



## Student Health Insurance Plan

Plan Year  
17/18

*Designed Exclusively for the Students of:*

### **Salve Regina University**

Newport, RI

2017 - 2018

***Underwritten by:***

Atlanta International Insurance Company  
Flushing, NY

Policy Number: AIIC1718RISHIP43

Group Number: ST0903SH

Effective: 08/15/2017 – 08/15/2018



***Administered by:***

Consolidated Health Plans  
2077 Roosevelt Ave | Springfield, MA



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## Where to Find Help

For Questions About:	Please Contact:
<b>Insurance Benefits</b> <b>Enrollment</b> <b>Waiver</b>	<b>University Health Plans, a Risk Strategies Company</b> <i>(After July 10, 2017)</i> 15 Pacella Park Drive Randolph, MA 02368 Phone: (800) 437-6448 Fax: (617) 472-6419 <a href="http://www.universityhealthplans.com">www.universityhealthplans.com</a> or email us at <a href="mailto:info@univhealthplans.com">info@univhealthplans.com</a>
<b>Claims Processing</b> <b>ID Cards</b> <b>Preferred Provider Listings</b> <b>ID card Requests</b>	<b>Consolidated Health Plans</b> <b>2077 Roosevelt Avenue</b> <b>Springfield, Massachusetts 01104</b> <b>(877) 657-5030</b> <a href="http://www.chpstudent.com">www.chpstudent.com</a>
<b>Preferred PPO Provider Listings</b>	<b>Consolidated Health Plans</b> or <a href="http://www.phcs.com">www.phcs.com</a>
<b>Prescription Drug Providers</b>	OptumRx <a href="http://www.optumrx.com">www.optumrx.com</a>

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

Each Eligible Student is eligible for Coverage under the Policy. Except in the case of medical withdrawal due to Sickness or Injury, any Student withdrawing from school during the first thirty-one (31) days of the period for which Coverage is purchased, will not be covered under the policy and a full refund of Premium will be made minus the cost of any claim Benefits made by Us. Students withdrawing after such thirty-one (31) days will remain covered under the Policy for the term purchased and no refund will be allowed.

Eligibility requirements must be met each time Premium is paid to renew Coverage.

## 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, 2017 through 12:01 a.m. on August 15, 2018. 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](http://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, 2017 for students enrolling in the fall and January 15, 2018 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.

**Eligible Students who DO NOT WANT to be enrolled** in the Student Health Insurance Program must submit an online Waiver Form documenting proof of comparable coverage in another health insurance plan prior to the posted waiver date.

Recognizing that health insurance situations may change, students will be required to provide proof of comparable coverage each academic year in order to waive participation in the Student Health Insurance Program.

**Please note:** The Company issuing the policy, used to waive inclusion in the Student Health Insurance Program, must be wholly based in the United States.

## Qualifying Life Event

**Qualifying Life Event** that qualifies a Student to apply for coverage include:

1. Marriage;
2. Loss of a spouse; whether by death, divorce, annulment or legal separation;
3. Birth or adoption of a child, or acquiring a child through marriage;
4. A change in the benefit plan available to the Insured Student’s spouse; and
5. Termination of the Insured Student’s spouse job.

## Effective Dates & Costs

All time periods begin and end at 12:01 A.M., local time, at the Policyholder's address.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Annual	08/15/2017	08/15/2018	08/01/2017
Fall	08/15/2017	01/15/2018	08/01/2017
Spring	01/15/2018	08/15/2018	01/15/2018

Rates for Full-time Undergraduate and Part-time Resident Students.

	Annual	Fall	Spring
Student	\$2,079	\$889	\$1,220

*\*The above rates include an administrative service 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 is received by the Company, its agent or the School;
4. The day after the date of postmark if the Enrollment Form is mailed.

## Termination of Benefits

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

1. The date the policy terminates for all Insured Persons; or
2. The end of the period of coverage for which premium has been paid; or
3. The date an Insured Person ceases to be eligible for the insurance; or
4. The date an Insured Person enters military service; or
5. For International Students, the date the student ceases to meet Visa requirements;
6. On any premium due date the Policyholder fails to pay the required premium for an Insured Person except as the result of an inadvertent error.

## Premium Refund Policy

Premiums received by Us are fully earned upon receipt. Refund of premium will be considered only:

1. For any student who does not attend school during the first thirty-one (31) days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a full refund of the premium will be made minus any claims paid.
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/her entry into the service. A pro rata refund of premium will be made for such person upon written request received by Us within ninety (90) days of withdrawal from school.

No other refunds will be allowed.

## Extension of Benefits

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 their insurance ends. We will continue to pay benefits for up to 90 days from the Termination Date while such Confinement continues.

## Definitions

**Accident** means a sudden, unforeseeable external event which directly and from no other cause results in an Injury to the Insured Person.

**Ambulance Service** means transportation to and from a Hospital by a licensed Ambulance whether a ground, air or medically necessary water Ambulance, in a medical emergency.

**Ambulatory Surgical Center** means a facility which meets licensing and other legal requirements. Which:

1. Is equipped and operated to provide medical care and Treatment by a Physician;
2. Does not provide services or rooms for overnight stays;
3. Has a medical staff that is supervised full-time by a Physician;
4. Has full-time services of a licensed Registered Nurse at all times when patients are in the facility;
5. Has at least one operating room. One recovery room and is equipped to support any surgery performed;
6. Has x-ray and lab diagnostic facilities;
7. Maintains a medical record for each patient; and
8. Has a written agreement with at least one Hospital for the immediate transfer of patients who develop complications or need Confinement.

**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.

**Assistant Surgeon** means a Physician who assists the Surgeon who actually performs a surgical procedure.

**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 label.

**Coinsurance** means the ratio by which We and the Insured Person share in the payment of Usual and Reasonable expenses for Treatment. The Coinsurance percentage that We will pay is stated in the Schedule of Benefits. The Coinsurance is separate and not part of the Deductible and Copayment.

**Complications of Pregnancy** means conditions that require Hospital Confinements before the pregnancy ends. 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.

**Confinement/Confined** means an uninterrupted stay following admission to a health care facility. The readmission to a health care facility for the same or related condition, within a seventy-two (72) hour period, will be considered a continuation of the Confinement. Confinement does not include observation, which is a review or assessment of eighteen (18) hours or less, of an Insured Person's condition that does not result in admission to a Hospital or health care facility.

**Copayment** means a specified dollar amount an Insured Person must pay for specified Covered Medical Expenses. 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. That are sponsored by the National Association for Foreign Student Affairs or its Member Organizations.

**Covered Injury or Injury** means a bodily injury due to an unforeseeable, external event which results independently of disease, bodily infirmity or any other.

All Injuries sustained in any one (1) Accident, all related conditions and recurrent symptoms of these Injuries are considered a single Injury.

**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 Preferred 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 an illness, disease or condition including pregnancy and Complications of Pregnancy that impairs an Insured Person's normal function of mind or body and which is not the direct result of an Injury which results in Covered Medical Expenses. Covered Sickness includes Mental Health Disorders and Substance Use Disorders.

**Custodial Care** means care that is mainly for the purpose of meeting non-medical personal needs. This includes help with activities of daily living and taking medicines. Activities of daily living include: bathing, dressing or grooming, eating, toileting, walking and getting in and out of bed. Custodial Care can usually be provided by someone without professional and medical skills or training.

**Deductible** means the dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable. The amount of the Deductible will be shown in the Schedule of Benefits.

**Durable Medical Equipment** means a device which:

1. Is primarily and routinely used for medical purposes, is specially equipped with features and functions that are generally not required in the absence of Sickness or Injury and is able to withstand repeated use;
2. Is used exclusively by the Insured Person;
3. Is routinely used in a Hospital but can be used effectively in a non-medical facility;
4. Can be expected to make a meaningful contribution to treating the Insured Person's Sickness or Injury; and
5. Is prescribed by a Physician and the device is Medically Necessary for rehab.

Durable Medical Equipment does not include:

1. Comfort and convenience items;
2. Equipment that can be used by Immediate Family Members other than the Insured Person;
3. Health exercise equipment; and

4. Equipment that may increase the value of the Insured Person's residence.

**Effective Date** means the date coverage becomes effective.

**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 Surgery** includes, but is not limited to, circumcision, sterilization reversal, and breast reduction. It 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.

**Elective Treatment** means care not considered a Medically Necessary Essential Health Benefit. Such Treatment is typically undertaken to achieve advantage for the Insured Person but is not urgent or essential to life or health. Elective Treatment includes, but is not limited to, Treatment for acne, warts and moles removed for cosmetic purposes. It includes Treatment for weight reduction, and learning disabilities. This also includes fertility tests and pre-marital 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.

**Eligible Student** means a student who meets all eligibility requirements of the School named as the Policyholder or Dependent of the Insured Student.

**Emergency Medical Condition** means Covered 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 (including severe pain) that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:

1. Placing the health of the person (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious risk;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

**Emergency Services** means, with respect to an Emergency Medical Condition: 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 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:

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. Lab services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

**Experimental/Investigative** means the service or supply has not been shown in scientifically valid clinical trials and research studies to be safe and effective for a particular indication. For further explanation, see the Medically Necessary/Medical Necessity provision.

**Formulary** means a list of medicines designed to manage prescription costs without affecting the quality of care. This is done by identifying and encouraging use of the most clinically and cost effective medicines. The Formulary includes Generic, Brand, and Preferred Brand Drugs.

**Gender Dysphoria** means a conflict between an Insured Person's physical gender and the gender with which the Insured Person identifies. The identity conflict must continue over at least 6 months and the Insured Person must meet the defined term of Gender Dysphoria as described by the American Psychiatric Association.

**Generic Drugs** means a drug that is identical or equivalent to a Brand Named drug. It is similar in dosage form, safety, strength, route of administration, quality, performance features, intended use and is not protected by a patent.

**Habilitation/Habilitative Services** means health 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, and speech therapy.

**Home Country** means the Insured Student's country of citizenship. If the Insured Student has dual citizenship, their 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.

**Hospice** means a coordinated plan of home and inpatient care which treats the terminally ill patient and family as a unit. It provides care to meet the special needs of the unit during the final stages of a terminal illness and during the bereavement. Care is provided by a team of trained medical personnel, homemakers, and counselors. The team acts under an independent Hospice administration. It helps the unit cope with physical, mental, spiritual, social, and economic stresses.

**Hospital** means a facility which provides diagnosis, Treatment, and care of persons who need acute Inpatient Hospital care. Under the supervision of Physicians and provides 24 hour nursing service by Registered Nurses on duty or call. It must be licensed as a general acute care Hospital according to state and local laws. Hospital shall also include a psychiatric health facility for the Treatment of mental or psychoneurotic disorders. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

Hospital also includes an Ambulatory Surgical Center or ambulatory medical center; and a birthing facility certified and licensed as such under the laws where located. It shall also include Rehabilitative facilities if such is required for Treatment of physical disability.

Facilities primarily treating drug addiction or alcoholism that are licensed to provide these services are also included. Hospital does not include a place primarily for rest, the aged, a place for educational or Custodial Care or Hospice.

**Immediate Family Member** means the Insured Person and their spouse, parent, child, or sibling of the Insured Person or their 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 their Home Country; and
3. Is actively engaged as a student or in educational research activities through the Policyholder.

In so far as this Policy is concerned, permanent residents or those who have applied for Permanent Residency Status are not considered to be an International Student.

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



**Medically Necessary or Medical Necessity** means health care services that a Physician, exercising prudent clinical judgment, would provide to an Insured Person. This is for the purpose of preventing, evaluating, diagnosing or treating an illness, Injury, disease or its symptoms, and that are:

1. In accordance with generally accepted standards of medical practice;
2. clinically appropriate, in terms of type, frequency, extent, site and duration and considered effective for the Insured Person's illness, Injury or disease; and
3. not primarily for the convenience of the Insured Person, Physician or other health care provider. And not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or Treatment of that Insured Person's illness, Injury or disease.

The fact that any particular Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

**Mental Health Disorder** means a condition or disorder that largely limits the life activities of the Insured Person. 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/m<sup>2</sup> or a BMI greater than 35 kg/m<sup>2</sup> 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.

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

**Nurse** means a licensed Registered Nurse (R.N.) or Licensed Practical Nurse (L.P.N.) who:

1. Is properly licensed or certified to provide medical care under the laws of the state where the Nurse practices; and
2. Provides medical services which are within the scope of the Nurse's license or certificate. And who does not ordinarily reside in the Insured Person's home or is not related to the Insured Person by blood or marriage.

**Out-of-Pocket Maximum** means the most an Insured Person will pay during a Policy Year before their coverage begins to pay 100% of the allowed amount. This limit will never include premium, balance billed charges or health care this policy does not cover. The Insured Person's Non-Preferred Provider payments or other non-covered expenses and Elective Treatment do not count toward this limit.

**Physical Therapy** means any form of the following:

1. Physical or mechanical therapy;
2. Diathermy;
3. Ultra-sonic therapy;
4. Heat Treatment in any form; or
5. Manipulation or massage.

**Physician** means a health care professional practicing within the scope of their license. Is duly licensed by the appropriate state regulatory agency to perform a particular service which is covered under this policy, and who is not:

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

**Preadmission Testing** means tests done in conjunction with a scheduled surgery where an operating room has been reserved before the tests are done.

**Pre-authorization** means a decision made by Us prior to an Insured Person's receipt of covered service, procedure, Treatment plan, device or prescription drug that the covered service, procedure, Treatment plan, device or prescription drug is Medically Necessary. We indicate which covered services require Pre-authorization in the

Schedule of Benefits.

**Preferred Allowance** means the amount a Preferred Provider will accept as payment in full or 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.

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

**Qualifying Life Event** means an event that qualifies an Insured Student to apply for coverage for him/herself, or for the Student's Dependent due to a Qualifying Life Event under this Policy.

**Rehabilitative** means the process of restoring an Insured Person's ability to live and work after a disabling condition by:

1. Helping the Insured Person achieve the maximum possible physical and mental fitness.
2. Helping the Insured Person regain the ability to care for himself or herself.
3. Offering assistance with relearning skills needed in everyday activities. This is done with occupational training and guidance with mental readjustment.

**Reservist** means a member of a reserve component of the Armed Forces of the United States. Reservists also include a member of the State National Guard and the State Air National Guard.

**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 or Stabilization** 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 odds that no material decline of the condition is likely to result from or during the transfer of the person from a facility.

**Student Health Center or Student Infirmary** means an on campus facility that provides:

1. Medical care and Treatment to Sick or Injury students; and
2. Nursing services.

A Student Health Center or Student Infirmary does not include:

1. Medical, diagnostic and Treatment facilities with major surgical facilities on its premises or available on a pre-arranged basis; or
2. Inpatient care.

**Substance Use Disorder** means any condition or disorder that largely limits the life activities of the Insured Person. 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.

**Surgeon** means a Physician who actually performs surgeries.

**Treatment** means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of their license. Such care includes diagnostic, medical, surgical or therapeutic services. It also includes medical advice, consults, recommendation, and/or the taking of drugs, medicines or prescriptions.

**Urgent Care** means short-term medical care performed in an Urgent Care Facility for non-life threatening conditions that can be mitigated or require care within forty-eight (48) hours of onset.

**Urgent Care Facility** means a Hospital or other licensed facility which provides diagnosis, Treatment, and care of Insured Persons who need acute care under the supervision of Physicians.

**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 a person 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 Atlanta International Insurance Company or its agent. Also referred to as the Company.

## 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 that verifies that the services were not available at the SHC. The Insured Person is then free to seek services outside the SHC. Expenses incurred for medical Treatment rendered outside of the SHC for which no prior approval or referral is obtained will be paid per the Schedule of Benefits. A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is not necessary 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.

## Preferred Provider Organization (PPO) Network

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

### Benefit Payments for Preferred Providers and Non-Preferred Providers

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

## Pre-certification Process

The Insured Person is responsible for calling Us at the phone number found on the back of the Insured Person's ID card and starting the Pre-Certification process. For Inpatient services or surgery, the call should be made prior to Hospital Confinement or surgery. In the case of an emergency, the call should take place as soon as reasonably possible.

The following Inpatient and Outpatient services or supplies require Pre-Certification:

1. All Inpatient admissions, including length of stay, to a Hospital, Skilled Nursing Facility, a facility established primarily for the Treatment of substance abuse, or a residential Treatment facility;
2. All Inpatient maternity care after the initial 48/96 hours;
3. Surgery.

Pre-Certification is not required for a medical emergency or Urgent Care.

Pre-Certification is not a guarantee that Benefits will be paid.

The Insured Person’s Physician will be notified of Our decision as follows:

1. For elective (non-emergency) admissions to a health care facility, We will notify the Physician and the health care facility by telephone and/or in writing of the number of Inpatient days, if any, approved;
2. For Confinement in a health care facility longer than the originally approved number of days, the treating Physician or the health care facility must contact Us before the last approved day. We will review the request for continued stay to determine Medical Necessity and notify the Physician or the health care facility of Our decision in writing or by telephone;
3. For any other covered services requiring Pre-Certification, We will contact the Provider in writing or by telephone regarding Our decision.

Our agent will make this determination within seventy-two (72) hours for an urgent request and four (4) business days for non-urgent requests following receipt of all necessary information for review. Notice of an Adverse Determination made by Our agent will be in writing and will include:

1. The reasons for the Adverse Determination including the clinical rationale, if any.
2. Instructions on how to initiate standard or urgent appeal.
3. Notice of the availability, upon request of the Insured Person, or the Insured Person’s designee, of the clinical review criteria relied upon to make the Adverse Determination. This notice will specify what, if any additional necessary information must be provided to, or obtained by, Our agent in order to render a decision on any requested appeal.

Failure by Our agent to make a determination within the time periods prescribed shall be deemed to be an Adverse Determination subject to an appeal.

If the Insured Person has any questions about their Pre-Certification status, they should contact their Provider.

## Schedule of Benefits

### SCHEDULE OF BENEFITS

**Preventive Services:**

Preferred Provider: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of Preferred Allowance when services are provided through a Preferred Provider

Non-Preferred Provider: Deductible, Coinsurance, and any Copayment are applicable to Preventive Services provided through a Non-Preferred Provider.

**Deductible (will not exceed Out of Pocket Maximum):**

Preferred Provider	Individual: \$0
Non-Preferred Provider	Individual: \$0

**Hospital Inpatient Facility Copayment:**

Preferred Provider	\$100
Non-Preferred Provider	\$100

**Out-of-Pocket Maximum (including Deductible):**

Preferred Provider:	Individual \$6,350
Non-Preferred Provider:	Individual \$6,350

**Coinsurance Amount:**

**Preferred Provider:** 100% of the Preferred Allowance for Covered Medical Expenses unless otherwise stated below. Up to \$5,000 then 80%.

**Non-Preferred Provider:** 100% of the Usual and Reasonable charge for Covered Medical Expenses unless otherwise stated below. Up to \$5,000 then 80%.

**Benefit Payment for Preferred Providers and Non-Preferred Providers**

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

**Preferred Provider Organization:**

To locate a Preferred Provider in Your area, consult Your Provider Directory or visit Our website at [www.phcs.com](http://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 PREFERRED OR NON-PREFERRED PROVIDER.

BENEFITS FOR COVERED INJURY/SICKNESS	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
<b>Inpatient Benefits</b>		
Hospital Room & Board Expenses Pre-Certification required	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Hospital Intensive Care Unit Expense <i>- in lieu of normal Hospital Room &amp; Board Expenses</i> Pre-Certification required	The Preferred 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, misc. supplies	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Preadmission Testing	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Physician's Visits while Confined:	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Inpatient Surgery: Surgeon Services	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Anesthetist	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Assistant Surgeon	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Physical Therapy (inpatient)	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above

Skilled Nursing Facility Expense Benefit	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Mental Health Disorder Benefit	Same as any other Covered Sickness	
Substance Use Disorder Benefit	Same as any other Covered Sickness	
Outpatient Benefits		
Outpatient Surgery: Surgeon Services	80% of Preferred Allowance for Covered Medical Expenses	80% of Usual and Reasonable Charge for Covered Medical Expenses
Anesthetist	80% of Preferred Allowance for Covered Medical Expense	80% of Usual and Reasonable Charge for Covered Medical Expenses
Assistant Surgeon	80% of Preferred Allowance for Covered Medical Expenses	80% of 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, misc. supplies, oxygen, oxygen tent, and blood & plasma	80% of Preferred Allowance for Covered Medical Expenses	80% of Usual and Reasonable Charge for Covered Medical Expenses
Rehabilitation and Habilitative Therapy including cardiac rehabilitation, pulmonary rehabilitation, Physical Therapy, occupational therapy and speech therapy.	80% of Preferred Allowance for Covered Medical Expenses	80% of Usual and Reasonable Charge for Covered Medical Expenses
Emergency Services Expenses	80% of Preferred Allowance for Covered Medical Expenses Copayment: \$100	80% of Usual and Reasonable Charge for Covered Medical Expenses Copayment: \$100
In Office Physician’s Visits	80% of Preferred Allowance for Covered Medical Expenses Copayment: \$20	80% of Usual and Reasonable Charge for Covered Medical Expenses Copayment: \$20
Urgent Care Centers or Facilities	80% of Preferred Allowance for Covered Medical Expenses Copayment: \$75	80% of Usual and Reasonable Charge for Covered Medical Expenses Copayment: \$75
Outpatient Facility Fee	80% of Preferred Allowance for Covered Medical Expenses	80% of Usual and Reasonable Charge for Covered Medical Expenses
Diagnostic Imaging Services	80% of Preferred Allowance for Covered Medical Expenses	80% of Usual and Reasonable Charge for Covered Medical Expenses
CT Scan, MRI and/or PET Scans	80% of Preferred Allowance for Covered Medical Expenses	80% of Usual and Reasonable Charge for Covered Medical Expenses
Laboratory Procedures (Outpatient)	80% of Preferred Allowance for Covered Medical Expenses	80% of Usual and Reasonable Charge for Covered Medical Expenses

Prescription Drugs Non-Preferred Provider benefits are provided on a reimbursement bases. Claim forms must be received within 30 days. Smoking Cessation prescriptions drugs are not available by mail.	Copayment: \$10 Generic Copayment: \$20 Brand	Copayment: \$10 Generic Copayment: \$20 Brand
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	80% of Preferred Allowance for Covered Medical Expenses Copayment: \$20	80% of Usual and Reasonable Charge for Covered Medical Expenses Copayment: \$20
Home Health Care/House Calls Expenses	80% of Preferred Allowance for Covered Medical Expenses	80% of Usual and Reasonable Charge for Covered Medical Expenses
Hospice Care Coverage	80% of Preferred Allowance for Covered Medical Expenses	80% of Usual and Reasonable Charge for Covered Medical Expenses
Private Duty Nursing	80% of Preferred Allowance for Covered Medical Expenses	80% of Usual and Reasonable Charge for Covered Medical Expenses
Mental Health Disorder Benefit	Same as any other Covered Sickness	
Substance Use Disorder Benefit	Same as any other Covered Sickness	
<b>Other Benefits</b>		
Allergy Testing	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Allergy Injections/Treatment	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Ambulance Service air/water transportation limited to \$3,000 per occurrence	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Braces and Appliances including Prosthesis and Orthotics	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Durable Medical Equipment	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Maternity Benefit	Same as any other Covered Sickness	
Routine Newborn Care	Same as any other Covered Sickness	
Consultant/Specialist Physician Services when requested by the attending Physician	80% of Preferred Allowance for Covered Medical Expenses Copayment: \$20	80% of Usual and Reasonable Charge for Covered Medical Expenses Copayment: \$20
Accidental Injury Dental Treatment for Insured Person	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Sickness Dental Expense for Insured Persons over age 18 Subject to \$250 per tooth	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Medical Evacuation Expense	100% Usual and Reasonable Charge for Covered Medical Expenses	
Repatriation Expense	100% Usual and Reasonable Charge for Covered Medical Expenses	
Prevention and Early Detection Services	See Benefit for limitations 100% of Preferred Allowance	See Benefit limitations 80% of Usual and Reasonable Charge for Preventive Services.

Dental Care Benefit Preventive Dental Care Limited to 2 dental exams every 12 months  <i>The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:</i> Emergency Dental Routine Dental Care Endodontic Services Prosthodontic Services Medically Necessary Orthodontic Care (for children only)	See Benefit for limitations 100% of Preferred Allowance for Preventive Dental 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	See Benefit for limitations 80% of the Usual and Reasonable Charge for Preventive Services  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 Exam Benefit up to age 19 - Limited to 1 visit per Policy Year	100% of Preferred Allowance for Covered Medical Expenses Deductible Waived (if any)	The Usual and Reasonable Charge stated above
Pediatric Vision Care Hardware Benefit up to age 19 - Limited to 1 pair of prescribed lenses and frames per Policy Year	100% of Preferred Allowance for Covered Medical Expenses Deductible Waived (if any)	The Usual and Reasonable Charge stated above
Adult Vision Care age 19 and up Routine Eye Exam once every 12 months	100% of Preferred Allowance for Covered Medical Expenses Deductible Waived (if any)	The Usual and Reasonable Charge stated above
Chiropractic Care Benefit	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Transplants	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Treatment of Gender Dysphoria	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Dialysis Care	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Chemotherapy and Radiation Therapy	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
<b>MANDATED BENEFITS</b>		
Approved Clinical Trials	Same as any other Covered Sickness	
Autism Spectrum Disorder	Same as any other Covered Sickness	
Contraceptive Coverage	Same as any other Covered Sickness	
Diabetes Care Management	Same as any other Covered Sickness	
Early Intervention Services	Same as any other Covered Sickness	
Hair Protheses – Wigs per Insured Person per Policy Year	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Hearing Aids	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above
Human Leukocyte Antigen Testing	Same as any other Covered Sickness	
Infertility Treatment	Same as any other Covered Sickness	
Inherited Metabolic Disorder – PKU – Enteral Formula	Same as any other Covered Sickness	



Lead Poisoning	Same as any other Covered Sickness	
Lyme Disease Treatment	Same as any other Covered Sickness	
Mammograms and Pap Smears	Same as any other Covered Sickness	
Mastectomy Treatment and Hospital Stay	Same as any other Surgical coverage	
Prostate and Colorectal Exams	Same as any other Covered Sickness	
Smoking Cessation Programs (Screening covered as preventive)	The Preferred Allowance stated above	The Usual and Reasonable Charge stated above

## Medical Evacuation and Repatriation

### **Medical Evacuation Expense** – If:

- An Insured Person is unable to continue his or her academic program as the result of a Covered Injury or Covered Sickness;
  - That occurs while he or she is covered under the policy,
- We will pay the necessary Usual and Reasonable charges for evacuation to another medical 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:

- 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;
- Prior to the medical evacuation occurring, the attending Physician must have recommended and We must have approved the medical evacuation;
- We must approve the Usual and Reasonable Expenses incurred prior to the medical evacuation occurring, if applicable;
- 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;
- Evacuation of the Insured Person to his or her Home Country terminates any further insurance under the Policy for the Insured Person; and
- Transportation must be by the most direct and economical route.

**Repatriation Expense**- If the Insured Person dies while he or she is covered under the policy, We will pay a benefit. The benefit will be the necessary Usual and Reasonable charges for preparation, including cremation, and transportation of the remains to the Insured Person's place of residence in his or her Home Country. Benefits will not exceed the specified benefit shown in the Schedule of Benefits.

## Exclusions

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

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

- International Students Only** - Eligible expenses within the Insured Person's Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
- medical services rendered by provider employed for or contracted with the School, including team physicians or trainers. Except as specifically provided in the Schedule of Benefits or as part of the Student Health Center benefits provided by this plan
- dental Treatment including orthodontic braces and orthodontic appliances. Except as specified for accidental Injury to the Insured Person's Sound, Natural Teeth or as specifically covered under the Pediatric Dental Benefit.
- professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
- services or supplies in connection with eye exams, eyeglasses or contact lenses, except those resulting from a covered accidental Injury, that exceeds the benefit shown in the Schedule of Benefits.

6. weak, strained or flat feet, corns, calluses ingrown toenails.
7. Treatment or removal of nonmalignant moles warts, boils, acne, actinic or seborrheic keratosis, dermatofibrosis or nevus of any description or form. hallus valgus repair. varicosity. or sleep disorders including the testing for same.
8. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
9. charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
10. any expenses in excess of Usual and Reasonable charges except as provided in this policy.
11. loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation. Except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
12. 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.
13. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate sports;
14. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
15. 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.
16. services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
17. expenses payable under any prior Policy which was in force for the person making the claim.
18. Injury sustained as the result of the Insured Person's operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
19. expenses incurred after:
  1. The date insurance ends as to the Insured Person except as specified in the Extension of Benefits provision; and
  2. The end of the Policy Year specified in the Benefit Schedule.
20. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
21. charges incurred for acupuncture in any form. Except to the extent provided in the Schedule of Benefits.
22. expenses for weight increase or reduction, except Medically Necessary bariatric surgery and hair growth or removal. Unless otherwise specifically covered under the policy.
23. expenses for radial keratotomy and services in connection with eye exam, eye glasses or contact lenses. Except as required for repair caused by a Covered Injury or as specifically covered under the Pediatric Vision Benefit.
24. racing or speed contests skin diving or sky diving, mountaineering (where ropes or guides are routinely used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.
25. 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.
  1. As used in 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.
  2. As used in 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 or alter their personal concept of body image.
26. Treatment to the teeth, in excess of the amount shown in the Schedule of Benefits. 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. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
27. an Insured Person's:
  1. committing or attempting to commit a felony,
  2. being engaged in an illegal occupation, or
  3. participation in a riot.

28. elective abortions.
29. braces and appliances. Except as specifically provided in the Schedule of Benefits.
30. congenital defects. Except as provided for newborn or adopted children added after the Effective Date of coverage.
31. Custodial Care service and supplies.
32. hernia, of any kind.
33. expenses that are not recommended and approved by a Physician.
34. sexual reassignment surgery, except as provided when Medically Necessary or when Treatment is covered under the policy. This exclusion does not include related mental health counseling.
35. cosmetic procedures related to Gender Dysphoria including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, breast augmentation, body contouring, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants.
38. routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, donor services if the recipient is not an Insured Person under this plan, or services for or related to the transplantation of animal or artificial organs or tissues.
39. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
  - obtainable Over the Counter (OTC) unless Medically Necessary. Except as specifically provided under Preventive Care;
  - for the Treatment of alopecia (hair loss) or hirsutism (hair removal);
  - for the purpose of weight control;
  - anabolic steroids for body building;
  - growth hormones;
  - sexual enhancement drugs;
  - cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or Treatment of acne except as specifically provided in this policy;
  - Treatment of nail (toe or finger) fungus;
  - refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
  - for an amount that exceeds a 30 day supply;
  - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
  - purchased after coverage under the policy ends;
  - consumed or administered at the place where it is dispensed;
  - if the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason.
40. non-chemical addictions.
41. non-physical, occupational, speech therapies (art, dance, etc.).
42. modifications made to dwellings.
43. general fitness, exercise programs.
44. vitamins, minerals, food supplements.
45. obesity Surgery.
46. hypnosis.
47. rolfing.
48. biofeedback.

## Third Party Refund

When:

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

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

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

## Coordination of Benefits

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

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

## Right of Recovery

If the amount of payments made by Consolidated Health Plans is more than it should have paid under this COB provision, it may recover the excess from one or more of the persons it has paid or for whom it has paid, or any other person or organization that may be responsible for the benefits or services provided for the covered person. The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

## Claim Procedures

### In the event of either an Injury or a Sickness:

1. Report to a Physician, Hospital or the School's Student Health Services.
2. Written notice of a claim must be submitted to the address below within thirty (30) days after the date of Injury or commencement of Sickness covered by the Policy, or as soon thereafter as is reasonably possible.
3. 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.

Bills should be received by the Company within thirty (30) days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

**Claims Administrator:  
CONSOLIDATED HEALTH PLANS**

2077 Roosevelt Avenue  
Springfield, MA 01104  
Toll Free (877) 657-5030  
[www.chpstudent.com](http://www.chpstudent.com)

**Group Number: ST0903SH**

**Servicing Agent:**

University Health Plans, a Risk Strategies Company  
15 Pacella Park Drive  
Randolph, MA 02368  
Phone: (800)437-6448  
[www.universityhealthplans.com](http://www.universityhealthplans.com)

Please visit our website for frequently asked questions and answers regarding this plan, or email us at [info@univhealthplans.com](mailto:info@univhealthplans.com)

## Claim Appeal Process

A written appeal for a first level review, along with any additional information or comments, must be sent within 180 days after notice of an Adverse Determination. The Insured Person does not have the right to attend, or have an authorized representative in attendance at the first level review. However, in preparing the appeal, the Insured Person or his or her authorized representative may:

- a. review all documents related to the claim and submit written comments and issues related to the denial; and
- b. submit written comments, documents, records or other materials related to the request for benefits for the reviewer(s) to consider.

We will provide the Insured Person with the contact person who is coordinating the first level review within 3 days of the date of receipt of the grievance.

Please submit all **Claim Appeal** requests to Consolidated Health Plans.

**Claims Administrator:**  
**CONSOLIDATED HEALTH PLANS**  
2077 Roosevelt Avenue  
Springfield, MA 01104  
Toll Free (877) 657-5030  
[www.chpstudent.com](http://www.chpstudent.com)

**This plan is underwritten by:**  
**Atlanta International Insurance Company**  
Flushing, NY

**As Policy form: RI SHIP POL (2016)**

**For a copy of the Company's privacy notice you may go to:**  
[www.consolidatedhealthplan.com/about/hipaa](http://www.consolidatedhealthplan.com/about/hipaa)  
(Please indicate the school you attend with your written request)  
or  
Request one from the Health Office at your School

***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 Atlanta International Insurance Company. These value-added options are provided by Consolidated Health Plans.

### **VISION DISCOUNT PROGRAM**

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

### **EMERGENCY MEDICAL AND TRAVEL ASSISTANCE**

Consolidated Health Plans provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-877-657-5030. **If you are traveling and need assistance in North America, call the Assistance Center toll-free at: 877.305.1966 or if you are in a foreign country, call collect at: 715.295.9311.** When you call, please provide your name, school name, the group number shown on your ID card, and a description of your situation. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.