Procedure.

If You seek coverage for services that require Preauthorization, You or Your Provider must call Us at the number on Your ID card.

You or Your Provider must contact Us to request Preauthorization as follows:

- At least one (1) week prior to a planned admission or surgery when Your Provider recommends inpatient Hospitalization. If that is not possible, then as soon as reasonably possible during regular business hours prior to the admission.

### You must contact Us to provide notification as follows:

- As soon as reasonably possible when air ambulance services are rendered for an Emergency Condition.
- If You are hospitalized in cases of an Emergency Condition, You must call Us within forty-eight (48) hours after Your admission or as soon thereafter as reasonably possible.

After receiving a request for approval, We will review the reasons for Your planned treatment and determine if benefits are available. Criteria will be based on multiple sources which may include medical policy, clinical guidelines, and pharmacy and therapeutic guidelines.

<b>SCHEDULE OF BENEFITS</b>	
<b>Your Coverage provides for the utilization of Preferred Providers in a Preferred Provider Organization (PPO). The Preferred Provider Organization(s) for your Coverage is: MagnaCare Go to <a href="http://www.magnacare.com">www.magnacare.com</a> for a list of participating providers.</b>	
<b>Policy Year Maximum Benefit</b>	<b>Unlimited</b>
<b>Deductible per Covered Person per Policy Year</b>	<b>\$50</b>
<b>Out-of-Pocket Maximum</b> (includes Coinsurance and Copayments; does not include non-covered medical expenses or elective treatment)	\$2,800 Individual/\$5,600 Family
<b>Coinsurance</b>	We will pay 100% of the Reasonable & Customary Expenses incurred for the first \$2,500 then 80% of Reasonable & Customary Expenses
<b>Outpatient Services</b>	
Office Visits (includes Telemedicine, Specialists and Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery or physiotherapy.	coinsurance stated above
Diagnostic Imaging, X-ray and Laboratory Services - Out of network Dialysis limited to 10 visits Per Policy year	coinsurance stated above
<b>Inpatient Services</b>	
Miscellaneous Hospital Services Includes meals and prescribed diets, Diagnostic Imaging, Laboratory, pharmaceuticals administered while an Inpatient, use of operating room, anesthesia, therapeutic services, supplies, dressings, blood and blood plasma, Autologous Blood Banking, oxygen, radiation therapy, chemotherapy, miscellaneous items used in association with a surgical event, Pre-Admission Testing and Inpatient Rehabilitation.	coinsurance stated above
Room and Board expense, at the semi-private room, general nursing care, and ICU – Requires Pre-certification for inpatient hospitalization.	coinsurance stated above
Physician visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.	coinsurance stated above
Skilled Nursing and Sub-Acute Care Facilities	coinsurance stated above

<b>Surgical Services (Inpatient &amp; Outpatient)</b> – When multiple surgeries are performed through one or more incisions at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed and 50% of the Benefit otherwise payable for each subsequent procedure.	
Surgeon's Fee	coinsurance stated above
Assistant Surgeon	coinsurance stated above
Anesthetist Services	coinsurance stated above
Inpatient/Outpatient Surgical miscellaneous includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.	coinsurance stated above
<b>Other Surgical Services</b>	
Organ transplants	coinsurance stated above
Bariatric Surgery	coinsurance stated above
Reconstructive surgery	coinsurance stated above
Voluntary Sterilization Surgery (such as vasectomy) <b>Note:</b> Sterilization procedures for women are covered under preventive.	coinsurance stated above
Infertility Services - for the diagnosis and treatment (surgical and medical) of infertility when such infertility is the result of malformation, disease or dysfunction.	coinsurance stated above
<b>Maternity Care</b> – Includes forty-eight (48) hours of Inpatient care following a normal delivery and ninety-six (96) hours of Inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the Attending Physician or a certified nurse-midwife who consults with a Physician, decides to discharge the mother or newborn child sooner. In the event of early discharge, Home Health Care visits will be provided.	
Pre and post-natal services	Paid the same as any other Sickness
<b>Mental Conditions &amp; Substance Abuse</b>	
Inpatient Services	Paid the same as any other Sickness
Outpatient Office Visits Family Counseling for Substance abuse limited to 20 visits per Policy Year.	Paid the same as any other Sickness
<b>Urgent Care and Emergency Services</b>	
Urgent Care	coinsurance stated above
Emergency services. Use of the emergency room and supplies.	coinsurance stated above
Emergency Medical Transportation services	coinsurance stated above

<b>Other Services</b>	
Preventive/Wellness & Immunization Services	100% of R&C
Exercise Facility Reimbursement: Up to \$200 per six (6) month period; up to an additional \$100 per six (6) month period for Spouse; Covered Dependents. See Policy for additional restrictions.	Covered in full
Acupuncture	coinsurance stated above
Allergy Services (testing/injections/treatment)	coinsurance stated above
Habilitative therapy – including Physical, Speech, and Occupational	coinsurance stated above
Rehabilitative therapy – including Physical, Speech, and Occupational	coinsurance stated above
Chiropractic care	coinsurance stated above
Home Health Care	coinsurance stated above
Hospice – Five (5) visits for family bereavement counseling	coinsurance stated above
Diabetic treatment and Education	Paid the same as any other Sickness
Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices	coinsurance stated above
External Hearing Aids (single purchase once every three years)	coinsurance stated above
Prescription Drug Expense	100% after a: \$15 Copay for Generic \$30 Copay for Preferred Brand \$30 Copay for Non-Preferred Brand
Prescription Drug Expense <ul style="list-style-type: none"> <li>Only a thirty (30) day supply can be dispensed at any time</li> <li>One (1) copayment per thirty (30) day supply; Copay does not apply to generic contraceptives</li> <li>Copayments apply to the out-of-pocket</li> <li>Prescriptions must be filled at an “Catamaran” participating pharmacy. Go to <a href="http://www.mycatamaranrx.com">www.mycatamaranrx.com</a> for a list of participating pharmacies.</li> </ul>	
Pediatric Dental Care for under age nineteen (19): <ul style="list-style-type: none"> <li>Preventive Dental Care</li> <li>Routine Dental Care</li> <li>Major Dental (Endodontics, Periodontics and Prosthodontics)</li> <li>Orthodontics</li> </ul> <b>*Requires Preauthorization Referral</b>	<ul style="list-style-type: none"> <li>100% after Deductible</li> <li>70% after Deductible</li> <li>50% after Deductible*</li> <li>50% after Deductible*</li> </ul>

Routine Vision Exam for Covered Persons under nineteen (19) – limited to one (1) exam per Policy Year. Includes prescription eye glasses (lenses & frames), or contact lenses in lieu of eyeglasses, limited to once per Policy Year. 100% of R&C up to \$150, 50% thereafter.	
<b>Elective Services (do not apply to the Out of Pocket maximum)</b>	
Private duty nursing	Not Covered
Advanced Infertility services	Not Covered
Home country coverage	Not Covered
Non-emergency treatment out of US	80%

### **PREFERRED PROVIDER INFORMATION**

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

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

If care is received within the Network from a Preferred Provider, all Covered Medical Expenses will be paid at the Preferred Provider level of benefits found on the Schedule of Benefits. In the case of an Emergency, if an Out-of-Network Provider is used, the In-Network percentage in the Schedule of Benefits will be applied.

A Covered Person is not required to seek treatment from a Preferred Provider. Each Covered Person is free to elect the services of a Provider and Benefits payable will be made in accordance with the terms and Conditions of this benefit.

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

**"Out-of-Network"** providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

### **EXCLUSIONS**

No coverage is available under this Certificate for the following:

**A. Aviation.** We do not Cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

**B. Convalescent and Custodial Care.** We do not Cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered Services determined to be Medically Necessary.

**C. Cosmetic Services.** We do not Cover cosmetic services, Prescription Drugs, or surgery, unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from

trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. We also Cover services in connection with reconstructive surgery following a mastectomy, as provided elsewhere in this Certificate. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeal sections of this Certificate unless medical information is submitted.

**D. Dental Services.** We do not Cover dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or dental care or treatment specifically stated in the Outpatient and Professional Services and Pediatric Dental Care section[s] of this Certificate.

**E. Experimental or Investigational Treatment.** We do not Cover any health care service, procedure, treatment, device or Prescription Drug that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial as described in the Outpatient and Professional Services section of this Certificate, or when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under this Certificate for non-investigational treatments. See the Utilization Review and External Appeal sections of this Certificate for a further explanation of Your Appeal rights.

**F. Felony Participation.** We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection. This exclusion does not apply to coverage for services involving injuries suffered by a victim of an act of domestic violence or for services as a result of Your medical condition (including both physical and mental health conditions).

**G. Foot Care.** We do not Cover routine foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. However, we will Cover foot care when You have a specific medical condition or disease resulting in circulatory deficits or areas of decreased sensation in Your legs or feet.

**H. Government Facility.** We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law

**I. Medically Necessary.** In general, We will not Cover any health care service, procedure, treatment, test, device or Prescription Drug that We determine is not

Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test, device or Prescription Drug for which coverage has been denied, to the extent that such service, procedure, treatment, test, device or Prescription Drug is otherwise Covered under the terms of this Certificate.

**J. Medicare or Other Governmental Program.** We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

**K. Military Service.** We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

**L. No-Fault Automobile Insurance.** We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.

**M. Services Provided by a Family Member.** We do not Cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister or brother of You or Your Spouse.

**N. Services Separately Billed by Hospital Employees.** We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.

**O. Services With No Charge.** We do not Cover services for which no charge is normally made.

**P. Vision Services.** We do not Cover the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the Pediatric Vision Care section of this Certificate.

**Q. War.** We do not Cover an illness, treatment or medical condition due to war, declared or undeclared.

**R. Workers' Compensation.** We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

## DEFINITIONS

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

**Accidental Injury:** A specific unforeseen event, which directly, and from no other cause, results in an Injury.

**Coinsurance:** The percentage of the expense for which the Company is responsible for a Covered Service. The Coinsurance is separate and not a part of the Deductible and Copayment.

**Copayment:** A specified dollar amount a Covered Person must pay for specified Covered Charges.

**Covered Person:** A person:

- who is eligible for Coverage as the Insured or as a Dependent;
- who has been accepted for Coverage or has been automatically added;
- for whom the required Premium has been paid; and
- whose Coverage has become effective and has not terminated.

**Deductible:** The amount of expenses for Covered Services and supplies which must be incurred by the Covered Person before specified Benefits become payable.

**Dependent:** A person who is the Insured's:

- Legally married spouse, who is not legally separated from the Insured and resides with the Insured. Spouse also includes domestic partner.
- Child who is under the age of 26.

The term child refers to the Insured's:

- Natural child;
- Stepchild ; A stepchild is a Dependent on the date the Insured marries the child's parent.
- Adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.
- Foster child is a Dependent from the moment of placement with the Insured as certified by the agency making the placement.

**Elective Treatment:** Those services that do not fall under the definition of Essential Health Benefits. Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's Effective Date of Coverage.

**Emergency:** An Illness, Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The Condition must be one which manifests itself by acute symptoms which are sufficiently severe that a reasonable person would seek care right away to avoid severe harm.

**Essential Health Benefits:** Has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services, and includes the following categories of Covered Services: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care (in accordance with the applicable state or federal benchmark plan).

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

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

**In-Network Benefit:** The level of payment made by Us for Covered Services received by a Preferred Provider under the terms of the Policy. Payment is based on the Preferred Allowance unless otherwise indicated.

**Medically Necessary/Medical Necessity:** We reserve the right to review claims and establish standards and criteria to determine if a Covered Service is Medically Necessary and/or Medically Appropriate. Benefits will be denied by Us for Covered Services that are not Medically Necessary and/or Medically Appropriate. In the event of such a denial, You will be liable for the entire amount billed by that Provider. You do have the right to appeal any adverse decision as outlined in the Appeals and Complaint Section of this Policy.

Covered Services are Medically Necessary if they are:

- Required to meet the health care needs of the Covered Person; and
- Consistent (in scope, duration, intensity and frequency of treatment) with current scientifically based guidelines of national medical or research organizations or governmental agencies; and
- Consistent with the diagnosis of the Condition; and
- Required for reasons other than the comfort or convenience of the Covered Person or Provider; and
- Of demonstrated medical value and medical effectiveness.

A Covered Service is Medically Appropriate if it is rendered in the most cost-effective manner and type of setting appropriate for the care and treatment of the Condition.

When specifically applied to Hospital Confinement, it means that the diagnosis or treatment of symptoms or a Condition cannot be safely provided on an Outpatient basis.

**Out-of-Network Benefit Level:** The lowest level of payment made by Us for Covered Services under the terms of the Policy. Payment is based on Usual Customary and Reasonable charges unless otherwise indicated.

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

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

**Physician:** A health care professional practicing within the scope of his or her license and is duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy, and who is not:

1. The Insured Person;
2. A Family Member of the Insured Person; or
3. A person employed or retained by the Policyholder.

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

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

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

- (a) Evidenced-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force, except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009;
  - (b) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;
  - (c) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
  - (d) With respect to women, such additional preventive care and screenings, not described in paragraph (a) above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.
- Sickness (Sick):** means illness, disease or condition, including pregnancy and complications of pregnancy that impairs a Covered Person’s normal functioning of mind or body and which is not the direct result of an Injury or Accident. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**UCR (Usual, Customary and Reasonable):** The cost of a medical service in a geographic area based on what Providers in the area usually charge for the same or similar medical service.

**We, Our and Us:** Nationwide Life Insurance Company.

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

Male pronouns whenever used include female pronouns.

**ACCIDENTAL DEATH AND DISMEMBERMENT**

If the Eligible Person, within 90 days from the date of an Accident which occurs while Coverage is in force dies as the result of an Injury from such Accident, We will pay the Eligible Person’s beneficiary the amount for loss of life as shown in the Schedule of Benefits. If the Eligible Person, within 90 days from the date of an Accident, which occurs while Coverage is in force, suffers dismemberment as the result of Injury from such Accident, We will pay the Eligible Person the amount set opposite such loss, as shown on the Schedule of Benefits. If more than one (1) such loss is sustained as the result of one (1) Accident, We will pay only one (1) amount, the largest to which the Eligible Person or his or her beneficiary would be entitled.

The following table shows the amounts We will pay for loss of:

Life .....	\$5,000
Both hands or both feet or the entire sight of both eyes .....	\$5,000
One hand or one foot or the entire sight of one eye .....	\$2,500
More than one of the above Losses due to one Accident.....	\$5,000
Thumb or Index Finger .....	\$1,250

Loss of hand or foot means loss by severance at or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable. Loss of a thumb and index fingers means loss by

severance at or above the metacarpophalangeal joints, which are the joints between the fingers and the hand.

This Benefit is subject to all the terms, Conditions and exclusions of the Policy.

**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. There is no utilization review performed on this Policy.

**Claims Administrator:  
CONSOLIDATED HEALTH PLANS**

2077 Roosevelt Avenue  
Springfield, MA 01104  
[www.chpstudent.com](http://www.chpstudent.com)  
(413) 733-4540 or Toll Free (800) 633-7867

**Group Number: S207801**

**CLAIMS APPEAL PROCESS**

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

**Claims Administrator:  
CONSOLIDATED HEALTH PLANS**

2077 Roosevelt Avenue  
Springfield, MA 01104  
[www.chpstudent.com](http://www.chpstudent.com)  
(413) 733-4540 or Toll Free (800) 633-7867

**Servicing Agent:**  
 University Health Plans, Inc.  
 One Batterymarch Park • Quincy, MA 02169-7454  
 (800) 437-6448  
[www.universityhealthplans.com](http://www.universityhealthplans.com)  
[info@univhealthplans.com](mailto:info@univhealthplans.com)

**This plan is underwritten by and offered by:**  
**NATIONWIDE LIFE INSURANCE COMPANY**  
 Columbus, OH  
 Policy Number: 302-053-3113

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

**VALUE ADDED SERVICES**

**VISION DISCOUNT PROGRAM**

For Vision Discount Benefits please go to:  
[www.chpstudent.com](http://www.chpstudent.com)

**NURSE HOTLINE FOR STUDENTS**

For quick, sound medical advice from specially trained Nurses  
 24 hours a day, 365 days per year  
 Call toll free at 800-557-0309

**NATIONWIDE STUDENT TRAVEL ASSISTANCE**

Europ Assistance USA services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. Europ Assistance USA is your key to travel security. **For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.**

If you have a medical, security, or travel problem, simply call Europ Assistance USA for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-877-496-1175 or if you are in a foreign country, call collect at: 1-240-330-1530.

**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. Europ Assistance USA will then take the appropriate action to assist You and monitor Your care until the situation is resolved.**

COVERAGE TERMS- Per Policy Year	
ASSISTANCE SERVICES	MAXIMUM LIMITS
Emergency Evacuation	Unlimited
Medical Repatriation	Unlimited
Repatriation of Remains	Unlimited
Visit by Family Member or Friend	\$5,000
Return of Dependent Children	\$5,000
Return of Traveling Companion	\$5,000

**EMERGENCY TRANSPORTATION SERVICES**

**Emergency Evacuation:** If you or your dependent suffer an Injury or Sickness and adequate medical facilities are not available locally in the opinion of NATIONWIDE STUDENT TRAVEL ASSISTANCE'S Medical Director, NATIONWIDE STUDENT TRAVEL ASSISTANCE will provide emergency evacuation (under medical supervision, if necessary) by whatever means necessary to the nearest facility capable of providing adequate care. Services included arranging and paying for transportation and related medical services (including cost of medical escort, if necessary) and medical supplies necessarily incurred in connection with the emergency evacuation.

**Medically Necessary Repatriation:** After initial treatment and stabilization for an Injury or Sickness, if the attending Physician and NATIONWIDE STUDENT TRAVEL ASSISTANCE'S Medical Director deem it medically necessary, NATIONWIDE STUDENT TRAVEL ASSISTANCE will transport you back to your permanent place of residence for further medical treatment or to recover. Services include arranging and paying for transportation and related medical services (including cost of medical escort, if necessary) and medical supplies necessarily incurred in connection with the repatriation.

**Repatriation of Remains:** In the event of your death, NATIONWIDE STUDENT TRAVEL ASSISTANCE will render assistance and provide for the return of mortal remains. Services include arranging and paying for the following: location of a sending funeral home; transportation of the body from the site of death to the sending funeral home to the airport; minimally necessary casket or air tray for transport; coordination of consular services (in the case of death overseas); procuring death certificates; and transport of the remains from the airport to the receiving funeral home. Other services that might be performed in conjunction with those listed above include: making travel arrangements for any traveling companions; identification and/or notification of next-of-kin.

**Visit by Family Member or Friend:** If you are hospitalized for more than seven (7) days and are traveling alone, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange and provide your family member or friend with transportation to visit you. Visit by Family Member or Friend services are subject to a maximum coverage limit of \$5,000, to include one (1) roundtrip economy ticket, meals and reasonable accommodations up to a maximum of 10 days.

**Return of Dependent Children:** If you are hospitalized for more than seven (7) days, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange and pay for the return of the your minor children who are under nineteen (19) years of age, and if necessary, accompany him/her with an attendant, up to a maximum coverage limit of \$5,000 per event.

**Return of Traveling Companion:** If your traveling companion loses previously made travel arrangements due to your medical emergency, NATIONWIDE STUDENT TRAVEL

ASSISTANCE will arrange and pay for your traveling companion's return home by the most direct and economical route, up to a maximum coverage limit of \$5,000 per event.

#### **MEDICAL ASSISTANCE SERVICES**

**Medical Referrals:** NATIONWIDE STUDENT TRAVEL ASSISTANCE will assist you in finding physicians, dentists, and medical facilities.

**Medical Monitoring:** During the course of a medical emergency, NATIONWIDE STUDENT TRAVEL ASSISTANCE'S professional case managers, including physicians and nurses, will make sure the appropriate level of care is maintained or determine if further intervention, medical transportation, or possibly repatriation (return to U.S.) is needed. NATIONWIDE STUDENT TRAVEL ASSISTANCE will provide case notification, both foreign and domestic, between the patient, family, physician, employer, travel company, and consulate as needed. NATIONWIDE STUDENT TRAVEL ASSISTANCE will continue to provide all necessary international claim coordination, to include hospital bill translation and interpretation, as needed.

**Emergency Medical Payments:** When it is necessary for you to obtain needed medical services, upon request, NATIONWIDE STUDENT TRAVEL ASSISTANCE will advance in local currency, up to \$10,000 to cover on-site medical expenses. The advance of funds will be made to the medical provider after NATIONWIDE STUDENT TRAVEL ASSISTANCE has secured funds from you or your family.

**Replacement of Medication and Eyeglasses:** NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange to fill a prescription that has been lost, stolen, or requires a refill, subject to local law, whenever possible. NATIONWIDE STUDENT TRAVEL ASSISTANCE will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc. are your responsibility.

**Hotel Convalescence Arrangements:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with hotel arrangements if you or your companion needs to convalesce in a hotel prior to or following medical treatment.

**Medical Insurance Assistance:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you by coordinating notifications to medical insurers or managed care organizations, verifying policy enrollment, confirming medical benefits coverage, guaranteeing medical payments, assisting in the coordination of multiple insurance benefits, and handling claims paperwork flow.

**Prescription Drug Assistance:** When permitted by law and approved by the patient's physicians, NATIONWIDE STUDENT TRAVEL ASSISTANCE will assist you in obtaining prescription drugs and other necessary personal medical items that may have been forgotten, lost or depleted while traveling.

#### **LEGAL ASSISTANCE**

**Locating Legal Services:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist in contacting a local attorney or the appropriate consular officer if you are arrested or detained, involved in an automobile accident, or otherwise need legal help. NATIONWIDE STUDENT TRAVEL ASSISTANCE will maintain communications with you, your family, and employer until legal counsel has been retained by you.

**Bail Bond Services:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist in securing bail bond services in all available locations.

#### **BAGGAGE ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you if your baggage is lost, stolen, or delayed while traveling on a common carrier. NATIONWIDE STUDENT TRAVEL ASSISTANCE will advise you of the proper reporting procedures and will help you maintain contact with the appropriate companies or authorities to help resolve the problem.

#### **EMERGENCY PAYMENT ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you in obtaining an advance of funds for medical expenses or other travel emergencies by coordinating directly with your family, or your credit card company, bank, employer, plan sponsor or other sources of credit.

#### **PRE-TRIP ASSISTANCE – available at anytime, not subject to 100 mile travel requirement**

- **Passport and Visa Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can advise you of the required documentation to enter and depart foreign destinations.
- **Health Hazards Advisory:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can provide you with up to date travel advisories.
- **Inoculation Requirements:** Medical entry requirements can be provided to you prior to your departure.
- **Weather Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE maintains current information regarding weather conditions for both domestic and international travel destination. This information will be provided to you through the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center.
- **Currency Exchange Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can provide you with the daily currency exchange rate for a specified country.
- **Consulate and Embassy Locations:** NATIONWIDE STUDENT TRAVEL ASSISTANCE maintains a complete listing of consulates and embassies. These locations are accessible to you by calling the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center.
- **Translation and Interpreter Services:** Professional translators and interpreters can be reached 24-hours a day to obtain translation or interpreter assistance services during emergency situations while traveling internationally.
- **Travel Locator Service:** You can contact the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center 24 hours a day, seven (7) days a week, for assistance in locating hotels, airports, sports facilities, campgrounds, and tourist attractions.

#### **EMERGENCY MESSAGE ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can record emergency messages from you or emergency messages for you for 24-hour periods. These messages may be retrieved at anytime by you, your family, or business associates.

#### **EMERGENCY CASH ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with emergency cash up to \$500. Arrangements will be made through a friend, family member, business, or your credit card in the event of an emergency. All fees associated with the transfer or deliveries

of funds are your responsibility.

**EMERGENCY TICKET REPLACEMENT**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you in replacing lost or stolen airline tickets.

**EMERGENCY CARD REPLACEMENT**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with emergency card replacement if you should experience a loss, theft, or damage to your credit card or membership card.

**NATIONWIDE STUDENT TRAVEL ASSISTANCE EXCLUSIONS AND LIMITATIONS**

1. NATIONWIDE STUDENT TRAVEL ASSISTANCE shall not provide services enumerated if the coverage is sought as a result of: involvement in any act of war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, and insurrection, military or usurped power; traveling against the advice of a Physician; traveling for the purpose of obtaining medical treatment; traveling in any country in which the U.S. State Department issued travel restrictions; the commission of or attempt to commit an unlawful act; mental or emotional disorders, unless hospitalized; participation as a professional in athletics; services provided for you for which no charge is normally made; travel within 100 miles of your Primary Residence, unless in a foreign country.
2. The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, NATIONWIDE STUDENT TRAVEL ASSISTANCE may not be able to respond in the usual manner. It is your responsibility to inquire whether a country is "open" for assistance prior to your departure and during your stay. NATIONWIDE STUDENT TRAVEL ASSISTANCE also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit NATIONWIDE STUDENT TRAVEL ASSISTANCE to fully provide services.
3. If you request a transport related to a condition that has not been deemed medically necessary by a physician designated by NATIONWIDE STUDENT TRAVEL ASSISTANCE in consultation with a local attending physician or to any condition excluded hereunder, and you agree to be financially responsible for all expenses related to that transport, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange but not pay for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if NATIONWIDE STUDENT TRAVEL ASSISTANCE was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation services.
4. NATIONWIDE STUDENT TRAVEL ASSISTANCE shall not be responsible for any claim, damage, loss, costs, liability or expense which arises in whole or in part as a result of NATIONWIDE STUDENT TRAVEL ASSISTANCE'S inability to verify the Participant's eligibility.

**NATIONWIDE STUDENT TRAVEL ASSISTANCE- GENERAL INFORMATION**

All transportation benefits provided hereunder must be by the most direct and economical route possible.

For the purposes of this Description of Covered Services, the following definitions shall apply; "Injury" means identifiable injury caused by an Accident. "Accident" means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place. "Sickness" means a sickness of the Participant declares itself during the period when services are available under this Agreement.

**NATIONWIDE STUDENT TRAVEL ASSISTANCE** is not responsible and cannot be held liable for any malpractice performed by a local physician or attorney who is not an employee of NATIONWIDE STUDENT TRAVEL ASSISTANCE, or for any loss or damage to your vehicle during the return of vehicle, or for any loss or damage to any personal belongings.

**IMPORTANT:** The individual or their representative must contact NATIONWIDE STUDENT TRAVEL ASSISTANCE to arrange for any services provided herein. Failure to contact NATIONWIDE STUDENT TRAVEL ASSISTANCE and failure to utilize NATIONWIDE STUDENT TRAVEL ASSISTANCE to make arrangements for services shall render the expenses ineligible.