

# Student Health Insurance Plan

Designed for the Students of

School of Visual Arts

**2015-2016**

Underwritten by:

**Nationwide Life Insurance Company  
Columbus, OH**

**Policy Number: 302-094-3113**

Effective: August 25, 2015 to August 24, 2016

**Group Number: S210315**

#### **IMPORTANT NOTICE**

This brochure provides a brief description of the important features of the Policy. It is not a Policy. Terms and conditions of the coverage are set forth in the Policy. We will notify Covered Persons of all material changes to the Policy. Please keep this material with your important papers.

#### **NONDISCRIMINATORY**

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

#### TABLE OF CONTENTS

Where To Find Help?.....	3
Am I Eligible? .....	3
How Do I Waive? .....	4
Coverage for Dependents.....	4
Effective Dates and Cost.....	4
Termination of Benefits .....	5
Extension of Benefits .....	5
Continuation of Coverage .....	6
Services Subject to Preauthorization .....	6
Premium Refund Policy.....	7
Schedule of Benefits .....	8
Preferred Provider Information.....	10
Exclusions .....	11
Definitions .....	13
Accidental Death and Dismemberment.....	16
Claim Procedures.....	17
Claim Appeal Process .....	17
Value Added Services.....	18
Nationwide Student Travel Assistance.....	18

## WHERE TO FIND HELP

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

For Questions About:	Please Contact:
Enrollment Dependent Enrollment Waiver Process	University Health Plans, Inc. One Batterymarch Park Quincy, MA 02169-7454 Telephone (800) 437-6448 <a href="http://www.universityhealthplans.com">www.universityhealthplans.com</a> or email us at <a href="mailto:info@universityhealthplans.com">info@universityhealthplans.com</a>
Insurance Benefits Preferred Provider Listings Claims Processing	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (800) 633-7867 <a href="http://www.chpstudent.com">www.chpstudent.com</a>
Preferred Provider Listings	<a href="http://www.Cigna.com">www.Cigna.com</a>
Prescription Drug Benefit & Providers	Cigna PMB

## AM I ELIGIBLE?

The School of Visual Arts is making available a Student Health Insurance program (hereinafter called "plan") underwritten by Nationwide Life Insurance Company and administered by Consolidated Health Plans. This brochure provides a general summary of the insurance coverage; the Schedule of Benefits is not all inclusive of eligible benefits payable under this plan. Keep this brochure as no individual policy will be issued. This summary is not a contract; however, the Master Policy will be available for review upon request. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this brochure and the Master Policy.

If You are eligible to be covered under this Program, You are automatically enrolled unless You can certify that You have comparable coverage.

### DECEMBER GRADUATES POLICY

Those students that complete their studies at the School of Visual Arts in December or those students who will not be enrolled in classes for the Spring semester will not be covered. Coverage will terminate 12:01 a.m. on February 24, 2016 and cannot be continued.

Credits from online courses are applicable toward satisfying full time student eligibility as long as some credits are from on-campus courses. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium, minus any claims paid.

## HOW DO I WAIVE?

Eligible students will automatically be enrolled in this Plan, unless a student competes an online waiver at [www.sva.edu/uhp](http://www.sva.edu/uhp) by the specified deadlines listed below:

Fall Semester 2015	October 8, 2015
Spring Semester 2016	February 11, 2016

Waiver submissions may be audited by School of Visual Arts, University Health plans, and/or their contractors or representatives. You may be required to provide, upon request, any coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the student health insurance plan. By submitting the waiver request, you agree that your current insurance plan may be contracted for confirmation that your coverage is in force for the applicable policy year and that it meets the school's waiver requirements.

The refund of premium policy will not apply to a student who withdraws due to a covered Injury or Sickness. A student who withdraws from classes during the first 31 days of a coverage period due to a covered Injury or Sickness will be allowed to continue on the plan to the end of the period for which premium has been paid.

## COVERAGE FOR DEPENDENTS

Insured Students who are enrolled in the Student Health Insurance Plan may also enroll their eligible Dependents. Eligible dependents under the plan include the Insured person's spouse, domestic partner, and dependent children under age twenty-six (26). Dependent Eligibility expires concurrently with that of the Insured Student. Students may also enroll their Dependents within thirty-one (31) days of an eligible qualifying event. Eligible qualifying events for a Dependent are defined in the Master Policy. Enrollment requests (including payments) received after the thirty-one (31) days following the qualifying event will not be accepted. Coverage will be effective as of the date of the qualifying event.

## EFFECTIVE DATES AND COSTS

The School of Visual Arts Student Health Insurance Plan provides coverage to students for a twelve (12) month period - from 12:01 a.m. August 25, 2015 through 11:59 P.M. August 24, 2016.

	Annual* 8/25/2015 – 8/24/2016	Fall* 8/25/2015 – 1/5/2016	Spring* 1/6/2016 – 8/24/2016
Student	\$1,940	\$970	\$970
Spouse	\$1,940	\$970	\$970
Child	\$1,940	\$970	\$970

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

## TERMINATION

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

- The Termination Date of the Policy;
- The last day of the term of Coverage for which Premium is paid;
- The date a Covered Person enters full time active military service. Upon written request within 90 days of leaving school, We will refund the unearned pro-rata Premium to such person upon request.
- The date the Covered Person departs the Policyholder's school for their Home Country. No Benefits will be payable for any medical treatment received in the Covered Person's Home Country; or
- The last date of the period for which Premium has been paid following the date a Dependent ceases to be a Dependent as defined.

Termination is subject to the Extension of Benefits provision.

## EXTENSION OF BENEFITS

When Your coverage under this Plan ends, benefits stop. If You are totally disabled on the date Your coverage under this Certificate terminates, continued benefits may be available for the treatment of the injury or sickness that is the cause of the total disability. If you are pregnant on the date Your coverage under this Certificate terminates, continued benefits may be available for Your maternity care.

For purposes of this section, "total disability" means You are prevented because of injury or disease from engaging in any work or other gainful activity. Total disability for a minor means that the minor is prevented because of injury or disease from engaging in substantially all of the normal activities of a person of like age and sex who is in good health.

### A. When You May Continue Benefit.

1. If You are totally disabled on the date Your coverage under this Plan terminates, We will continue to pay for Your care under this Certificate during an uninterrupted period of total disability until the first of the following:
  - The date You are no longer totally disabled; or
  - Ninety (90) days from the date extended benefits began (if Your benefits are extended based on termination of Student status).
2. If You are pregnant on the date Your coverage under this Plan terminates, We will continue to pay for Your maternity care through delivery and any post-partum services directly related to the delivery.

### B. Limits on Extended Benefits.

We will not pay extended benefits:

- For any Member who is not totally disabled or pregnant on the date coverage under this Certificate ends; or
- Beyond the extent to which We would have paid benefits under this Certificate if coverage had not ended.

## CONTINUATION OF COVERAGE

You, the Student, Your Spouse, and Your Children may be able to temporarily continue coverage under this Plan in certain situations when You would otherwise lose coverage, known as qualifying events.

1. If Your coverage ends due to the termination of Your Student status You may continue coverage. Coverage may be continued for You, Your Spouse and any of Your covered Children.
2. If You are a covered Spouse, You may continue coverage if Your coverage ends due to:
  - Termination of the Student's status as a Student;
  - Divorce or legal separation from the Student; or
  - Death of the Student.
3. If You are a covered Child, You may continue coverage if Your coverage ends due to:
  - Termination of the Student's status as a Student;
  - Loss of covered Child status under the plan rules; or
  - Death of the Student.

If You want to continue coverage, You must request continuation from Us in writing and make the first Premium payment within the sixty (60)-day period following the later of:

1. The date coverage would otherwise terminate; or
2. The date You are sent notice by first class mail of the right of continuation by Us.

Continued coverage under this section will terminate at the earliest of the following:

1. The date ninety (90) days after the Student's coverage would have terminated because of termination of Student status;
2. If You are a covered Spouse or Child, the date ninety (90) days after coverage would have terminated due to the death of the Student, divorce or legal separation, the Student's eligibility for Medicare, or the failure to qualify under the definition of "Children";
3. The date You become covered by an insured or uninsured arrangement that provides hospital, surgical or medical coverage;
4. The date You become entitled to Medicare;
5. The date to which Premiums are paid if You fail to make a timely payment; or
6. The date the Policy terminates. However, if the Policy is replaced with similar coverage, You have the right to become covered under the new Policy for the balance of the period remaining for Your continued coverage.

## SERVICES SUBJECT TO PREAUTHORIZATION

Preauthorization is required before You receive certain Covered Services. Your Participating Provider is responsible for requesting Preauthorization for in-network services and You are responsible for requesting Preauthorization for the out-of-network services listed in the Schedule of Benefits section.

**Preauthorization Notification Procedure.**

If You seek coverage for services that require Preauthorization, You or Your Provider must call Us at the number on Your ID card.

You or Your Provider must contact Us to request Preauthorization as follows:

- At least one (1) week prior to a planned admission or surgery when Your Provider recommends inpatient Hospitalization. If that is not possible, then as soon as reasonably possible during regular business hours prior to the admission.

You must contact Us to provide notification as follows:

- If You are hospitalized in cases of an Emergency Condition, You must call Us within forty-eight (48) hours after Your admission or as soon thereafter as reasonably possible.

After receiving a request for approval, We will review the reasons for Your planned treatment and determine if benefits are available. Criteria will be based on multiple sources which may include medical policy, clinical guidelines, and pharmacy and therapeutic guidelines.

**PREMIUM REFUND POLICY**

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

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

**SCHEDULE OF BENEFITS**

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

	In-Network	Out-of-Network
Policy Year Maximum Benefit	Unlimited	
Deductible - per Covered Person Condition Policy Year	\$100	
Out-of-Pocket Maximum (includes Coinsurance and Copayments; does not include non-covered medical expenses or elective treatment)	\$6,350 Individual \$12,700 Family	Not applicable
Coinsurance	90% of Preferred Allowance (PA)	60% of Usual, Customary and Reasonable (UCR)
<b>Outpatient Services</b>		
Office Visits (includes Telemedicine, Specialists, and Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery or physiotherapy.	100% of PA After a \$10 co-payment (Deductible does not apply)	70% of UCR After a \$10 co-payment (Deductible does not apply)
Diagnostic Imaging, X-ray and Laboratory Services - Out-of-network Dialysis limited to 10 visits Per Policy Year	90% of PA	60% of UCR
<b>Inpatient Services</b>		
Miscellaneous Hospital Services Includes meals and prescribed diets, Diagnostic Imaging, Laboratory, pharmaceuticals administered while an Inpatient, use of operating room, anesthesia, therapeutic services, supplies, dressings, blood, blood plasma, and autologous blood banking, oxygen, radiation therapy, chemotherapy, miscellaneous items used in association with a surgical event, Pre-Admission Testing and Inpatient Rehabilitation.	90% of PA	60% of UCR
Room and Board expense, at the semi-private room, general nursing care, and ICU	90% of PA	60% of UCR
Physician visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.	90% of PA	60% of UCR
Skilled Nursing and Sub-Acute Care Facilities	90% of PA	60% of UCR

Surgical Services (Inpatient & Outpatient) –When multiple surgeries are performed through one or more incisions at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed and 50% of the Benefit otherwise payable for each subsequent procedure.		
Surgeon's Fee	90% of PA	60% of UCR
Assistant Surgeon	90% of PA	60% of UCR
Anesthetist Services	90% of PA	60% of UCR
Inpatient/Outpatient Surgical miscellaneous includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.	90% of PA	60% of UCR
<b>Other Surgical Services</b>		
Organ transplants	90% of PA	60% of UCR
Bariatric Surgery	90% of PA	60% of UCR
Reconstructive surgery	90% of PA	60% of UCR
Maternity Care – Includes forty-eight (48) hours of Inpatient care following a normal delivery and ninety-six (96) hours of Inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the Attending Physician or a certified nurse-midwife who consults with a Physician, decides to discharge the mother or newborn child sooner. In the event of early discharge, Home Health Care visits will be provided.		
Pre and post-natal services	Paid the same as any other Sickness	
<b>Mental Conditions &amp; Substance Abuse</b>		
Inpatient Services	Paid the same as any other Sickness	
Outpatient Office Visits	Paid the same as any other Sickness	
<b>Urgent Care and Emergency Services</b>		
Urgent Care (Deductible does not apply)	100% of PA	70% of UCR after a \$10 copayment
Emergency services. Use of the emergency room and supplies.	90% of PA after deductible	90% of UCR after deductible
Emergency Medical Transportation services	100% of PA	100% of UCR
<b>Other Services</b>		
Preventive/Wellness & Immunization Services	100% of PA (No Deductible)	Not covered
Exercise Facility Reimbursement: Up to \$200 per six (6) month period; up to an additional \$100 per six (6) month period for Spouse; Covered Dependents.	100% of Reimbursable Amount	
Allergy Services (testing/injections/treatment)	90% of PA	60% of UCR
Habilitative therapy – including Physical, Speech, and Occupational	90% of PA	60% of UCR
Rehabilitative therapy – including Physical, Speech, and Occupational	90% of PA	60% of UCR
Chiropractic care	90% of PA	60% of UCR
Home Health Care Up to 365 visits per policy year.	90% of PA	60% of UCR
Hospice	90% of PA	60% of UCR
Diabetic treatment and Education	Paid the same as any other Sickness	

Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices	90% of PA	60% of UCR
Prescription Drug Expense	100% after a: <ul style="list-style-type: none"> <li>\$10 Copay for Generic</li> <li>\$20 Copay for Preferred Brand</li> <li>\$30 Copay for Non-Preferred Brand</li> </ul>	70% of UCR
<b>Prescription Drug Expense</b> <ul style="list-style-type: none"> <li>Only a thirty (30) day supply can be dispensed at any time</li> <li>One (1) copayment per thirty (30) day supply; Copay does not apply to generic contraceptives</li> <li>Copayments apply to the out-of-pocket</li> <li>Prescriptions should be filled at a Cigna participating pharmacy. Go to <a href="http://www.cigna.com">www.cigna.com</a> for a list of participating pharmacies.</li> </ul>		
<b>Pediatric Dental Care*</b> for individuals 19 and younger (Deductible does not apply): <ul style="list-style-type: none"> <li>Preventive Dental Care \$35 co-payment then, 100% of PA</li> <li>Routine Dental Care \$100 co-payment then, 100% of PA</li> <li>Major Dental (Endodontics, Periodontics and Prosthodontics) \$350 co-payment then, 100% of PA</li> <li>Orthodontics 50% of PA</li> </ul> <p style="text-align: center;">Orthodontics and Major Dental Require Preauthorization Referral</p>		
Routine Vision Exam for Covered Persons under nineteen (19) – limited to one (1) exam per Policy Year. Includes prescription eye glasses (lenses & frames), or contact lenses in lieu of eyeglasses, limited to once per Policy Year. 100% of UCR up to \$150, 50% thereafter.		
<b>Elective Services (do not apply to the Out of Pocket maximum)</b>		
Acupuncture	90% of PA	60% of UCR
TMJ	Not Covered, except when provided under Pediatric Dental services.	
Non-Emergency Care outside of the US	60% of UCR	
Infertility services (other than diagnostic)	Not Covered	

#### PREFERRED PROVIDER INFORMATION

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

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

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

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

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

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

## EXCLUSIONS

No coverage is available under this Certificate for the following:

### A. Aviation.

We do not cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

### B. Convalescent and Custodial Care.

We do not cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered Services determined to be Medically Necessary.

### C. Cosmetic Services.

We do not cover cosmetic services, Prescription Drugs, or surgery, unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. We also cover services in connection with reconstructive surgery following a mastectomy, as provided elsewhere in this Certificate. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeal sections of this Certificate unless medical information is submitted.

### D. Dental Services.

We do not cover dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or dental care or treatment specifically stated in the Outpatient and Professional Services and Pediatric Dental Care sections of this Certificate.

### E. Experimental or Investigational Treatment.

We do not cover any health care service, procedure, treatment, device or Prescription Drug that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial as described in the Outpatient and Professional Services section of this Certificate, or when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under this Certificate for non-investigational treatments. See the Utilization Review and External Appeal sections of this Certificate for a further explanation of Your Appeal rights.

### F. Felony Participation.

We do not cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection. This exclusion does not apply to coverage for services involving injuries suffered by a victim of an act of domestic violence or for services as a result of Your medical condition (including both physical and mental health conditions).

### G. Foot Care.

We do not cover routine foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. However, we will cover foot care when You have a specific medical condition or disease resulting in circulatory deficits or areas of decreased sensation in Your legs or feet.

### H. Government Facility.

We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

### I. Medically Necessary.

In general, We will not Cover any health care service, procedure, treatment, test, device or Prescription Drug that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test, device or Prescription Drug for which coverage has been denied, to the extent that such service, procedure, treatment, test, device or Prescription Drug is otherwise Covered under the terms of this Certificate.

### J. Medicare or Other Governmental Program.

We do not cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

### K. Military Service.

We do not cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

L. No-Fault Automobile Insurance.

We do not cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.

M. Services Provided by a Family Member.

We do not cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister or brother of You or Your Spouse.

N. Services Separately Billed by Hospital Employees.

We do not cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.

O. Services with No Charge.

We do not cover services for which no charge is normally made.

P. Vision Services.

We do not cover the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the Pediatric Vision Care section of this Certificate.

Q. War.

We do not cover an illness, treatment or medical condition due to war, declared or undeclared.

R. Workers' Compensation.

We do not cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

**DEFINITIONS**

The terms listed below, if used, have the meaning stated.

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

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

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

Covered Person: A person:

- who is eligible for Coverage as the Insured or as a Dependent;
- who has been accepted for Coverage or has been automatically added;
- for whom the required Premium has been paid; and

- whose Coverage has become effective and has not terminated.

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

Dependent: A person who is the Insured's:

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

The term child refers to the Insured's:

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

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

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

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

Hospital: A facility which provides diagnosis, treatment, and care of persons who need acute Inpatient Hospital care under the supervision of Physicians. It must be licensed as a general acute care Hospital according to state and local laws.

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

In-Network Benefit: The level of payment made by Us for Covered Services received by a Preferred Provider under the terms of the Policy. Payment is based on the Preferred Allowance unless otherwise indicated.

Medically Necessary/Medical Necessity: We reserve the right to review claims and establish standards and criteria to determine if a Covered Service is Medically Necessary and/or Medically Appropriate. Benefits will be denied by Us for Covered Services that are

not Medically Necessary and/or Medically Appropriate. In the event of such a denial, You will be liable for the entire amount billed by that Provider. You do have the right to appeal any adverse decision as outlined in the Appeals and Complaint Section of this Policy.

Covered Services are Medically Necessary if they are:

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

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

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

Out-of-Network Benefit Level: The lowest level of payment made by Us for Covered Services under the terms of the Policy. Payment is based on Reasonable and Customary charges unless otherwise indicated.

Out-of-Network Provider: Physicians, Hospitals and other Providers who have not agreed to any pre-arranged fee schedules. See the definition of Out-of-Network Benefit Level.

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

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

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

Preferred Allowance (PA): The amount a Preferred Provider has agreed to accept as payment in full for Covered Charges.

Preferred Providers: Physicians, Hospitals and other healthcare Providers who have contracted to provide specific medical care at negotiated prices.

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

(a) Evidenced-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, except that the current recommendations of the United States Preventive Service Task Force

regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009;

(b) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;

(c) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and

(d) With respect to women, such additional preventive care and screenings, not described in paragraph (a) above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

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

UCR (Usual, Customary and Reasonable): The cost of a medical service in a geographic area based on what Providers in the area usually charge for the same or similar medical service.

We, Our and Us: Nationwide Life Insurance Company.

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

Male pronouns whenever used include female pronouns.

## ACCIDENTAL DEATH AND DISMEMBERMENT

If the Eligible Person, within 90 days from the date of an Accident which occurs while Coverage is in force dies as the result of an Injury from such Accident, We will pay the Eligible Person's beneficiary the amount for loss of life as shown in the Schedule of Benefits. If the Eligible Person, within 90 days from the date of an Accident, which occurs while Coverage is in force, suffers dismemberment as the result of Injury from such Accident, We will pay the Eligible Person the amount set opposite such loss, as shown on the Schedule of Benefits. If more than one (1) such loss is sustained as the result of one (1) Accident, We will pay only one (1) amount, the largest to which the Eligible Person or his or her beneficiary would be entitled.

The following table shows the amounts We will pay for loss of:

Life .....	\$10,000
Both hands or both feet or the entire sight of both eyes .....	\$10,000
One hand or one foot or the entire sight of one eye .....	\$5,000
More than one of the above Losses due to one Accident .....	\$5,000
Thumb or Index Finger .....	\$2,500

Loss of hand or foot means loss by severance at or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable. Loss of a thumb and index fingers means loss by severance at or above the metacarpophalangeal joints, which are the joints between the fingers and the hand.

This Benefit is subject to all the terms, Conditions and exclusions of the Policy.

## CLAIM PROCEDURES

SUBMIT ALL MEDICAL CLAIMS TO:  
Cigna  
PO Box 188061  
Chattanooga, TN 37422-8061  
Electronic Payor ID: 62308

Customer Service, verification of benefits, claim correspondence, and ID card requests should be directed to the Claims Administrator listed below:

Claims Administrator:  
CONSOLIDATED HEALTH PLANS  
2077 Roosevelt Avenue  
Springfield, MA 01104  
(413) 733-4540 or Toll Free (800) 633-7867  
[www.chpstudent.com](http://www.chpstudent.com)

You can access up to date information about your plan, including amendments, Provider directory, privacy notice, and rights and responsibilities at this website address.

Group Number: S210315

## CLAIMS APPEAL PROCESS

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

Claims Administrator:  
CONSOLIDATED HEALTH PLANS  
2077 Roosevelt Avenue  
Springfield, MA 01104  
[www.chpstudent.com](http://www.chpstudent.com)  
(413) 733-4540

Servicing Agent:  
University Health Plans, Inc.  
One Batterymarch Park  
Quincy, MA 02169-7454  
Telephone (800) 437-6448  
[www.universityhealthplans.com](http://www.universityhealthplans.com)  
or email us at [info@universityhealthplans.com](mailto:info@universityhealthplans.com)

This plan is underwritten by and offered by:  
NATIONWIDE LIFE INSURANCE COMPANY  
Columbus, OH  
Policy Number: 302-094-3113

For a copy of the privacy notice you may go to:  
[www.consolidatedhealthplan.com/about/hipaa](http://www.consolidatedhealthplan.com/about/hipaa)

## VALUE ADDED SERVICES

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

NURSE HOTLINE FOR STUDENTS  
For quick, sound medical advice from specially trained Nurses  
24 hours a day, 365 days per year  
Call toll free at 800-557-0309

## NATIONWIDE STUDENT TRAVEL ASSISTANCE

Europ Assistance USA services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. Europ Assistance USA is your key to travel security. **For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.**

If you have a medical, security, or travel problem, simply call Europ Assistance USA for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-877-496-1175 or if you are in a foreign country, call collect at: 1-240-330-1530.

**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. Europ Assistance USA will then take the appropriate action to assist You and monitor Your care until the situation is resolved.**

COVERAGE TERMS- Per Policy Year	
ASSISTANCE SERVICES	MAXIMUM LIMITS
Emergency Evacuation	Unlimited
Medical Repatriation	Unlimited
Repatriation of Remains	Unlimited
Visit by Family Member or Friend	\$5,000
Return of Dependent Children	\$5,000
Return of Traveling Companion	\$5,000

#### **EMERGENCY TRANSPORTATION SERVICES**

**Emergency Evacuation:** If you or your dependent suffer an Injury or Sickness and adequate medical facilities are not available locally in the opinion of NATIONWIDE STUDENT TRAVEL ASSISTANCE'S Medical Director, NATIONWIDE STUDENT TRAVEL ASSISTANCE will provide emergency evacuation (under medical supervision, if necessary) by whatever means necessary to the nearest facility capable of providing adequate care. Services included arranging and paying for transportation and related medical services (including cost of medical escort, if necessary) and medical supplies necessarily incurred in connection with the emergency evacuation.

**Medically Necessary Repatriation:** After initial treatment and stabilization for an Injury or Sickness, if the attending Physician and NATIONWIDE STUDENT TRAVEL ASSISTANCE'S Medical Director deem it medically necessary, NATIONWIDE STUDENT TRAVEL ASSISTANCE will transport you back to your permanent place of residence for further medical treatment or to recover. Services include arranging and paying for transportation and related medical services (including cost of medical escort, if necessary) and medical supplies necessarily incurred in connection with the repatriation.

**Repatriation of Remains:** In the event of your death, NATIONWIDE STUDENT TRAVEL ASSISTANCE will render assistance and provide for the return of mortal remains. Services include arranging and paying for the following: location of a sending funeral home; transportation of the body from the site of death to the sending funeral home to the airport; minimally necessary casket or air tray for transport; coordination of consular services (in the case of death overseas); procuring death certificates; and transport of the remains from the airport to the receiving funeral home. Other services that might be performed in conjunction with those listed above include: making travel arrangements for any traveling companions; identification and/or notification of next-of-kin.

**Visit by Family Member or Friend:** If you are hospitalized for more than seven (7) days and are traveling alone, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange and provide your family member or friend with transportation to visit you. Visit by Family Member or Friend services are subject to a maximum

coverage limit of \$5,000, to include one (1) roundtrip economy ticket, meals and reasonable accommodations up to a maximum of 10 days.

**Return of Dependent Children:** If you are hospitalized for more than seven (7) days, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange and pay for the return the your minor children who are under nineteen (19) years of age, and if necessary, accompany him/her with an attendant, up to a maximum coverage limit of \$5,000 per event.

**Return of Traveling Companion:** If your traveling companion loses previously made travel arrangements due to your medical emergency, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange and pay for your traveling companion's return home by the most direct and economical route, up to a maximum coverage limit of \$5,000 per event.

#### **MEDICAL ASSISTANCE SERVICES**

**Medical Referrals:** NATIONWIDE STUDENT TRAVEL ASSISTANCE will assist you in finding physicians, dentists, and medical facilities.

**Medical Monitoring:** During the course of a medical emergency, NATIONWIDE STUDENT TRAVEL ASSISTANCE'S professional case managers, including physicians and nurses, will make sure the appropriate level of care is maintained or determine if further intervention, medical transportation, or possibly repatriation (return to U.S.) is needed. NATIONWIDE STUDENT TRAVEL ASSISTANCE will provide case notification, both foreign and domestic, between the patient, family, physician, employer, travel company, and consulate as needed. NATIONWIDE STUDENT TRAVEL ASSISTANCE will continue to provide all necessary international claim coordination, to include hospital bill translation and interpretation, as needed.

**Emergency Medical Payments:** When it is necessary for you to obtain needed medical services, upon request, NATIONWIDE STUDENT TRAVEL ASSISTANCE will advance in local currency, up to \$10,000 to cover on-site medical expenses. The advance of funds will be made to the medical provider after NATIONWIDE STUDENT TRAVEL ASSISTANCE has secured funds from you or your family.

**Replacement of Medication and Eyeglasses:** NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange to fill a prescription that has been lost, stolen, or requires a refill, subject to local law, whenever possible. NATIONWIDE STUDENT TRAVEL ASSISTANCE will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc. are your responsibility.

**Hotel Convalescence Arrangements:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with hotel arrangements if you or your companion needs to convalesce in a hotel prior to or following medical treatment.

**Medical Insurance Assistance:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you by coordinating notifications to medical insurers or managed care organizations, verifying policy enrollment, confirming medical benefits

coverage, guaranteeing medical payments, assisting in the coordination of multiple insurance benefits, and handling claims paperwork flow.

**Prescription Drug Assistance:** When permitted by law and approved by the patient's physicians, NATIONWIDE STUDENT TRAVEL ASSISTANCE will assist you in obtaining prescription drugs and other necessary personal medical items that may have been forgotten, lost or depleted while traveling.

#### **LEGAL ASSISTANCE**

**Locating Legal Services:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist in contacting a local attorney or the appropriate consular officer if you are arrested or detained, involved in an automobile accident, or otherwise need legal help. NATIONWIDE STUDENT TRAVEL ASSISTANCE will maintain communications with you, your family, and employer until legal counsel has been retained by you.

**Bail Bond Services:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist in securing bail bond services in all available locations.

#### **BAGGAGE ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you if your baggage is lost, stolen, or delayed while traveling on a common carrier. NATIONWIDE STUDENT TRAVEL ASSISTANCE will advise you of the proper reporting procedures and will help you maintain contact with the appropriate companies or authorities to help resolve the problem.

#### **EMERGENCY PAYMENT ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you in obtaining an advance of funds for medical expenses or other travel emergencies by coordinating directly with your family, or your credit card company, bank, employer, plan sponsor or other sources of credit.

**PRE-TRIP ASSISTANCE – available at anytime, not subject to 100 mile travel requirement**

- **Passport and Visa Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can advise you of the required documentation to enter and depart foreign destinations.
- **Health Hazards Advisory:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can provide you with up to date travel advisories.
- **Inoculation Requirements:** Medical entry requirements can be provided to you prior to your departure.
- **Weather Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE maintains current information regarding weather conditions for both domestic and international travel destination. This information will be provided to you through the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center.
- **Currency Exchange Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can provide you with the daily currency exchange rate for a specified country.

- **Consulate and Embassy Locations:** NATIONWIDE STUDENT TRAVEL ASSISTANCE maintains a complete listing of consulates and embassies. These locations are accessible to you by calling the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center.
- **Translation and Interpreter Services:** Professional translators and interpreters can be reached 24-hours a day to obtain translation or interpreter assistance services during emergency situations while traveling internationally.
- **Travel Locator Service:** You can contact the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center 24 hours a day, seven (7) days a week, for assistance in locating hotels, airports, sports facilities, campgrounds, and tourist attractions.

#### **EMERGENCY MESSAGE ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can record emergency messages from you or emergency messages for you for 24-hour periods. These messages may be retrieved at anytime by you, your family, or business associates.

#### **EMERGENCY CASH ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with emergency cash up to \$500. Arrangements will be made through a friend, family member, business, or your credit card in the event of an emergency. All fees associated with the transfer or deliveries of funds are your responsibility.

#### **EMERGENCY TICKET REPLACEMENT**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you in replacing lost or stolen airline tickets.

#### **EMERGENCY CARD REPLACEMENT**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with emergency card replacement if you should experience a loss, theft, or damage to your credit card or membership card.

#### **NATIONWIDE STUDENT TRAVEL ASSISTANCE EXCLUSIONS AND LIMITATIONS**

1. NATIONWIDE STUDENT TRAVEL ASSISTANCE shall not provide services enumerated if the coverage is sought as a result of: involvement in any act of war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, and insurrection, military or usurped power; traveling against the advice of a Physician; traveling for the purpose of obtaining medical treatment; traveling in any country in which the U.S. State Department issued travel restrictions; the commission of or attempt to commit an unlawful act; mental or emotional disorders, unless hospitalized; participation as a professional in athletics; services provided for you for which no charge is normally made; travel within 100 miles of your Primary Residence, unless in a foreign country.
2. The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, NATIONWIDE STUDENT TRAVEL ASSISTANCE may not be able to respond in

the usual manner. It is your responsibility to inquire whether a country is "open" for assistance prior to your departure and during your stay. NATIONWIDE STUDENT TRAVEL ASSISTANCE also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit NATIONWIDE STUDENT TRAVEL ASSISTANCE to fully provide services.

3. If you request a transport related to a condition that has not been deemed medically necessary by a physician designated by NATIONWIDE STUDENT TRAVEL ASSISTANCE in consultation with a local attending physician or to any condition excluded hereunder, and you agree to be financially responsible for all expenses related to that transport, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange but not pay for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if NATIONWIDE STUDENT TRAVEL ASSISTANCE was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation services.
4. NATIONWIDE STUDENT TRAVEL ASSISTANCE shall not be responsible for any claim, damage, loss, costs, liability or expense which arises in whole or in part as a result of NATIONWIDE STUDENT TRAVEL ASSISTANCE'S inability to verify the Participant's eligibility.

#### **NATIONWIDE STUDENT TRAVEL ASSISTANCE– GENERAL INFORMATION**

All transportation benefits provided hereunder must be by the most direct and economical route possible.

For the purposes of this Description of Covered Services, the following definitions shall apply; "Injury" means identifiable injury caused by an Accident. "Accident" means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place. "Sickness" means a sickness of the Participant declares itself during the period when services are available under this Agreement.

**NATIONWIDE STUDENT TRAVEL ASSISTANCE** is not responsible and cannot be held liable for any malpractice performed by a local physician or attorney who is not an employee of NATIONWIDE STUDENT TRAVEL ASSISTANCE, or for any loss or damage to your vehicle during the return of vehicle, or for any loss or damage to any personal belongings.

**IMPORTANT:** The individual or their representative must contact NATIONWIDE STUDENT TRAVEL ASSISTANCE to arrange for any services provided herein. Failure to contact NATIONWIDE STUDENT TRAVEL ASSISTANCE and failure to utilize NATIONWIDE STUDENT TRAVEL ASSISTANCE to make arrangements for services shall render the expenses ineligible.