

Student Health Insurance

Designed for the Students of

The University of Vermont

2015-2016

Underwritten by:

Nationwide Life Insurance Company
Columbus, OH

Policy Number: 302-054-4413

Effective: August 1, 2015 to July 31, 2016

Group Number: S210510

IMPORTANT NOTICE

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. If any discrepancy exists between the Brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

NONDISCRIMINATORY

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

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WHERE TO FIND HELP?

The University of Vermont Student Health Insurance Plan has been developed especially for The University of Vermont students. The Plan provides coverage for Sicknesses and Injuries that occur on and off campus and includes special cost-saving features to keep the coverage as affordable as possible. The University of Vermont is pleased to offer the Plan as described in this brochure.

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

For Questions About:	Please 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. One Batterymarch Park Quincy, MA 02169-7454 Phone : (800) 437-6448 Fax : (617) 472-6419 www.universityhealthplans.com or Email: info@univhealthplans.com
Insurance Benefits Preferred Provider Listings Claims Processing	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (800) 633-7867 www.chpstudent.com
Preferred Provider Listings	Consolidated Health Plans or www.cigna.com
Prescription Drug Providers	Cigna Pharmacy Plan www.cigna.com

AM I ELIGIBLE?

All undergraduate students attending UVM taking nine (9) or more credit hours 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 pay the semester Health Fee and purchase the University of Vermont Student Health Insurance Plan. International Students will automatically be billed for the insurance premium and are not eligible to waive participation in the Plan. If you have questions regarding this requirement, please contact the Student Insurance Office at (802) 656-0602.

Any student whose personal health insurance policy is cancelled during the academic year would have the option to purchase the University's Student Health Insurance Plan.

Students must be physically and actively attending classes on campus for at least the first thirty-one (31) days beginning with the first day for which coverage is purchased. Students who are enrolled exclusively in online courses and whose enrollment does not consist entirely of Short-Term Courses do not fulfill the Eligibility requirements. Home study, correspondence, online, and television (TV) courses do not fulfill the Eligibility requirements.

INVOLUNTARY LOSS OF OTHER COVERAGE

If You are eligible for Coverage but do not enroll in Coverage under this Policy when You first meet the definition of Eligible Person as a result of coverage under another Policy, You may be eligible to enroll in Coverage under this Policy provided enrollment and Premium are received within 31 days of Involuntary Loss of Other Coverage.

For purposes of this section, Involuntary Loss of Other Coverage means that prior coverage is involuntarily terminated due to no fault of the Eligible Person, which includes coverage that terminates due to a loss of employment by the Eligible Person or the Eligible Person's spouse or parent. This definition does not include coverage that has a predetermined termination date, or expiration of COBRA eligibility, and does not apply to coverage that has been voluntarily terminated.

Coverage is effective upon enrollment and receipt of Premium by Us or Our authorized representative.

HOW DO I WAIVE/ENROLL?

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/insurance. 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.

Category	Open Enrollment Deadline Date
Students enrolling for the Fall Semester	September 15, 2015
Students enrolling for the Spring Semester	February 15, 2016

Please note: International Students are not able to waive this coverage. If you have questions regarding this requirement, please contact the Student Insurance Office at (802) 656-0602.

LATE ENROLLMENT/ APPEAL PROCESS

After the deadline, The University of Vermont Student Health Insurance Plan may not be waived/cancelled, except as provided by policy guidelines. Call the Center for Health and Wellbeing for more information.

COVERAGE FOR DEPENDENTS

Insured Students may also enroll their lawful spouse, domestic partner, or civil union

partner and dependent children under age twenty-six (26). Dependent eligibility expires concurrently with that of the Insured student.

Students may also enroll their Dependents within sixty (60) days of an eligible qualifying event. Eligible qualifying events for a Dependent are defined in the Master Policy. Enrollment requests (including payments) received after the sixty (60) days following the qualifying event will not be accepted. Coverage will be effective as of the date of the qualifying event.

Your Dependents will be covered for the same benefits for which You are covered. Coverage is not effective until the start date shown in the Plan Costs and Period of Coverage section. To enroll your Dependent(s), please visit:

www.universityhealthplans.com.

NEWBORN INFANT COVERAGE

A child born to a Covered Person shall be covered for Accident, Sickness, and congenital defects for sixty (60) days from the date of birth. At the end of this sixty (60) day period, coverage will cease under The University of Vermont Student Health Insurance Plan. However, the Insured must notify Us in writing within sixty (60) days of such birth and pay the required additional premium, if any, in order to have coverage for the newborn child continue beyond such sixty (60) day period.

Coverage is provided for a child legally placed for adoption with a Covered Person for sixty (60) days from the moment of placement, provided the child lives in the household of the Covered Person and is dependent upon the Covered Person for support. However, the Insured must notify Us in writing within sixty (60) days of such adoption and pay the required additional premium, if any, in order to have coverage for the adopted child continue beyond such sixty (60) day period.

A dependent will not be considered a late enrollee if a court order requires the Covered Person to provide coverage for his or her eligible dependent. Such coverage will become effective on the date of the court order and will remain in effect for sixty (60) days. To extend coverage past the sixty (60) days, Covered Person must (1) enroll the child(ren) within sixty (60) days of the court order, and (2) pay any additional premium, if necessary, starting from the date of the court order.

EFFECTIVE DATES AND COSTS

- Students:** Coverage for all insured students enrolled for the Fall Semester will become effective at 12:01 a.m. on August 1, 2015, and will terminate at 11:59 p.m. on July 31, 2016.
- New Spring Semester Students:** Coverage for all insured students enrolled for the Spring Semester will become effective at 12:01 a. m. on January 1, 2016, and will terminate at 11:59 p.m. on July 31, 2016.
- Insured Dependents:** Coverage will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premiums are sent, if later. Coverage for insured dependents terminates in accordance with the Termination provisions as described in the Master Policy. Examples include, but are not limited to, the date the Insured student's coverage terminates and the date the dependent no longer meets the definition of a dependent.

	Annual 8/1/15-7/31/16	Fall 8/1/15-12/31/15	Spring 1/1/16-7/31/16
Student*	\$2,822**	\$1,176**	\$1,646**
Spouse/Civil Union Partner/Domestic Partner	\$2,685	\$1,122	\$1,563
Each Child	\$2,685	\$1,122	\$1,563

* All costs above include a fee retained by the Servicing Agent.

** Cost listed includes a school administrative fee.

TERMINATION

Coverage will terminate at 11:59 pm standard time at the Policyholder's address on the earliest of:

- The Termination Date of the Policy;
- The last day of the term of Coverage for which Premium is paid; or
- The date a Covered Person enters full time active military service. Upon written request within ninety (90) days of leaving school. We will refund the unearned pro-rata Premium to such person upon written request.
- The last date of the period for which Premium has been paid following the date a Dependent ceases to be a Dependent as defined.

Termination is subject to the Extension of Benefits provision.

Termination will be made without prejudice to any existing expense. Coverage for any Covered person who leaves The University of Vermont before the end of the semester will continue in force through the end of the period for which a premium was paid.

EXTENSION OF BENEFITS

The Coverage provided under this Policy ceases on the termination date, shown on the face page. However, if an Insured is:

- Hospital Confined on the Termination Date from a covered Injury or Sickness for which Benefits were paid before the Termination Date, Covered Expenses for such Injury or Sickness will continue to be paid for a period of ninety (90) days or until date of discharge, whichever is earlier; or
- Totally Disabled on the Termination Date from a covered Injury or Sickness for which Benefits were paid before the Termination Date, Covered Expenses for such Injury or Sickness will continue to be paid for a period of twelve (12) months or until the date the disability ends, whichever is earlier.

Totally Disabled means, with respect to the Insured, the inability to attend classes at the location where he is enrolled. With respect to a Dependent, or the Insured if such classes are not in session, disability means the inability to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Covered Person immediately prior to the Injury or Sickness.

The total payments made in respect of the Insured for such Condition both before and after the termination date will never exceed the Maximum Benefit. After this Extension of Benefits provision has been exhausted, all Benefits cease to exist and under no circumstances will further Benefits be made.

This Extension of Benefits provision is applicable only to the extent the Covered Person will not be covered under this or any other similar health insurance policy in the ensuing term of Coverage.

Dependents that are newly acquired during the Insured's Extension of Benefits period are not eligible for Benefits under the provision.

CONTINUATION OF COVERAGE

The right to continue this Coverage is available to an Insured, who is no longer an Eligible Person due to graduation as outlined in the Schedule of Benefits. Application for continued Coverage for the Insured must be made within sixty (60) days of termination of Coverage. If continuous Coverage is maintained, Coverage may be continued for an additional 90 days.

Continuation of Coverage ends when the Policy terminates. Continuation will be subject to the terms of the Policy and any limitations as noted in the Schedule of Benefits.

PREMIUM REFUND POLICY

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

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

STUDENT HEALTH CENTER REFERRAL

The Covered Person must first seek services of the Center for Health and Wellbeing (CHWB). If the CHWB cannot provide the service needed, the Insured must obtain an initial referral that verifies that the services were not available at the CHWB. The Insured is then free to seek services without penalty with a Provider outside of the CHWB.

Expenses incurred for treatment rendered outside of the CHWB for which no prior referral is obtained will be subject to the per condition deductible as listed in the Schedule of Benefits.

A CHWB referral for outside care is required except under the following Conditions:

- Medical Emergency;
- Medical care obtained when the Insured is no longer able to use the CHWB due to change in eligibility status; or
- Pregnancy or Maternity care
- Routine care from an obstetrician/gynecologist.

A written referral from the CHWB is required for any follow-up care, with a Provider other than CHWB, after Emergency services

A CHWB referral does not constitute a guarantee of Benefits when treatment is provided outside the CHWB. We reserve the right to determine the Medical Necessity of treatment for services provided outside the CHWB.

SCHEDULE OF BENEFITS

The Policy provides benefits for expenses incurred by an Insured Person for loss due to a covered Injury or Sickness. Benefits will be paid up to the maximum benefit for each service as scheduled below. **The Insured Student will be subject to a \$100 Deductible per Condition without a referral from the Center for Health and Wellbeing.** Note: Medical Students are not subject to the deductible when participating in mandatory out-of-area rotations.

Your Coverage provides for the utilization of Preferred Providers in a Preferred Provider Organization (PPO). The Preferred Provider Organization(s) for your Coverage is: Cigna Go to www.cigna.com for a list of participating providers.

Covered Medical Expenses include:

	In-Network	Out-of-Network
Policy Year Maximum Benefit	Unlimited	
Deductible per Covered Person Condition Policy Year Note: Medical Students are not subject to the deductible when participating in mandatory out-of-area rotations. Deductible does not apply to emergency services.	\$100 per condition when not referred by the University of Vermont Center for Health & Wellbeing	
Out-of-Pocket Maximum (includes Coinsurance and Copayments; does not include non-covered medical expenses or elective treatment)	\$6,350 per Covered Person \$12,700 Family Maximum	No Maximum
Insured Percent	90% of Preferred Allowance (PA)	80% of the Reasonable & Customary Charge (R&C)
Outpatient Services		
Office Visits (includes Specialists, Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery or physiotherapy.	90% of PA	80% of R&C
Diagnostic Imaging, X-ray and Laboratory Services	90% of PA	80% of R&C

Inpatient Services		
Miscellaneous Hospital Services Includes meals and prescribed diets, Diagnostic Imaging, Laboratory, pharmaceuticals administered while an Inpatient, use of operating room, anesthesia, therapeutic services, supplies, dressings, blood and blood plasma, oxygen, radiation therapy, chemotherapy, miscellaneous items used in association with a surgical event, Pre-Admission Testing and Inpatient Rehabilitation.	90% of PA	80% of R&C
Room and Board expense, at the semi-private room, general nursing care, and ICU	90% of PA	80% of R&C
Physician visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.	90% of PA	80% of R&C
Skilled Nursing and Sub-Acute Care Facilities	100% of PA	80% of R&C
Surgical Services (Inpatient & Outpatient)		
Surgeon's Fee	90% of PA	80% of R&C
Assistant Surgeon	90% of PA	80% of R&C
Anesthetist Services	90% of PA	80% of R&C
Inpatient/Outpatient Surgical Miscellaneous includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.	90% of PA	80% of R&C
Other Surgical Services		
Organ transplant – (benefit limitations may apply, see policy for details)	90% of PA	80% of R&C
Surgical treatment for Morbid Obesity when Medically Necessary	90% of PA	80% of R&C
Maternity Care – Includes forty-eight (48) hours of Inpatient care following a normal delivery and ninety-six (96) hours of Inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the Attending Physician or a certified nurse-midwife who consults with a Physician, decides to discharge the mother or newborn child sooner. In the event of early discharge, Home Health Care visits will be provided (up to 40 visits Per Policy Year).		
Pre- and Post-Natal Care services	Paid the same as any other Sickness	
Mental Conditions & Substance Abuse		
Inpatient Services	Paid the same as any other Sickness	
Outpatient Office Visits	Paid the same as any other Sickness	

Urgent Care and Emergency Services		
Urgent Care	90% of PA	80% of R&C
Emergency services. Use of the emergency room and supplies. Subject to a \$100 per visit co-pay (waived if admitted). The Plan Policy Year Deductible does not apply to emergency services.	90% of PA, after \$100 co-pay per visit	90% of R&C, after \$100 co-pay per visit
Emergency Medical Transportation services	100% of Actual Charges	
Other Services		
Preventive/Wellness & Immunizations- Students, covered only when services are received at UVM Center for Health and Wellbeing. For preventive services not available at the CHWB, the in-network benefit with a preferred provider will be 100% of PA.	100% Deductible does not apply	Not Covered
Allergy Services (testing/injections/treatment)	90% of PA	80% of R&C
Habilitative therapy – including Physical, Speech, and Occupational	90% of PA	80% of R&C
Rehabilitative therapy – including Physical, Speech, and Occupational	90% of PA	80% of R&C
Chiropractic care	90% of PA	80% of R&C
Home Health Care	90% of PA	80% of R&C
Hospice	90% of PA	80% of R&C
Private Duty Nursing	90% of PA	80% of R&C
Diabetic treatment and Education	Paid the same as any other Sickness	
Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices	90% of PA	80% of R&C
Neuropsychological Testing – coverage is limited to 8 hours per Policy Year.	90% of PA	80% of R&C
Temporomandibular Joint (TMJ) Dysfunction and Craniofacial Disorders Expense, including diagnosis and medically necessary treatment, including surgical and nonsurgical procedures, for a musculoskeletal disorder that affects any bone or joint in the face, neck or head and is the result of accident, trauma, congenital defect, developmental defect, or pathology.	90% of PA	80% of R&C

Prescription Drug Expense	100% after a: • \$15 Co-pay for Generic • \$25 Co-pay for Preferred Brand	50% of R&C
Prescription Drug Expense <ul style="list-style-type: none"> • Only a thirty (30) day supply can be dispensed at any time • One (1) copayment per thirty (30) day supply; Copay does not apply to generic contraceptives • Copayments apply to the out-of-pocket • Prescriptions must be filled at a Cigna participating pharmacy. Go to www.cigna.com for a list of participating pharmacies. 		
Routine Vision Exam for Covered Persons under twenty one (21) – limited to one (1) exam per Policy Year. Includes prescription eye glasses (lenses & frames), or contact lenses in lieu of eyeglasses, limited to once per Policy Year. Eyeglasses or Contact Lenses. 100% up to \$150, then 60% thereafter		
Pediatric dental for Covered Persons under the age of twenty-one (21) – see policy for details		
Preventive & diagnostic services	100% of R&C	
Basic restorative services	70% of R&C	
Major services	50% of R&C	
Pediatric Dental – Medically Necessary orthodontia services (requires pre-authorization)	50% of R&C	
Elective Services (do not apply to the Out-of-Pocket Maximum)		
Medical Evacuation	100% of actual cost – No cost sharing	
Repatriation	100% of actual cost – No cost sharing	
Non-Emergency Treatment outside the United States	80% of R&C	
Intercollegiate Sports Expense Benefit, limited to \$1,500 per Injury	100% of PA	100% of R&C
Club and Intramural Sports Injury	Paid the same as any other Injury	
Gender Reassignment Surgery, including hormone replacement therapy, limited to \$50,000 per Policy Year. Note: Mental Health Counseling is covered under Mental Health benefit.	Paid the same as any other Sickness	
Removal of Impacted Wisdom Teeth, up to a maximum of \$100 per tooth	90% of PA	80% of R&C
Elective Abortion, if conception of the pregnancy is during the Policy Year: limited to \$360 per occurrence.	90% of PA	80% of R&C
Acupuncture, limited to \$300 per Policy Year	90% of PA	80% of R&C

Acupuncture in Lieu of Anesthesia	90% of PA	80% of R&C
Sleep Studies	90% of PA	80% of R&C
Routine Vision Exam for Covered Persons over twenty one (21) – limited to one (1) exam per Policy Year. (Eye glasses/contact lenses not covered).	90% of PA	80% of R&C

MANDATED BENEFITS

If You are enrolled in this Insurance Program, Policy coverage also includes the following benefits. (Note: Wellness/preventive benefits under the Affordable Care Act (ACA) are required to meet federal regulations. Under ACA, states retain the ability to mandate benefits beyond those established by the federal mandate. Please see the Schedule of Benefits for coverage details.)

Chiropractic Benefit; Mental Health Benefit; Diabetes Supplies, Equipment and Self-Management Training Benefit; Low Protein Modified Food Product Benefit; Chemotherapy Benefit; Maternity Benefit (including midwife and home birth coverage); Contraceptives Benefit; Low Dose Mammography; Treatment to Bones or Joints in the Neck, Face or Head; Autism; Cancer Clinical Trials; Off Label Drugs; Colorectal; Tobacco Cessation; Cancer Screening for Prostate; Telemedicine Services; Naturopathic Physician; Athletic Trainer; General Anesthesia for certain dental procedures; Home Health Services (maternity & childbirth); Organ transplant surgery; Pediatric vaccines; Prescription drugs bought in Canada; Coverage for mail order prescriptions same reimbursement level as retail; Maximum out-of-pocket for prescriptions drugs (\$1,200 single/\$2,400 family); and Prosthetic devices.

PREFERRED PROVIDER INFORMATION

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

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

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

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

“Preferred Allowance” means the amount a Preferred Provider will accept as payment in full for covered medical expenses.

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

COORDINATION OF BENEFITS

The Policy Year is the basis for consideration of claims. This provision will be used when the Benefits the Covered Person would receive under this Policy plus those received under all other Plans would exceed the total Allowable expense. If the Benefits provided under all Plans exceed the Allowable expense, We will reduce Our Benefits so that the total benefit received from all plans does not exceed 100% of Allowable expenses. When Benefits are reduced under the primary plan because the Covered Person did not comply with the plan provisions, the amount of such reduction will not be considered an Allowable expense.

SUBROGATION AND RECOVERY RIGHTS

If We pay Covered Expenses for an Accident or Injury You incur as a result of any act or omission of a third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our reimbursement rights are limited by the amount You recover. Our reimbursement and subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

EXCLUSIONS

Unless specifically included, no Benefits will be paid for: a) Loss or expense caused by, contributed to, or resulting from; b) treatment, services, or supplies for, at, or related to:

1. Eyeglasses, contact lenses, (except as provided herein) routine eye refractions, eye examinations except as in the case of Injury prescriptions or fitting of eyeglasses or contact lenses vision correction surgery or Orthoptic Therapy, visual training or radial keratotomy or similar surgical procedures to correct vision, except as provided herein; except when due to a disease process, except eye refractions, performed by a Physician or optometrist, when used as a diagnostic tool in conjunction with a chronic or acute medical Condition. Repair or replacement of eye glasses or contact lens except when required as a direct result of an Injury.
2. Hearing Screenings (except as specifically provided in the Policy) or hearing examinations or hearing aids, except as specifically stated and except in the case of Accident or Injury.
3. Vaccines and immunizations (except as specifically provided in the Policy).
4. Treatment (other than surgery) of chronic Conditions of the foot including care of corns, calluses, toenails or bunions except as provided herein.
5. Cosmetic treatment, cosmetic surgery, other services and supplies that We determine to be furnished primarily to improve appearance rather than a physical function or control of organic disease except as provided herein or for treatment of an Injury that is covered under the Policy. Improvements of physical function does not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include, but are not limited to: face lifts; sagging eyelids; prominent ears; skin scars; hair growth hair removal; correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants (except for

correction or deformity resulting from mastectomies or lymph node dissections); deviated nasal septum, including submucous resection except when Medically Necessary treatment of acute purulent sinusitis. This exclusion does not include Reconstructive Surgery when the service is incidental to or follows surgery resulting from trauma, Injury, infection or other diseases of the involved part or reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect.

6. Circumcision, except as provided herein.
7. Treatment, service, or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the Center for Health and Wellbeing or by the person's Attending Physician or dentist.
8. Treatments which are considered to be unsafe, Experimental, or Investigational by the American Medical Association (AMA), and resulting complications.
9. Custodial Care; Care provided in a: rest home, home for the aged or any similar facility for domiciliary or Custodial Care, (except as provided for Hospice care).
10. Dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth, (except as specified herein). Injury sustained while (a) participating in any professional, semi-professional sport, contest, or competition; (b) traveling to or from such sport, contest, or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest, or competition.
11. Injury sustained by reason of a motor vehicle if the Insured is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place. This exclusion will not apply to passengers if they are insured under the Policy.
12. Injury occurring in consequence of riding as a passenger or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline, or as a passenger in a Policyholder owned, leased, chartered or, operated aircraft.
13. Reproductive/Infertility services ,unless caused by Injury or Sickness, including but not limited to: treatment of infertility (male or female) including diagnosis, diagnostic tests, medication, surgery, supplies, and fertilization procedures rendered for the purpose or with the intent of inducing conception; premarital examination; impotence, organic or otherwise; sterilization (except as specifically provided in the Policy) and sterilization reversal (following first attempt); except as specifically provided in this Policy. Examples of fertilization procedures are ovulation induction procedures, in vitro fertilization, artificial insemination, embryo transfer or similar procedures that augment or enhance Your reproductive ability.
14. Hospital Confinement or any other services or treatment that are received without charge or legal obligation to pay
15. Services provided normally without charge by the health service of the Policyholder or services covered or provided by a student health fee; Services rendered by employees or Physicians or other persons or retained by the University or for the use of the Universities facilities.

16. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
17. Expenses that would be payable, or medical treatment that is available, under any governmental or national health plan for which the Covered Person could be eligible.]
18. Any services of a Physician or Nurse who lives with You or Your Dependent(s) or who is related to You or Your Dependent(s) by blood or marriage.
19. Expense covered by any other medical insurance to the extent that Benefits are payable under any other medical insurance whether or not a claim is made for such Benefits.
20. Services received before the Covered Person's Effective Date; Services received after the Covered Person's Coverage ends, except as specifically provided under the Extension of Benefits provision.
21. Vitamins, minerals, food supplements, herbs, herbal formulas, or home remedies; except as prescribed.
22. Vocational recreation, art, dance, poetry, music, or other similar-type therapies, including regression therapy; personal enhancement or self-actualization therapy.
23. Services for the treatment of any Injury or Sickness incurred while committing or attempting to commit a felony or fighting, except in self-defense.
24. Injury or Sickness for which Benefits are paid or payable under any workers' compensation or occupation disease law or act, or similar legislation.
25. War or any act of war, declared or undeclared; or while in the armed forces of any country.
26. Modifications made to dwellings, property, or automobiles such as ramps, elevators, spas, air conditioners, equipment that may increase the value of the residence, or car hand controls.
27. Nutrition counseling services (except as specifically provided in the Policy), including services by a Physician for general nutrition, weight increase or reduction services, except as specifically provided in the Policy; general fitness, exercise programs, health club memberships and weight management programs; exercise machinery or equipment, including but not limited to treadmill, stair steps, trampolines, weights, sports equipment, support braces used primarily for use during any sport or in the course of employment, any equipment obtainable without a Physician's prescription.
28. Acupressure, aroma therapy, hypnosis, Rolfing, Hyperhidrosis, Psychosurgery, biofeedback
29. Elective surgery or treatment
30. Long term care.

DEFINITIONS

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

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

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

Covered Charge(s) or Covered Expense: As used herein means those charges for any treatment, services or supplies:

- for Preferred Providers, not in excess of the Preferred Allowance;
- for Out-of-Network Providers not in excess of the Reasonable and Customary expense; and
- not in excess of the charges that would have been made in the absence of this insurance; and
- not otherwise excluded under this Policy; and
- incurred while this Policy is in force as to the Covered Person.

Covered Person: A person:

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

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

Dependent: A person who is the Insured's:

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

The term child refers to the Insured's:

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

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

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

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

disease management; and pediatric services, including oral and vision care (in accordance with the applicable state or federal benchmark plan).

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

Insured: The Covered Person who is enrolled at and meets the eligibility requirements of the Policyholder's school.

Insured Percent: That part of the Covered Charge that is payable by the company after the Deductible and/or Copayment has been paid.

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

Covered Services are Medically Necessary if they are:

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

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

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

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

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

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

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

- a. Evidenced-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of

breast cancer shall be considered the most current other than those issued in or around November 2009;

- b. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;
- c. With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- d. With respect to women, such additional preventive care and screenings, not described in paragraph (a) above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Reasonable and Customary (R&C): The most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the Provider;
- The negotiated rate, if any; or
- The fee often charged for in the geographical area where the service was performed.

The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 80th percentile of Fair Health Inc. schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

For a Provider who has a reimbursement agreement, the Reasonable Charge is equal to the Preferred Allowance under any reimbursement agreement with Us, either directly or indirectly through a third party, as described in the Preferred Provider Benefit provision. If a Provider accepts as full payment an amount less than the rate negotiated under the reimbursement agreement, the lesser amount will be the maximum Reasonable Charge.

Sickness (Sick): means Illness, disease or condition, including pregnancy and Complications of Pregnancy that impairs a Covered Person's normal functioning of mind or body and which is not the direct result of an Injury or Accident. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

We, Our, or Us means Nationwide Life Insurance Company.

You, Your: The Covered Person or Eligible Person as applicable.

Male pronouns whenever used include female pronouns.

MEDICAL EVACUATION BENEFIT

If the Insured cannot continue his academic program because he sustains an Accidental Injury or Emergency Sickness while Insured under the Policy or if a Covered Dependent sustains an Accidental Injury or Emergency Sickness and is more than a 100 mile radius from his current place of primary residence or outside of his Home Country, We will pay for the actual charge Incurred for an emergency medical evacuation of the Covered Person to or back to the Insured's home state, country, or country of regular domicile

subject to the Coinsurance, Deductible, Copayment, as stated in the Schedule of Benefits, and the Exclusions and Limitations provisions. No payment will be made under this provision unless the evacuation follows a Hospital Confinement of at least five (5) consecutive days. Before We make any payment, We require written certification by the Attending Physician that the evacuation is necessary. Any expense for medical evacuation requires Our prior approval and coordination. For international students, once evacuation is made outside the country, Coverage terminates. This Benefit does not include the transportation expense of anyone accompanying the Covered Person or visitation expenses.

REPATRIATION OF REMAINS BENEFIT

If the Covered Person dies while Insured under the Policy and is more than 100 miles from his permanent residence or outside of his Home Country, We will pay for the actual charge incurred for embalming, and/or cremation and returning the body to his place of permanent residence in his home state, country or country of regular domicile, up to the benefit amount shown in the Schedule of Benefits, subject to the Coinsurance, Deductible, Copayment, as stated in the Schedule of Benefits, the maximum Benefit limit shown above, and the Exclusions and Limitations provisions. Expenses for repatriation of remains require the Policyholder's and Our prior approval. If You are a United States citizen, Your Home Country is the United States. This Benefit does not include the transportation expense of anyone accompanying the body, visitation or lodging expenses or funeral expenses.

CLAIM PROCEDURES

In the event of Injury or Sickness, students should:

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

Itemized medical bills should be mailed promptly to Cigna at the address listed.

SUBMIT ALL CLAIMS TO:

Cigna
PO Box 188061
Chattanooga, TN 37422-8061
Electronic Payor ID: 62308

Direct all questions regarding benefits available under the Plan, claim procedures, status of a submitted claim or payment of a claim to Consolidated Health Plans.

Claims Administrator:

CONSOLIDATED HEALTH PLANS

2077 Roosevelt Avenue
Springfield, MA 01104
(413) 733-4540 or Toll Free (800) 633-7867
www.chpstudent.com
Group Number: S210510

CLAIMS APPEAL PROCESS

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

Claims Administrator:

CONSOLIDATED HEALTH PLANS

2077 Roosevelt Avenue
Springfield, MA 01104
www.chpstudent.com
(413) 733-4540]

Servicing Agent:

UNIVERSITY HEALTH PLANS, INC.

One Batterymarch Park
Quincy, MA 02169-7454
Telephone (800) 437-6448
Email info@univhealthplans.com
www.universityhealthplans.com

**This plan is underwritten by and offered by:
NATIONWIDE LIFE INSURANCE COMPANY**

**Columbus, OH
Policy Number: 302-054-4413**

For a copy of the privacy notice you may go to:

www.consolidatedhealthplan.com/about/hipaa

VALUE ADDED SERVICES

VISION DISCOUNT PROGRAM

For Vision Discount Benefits, please go to:

www.chpstudent.com

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

FrontierMEDEX ACCESS services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. FrontierMEDEX is your key to travel security.

For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.

If you have a medical, security, or travel problem, simply call FrontierMEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330.

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. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.



Your out-of-pocket costs may be lower when you utilize the Cigna PPO Providers. For a listing of Cigna PPO Providers, go to www.cigna.com or contact Consolidated Health Plans at (413) 773-4540, toll-free at (800) 633-7867, or www.chpstudent.com for assistance.