Student Health Insurance Plan

Designed for the Students of

2016-2017

Underwritten by:

National Guardian Life Insurance Company
Madison, WI

Policy Number: 2016I5A06

Group Number: S201897

Effective: August 15, 2016-August 14, 2017

Administered by:

Consolidated Health Plans
2077 Roosevelt Ave.
Springfield, MA 01104

TABLE OF CONTENTS

Dear Student:

Occasionally, unexpected Injury and Sickness place serious financial strain on some Salve Regina students and families. In response to this concern, the University sponsors a Student Health Insurance Plan designed specifically to protect students against rising medical costs. Because medical insurance is so important, it is required that all full-time students enroll in the Plan.

AM I ELIGIBLE?

All undergraduate full-time students and part-time resident students of Salve Regina University are automatically enrolled in the Student Health Insurance Plan, unless proof of comparable coverage is provided.

HOW DO I WAIVE/ENROLL?

If You are eligible to be covered under this Program, You are automatically enrolled, unless You waive coverage. Students who do not want to enroll in the Student Accident and Sickness Insurance Plan can waive coverage if they can document proof of comparable coverage in another health insurance plan that will be in effect from 12:01 a.m. on August 15, 2016 through 12:01 a.m. on August 15, 2017. Recognizing that health insurance situations may change, each year students will be asked to provide proof of comparable coverage in order to waive participation in the Student Accident and Sickness Insurance Plan. To document proof of comparable coverage, students need to complete the online Waiver Form and submit it by the deadline. Go to www.universityhealthplans.com to submit the online Waiver Form.

The online Waiver process is the only accepted process for making your insurance selection. The deadline for processing the online waiver is August 1, 2016 for students enrolling in the fall and January 15, 2017 for students newly enrolling in the spring term. Students who do not submit the online Waiver Form by the deadline will be automatically enrolled in the Student Accident and Sickness Insurance Plan and the fee will remain on their student account bill.

QUALIFYING LIFE EVENT

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

EFFECTIVE DATES AND COSTS

	Annual* 8/15/16 – 8/14/17	Fall* 8/15/16- 1/14/17	Spring* 1/15/17 – 8/14/17
Student	$2,162	$894	$1,239

**The above rates include a broker administrative fee.*

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

1. The Policy effective date;
2. The start date of the term for which premium has been paid;
3. 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.

TERMINATION OF BENEFITS

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

1. The date this Policy terminates for all insured persons; or
2. The end of the period of coverage for which premium has been paid; or
3. The date an Insured Person ceases to be eligible for the insurance; or
4. The date an Insured Person enters military service; or
5. For International Students, the date Insured Person departs the Country of Assignment for his/her Home Country (except for scheduled school breaks);
6. For International Students, the date the student ceases to meet Visa Requirements;
7. On any premium due date the Policyholder fails to pay the required premium for an Insured Person except as the result of an unplanned.

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Not in excess of the Usual and Reasonable charges therefore;
2. Not in excess of the charges that would have been made in the absence of this insurance;
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.

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 this Policy.

Hospital means an institution that:

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

Hospital does not include the following:

1. Convalescent homes or convalescent, rest or nursing facilities;
2. Facilities primarily affording custodial, educational, or 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 this Policy.

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

International Student means an international student:

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

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

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

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

Morbidly Obese means a body mass index (*BMI) greater than 40 kg/m2 or a BMI greater than 35 kg/m2 with at least one clinically significant obesity related disease such as diabetes mellitus, obstructive sleep apnea, coronary artery disease, or hypertension for which these complications or diseases are not controlled by best practice medical management.

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

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

Out-of-pocket Expense Limit means the amount of 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 means 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.

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

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

Treatment means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services. 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 this Policy is concerned, means the document issued by the United States Government that permits an individual to participate in the educational activities of a college, university or other institution of higher learning either as a student or in another academic capacity. An International Student must have and maintain a valid visa, either an F-1 (Academic), J-1 (Exchange) or M-1(Vocational) in order to continue as a student in the United States.

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

STUDENT HEALTH CENTER REFERRAL

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

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

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

SCHEDULE OF BENEFITS

PLATINUM PLAN

Benefit Period: When an Insured Person receives initial medical treatment within 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 $0
Non-Network $0

Out-of-Pocket Expense Limit:

Network Provider: $6,350
Non-Network Provider: $6,350

Coinsurance Amount:

Network Provider: For Covered Medical Expenses, 100% of the PPO Allowance up to $5,000, then 80% of the PPO Allowance, unless otherwise stated below.

Non-Network Provider: For Covered Medical Expenses, 100% of Usual and Reasonable Charge for Covered Medical Expenses, to $5,000, then 80% of the Usual and Reasonable Charge, unless otherwise stated below.

Benefit Payment for Network Providers and Non-Network Providers

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

Hospital Inpatient Facility Copayment:

Network $100
Non-Network $100

PREFERRED PROVIDER ORGANIZATION:

To locate a PHCS Provider in Your area, consult Your Provider Directory or visit the network website at **www.phcs.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**
3. **DETERMINED BY WHETHER THE SERVICE OR TREATMENT IS PROVIDED BY A NETWORK OR NON-NETWORK PROVIDER.**

BENEFIS 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
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

BENEFITS PER COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
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	80% of the PPO Allowance for Covered Medical Expenses	80% of the Usual and Reasonable Charge for Covered Medical Expenses
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	80% of the PPO Allowance for Covered Medical Expenses	80% of the Usual and Reasonable Charge for Covered Medical Expenses
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	80% of the PPO Allowance for Covered Medical Expenses	80% of the Usual and Reasonable Charge for Covered Medical Expenses

Emergency Services Expenses	80% of the PPO Allowance for Covered Medical Expenses Copayment $100	80% of the Usual and Reasonable Charge for Covered Medical Expenses Copayment $100
In Office Physician's Visits	80% of the PPO Allowance for Covered Medical Expenses Copayment $20	80% of the Usual and Reasonable Charge for Covered Medical Expenses Copayment $20
Urgent Care Centers or Facilities	80% of the PPO Allowance for Covered Medical Expenses Copayment $75	80% of the Usual and Reasonable Charge for Covered Medical Expenses Copayment $75
Diagnostic X-ray Services	80% of the PPO Allowance for Covered Medical Expenses	80% of the Usual and Reasonable Charge for Covered Medical Expenses
Laboratory Procedures (Outpatient)	80% of the PPO Allowance for Covered Medical Expenses	80% of the Usual and Reasonable Charge for Covered Medical Expenses
Prescription Drugs	Generic Copayment $10 Brand Copayment: $20 See Prescription card	Generic Copayment $10 Brand Copayment: $20 Insured pays full cost when drug is acquired. Insured must submit receipt for reimbursement, which is based on Preferred Brand pricing.
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	80% of the PPO Allowance for Covered Medical Expenses Copayment $20	80% of the Usual and Reasonable Charge for Covered Medical Expenses Copayment $20

Home Health Care Expenses Up to 40 visits per Policy Year	80% of the PPO Allowance for Covered Medical Expenses	80% of the Usual and Reasonable Charge for Covered Medical Expenses
Hospice Care Coverage	80% of the PPO Allowance for Covered Medical Expenses	80% of the Usual and Reasonable Charge for Covered Medical Expenses
Mental Health Disorder	80% of the PPO Allowance for Covered Medical Expenses	80% of the Usual and Reasonable Charge for Covered Medical Expenses
Substance Use Disorder	80% of the PPO Allowance for Covered Medical Expenses	80% of the Usual and Reasonable Charge for Covered Medical Expenses
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
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
Accidental Injury Dental Treatment for Insured Persons over age 18	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Sickness Dental Expense for Insured Persons over age 18 Subject to $250 per tooth maximum	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 exam every 6 months Emergency Dental	See Benefit for limitations 100% of PPO Allowance for Preventive Services	See Benefit for limitations The Usual & Reasonable Charge stated above for covered medical expenses
Clinical Oral Evaluations	-50% Usual and Reasonable	-50% Usual and Reasonable
Endodontic Services	-50% Usual and Reasonable	-50% Usual and Reasonable
Periodontal Services	-50% Usual and Reasonable	-50% Usual and Reasonable

Prosthodontic Services Medically Necessary Orthodontic Care	-50% Usual and Reasonable -50% Usual and Reasonable -50% Usual and Reasonable	-50% Usual and Reasonable -50% Usual and Reasonable -50% Usual and Reasonable
Pediatric Vision Care Benefit Limited to 1 visit per Benefit Period Policy Year and 1 pair of prescribed lenses and frames	100% of PPO Allowance for Preventive Services	The Usual and Reasonable Charge stated above for Covered Medical Expenses
Routine Eye Care (adult) Limited to 1 routine eye exam per	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Chiropractic Care	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
MANDATED BENEFITS		
Infertility Treatment	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Contraceptive Drugs and Devices	Same as any other covered sickness, No Copay for Generic contraceptives	
Mastectomy Treatment and Hospital Stay	Same as Inpatient Surgery	
Hair Prosthesis – Wigs	100% of Usual and Reasonable charge stated above up to $350 per hair prosthesis per Policy year	

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
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	Human Leukocyte Antigen Testing Benefit Limited to 1 test per lifetime	
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 this 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 this Policy, We will pay a benefit. The benefit will be the necessary Usual and Reasonable charges for preparation. This includes cremation, and transportation of the remains to the Insured Person's place of residence in his or her Home Country. Benefits will not exceed the specified benefit shown in the Schedule of Benefits.

THIRD PARTY REFUND

When:

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

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

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

EXCLUSIONS

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

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

1. **International Students Only -** Eligible expenses within the Insured Person's Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
2. services that are not Medically Necessary.
3. preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy.
4. routine physical or other examinations where there are no objective indications of impairment of normal health. Except as specifically provided under the Policy.
5. dental treatment including orthodontic braces and orthodontic appliances. Except as specified for accidental Injury to the Insured Person's Sound, Natural Teeth or as specifically covered under the Pediatric Dental Benefit.
6. professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
7. services or supplies 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, calluse or ingrown toenails.
9. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
10. 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.
11. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate, sports.
12. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
13. 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.
14. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
15. charges incurred for acupuncture, in any form. Except to the extent provided in the Schedule of Benefits.
16. 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.
17. expenses incurred for Plastic or Cosmetic Surgery. Unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from Reconstructive Surgery.
    - For the purposes of this provision. **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body. 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.
    - 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.
18. 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.
19. an Insured Person's:
    - committing or attempting to commit a felony,
    - being engaged in an illegal occupation, or
    - participation in a riot.
20. elective abortions.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Insured Person should:

1. If at Salve Regina University, report immediately to the University Health Services so that proper treatment can be prescribed or referral can be made and a claim form can be obtained; or Notify the Claims Administrator, Consolidated Health Plans, within thirty (30) days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
2. Complete the claim form in full, and sign it. If a student receives outpatient services at Newport Hospital, a claim form is not required. When an Insured Person uses a non-Newport Hospital provider, the Insured Person should obtain a claim form from the University Health Services or contact Consolidated Health Plans.
3. The completed claim form should be mailed within ninety (90) days from the date of Injury or from the date of the first medical treatment for a

Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to the Claims Administrator, Consolidated Health Plans.

4. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to the Claims Administrator at the address below. No additional claim forms are needed as long as the Insured Person's/Student's name and identification number are included on the bill.
5. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to the Claims Administrator, Consolidated Health Plans

CLAIMS APPEAL PROCESS

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an Insured Person who disagrees with how a claim was processed may appeal that decision. The Insured Person must request an appeal in writing within one hundred eighty (180) days of the date appearing on the EOB. The appeal request must include why the Insured Person disagrees with the way the claim was processed. The request must include any additional information he/she feels supports the request for appeal, e.g. medical records, physician records, etc. Please submit all requests to the Claims Administrator, Consolidated Health Plans.

UNIVERSITY HEALTH SERVICES HOURS

Monday through Friday
8:00 A.M. to 5:00 P.M.
Extension #2904

This plan is underwritten by:
National Guardian Life Insurance Company
Madison, WI
As Policy form: NBH-280 (2016) PPO RI

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

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 the 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 Plan.

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:

www.chpstudent.com

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

Consolidated Health Plans provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867. **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.