

Student Health Insurance Plan

Plan Year
17/18

Designed Exclusively for the Students of:

University of Vermont

Burlington, VT

2017 - 2018

Underwritten by:

Atlanta International Insurance Company
Flushing, NY

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Administered by:

Consolidated Health Plans
2077 Roosevelt Ave | Springfield, MA



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Where to Find Help

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. 15 Pacella Park Drive Randolph, MA 02368 Phone : (800) 437-6448 Fax : (617) 472-6419 www.universityhealthplans.com or Email: info@univhealthplans.com
Claims Processing ID Cards Preferred Provider Listings ID card Requests	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (877) 657-5030 www.chpstudent.com
Preferred PPO Provider Listings	Consolidated Health Plans or www.cigna.com
Prescription Drug Providers	Cigna 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.

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. The following courses are excluded from being applied towards the required minimum credit hours: Home Study, Correspondence, On-line Courses, TV courses.

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.

Coverage for Dependents

Eligible individuals may also insure, on a Voluntary Participation Basis, their eligible Dependents. Individuals who enroll their dependents must enroll them within (31) days of the Insured Student's enrollment in the plan with the exception of adopted children or newborn children (see the Policy provision entitled **Dependent Child Coverage**). They will be enrolled for the same term of coverage for which the Insured Student enrolls. Dependents of an **Eligible International Student** must possess a valid passport and a proper Visa (either an F-2, J-2 or M-2 visa).

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, 2017
Students enrolling for the Spring Semester	February 15, 2018

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.

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

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

Qualifying Life Event that qualifies an Insured 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;
5. Termination of the Insured Student's spouse employment; and
6. Termination of Coverage under another health plan.

Late Waiver/Waiver 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.

Effective Dates & Costs

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Fall	08/01/2017	1/1/2018	09/15/2017
Annual	08/01/2017	08/1/2018	09/15/2017
Spring	01/01/2018	08/1/2018	02/15/2018

Rates for Domestic and International Students
Dependent rates are in addition to the student rate.

	Fall	Annual	Spring
Student	\$1,298	\$3,116	\$1,818
Spouse	\$1,248	\$2,978	\$1,730
Each Child	\$1,248	\$2,978	\$1,730
3 or more Children	\$3,744	\$8,934	\$5,190

**The above rates include an administrative service fee*

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

1. The Policy Effective Date;
2. The beginning date of the term for which premium has been paid;
3. The day after the Enrollment Form (if applicable) and premium payment is received by the Company, its authorized agent or the School;
4. The day after the date of postmark if the Enrollment Form is mailed.

Dependent's coverage, under the Voluntary Participation Basis, becomes effective on the later of:

1. The day after the date of postmark when the Enrollment Form is mailed; or
2. The beginning date of the term for which premium has been paid; or
3. The day after the date the required individual Enrollment Form and premium payment are received by Us or Our authorized agent. This applies only when premium payment is made within 31 days of the student's enrollment in the School's insurance plan; or
4. The Policy Effective Date.

The last date for enrollment is shown in the Insurance Information Schedule. The enrollment Period will run from the start of the quarter or semester for which coverage is desired.

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 and subject to the Grace Period provision.

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 the policy ceases on the Termination Date shown in the Insurance Information Schedule. However, coverage for an Insured Person will be extended as follows:

1. If an Insured Person is Hospital Confined for Covered Injury or Covered Sickness on the date his or her insurance terminates, we will continue to pay benefits for up to 90 days from the Termination Date while such Confinement continues; or
2. If an Insured Person is Totally Disabled due to Covered Injury or Covered Sickness for which benefits were paid before the Termination Date, the coverage for that condition will be extended for up to twelve (12) months from the Termination Date or until the date the disability ends, whichever is earlier.

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

Definitions

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

Accident means a sudden, unforeseeable external event which 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 or air Ambulance, in a medical emergency.

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

1. Is equipped and operated to provide medical care and treatment by a Physician;
2. Does not provide services or accommodations 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 and one recovery room and is equipped to support any surgery performed;
6. Has x-ray and laboratory 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 surgical 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 packaged 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 and whose diagnoses are distinct from but caused or affected by pregnancy. These conditions are acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar conditions as severe as these.

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

Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, hyperemesis gravidarum, 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 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 cause.

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 dialing living and taking medications. 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 under the Policy. The amount of the Deductible and the frequency (annual or per occurrence) will be shown in the Schedule of Benefits.

Dependent means:

1. An Insured Student's lawful spouse or lawful Domestic Partner or civil union partner;
2. An Insured Student's dependent biological or adopted child or stepchild under age 26; and
3. An Insured Student's biological or adopted child or stepchild who has reached age 26 and who is:
 - a. primarily dependent upon the Insured Student for support and maintenance; and
 - b. incapable of self-sustaining employment by reason of intellectual disability, mental illness or disorder or physical handicap.

Proof of the child's incapacity or dependency must be furnished to Us for an already enrolled child who reaches the age limitation, or when an Insured Student enrolls a new disabled child under the plan.

Durable Medical Equipment means a device which:

1. Is primarily and customarily 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 rehabilitation.

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, breast reduction, 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, weight reduction, infertility, learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, 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 a 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 individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
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 inpatient and outpatient Hospital services furnished by a Hospital or Physician qualified to furnish those services that are needed to evaluate or treat 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 Conditions and Substance Use Disorder services, including behavioral health Treatment;
6. Prescription drugs;
7. Rehabilitative and Habilitative services and devices;

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

Experimental/Investigative means the service or supply has not been demonstrated 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 medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. 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 identifies. The identity conflict must continue over at least 6 months and the Insured Person must meet the definition of Gender Dysphoria as described by the American Psychiatric Association.

Generic Drugs means a drug that is identical or bioequivalent to a Brand-Named drug in dosage form, safety, strength, route of administration, quality, performance characteristics, intended use and is not protected by a patent.

Habilitation/Habilitative Services means health care services that help the Insured Person keep, learn, or improve skills and functions for daily living. Habilitative Services may include such services as Physical Therapy, occupational therapy, and speech therapy.

Home Country means the Insured Student's country of citizenship. If the Insured Student has dual citizenship, his or her Home Country is the country of the passport he or she used to enter the United States. The Insured Student's Home Country is considered the Home Country for any dependent of an Insured Student while insured under this Policy.

Hospice Care means a coordinated program of home and inpatient care provided directly or under the direction of a properly licensed Hospice. Such services will include palliative and supportive physical, psychological, psychosocial and other health services to individuals with a terminal illness utilizing a medical directed interdisciplinary team.

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 specifically required for Treatment of physical disability.

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

Hospital Confined or Hospital Confinement means a stay of eighteen (18) or more consecutive hours as a resident bed patient in a Hospital or Health care facility. The re-admission to a Hospital for the same or related condition, within seventy-two (72) hour period, will be considered a continuation of the Hospital Confinement. Hospital Confinement does not include observation, which is a review or assessment of eighteen (18) hours or less, of a person's condition that does not result in admission to a Hospital or health care facility.

Immediate Family Member means the Insured Person and his or her spouse or the parent, child, brother or sister of the Insured Person or his or her spouse.

Insured Person means an Insured Student or Dependent of an Insured Student while insured under this Policy.

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

International Student means an international student:

1. With a current passport and a student Visa;
2. Who is temporarily residing outside of his or her Home Country; and
3. Is actively engaged, on a full-time basis, 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 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.

Mental Health Condition means a condition or disorder that substantially limits the life activities of the Insured Person with the disorder. Mental Health Conditions 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.

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 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.

Palliative care means treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient as he or she experiences the stress of the dying process, rather than at treatment aimed at investigation and intervention for the purpose of cure or prolongation of life.

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 his or her license and 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.

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 on the Insured 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 psychological 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, with occupational training and guidance with psychological 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.

Respite Care means care that relieves the Insured Person's family or care givers by providing temporary relief from the duties of caring for the Insured Person's terminal illness. Respite Care will be provided in a general Hospital or in the Insured Person's home, whichever is most appropriate.

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:

- mainly provides inpatient care and treatment for persons who are recovering from an illness or injury;
- provides care supervised by a Physician;
- provides 24 hour per day nursing care supervised by a full-time Registered Nurse;
- is not a place primarily for the care of the aged, Custodial or Domiciliary Care, or treatment of alcohol or drug dependency; and
- is not a rest, educational, or custodial facility or similar place.

Sound, Natural Teeth means natural teeth. The major portion of a tooth must be present, regardless of fillings, and not carious, abscessed or defective. Sound, Natural Teeth will not include capped teeth.

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

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

Surgeon means a Physician who actually performs surgical procedures.

Telemedicine means the practice of health care delivery, diagnosis, consultation, Treatment, transfer of medical data, and education using interactive audio, video, or data communications involving a real time (synchronous) or near real time (asynchronous) two-way transfer of medical data and information. Neither a telephone conversation nor an electronic mail message between a Physician and Insured Person constitutes "Telemedicine".

Total Disability or Totally Disabled, as it applies to the Extension of Benefits provision, means:

1. With respect to an Insured Person, who otherwise would be employed:
 - a. His or her complete inability to perform all the substantial and material duties of his or her regular occupation;
 - b. With care and treatment by a Physician for the Covered Injury or Covered Sickness caused the inability.
2. With respect to an Insured Person who is not otherwise employed:
 - a. His or her inability to engage in the normal activities of a person of like age and sex; with

- b. Care and treatment by a Physician for the Covered Injury or Covered Sickness causing the inability; or
- c. His or her Hospital Confinement or home Confinement at the direction of his or her Physician due to a Covered Injury or a Covered Sickness, except for visits to receive medical Treatment.

Treatment means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

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 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 an individual to participate in the educational activities of a college, university or other institution of higher learning either as a student or in another academic capacity. An International Student must have and maintain a valid visa, either an F-1 (Academic), J-1 (Exchange) or M-1 (Vocational) in order to continue as a student in the United States.

We, Us, or Our means Atlanta International Insurance Company or its authorized 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 50 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. For maternity care;
6. When service is rendered at another facility during break or vacation period.

A written referral from the SHC is recommended for any follow-up care, with a Provider other than the SHC, after Emergency services. An SHC referral does not constitute a guarantee of Benefits when Treatment is provided outside the SHC.

Dependent spouses and children are not eligible to use the SHC and are exempt from the above limitation and requirements.

Preferred Provider Organization (PPO) Network

By enrolling in this Insurance Program, you have the Cigna 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.cigna.com, or contact Consolidated Health Plans toll-free at (877) 657-5030, or 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 and his or her Covered Dependent 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, the call should be made at least 5 working days prior to Hospital Confinement. 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. All partial hospitalization in a Hospital, residential Treatment facility, or facility established primarily for the Treatment of substance abuse.

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

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 the Preferred Allowance when services are provided through a Preferred Provider.

Non-Preferred Provider: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 70% of the Usual and Reasonable charge.

Deductible: Combined Preferred and Non-Preferred Individual: \$200

Out-of-Pocket Maximum:	Preferred Provider:	Individual \$6,850 Family \$13,700
	Non-Preferred Provider:	Individual No maximum Family No maximum

Coinsurance Amount:

Preferred Provider: 80% of the Preferred Allowance for Covered Medical Expenses unless otherwise stated below.

Non-Preferred Provider: 70% of the Usual and Reasonable charge for Covered Medical Expenses unless otherwise stated below.

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.cigna.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
Inpatient Benefits		
Hospital Room & Board Expenses Up to the Semi-Private Room Rate Pre-certification required	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Hospital Intensive Care Unit Expense - <i>in lieu of normal Hospital Room & Board Expenses</i> Pre-certification required	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
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 Pre-certification required	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Preadmission Testing	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Physician's Visits while Confined Limited to one per day of Confinement when not related to surgery	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred

Inpatient Surgery: Surgeon Services	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Anesthetist	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Assistant Surgeon	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Physical Therapy (inpatient)	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Skilled Nursing Facility Expense Benefit Pre-certification required	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Mental Health and Substance Use Treatment Pre-certification required	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Outpatient Benefits		
Outpatient Surgery: Surgeon Services	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Anesthetist	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Assistant Surgeon	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services & supplies, such as cost of operating room, therapeutic services, oxygen, oxygen tent, and blood & plasma	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred

<p>Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, infusion therapy, Physical Therapy, occupational therapy and speech therapy</p> <p>Habilitative Services are covered to the extent that they are Medically Necessary</p> <p>Cardiac and pulmonary rehabilitation – Up to 36 visits per cardiac event per Policy Year</p>	<p>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred</p>
<p>Emergency Services Expenses</p>	<p>80% of Preferred Allowance for Covered Medical Expenses Copayment: \$100 Deductible Waived Copayment waived if admitted</p>	<p>80% of Usual and Reasonable Charge for Covered Medical Expenses. Copayment: \$100 Deductible Waived Copayment waived if admitted</p>
<p>In Office Physician's Visits includes care by primary Physician, and any other licensed practitioner operating within the scope of his or her license</p>	<p>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred</p>
<p>Second Opinion Benefit</p>	<p>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred</p>
<p>Urgent Care Centers or Facilities</p>	<p>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred</p>
<p>Outpatient Facility Fee</p>	<p>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred</p>
<p>Diagnostic Imaging Services</p>	<p>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred</p>
<p>CT Scan, MRI and/or PET Scans</p>	<p>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred</p>
<p>Laboratory Procedures (Outpatient)</p>	<p>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred</p>

Shots and Injections unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Prescription Drugs You will be notified of any changes in prescription drug coverage and can access the preferred drug list at www.chpstudent.com .	100% of Preferred Allowance for Covered Medical Expenses Copayment: \$20 Generic Copayment: \$40 Preferred Brand Copayment: \$60 Brand Copayment: \$60 Specialty Drug	Not Covered
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Home Health Care Expenses	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Hospice Care Coverage Social services visits limited to 6 visits per lifetime Bereavement visits limited to 2 visits per lifetime	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Private Duty Nursing by a Registered Nurse	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Other Benefits		
Allergy Testing	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Allergy Injections/Treatment	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Ambulance Service	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	80% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Durable Medical Equipment	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Maternity Benefit	Same as any other Covered Sickness	
Routine Newborn Care	Same as any other Covered Sickness	

Mental Health and Substance Use Care	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Nutritional Counseling Limited to 3 visits per Policy Year (This limit does not apply for counseling involved in the Treatment of diabetes.)	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Consultant/Specialist Physician Services when requested by the attending Physician	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Accidental Injury Dental Treatment for Insured Person's over age 21	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	80% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Sickness Dental Expense for Insured Person's over age 21 Subject to \$100 per tooth maximum	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Intercollegiate Sports Accident Expense - incurred as the result of the play or practice of Intercollegiate sports *Combined maximum for both Preferred and Non-Preferred	100% up to \$1500* then 80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	100% up to \$1500* then 70% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Sports Accident Expense - incurred as the result of the play or practice of intramural or club sports	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Abortion Expense Subject to \$360 maximum per Policy Year	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived if Student Health Center Referred
Non-emergency Care While Traveling Outside of the United States	70% of Usual and Reasonable Charge for Covered Medical Expenses	
Medical Evacuation Expense	100% Usual and Reasonable Charge for Covered Medical Expenses	
Repatriation Expense	100% Usual and Reasonable Charge for Covered Medical Expenses	

Prostate Screening	Same as any other Preventive Service
Prosthetic Devices	Same as any other Covered Accident or Sickness
Tobacco Cessation Medications	Same as any other Covered Sickness
Treatment of Inherited Metabolic Diseases	Same as any other Covered Sickness

Note about Vision and Dental Care

Adult Vision Care for Insured Persons over the age of 18. We will provide benefits for one routine eye examination every 12 months.

Pediatric Vision Care Benefit for Insured Persons who are age 18 and under. We will provide benefits for:

- a. One vision examination per Policy Year; and
- b. One pair of prescription and eyeglass frames every Policy Year.

Pediatric Dental Care Benefit is for Insured Persons up to age 21.

Medical Evacuation and Repatriation

The maximum combined benefit for Medical Evacuation and Repatriation is shown in the Schedule of Benefits.

Medical Evacuation Expense – If:

- a. An Insured Person is unable to continue his or her academic program as the result of a Covered Injury or Covered Sickness;
- b. That occurs while he or she is covered under 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:

- a. The Insured Person must have been in a Hospital due to a Covered Injury or Covered Sickness for a confinement of five or more consecutive days immediately prior to medical evacuation;
- b. Prior to the medical evacuation occurring, the attending Physician must have recommended and We must have approved the medical evacuation;
- c. We must approve the Usual and Reasonable Expenses incurred prior to the medical evacuation occurring, if applicable;
- d. No benefits are payable for Usual and Reasonable Expenses after the date the Insured Person's insurance terminates. However, if on the date of termination, the Insured Person is in the Hospital, this benefit continues in force until the earlier of the date the confinement ends or 31 days after the date of termination;
- e. Evacuation of the Insured Person to his or her Home Country terminates any further insurance under the Policy for the Insured Person; and
- f. Transportation must be by the most direct and economical route.

Repatriation Expense- If the Insured Person dies while he or she is covered under 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.

1. **International Students Only** - Eligible expenses within the Insured Person's Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.

2. medical services rendered by provider employed for or contracted with the School, including team physicians, except as specifically provided in the Schedule of Benefits.
3. 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.
4. professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
5. weak, strained or flat feet, corns, calluses ingrown toenails or 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. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
8. 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.
9. any expenses in excess of Usual and Reasonable charges except as provided in this policy.
10. 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.
11. 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.
12. 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.
13. services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
14. expenses payable under any prior Policy which was in force for the person making the claim.
15. 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.
16. expenses incurred after:
 - a. The date insurance terminates as to the Insured Person; and
 - b. The end of the Policy Year specified in the Benefit Schedule.
17. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
18. expenses for weight increase or reduction, except Medically Necessary bariatric surgery and hair growth or removal (except in connection with Medically Necessary Gender Dysphoria treatment) unless otherwise specifically covered under the policy.
19. expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury.
20. 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.
21. 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.
 - a. 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.
 - b. 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.
22. Treatment to the teeth, in excess of the amount shown in the Schedule of Benefits including surgical extractions of teeth and any Treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
23. an Insured Person's:
 - a. committing or attempting to commit a felony,

- b. being engaged in an illegal occupation, or
- c. participation in a riot.
- 24. elective abortions in excess of the amount shown in the Schedule of Benefits.
- 25. braces and appliances, except as specifically provided in the Schedule of Benefits.
- 26. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
- 27. Custodial Care service and supplies.
- 28. expenses that are not recommended and approved by a Physician.
- 29. Physician's charges for diagnosis and Treatment of structural imbalance, distorting or subluxation in vertebral column or elsewhere in body by manual, mechanical means, through muscular-skeletal adjustments, manipulations, and related modalities, except as specifically covered under the Chiropractic Care Benefit.
- 30. under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
 - a. obtainable Over the Counter (OTC) unless Medically Necessary, except as specifically provided under Preventive Care;
 - b. for the Treatment of alopecia (hair loss) or hirsutism (hair removal);
 - c. for the purpose of weight control;
 - d. anabolic steroids for body building;
 - e. growth hormones;
 - f. sexual enhancement drugs;
 - g. 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;
 - h. Treatment of nail (toe or finger) fungus;
 - i. refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 - j. for an amount that exceeds a 90 day supply;
 - k. 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;
 - l. purchased after coverage under the policy terminates;
 - m. consumed or administered at the place where it is dispensed;
 - n. 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.
- 31. non-chemical addictions. This exclusion does not apply to treatment for conditions listed in the DSM-5 manual for mental health providers.
- 32. non-physical, non-occupational, non-speech therapies (art, dance, etc.).
- 33. modifications made to dwellings.
- 34. general fitness, exercise programs.
- 35. vitamins, minerals, food supplements.
- 36. hypnosis.
- 37. rolfing.
- 38. biofeedback.
- 39. hyperhidrosis.

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. Plan is defined below.

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
Group Number: ST0951SH

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
Group Number: ST0951SH

**This plan is underwritten by:
Atlanta International Insurance Company
Flushing, NY
As Policy form: VT SHIP POL (2016)**

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

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.

***ASK MAYO CLINIC**

Students who enroll and maintain medical coverage in this insurance plan have access to a 24-hour nurse line administered by *Ask Mayo Clinic*. This program provides:

- Phone-based, reliable health information in response to health concerns and questions; and
- Assistance in decisions on the appropriate level of care for an injury or sickness.

Appropriate care may include self-care at home, a call to a physician, or a visit to the emergency room.

Calls are answered 24 hours a day, 365 days a year by experienced registered nurses who have been specifically trained to handle telephone health inquiries.

This program is not a substitute for doctor visits or emergency response systems. *Ask Mayo Clinic* does not answer health plan benefit questions. Health benefit questions should be referred to the Plan Administrator. The *Ask Mayo Clinic* 24-hour nurse line toll free number will be on the ID card.



Your out-of-pocket costs may be lower when you utilize Cigna PPO Providers. For a listing of Cigna PPO Providers, go to www.cigna.com or contact Consolidated Health Plans toll-free at (877) 657-5030, or www.chpstudent.com for assistance.