

We are pleased to provide you with this overview of the University of Vermont (UVM) Student Health Insurance Plan (SHIP). This SHIP is underwritten by Commercial Casualty Insurance Company and administered by Consolidated Health Plans, Inc. CHP has contracted with Cigna for the plan's provider network of hospitals, physicians, and other health care providers. Students should consider UVM's Center for Health & Wellbeing (CHWB) their first stop. CHWB can provide many of the routine health services you need most often at no expense to you. You may also visit any licensed health care provider for covered services by using the Cigna PPO network.

Your plan also offers the following value-added services:

- Davis Vision Discount Program
- Travel Guard Medical Travel Assistance
- 24/7 toll-free nurse hotline
- 24/7 Behavioral Health Hotline/CareConnect

BENEFIT SUMMARY*

Aggregate Benefit Maximum	Unlimited	
	IN-NETWORK	OUT-OF-NETWORK
Deductible (Per Person) This Deductible does not apply to Emergency Room Services	\$200, waived with a referral from the University of Vermont Center for Health & Wellbeing (CHWB)	
Medical Out-of-Pocket Maximum	\$6,850 Individual/ \$13,700 Family Max	No Maximum
RX Out of Pocket Limit	\$1,350 Individual/ \$2,700 Family	Not Covered
Coinsurance	80% of PA	70% of U&R
Preventive Care-Student Benefits are covered only when services are received at UVM Center for Health and Wellbeing. Preventive services not provided at UVM Center for Health and Wellbeing, will be paid the same as Preventive Care Services for Dependents.	100% of PA Deductible does not apply	70% of U&R Deductible does not apply
Preventive Care-Dependents	100% of PA Deductible does not apply	70% of U&R Deductible does not apply
Inpatient Hospital Expense (Precertification applies)	80% of PA	70% of U&R
Physician's Office Visit	80% of PA	70% of U&R
Emergency Room Expense Co-pay is waived if admitted	80% of PA after \$100 co-pay per visit + waiver of Deductible	80% of U&R after \$100 co-pay per visit + waiver of Deductible
X-Ray and Laboratory Expenses	80% of PA	70% of U&R
Prescription Drug Benefits- www.cigna.com; co-pay per 30-day supply; Deductible does not apply	Generic: \$20 co-pay; Preferred Brand: \$40 co-pay; Brand: \$60; Specialty Drugs: \$60 co-pay	Not Covered

PA= Preferred Allowance

U&R = Usual & Reasonable

*This summary is provided as a courtesy and is not meant to replace or override the terms and conditions detailed in the insurance policy/brochure. Please refer to the policy/brochure to verify medical coverage, eligibility, exclusions, limitations, and for more detailed information.

University of Vermont Insurance Requirements

All undergraduate and graduate students taking nine (9) or more credit hours are automatically enrolled in the UVM insurance plan, subject to the waiver requirements.

Part-time undergraduate and continuing educational students taking at least six (6) credit hours, and graduate students taking at least five (5) credit hours, may enroll at their option. Part-time students opting to enroll must also pay the health fee.

All international students will be required to purchase the University of Vermont Student Health Insurance Plan.

Insured students may also enroll their eligible dependents. Go to www.universityhealthplan.com for more information.

2018/2019 Waiver Deadlines

Participation in this Student Health Insurance Plan can be waived if the student has comparable coverage currently in force. A Waiver/Decision Form can be accessed online at www.uvm.edu/health. Follow the links to complete the waiver/decision form. The student can either: (a) purchase the University of Vermont Student Health Insurance Plan, or (b) decline the insurance by identifying comparable coverage currently in force with another insurance company. The online waiver process will be available but will not accept a decision past the published deadlines.

For Questions About:	Contact:
Waiver Process Health Services	The University of Vermont Student Health Insurance Office Center for Health and Wellbeing (802) 656-0602 Email: StudentInsurance@uvm.edu
Enrollment Dependent Enrollment	University Health Plans, Inc. 15 Pacella Park Drive Randolph, MA 02368 Phone: (800) 437-6448 Fax: (617) 472-6419 www.universityhealthplans.com Email: info@univhealthplans.com
Insurance Benefits Preferred Provider Listings Claims Processing	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, MA 01104 (877) 657-5030 www.chpstudent.com Email: customerservice@chpemail.com
Preferred Provider Listings	Cigna PPO www.cigna.com
Find a Prescription Drug Provider	Cigna Pharmacy Plan www.cigna.com

Cost and Period of Coverage

	Annual 8/1/18-7/31/19	Spring 1/1/19-7/31/19
Student	\$2,694*	\$1,572*
Spouse, Civil Union or Domestic Partner	\$2,556	\$1,491
Each Child	\$2,556	\$1,491

*Rates Include an administrative fee.



EXCLUSIONS AND LIMITATIONS

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care or any state imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to You.

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

1. **International Students Only** - Eligible expenses within Your 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 You could be eligible.
2. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved.
3. Medical services rendered by provider employed for or contracted with the School, including team physicians, except as specifically provided in the Schedule of Benefits
4. Professional services rendered by an Immediate Family Member or anyone who lives with You.
5. Weak, strained or flat feet, corns, calluses ingrown toenails, except as Medically Necessary for Treatment because of Injury, infection or disease.
6. Diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
7. Prescription contraceptive diaphragms are covered but limited to one (1) per policy year;
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 Certificate.
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.
13. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
14. 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 You are required to pay.
15. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
16. Expenses payable under any prior Policy which was in force for the person making the claim.
17. Expenses incurred after:
 - o The date insurance terminates as to the Insured Person and
 - o The end of the Policy Year specified in the Benefit Schedule.
18. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Certificate.
19. Weight management. Weight reduction. Nutrition programs. Treatment for obesity except surgery for morbid obesity (bariatric surgery). this does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Care Services benefit, or otherwise specifically covered under the Certificate.
20. Charges for hair growth or removal (except in connection with Medically Necessary Gender Dysphoria treatment) expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses except as required for repair caused by a Covered Injury
21. Organized racing or speed contests or sky diving, mountaineering (where ropes or guides are customarily 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.
22. Charges for hearing exams, hearing screening, hearing aids and the fitting or repair or replacement of hearing aids or cochlear implants except as specifically provided in the Certificate.
23. Expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical Treatment within 24 hours of the accident or results from Reconstructive Surgery.
 - o For the purposes of this provision, **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
 - o For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance or alter their personal concept of body image.
24. Treatment to the teeth, including orthodontic braces and orthodontic appliances, in excess of the amount shown in the Schedule of Benefits including surgical extractions of teeth. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.

25. You are:
 - committing or attempting to commit a felony,
 - being engaged in an illegal occupation, or
 - participation in a riot.
26. Braces and appliances, except as specifically provided in the Schedule of Benefits.
27. Congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
28. Custodial Care service and supplies.
29. Expenses that are not recommended and approved by a Physician.
30. 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.
31. under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
 - which does not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided in the Prescription Drug Benefit section of the plan;
 - drugs with over-the-counter equivalents;
 - for the purpose of weight control;
 - sexual enhancements drugs;
 - dietary supplements;
 - 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 the Certificate;
 - refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs; except to the extent required by law for routine costs for approved cancer clinical trials;
 - purchased after coverage under the Certificate terminates;
 - 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;
32. Non-physical, non-occupational, non- speech therapies (art, dance, etc.).
33. Modifications made to dwellings.
34. General fitness, exercise programs.
35. Hypnosis.
36. Rolfing.
37. Biofeedback.
38. Hyperhidrosis.

