

# Student Health Insurance Plan

Plan Year  
18/19

*Designed Exclusively for the Students of:*

## University of Vermont

Burlington, VT  
("the Policyholder")

2018 - 2019

*Underwritten by:*

Commercial Casualty Insurance Company  
Fort Wayne, IN  
("the Company")

Policy Number: CCIC1819VTSHIP24

Group Number: ST0951SH

Effective: 08/01/18 – 07/31/19



**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: <a href="mailto:StudentInsurance@uvm.edu">StudentInsurance@uvm.edu</a>
Enrollment Dependent Enrollment	University Health Plans, Inc. 15 Pacella Park Drive Randolph, MA 02368 Phone : (800) 437-6448 Fax : (617) 472-6419 <a href="http://www.universityhealthplans.com">www.universityhealthplans.com</a> or Email: <a href="mailto:info@univhealthplans.com">info@univhealthplans.com</a>
Claims Processing ID Cards Preferred Provider Listings ID card Requests	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (877) 657-5030 <a href="http://www.chpstudenthealth.com">www.chpstudenthealth.com</a>
Preferred PPO Provider Listings	Consolidated Health Plans or <a href="http://www.cigna.com">www.cigna.com</a>
Prescription Drug Providers	Cigna <a href="http://www.cigna.com">www.cigna.com</a>

## 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.

You are eligible for Coverage under the Certificate. Coverage includes Dependent coverage.

Students must attend classes for the first 31 days beginning with the first day for which coverage is effective. Any student withdrawing from the College during the first 31 days after the Effective Date of coverage shall not be covered under the insurance plan. A full refund of premium will be made, minus the cost of any claim benefits paid by the Certificate. Students who graduate or withdraw from the College after 31 days, whether involuntarily or voluntarily, will remain covered under the Certificate for the term purchased and no refund will be allowed.

Students withdrawing due to a medical withdrawal due to a Sickness or Injury, must submit documentation or certification of the medical withdrawal to Us at least 30 days prior to the medical leave of absence from the school, if the medical reason for the absence and the absence are foreseeable, or 30 days after the date of the medical leave from school. Students will remain covered under the Certificate for the term purchased and no refund will be allowed.

All International Students are required to have a J-1, F-1 or M-1 Visa and dependents have a J-2, F-2 or M-2 Visa to be eligible for this insurance plan.

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.

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

#### Who is Eligible

All registered International students taking at least 1 credits are required to have health insurance coverage. Students are automatically enrolled in the Student Health Insurance Plan at registration and the premium is added to the student's tuition fees and do not have the option to waive coverage.

All registered Undergraduate and Graduate students taking at least 9 credits are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan. Students are automatically enrolled in the Student Health Insurance Plan unless proof of comparable coverage is provided by completing the waiver.

All registered Undergraduate and Continuing Educational students taking at least 5 credits are eligible to enroll in this Student Health Insurance Plan on a voluntary basis. Please visit [www.chpstudenthealth.com](http://www.chpstudenthealth.com) for enrollment information.

All registered Graduate students taking at least 6 credits are eligible to enroll in this Student Health Insurance Plan on a voluntary basis. Please visit [www.chpstudenthealth.com](http://www.chpstudenthealth.com) for enrollment information.

#### Who is not Eligible

The following students are not eligible to enroll in the insurance plan:

- students enrolled exclusively in online courses or whose enrollment consists entirely of short-term courses;
- students taking home study, correspondence, television courses, or courses taken for audit do not fulfill the eligibility requirements that the student actively attend classes.

## 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](http://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 the University of Vermont will not accept a decision past the published deadlines.

Category	Open Enrollment/Waiver Deadline Date
Students enrolling for the Fall Semester	September 15, 2018
Students enrolling for the Spring Semester	February 15, 2019

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. International or travel insurance plans are not acceptable insurance alternatives to the UVM plan.

## Special Enrollment - Qualifying Life Event

You, and Your Spouse or Child can also enroll for coverage within 60 days of the loss of coverage in a health plan if coverage was terminated because You, Your Spouse or Child are no longer eligible for coverage under the other health plan due to:

1. Termination of employment;
2. Termination of the other health plan;
3. Death of the Spouse;
4. Legal separation, divorce or annulment;
5. Reduction of hours of employment;
6. Employer contributions toward a health plan were terminated for You or Your Dependent's Coverage; or
7. A Child no longer qualifies for coverage as a Child under the other health plan.

You, Your Spouse or Child can also enroll 60 days from exhaustion of Your COBRA or continuation coverage or if You gain a Dependent or become a Dependent through marriage, birth, adoption or placement for adoption.

We must receive notice and Premium payment within 60 days of the loss of coverage. The effective date of Your coverage will depend on when We receive proof of Your loss of coverage under another health plan and appropriate premium payment. Your coverage shall take effect on the latest of the following dates: (1) this Policy Effective Date; (2) the day after the date for which you lose your coverage providing premium for Your coverage has been paid; (3) the date the Policyholder's term of coverage begins; or (4) the date You become a member of an eligible class of persons.

In addition, You, and Your Spouse or Child, can also enroll for coverage within 60 days of the occurrence of one of the following event:

1. You or Your Spouse or Child lose eligibility for Medicaid or a state child health plan.
2. You or Your Spouse or Child become eligible for Medicaid or a state child health plan.

We must receive notice and Premium payment within 60 days of the loss of coverage. The effective date of Your coverage will depend on when We receive proof of Your loss of coverage under another health plan and appropriate premium payment. Your coverage shall take effect on the latest of the following dates: (1) this Policy Effective Date; (2) the day after the date for which you lose your coverage providing premium for Your coverage has been paid; (3) the date the Policyholder's term of coverage begins; or (4) the date You become a member of an eligible class of persons.

## 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	08/01/2018	12/31/2018	09/15/2018
Annual	08/01/2018	07/31/2019	09/15/2018
Spring	01/01/2019	07/31/2019	02/15/2019

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

	Fall	Annual	Spring
Student	\$1,122	\$2,694	\$1,572
Spouse	\$1,065	\$2,556	\$1,491
Each Child	\$1,065	\$2,556	\$1,491
3 or more Children	\$3,195	\$7,668	\$4,473

*\*The above rates include an administrative service fee*

**Effective Dates:** Insurance under the Certificate 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; or
5. For International Students or scholars, the date the Insured Person departs his or her Home Country to travel to the Country of Assignment. The scheduled arrival in the Country of Assignment must be not more than 48 hours later than the departure from the Home Country.

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 Your enrollment in the School's insurance plan; or
4. The Policy Effective Date.

The enrollment Period will run from the start of the quarter or semester for which coverage is desired.

## Termination of Benefits

**Termination Dates:** Your insurance will terminate on the earliest of:

1. The date the Certificate terminates for all Insured Persons; or
2. The end of the period of coverage for which premium has been paid; or
3. The date You cease to be eligible for the insurance; or
4. The date You enter military service or
5. For International Students, the date they cease to meet Visa requirements; or

6. For International Students, the date they depart the Country of Assignment for his/her Home Country (except for scheduled school breaks); or
7. On any premium due date the Policyholder fails to pay the required premium for You except as the result of an inadvertent error and subject to any Grace Period provision.

## Refund of Premium

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 (less any claims paid) will be made for such person upon written request received by Us within 90 days of withdrawal from school.
3. For International Students and/or their covered Dependents. We will refund a pro rata portion of the premium actually paid (less any claims paid) for any individual who:
  - o Withdraws from School during their first semester; and
  - o Returns to their Home Country on a permanent basis.
 A written request must be sent to us within 60 days of such departure.

No other refunds will be allowed.

## Extension of Benefits

Coverage under the Certificate ceases on the Termination Date. However, coverage for You will be extended as follows:

1. If You are Hospital Confined for Covered Injury or Covered Sickness on the date Your insurance terminates, we will continue to pay benefits for up to 90 days from the Termination Date while such Confinement continues; or
2. If You are Totally Disabled due to Covered Injury or Covered Sickness, 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 Your Extension of Benefits period are not eligible for benefits under this provision.

## Definitions

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

**Ambulance Service** means transportation to and from a Hospital by a licensed Ambulance whether ground, air or water 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 Prescription Drug** means a Prescription Drug whose manufacture and sale is controlled by a single company as a result of a patent or similar right. Refer to the Formulary for the tier status.

**Certificate:** The Certificate issued by Us, including the Schedule of Benefits and any attached riders.

**Coinsurance** means the percentage of Covered Medical Expenses that We pay. The Coinsurance percentage 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 You 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/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 Medically Necessary 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 Your Certificate is in force, 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 Your normal function of mind or body and which is not the direct result of an Injury which results in Covered Medical Expenses. Covered Sickness includes Mental Health Disorders and Substance Use Disorders.

**Custodial Care** means care that is mainly for the purpose of meeting non-medical personal needs. This includes help with activities of daily living and taking 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 Certificate. The amount of the Deductible, if any, 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 You;
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 Your 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 You;
3. Health exercise equipment; and
4. Equipment that may increase the value of Your residence.

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

**Elective Surgery or Elective Treatment** means those health care services or supplies not medically necessary for the care and Treatment of a Covered Injury or Covered Sickness. Elective surgery does not include Plastic, Cosmetic, or Reconstructive Surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

**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 the sudden and, at the time, unexpected onset of an Illness or medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by the prudent layperson, who possess an average knowledge of health and medicine to result in: 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;

1. Serious impairment to bodily functions; or
2. Serious dysfunction of any bodily organ or part.

**Emergency Services** means, with respect to an Emergency Medical Condition: transportation services, including but not limited to ambulance services, and covered inpatient and outpatient Hospital services furnished by a Hospital or Physician qualified to furnish those services that are needed to evaluate or Stabilize an Emergency Medical Condition.

**Essential Health Benefits** mean benefits that are defined in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes the following categories of Covered Services:

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;

4. Maternity and newborn care;
5. Mental health and Substance Use Disorder services, including behavioral health Treatment;
6. Prescription drugs;
7. Rehabilitative and Habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

**Experimental/Investigative** means the health care items or services that are:

1. Not generally accepted by informed health care providers in the United States as effective in treating the condition, illness or diagnosis for which their use is proposed; or are
2. Not proven by medical or scientific evidence to be effective in treating the condition, illness or diagnosis for which their use is proposed.

**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 indicates the type of drug and tier status.

**Gender Dysphoria** means a conflict between Your physical gender and the gender with which You identify. The identity conflict must continue over at least 6 months and You must meet the definition of Gender Dysphoria as described by the American Psychiatric Association.

**Generic Prescription Drug** means any Prescription Drug that is not a Brand-Name Prescription Drug. Refer to the Formulary for the tier status.

**Habilitation/Habilitative Services** means health care services that help You 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 Your country of citizenship. If You have dual citizenship, Your Home Country is the country of the passport You used to enter the United States. Your Home Country is considered the Home Country for any Dependent of Yours while insured under the Certificate.

**Home Health Care Agency** means an agency that:

1. is constituted, licensed and operated under the provision of Title XVIII of the Federal Social Security Act, or qualified to be so operated if application was made, and certified by the jurisdiction in which the Home Health Care plan is established; and
2. is engaged primarily in providing skilled nursing facility services and other therapeutic services in the Insured Person's Home under the supervision of a Physician or a Nurse; and
3. maintains clinical records on all patients.

**Home Health Care** means the continued care and treatment of an Insured Person if:

1. institutionalization of the Insured Person would have been required if Home Health Care was not provided; and
2. the Insured Person's physician establishes and approves in writing the plan of treatment covering the Home Health Care service; and
3. Home Health Care is provided by:
  - a. a Hospital that has a valid operating certificate and is certified to provide Home Health Care services; or
  - b. a public or private health service or agency that is licensed as a Home Health Agency under title 19, subtitle 4 of the General Health Article to provide coordinated Home Health Care.

**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:** 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.

**Immediate Family Member** means You and Your spouse or the parent, child, brother or sister of You or Your spouse.

**Insured Person** means an Insured Student or Dependent of an Insured Student while insured under the Certificate.

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

**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 as a student or in educational research activities through the Policyholder.

In so far as the Certificate 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 the Certificate.

**Medically Necessary** or **Medical Necessity** means health care services, including diagnostic testing, preventive services and aftercare that are appropriate, in terms of type, amount, frequency, level, setting and duration to the member's diagnosis or condition. Medically necessary care must be informed by generally accepted medical or scientific evidence and consistent with generally accepted practice parameters as recognized by health care professionals in the same specialties as typically provide the procedure or treatment, or diagnosis or manage the medical condition and must be informed by the unique needs of each individual patient and each presenting situation and:

1. Help restore or maintain the member's health; or
2. Prevent deterioration of or palliate the member's condition; or
3. Prevent the reasonably likely onset of a health problem or detect an incipient problem.

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

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

**Non-Preferred Providers** are Physicians, Hospitals and other healthcare providers who have not agreed to any pre-arranged fee schedules.

**Non-Preferred Drug** means a drug that makes up the formulary drug list and may have a higher out-of-pocket cost.

**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 Your home or is not related to You by blood or marriage.

**Organ Transplant** means the moving of an organ from one body to another or from a donor site to another location of the person's own body, to replace the recipient's damaged, absent or malfunctioning organ.

**Out-of-Pocket Maximum:** means the most You will pay during a Policy Year before Your Coverage begins to pay 100% of the allowed amount. This limit will never include Premium, balance-billed charges or health care the Certificate does not cover. Your Non-Preferred Provider payments or other non-covered expenses 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 the Certificate, 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 and within 5 days of 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 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 a Student to apply for coverage for him/herself or for the Insured Student's Dependent due to a Qualifying Life Event under the Certificate.

**Rehabilitative** means the process of restoring Your ability to live and work after a disabling condition by:

1. Helping You achieve the maximum possible physical and psychological fitness;
2. Helping You regain the ability to care for yourself;
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 includes a member of the State National Guard and the State Air National Guard.

**Respite Care** means care that relieves Your 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:

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

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

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

**Student Health Center or Student Infirmary** means an on-campus or designated by the Policyholder facility that provides:

1. Medical care and Treatment to Sick or Injured 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 average 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.

**You, or Your(s)** means an Insured Person, Insured Student, or Dependent of an Insured Student while insured under the Certificate.

**Visa** 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 Commercial Casualty Insurance Company or its authorized agent. Also referred to as the Company.

## Student Health Center Referral

Where available, the student must first use the resources of the Student Health Center (SHC) where Treatment will be administered, or a referral may be issued that verifies that the services were not available at the SHC. You are then free to seek services outside the SHC. Covered services that receive prior approval or referral will not be subject to the Deductible. Expenses incurred for medical Treatment rendered outside of the SHC for which no prior approval or referral is obtained will be paid in accordance with the Schedule of Benefits for that Covered Expense. 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.

Additionally, no authorization or referral requirement will apply to obstetrical or gynecological care provided by in-network providers.

The applicable Deductible(s); coinsurance and Copayment(s) shall apply to all of the exceptions to the referral requirement shown above.

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](http://www.cigna.com), or contact Consolidated Health Plans toll-free at (877) 657-5030, or [www.chpstudenthealth.com](http://www.chpstudenthealth.com) for assistance.

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

The Certificate provides benefits based on the type of health care provider the Insured Student and his or her Covered Dependent selects. The Certificate 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**

If You use a Preferred Provider, the Certificate will pay the Coinsurance percentage of the Preferred Allowance shown in the Schedule of Benefits for Covered Medical Expenses.

If a Non-Preferred Provider is used, the Certificate will pay the percentage of the Usual and Reasonable Covered Medical Expense shown in the Schedule of Benefits. The difference between the provider fee and the Coinsurance amount paid by Us will be Your responsibility.

Note, however, that We will pay at the Preferred Allowance level for treatment by a Non-Preferred Provider if:

- a. there is no Preferred Provider in the service area available to treat You for a specific Covered Injury or Covered Sickness; or
- b. there is an Emergency Medical Condition and You cannot reasonably reach a Preferred Provider.

We will respond to, defend against and resolve any request or claim by a Non-Preferred Provider of Emergency Services for payment in excess of the amount paid or reimbursed by Us. You may contact Us if you receive any such request from a Non-Preferred Provider.

You should be aware that Preferred Provider Hospitals may be staffed with Non-Preferred Providers. Receiving services from a Preferred Provider does not guarantee that all charges will be paid at the Preferred Provider level of benefits. It is important that You verify that his or her Physicians are Preferred Providers each time he or she calls for an appointment or at the time of service.

If You are undergoing an active course of Treatment with a Preferred Provider, You may request continuation of Treatment by such Preferred Provider in the event the Preferred Provider's contract has terminated with the Preferred Provider organization. We shall notify You of the termination of the Preferred Provider's contract at least 60 days in advance. When circumstances related to the termination render such notice impossible, We shall provide affected enrollees as much notice as is reasonably possible. The notice given must include instructions on obtaining and alternate provider and must offer Our assistance with obtaining an alternate provider and ensuring that there is no inappropriate disruption in Your ongoing Treatment. We shall permit You to continue to be covered, with respect to the course of Treatment with the provider, for a transitional period of at least 60 days from the date of the notice to You of the termination except that if You are in the second trimester of pregnancy at the time of the termination and the provider is treating You during the pregnancy. The transitional period must extend through the provision of postpartum care directly related to the pregnancy.

### **Travel and Waiting Time Standards**

Travel times for Insured Students to Preferred Providers, under normal conditions, from their residence, place of business, or School, generally should not exceed the following:

1. Thirty (30) minutes to a primary care provider;
2. Thirty (30) minutes to routine, office-based Mental Health and Substance Abuse services;
3. Sixty (60) minutes for Outpatient Physician specialty care; intensive Outpatient, partial hospital, residential or Inpatient Mental Health and Substance Abuse services; Laboratory; Pharmacy; general Optometry; Inpatient Imaging and Inpatient Medical Rehabilitation services.
4. Ninety (90) minutes for major trauma treatment; neonatal intensive care; and tertiary-level cardiac services, including procedures such as cardiac catheterization and cardiac surgery; and
5. Reasonable accessibility for other specialty services, including major burn care, Organ Transplantation, and specialty pediatric care. This section shall not be construed as restricting or prohibiting a managed care plan from offering such services at so-called "centers of excellence" inside or outside of the service area, as long as the selection of a center of excellence is based on objective quality of care indicators and as long as the benefits are such that it does not create foreseeable medical, practical or financial impediments for the member to be able to timely obtain access to related immediate, episodic and/or ongoing care.

Waiting times for Insured Students to obtain care or appointment with Preferred Providers, should generally not exceed the following:

1. Immediate access to Emergency care for conditions that meet the definition of Emergency Medical Condition;
2. Twenty-four (24) hours or a time frame consistent with the medical urgency of the condition for Urgent Care (for the purposes of this provision, Outpatient Mental Health and Substance Abuse care designated by the Insured Student or provider as non-urgent is not considered to be Urgent Care);
3. Two (2) weeks for non-emergency, non-urgent care;
4. Ninety (90) days for Preventive Services (including routine physical examinations); and
5. Thirty (30) days for routine laboratory, imaging, general optometry, and all other routine services.

## Pre-certification Process

You are responsible for calling Us at the phone number found on the back of Your ID card and starting the Pre-Certification process. For Inpatient services or surgery, the call should be made at least 5 working days prior to Hospital Confinement or surgery. In the case of an emergency, the call should take place as soon as reasonably possible.

The following Inpatient services require Pre-Certification:

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

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

Additionally, no authorization requirement will apply to obstetrical or gynecological care provided by in-network providers.

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

Your 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 forty-eight (48) hours for an urgent request and two (2) 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 Your request, or Your 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 You have 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
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#### Out-of-Pocket Maximum:

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

#### Prescription Drug Out-of-Pocket Maximum:

Preferred Provider:	Individual	\$1,350
	Family	\$2,700

#### Coinsurance Amount:

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

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

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

The Certificate provides benefits based on the type of health care provider selected. The Certificate 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](http://www.cigna.com)

#### THE COVERED MEDICAL EXPENSE FOR AN ISSUED CERTIFICATE 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.
4. UNLESS OTHERWISE SPECIFIED BELOW THE MEDICAL PLAN DEDUCTIBLE WILL ALWAYS APPLY.

BENEFITS FOR COVERED INJURY/SICKNESS	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
<b>Inpatient Benefits</b>		
Hospital Room & Board Expenses and miscellaneous services and supplies. Subject to Semi-Private room rate unless intensive care unit is required. 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 (1) 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: Pre-Certification required Surgeon Services  Anesthetist  Assistant Surgeon	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred  80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred  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  70% of Usual and Reasonable Charge 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
Registered Nurse Services for private duty nursing while Confined 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
Physical Therapy (inpatient) 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
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 Disorder Benefit	Same as any other Covered Sickness	
Substance Use Disorder Benefit	Same as any other Covered Sickness	
<b>Outpatient Benefits</b>		
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
Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, infusion therapy, Physical Therapy, and occupational therapy and speech therapy  Habilitative Services are covered to the extent that they are Medically Necessary Cardiac and pulmonary rehabilitation – Up to 36 visits per cardiac event 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
Emergency Services Expenses	80% of Preferred Allowance for Covered Medical Expenses Copayment: \$100 per visit Deductible Waived Copayment waived if admitted	80% of Usual and Reasonable Charge for Covered Medical Expenses Copayment: \$100 per visit Deductible Waived Copayment waived if admitted
In Office Physician's Visits includes care by primary Physician, and any other licensed practitioner operating within the scope of his or her license	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

Second Opinion 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
Urgent Care Centers or Facilities	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 Facility Fee	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
Diagnostic Imaging 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
CT Scan, MRI and/or PET Scans	70% 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
Laboratory Procedures (Outpatient)	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
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
<b>Prescription Drugs Retail Pharmacy</b> No cost sharing applies to ACA Preventive Care medications filled at a participating network pharmacy  You will be notified of any changes in prescription drug coverage and can access the preferred drug list at <a href="http://www.chpstudenthealth.com">www.chpstudenthealth.com</a> .		
TIER 1 Generic	100% of Preferred Allowance for Covered Medical Expenses after copayment Copayment \$20 Deductible Waived	Not Covered
TIER 2 Preferred Drug	100% of Preferred Allowance for Covered Medical Expenses after copayment Copayment: \$40 Deductible Waived	Not Covered
TIER 3 Non-Preferred Drug	100% of Preferred Allowance for Covered Medical Expenses after copayment Copayment: \$60 Deductible Waived	Not Covered
<b>Specialty Prescription Drugs</b>		
TIER 4 Specialty Prescription Drugs	100% of Preferred Allowance for Covered Medical Expenses after copayment Copayment: \$60 Deductible Waived	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
Mental Health Disorder Benefit	Same as any other Covered Sickness	
Substance Use Disorder Benefit	Same as any other Covered Sickness	
<b>Other Benefits</b>		
Allergy Testing	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	70% 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
Dialysis 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
Maternity Benefit	Same as any other Covered Sickness	
Routine Newborn Care	Same as any other Covered Sickness	
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
Covered Clinical Trials	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Accidental Injury Dental Treatment	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	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
Sports Accident Expense - incurred as the result of the play or practice of Intercollegiate, intramural or club Sports	80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred  Intercollegiate, sports payable at 100% up to \$1,500 then 80% of Preferred allowance combined preferred provided and, nonpreferred provider	70% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred  Intercollegiate sports payable at 100% up to \$1,500 then 70% of Usual and Reasonable Charge combined preferred provided and, nonpreferred provider
Abortion Expense	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 Subject to Unlimited maximum per Policy Year	
Repatriation Expense	100% Usual and Reasonable Charge for Covered Medical Expenses Subject to Unlimited maximum per Policy Year	

<p>Pediatric Dental Care Benefit (to the end of the month in which the Insured Person turns age 21). Preventive Dental Care Limited to 2 dental exams every 12 months</p> <p><i>The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:</i></p> <ul style="list-style-type: none"> <li>Emergency Dental</li> <li>Routine Dental Care</li> <li>Endodontic Services</li> <li>Prosthodontic Services</li> <li>Medically Necessary</li> <li>Orthodontic Care</li> </ul>	<p>See Benefit for limitations in Certificate</p> <p>100% of Usual and Reasonable Charge for Preventive Dental Care</p> <p>50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable</p>	<p>See Benefit for limitations in Certificate</p> <p>100% of the Usual and Reasonable Charge for Preventive Services</p> <p>50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable</p>
<p>Pediatric Vision Care Benefit (to the end of the month in which the Insured Person turns age 21). Limited to 1 visit per Policy Year and 1 pair of prescribed lenses and frames per Policy Year</p>	<p>100% of Usual and Reasonable Charge for Covered Medical Expenses</p>	<p>100% of Usual and Reasonable Charge for Covered Medical Expenses</p>
<p>Adult Vision Care (age 21 or over) Routine Eye Exam once every 12 months</p>	<p>100% of Usual and Reasonable Charge for Covered Medical Expenses</p>	<p>100% of Usual and Reasonable Charge for Covered Medical Expenses</p>
<p>Chiropractic Care 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>Gender Dysphoria 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>Transplant 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>Bariatric Surgery</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>Telemedicine or Telehealth Service</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>Infusion Therapy</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>

Radiation Therapy	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
Treatment for Temporomandibular Joint (TMJ) Disorders	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
Prosthetic Devices	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
Reconstructive 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
Tuberculosis screening, Quantiferon B tests including shots (other than covered under preventive 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
<b>MANDATED BENEFITS See Benefit for Limitations</b>		
Athletic Trainer	Same as any other Physician	
Autism Spectrum Disorders for Children	Same as any other Covered Sickness	
Cancer Clinical Trials	Same as any other Covered Sickness	
Chemotherapy Treatment	Same as any other Covered Sickness	
Colorectal Cancer Screening for Insured Persons (50) years of age or older	Same as any other Preventive Service	
Contraceptive Services	Same as any other Preventive Service	
Craniofacial Disorders	Same as any other Covered Sickness	
Dental Coverage for Anesthesia and Hospitalization Benefit	Same as any other Covered Sickness	
Diabetes Treatment	Same as any other Covered Sickness	
Mammography Screening	Same as any other Preventive Service	
Midwife and Home Birth Coverage	Paid the same as any other Provider	
Naturopathic Physician	Same as any other Physician	
Prostate Screening	Same as any other Preventive Service	
Tobacco Cessation Medications	Same as any other Covered Sickness	
Treatment of Inherited Metabolic Diseases. Treatment shall be at least \$2,500 during any continuous period of 12 months for any Insured Person.	Same as any other Covered Sickness	



## Medical Evacuation Expense

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

If:

- a. You are unable to continue Your academic program as the result of a Covered Injury or Covered Sickness;
- b. That occurs while you are covered under the Certificate,

We will pay the necessary Usual and Reasonable charges for evacuation to another medical facility or Your 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. You 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 Your 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 to Your Home Country terminates any further insurance under the Certificate for You; and
- f. Transportation must be by the most direct and economical route.

## Repatriation Expense

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

If You die while covered under the Certificate, 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 Your place of residence in Your 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 or any state imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to You.

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

1. **International Students Only** - Eligible expenses within Your Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which You could be eligible.
2. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved.
3. medical services rendered by provider employed for or contracted with the School, including team physicians, except as specifically provided in the Schedule of Benefits
4. professional services rendered by an Immediate Family Member or any who lives with You.
5. weak, strained or flat feet, corns, calluses ingrown toenails, except as Medically Necessary except for Treatment because of Injury, infection or disease.
6. diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
7. prescription contraceptive diaphragms are covered but limited to one (1) per policy year;
8. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
9. charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
10. any expenses in excess of Usual and Reasonable charges except as provided in the Certificate.
11. loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device

- for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
12. loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority.
  13. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
  14. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which You are required to pay.
  15. services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
  16. expenses payable under any prior Policy which was in force for the person making the claim.
  17. expenses incurred after:
    1. The date insurance terminates as to the Insured Person and
    2. The end of the Policy Year specified in the Benefit Schedule.
  18. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Certificate.
  19. Weight management. Weight reduction. Nutrition programs. Treatment for obesity except surgery for morbid obesity (bariatric surgery). this does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Care Services benefit, or otherwise specifically covered under the Certificate.
  20. charges for hair growth or removal (except in connection with Medically Necessary Gender Dysphoria treatment)
  21. expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses except as required for repair caused by a Covered Injury or unless otherwise covered under the Pediatric and Adult Vision Care Benefit
  22. 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.
  23. charges for hearing exams, hearing screening, hearing aids and the fitting or repair or replacement of hearing aids or cochlear implants except as specifically provided in the Certificate.
  24. expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical Treatment within 24 hours of the accident or results from Reconstructive Surgery.
    1. 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.
    2. 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.
  25. Treatment to the teeth, including orthodontic braces and orthodontic appliances, in excess of the amount shown in the Schedule of Benefits. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
  26. You are:
    1. committing or attempting to commit a felony,
    2. being engaged in an illegal occupation, or
    3. participation in a riot.
  27. braces and appliances, except as specifically provided in the Schedule of Benefits.
  28. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
  29. Custodial Care service and supplies.
  30. expenses that are not recommended and approved by a Physician.
  31. under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
    - o which does not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided in the Prescription Drug Benefit section of the plan;
    - o drugs with over-the-counter equivalents;
    - o for the purpose of weight control;

- sexual enhancements drugs;
  - dietary supplements;
  - cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or Treatment of acne except as specifically provided in the Certificate;
  - refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
  - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs; except to the extent required by law for routine costs for approved cancer clinical trials;
  - purchased after coverage under the Certificate terminates;
  - consumed or administered at the place where it is dispensed;
  - if the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
32. non-physical, non-occupational, non- speech therapies (art, dance, etc.).
  33. modifications made to dwellings.
  34. general fitness, exercise programs.
  35. hypnosis.
  36. rolfing.
  37. biofeedback.
  38. hyperhidrosis.

## Third Party Refund

When:

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

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

The refund must be made to the extent that You 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. You 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 Certificate 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 Our Agent or Us 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 Insured 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 ninety (90) days of service.

**CIGNA**  
**PO Box 188061**  
**Chattanooga, TN 37422 – 8061**  
Electronic Payor ID: 62308

For information about the Cigna Prescription Drug Program please visit [www.cigna.com](http://www.cigna.com).

## Claim Appeal Process

A written appeal for a first level review, along with any additional information or comments, must be sent within 180 days after notice of an Adverse Determination. You do not have the right to attend, or have an authorized representative in attendance at the first level review. However, in preparing the appeal, You or Your 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 You 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.chpstudenthealth.com](http://www.chpstudenthealth.com)  
**Group Number: ST0951SH**

**This Student Health Insurance Plan is underwritten by:**  
**Commercial Casualty Insurance Company**  
**Fort Wayne, IN**  
**As Policy form: VT SHIP CERT (2018)**

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

***Representations of the Plan must be approved by the Company.***

This is not the Certificate. Rather, it is a brief description of the benefits and other provisions of the Certificate. The Certificate 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 Certificate, 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 are not affiliated with Commercial Casualty Insurance Company and the services are not part of the Plan Underwritten by Commercial Casualty Insurance Company. These value-added options are provided by Consolidated Health Plans.

### **VISION DISCOUNT PROGRAM**

For Vision Discount Benefits please go to:

[www.chpstudenthealth.com](http://www.chpstudenthealth.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.

### **24 HOUR NURSELINE**

Students who enroll and maintain medical coverage in this insurance plan have access to the *24 Hour Nurseline*. 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. The *Nurseline* does not answer health plan benefit questions. Health benefit questions should be referred to the Plan Administrator. The *24 Hour Nurseline* toll free number will be on the ID card.

**(800) 634-7629**



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](http://www.cigna.com) or contact Consolidated Health Plans toll-free at (877) 657-5030, or [www.chpstudent.com](http://www.chpstudent.com) for assistance.



With CareConnect from CHP Student Health, students have 24/7 access to professional assistance to help manage personal concerns, emotional issues, transition and adjustment concerns, academic stress, career development, and the demands of daily and family obligations.

Members in need of assistance simply call the behavioral health hotline on their ID card, **888-857-5462**, or via the CHP Student Health mobile app for immediate access to a masters-level mental health professional. Students are run through a clinical assessment to determine if CareConnect counseling, health center referral, or other treatment is necessary. To access mobile features, students simply download their school's app in their device's app store.