



## Student Health Insurance Plan

Plan Year  
18/19

*Designed Exclusively for the  
International Students and Scholars of:*  
**Rice University**

Houston, TX

2018 - 2019

***Underwritten by:***

Commercial Casualty Insurance Company  
Fort Wayne, IN

Policy Number: CCIC1819TXSHIP02

Group Number: ST0895SH

Effective: 8/15/2018 - 8/14/2019



***Administered by:***

Consolidated Health Plans  
2077 Roosevelt Ave | Springfield, MA



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## Where to Find Help

For Questions About:	Please Contact:
<b>Insurance Benefits</b> <b>Preferred Provider Listings</b> <b>Claims Processing</b> <b>Id Card Requests</b>	<b>Consolidated Health Plans</b> 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (877) 647-5030 <a href="http://www.chpstudenthealth.com">www.chpstudenthealth.com</a>
<b>Enrollment</b>	<b>Student Assurance Services</b> <a href="http://www.sas-mn.com">www.sas-mn.com</a>
<b>Preferred PPO Provider Listings</b>	<b>Consolidated Health Plans or PHCS</b> <a href="http://www.phcs.com">www.phcs.com</a>
<b>Prescription Drug Providers</b>	<b>BeRx</b> <a href="http://www.berxplan.com">www.berxplan.com</a>

## Am I Eligible?

**Eligible students and scholars must be engaged in international education or educational activities, temporarily living outside their home country or country of regular domicile as a non-resident alien in the United States, and possess a current passport or student visa.**

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 eligibility status and attendance records to verify that the Certificate eligibility requirements have been met. If We discover that the Certificate eligibility requirements have not been met, Our only obligation is refund of premium less any claims paid.

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

### Who is Eligible

All registered International students and Scholars taking 1 credit are required to have health insurance coverage. Students are automatically enrolled in the Student Health Insurance Plan and do not have the option to waive coverage.

### 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 distance learning, home study, correspondence, television courses, or courses taken for audit do not fulfill the eligibility requirements that the student actively attend classes. The online restriction does not apply to students who are completing their degree requirements while engaged in practical training.

## 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 Certificate 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 Enroll?

Students and Scholars have two (2) options for enrolling in this plan.

The First Option is to enroll online and pay the premium via credit card.

- Go to [www.sas-mn.com](http://www.sas-mn.com) and download the form for Rice University.

The Second Option is to mail the enrollment form and premium.

1. Download and print an enrollment form on the website [www.sas-mn.com](http://www.sas-mn.com).
2. Print all information legibly and indicate the coverage and options desired.
3. Enclose a check or money order payable to Student Assurance Services, Inc. or complete credit card information.
4. Send the form and payment to:

Student Assurance Services, Inc.  
**P.O. Box 196 • Stillwater, MN 55082-0196**

## 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) the 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) the 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.

Make your elections by contacting Student Assurance Services at (800) 328-2739 to request an Enrollment form.

## Effective Dates & Costs

All time periods begin at 12:00 A.M. local time and end at 11:59 P.M. local time at the Policyholder's address.

Coverage Period	Coverage Start Date	Coverage End Date
Annual	8/15/18	8/14/19
Fall	8/15/18	12/31/18
Spring	1/1/19	8/14/19

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

	Annual	Fall	Spring
Student*	\$1,433	\$546	\$887
Spouse*	\$1,433	\$546	\$887
Each Child*	\$1,433	\$546	\$887
3 or more Children*	\$4,299	\$1,638	\$2,661

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

2018-2019 Monthly Premium Schedule for Visiting Scholars Only	
Scholar	\$122
<i>Dependent rates are in addition to the student rate</i>	
1 Dependent	\$122
2 Dependents	\$244
3 or more Dependents	\$366

**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, Scholars, 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.

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 90 days from the Termination Date.

Dependents that are newly acquired during 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.

**Accident** means a sudden, unforeseeable external event which directly and from no other cause results in an Injury to the Insured Person.

**Ambulance Service** means transportation to and from a Hospital by a licensed Ambulance whether 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, 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 or Injury** means a bodily injury due to an unforeseeable, external event which results independently of disease, bodily infirmity or any other cause.

All Injuries sustained in any one (1) Accident, all related conditions and recurrent symptoms of these Injuries are considered a single Injury.

**Covered Medical Expense** means those Medically Necessary charges for any Treatment, service or supplies that are:

1. Not in excess of the Usual and Customary 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 You 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. Your lawful spouse or lawful Domestic Partner;
2. Your dependent biological child, adopted child or child pending adoption, child under a medical or dental support order under an order issued under Chapter 154, Family Code, or enforceable by a court in this state, or stepchild under age 26; and
3. Your grandchild who is a dependent of Yours for federal income tax purposes at the time the application for coverage of the grandchild is made; and
4. Your covered dependent child who has reached age 26 and who is:
  - a. primarily dependent upon You 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 a Covered Sickness or Injury for which immediate medical Treatment is sought at the nearest available facility. The Condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

**Emergency Services** means, with respect to an Emergency Medical Condition: transportation services, including but not limited to ambulance services, and 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 service or supply has not been demonstrated in scientifically valid clinical trials and research studies to be safe and effective for a particular indication. For further explanation, see the Medically Necessary/Medical Necessity provision.

**Extended Care Facility** means a licensed institution devoted to providing medical, nursing, or Custodial Care for an Insured Person over a prolonged period, such as during the course of a chronic disease or the rehabilitation phase after an acute sickness or injury.

**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 the 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 Your 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** means a coordinated plan of home and inpatient care which treats the terminally ill patient and family as a unit. It provides care to meet the special needs of a family unit during the final stages of a terminal illness and during the bereavement. Care is provided by a team of: trained medical personnel, homemakers, and counselors. The team acts under an independent Hospice administration. It helps the family unit cope with: physical, psychological, spiritual, social, and economic stresses.

**Hospital** means a facility which provides diagnosis, Treatment, and care of persons who need acute Inpatient Hospital care under the supervision of Physicians and provides 24-hour nursing service by Registered Nurses on duty or call. It must be licensed as a general acute care Hospital according to state and local laws. Hospital shall also include a psychiatric health facility for the Treatment of mental or psychoneurotic disorders. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

Hospital also includes an Ambulatory Surgical Center or ambulatory medical center; and a birthing facility certified and licensed as such under the laws where located. It shall also include Rehabilitative facilities if such is specifically required for Treatment of physical disability.

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

**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 that a Physician, exercising prudent clinical judgment, would provide to an Insured Person for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

1. In accordance with generally accepted standards of medical practice;
2. clinically appropriate, in terms of type, frequency, extent, site and duration and considered effective for the Insured Person's illness, injury or disease; and
3. not primarily for the convenience of the Insured Person, Physician or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or Treatment of that Insured Person's illness, injury or disease.

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** 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.

**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:

- Helping You achieve the maximum possible physical and psychological fitness;
- Helping You regain the ability to care for himself or herself;
- Offering assistance with relearning skills needed in everyday activities, with occupational training and guidance with psychological readjustment.

**Reservist** means a member of a reserve component of the Armed Forces of the United States. Reservists also include a member of the State National Guard and the State Air National Guard.

**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 facility that provides:

1. Medical care and Treatment to Sick or Injury students; and
2. Nursing services.

A Student Health Center or Student Infirmary does not include:

1. Medical, diagnostic and Treatment facilities with major surgical facilities on its premises or available on a pre-arranged basis; or
2. Inpatient care.

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

**Surgeon** means a Physician who actually performs surgical procedures.

**Telehealth Services** means a health service, other than a telemedicine, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the his or her license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

**Telemedicine Medical Services** a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of his or her professional license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

**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 Customary** 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.

## Preferred Provider Organization (PPO) Network

By enrolling in this Insurance Program, you have the PHCS 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.phcs.com](http://www.phcs.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 You and Your 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.

**Pre-authorization Process**

You are responsible for calling Us at the phone number found on the back of Your Insured Person's ID card and starting the Pre-authorization 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-authorization:

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-authorization 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.

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 seventy-two (72) hours for an urgent request and four (4) business days for non-urgent requests following receipt of all necessary information for review. Notice of an Adverse Determination made by Our agent will be in writing and will include:

1. The reasons for the Adverse Determination including the clinical rationale, if any.
2. Instructions on how to initiate standard or urgent appeal.
3. Notice of the availability, upon request of the Insured Person, or the Insured Person's designee, of the clinical review criteria relied upon to make the Adverse Determination. This notice will specify what, if any additional necessary information must be provided to, or obtained by, Our agent in order to render a decision on any requested appeal.

Failure by Our agent to make a determination within the time periods prescribed shall be deemed to be an Adverse Determination subject to an appeal.

If You have any questions about Your Pre-authorization status, You should contact Your Provider.

**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 when services are provided through a Preferred Provider.

Non-Preferred Provider: Deductible, Coinsurance, and any Copayment are applicable to Preventive Services provided through a Non-Preferred Provider. Benefits are paid at 70% of the Usual and Customary. Immunizations required under Federal and State Law are paid at no charge to the Insured.

**Deductible:**

Preferred Provider:	Individual	\$100
Non-Preferred Provider:	Individual	\$100

**Out-of-Pocket Maximum:**

Preferred Provider:	Individual	\$2,500
	Family	\$5,000
Non-Preferred Provider:	Individual	\$3,500

**Coinsurance Amount:**

Preferred Provider:	90% of the Preferred Allowance (PA) for Covered Medical Expenses unless otherwise stated below
Non-Preferred Provider:	70% of the Usual and Customary (U&C) 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 Policy provides access to both Preferred Providers and Non-Preferred Providers. Different benefits may be payable for Covered Medical Expenses rendered by Preferred Providers versus Non-Preferred Providers, as shown in the Schedule of Benefits.

**Preferred Provider Organization:**

To locate a Preferred Provider in Your area, consult Your Provider Directory or call toll free (866) 559-7427 or visit Our website at [www.multiplan.com](http://www.multiplan.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
Inpatient Benefits		
Hospital Room & Board Expenses and miscellaneous services and supplies. Subject to Semi-Private room rate unless intensive care unit is required. Pre-Authorization required	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Preadmission Testing	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Physician's Visits while Confined: Limited to one (1) per day of Confinement	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Inpatient Surgery: Pre-Authorization required		
Surgeon Services	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses

Anesthetist	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Assistant Surgeon	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Registered Nurse Services for private duty nursing while Confined Up to \$500 maximum per Policy Year Pre-Authorization required	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Physical Therapy (inpatient) Pre-Authorization required	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Skilled Nursing Facility Expense Benefit Pre-Authorization required	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Extended Care Facility Expense Benefit Pre-Authorization required	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
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	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Anesthetist	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Assistant Surgeon	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
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	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, Physical Therapy and occupational therapy and speech therapy  Up to 35 visits per Policy Year  Habilitative Services are covered to the extent that they are Medically Necessary	90% of Preferred Allowance for Covered Medical Expenses  Copayment: \$20.00	70% of Usual and Customary Charge for Covered Medical Expenses  Copayment: \$20.00



Emergency Services Expenses	90% of Preferred Allowance for Covered Medical Expenses	90% of Usual and Customary Charge for Covered Medical Expenses
In Office Physician's Visits	90% of Preferred Allowance for Covered Medical Expenses  Copayment: \$20 per visit	70% of Usual and Customary Charge for Covered Medical Expenses  Copayment: \$20 per visit
Urgent Care Centers or Facilities	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Outpatient Facility Fee	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Diagnostic Imaging Services	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
CT Scan, MRI and/or PET Scans	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Laboratory Procedures (Outpatient)	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Shots and Injections unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
<p><b>Prescription Drugs Retail Pharmacy</b>  No cost sharing applies to ACA Preventive Care medications filled at a participating network pharmacy.</p> <p>You will not be required to pay more for a prescription drug than the lesser of the applicable copayment, the allowable claim amount or the amount You would pay if purchasing without health benefits or discounts.</p>		
TIER 1 Generic  Non-Preferred Provider benefits are provided on a reimbursement basis. Claim forms must be received within 90 days.	100% of Preferred Allowance for Covered Medical Expenses  Copayment: \$10	70% of Usual and Customary Charge for Covered Medical Expenses  Copayment: \$10
TIER 2 Preferred  Non-Preferred Provider benefits are provided on a reimbursement basis. Claim forms must be received within 90 days.	100% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	70% of Usual and Customary Charge for Covered Medical Expenses  Copayment: \$25
TIER 3 Non-Preferred  Non-Preferred Provider benefits are provided on a reimbursement basis. Claim forms must be received within 90 days.	100% of Preferred Allowance for Covered Medical Expenses  Copayment: \$50	70% of Usual and Customary Charge for Covered Medical Expenses  Copayment: \$50

Specialty Prescription Drugs  Non-Preferred Provider benefits are provided on a reimbursement basis. Claim forms must be received within 90 days.	100% of Preferred Allowance for Covered Medical Expenses  Copayment: \$50	70% of Usual and Customary Charge for Covered Medical Expenses  Copayment: \$50
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Home Health Care Expenses	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Hospice Care Coverage	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Mental Health Disorder Benefit	Same as any other Covered Sickness	
Substance Use Disorder Benefit	Same as any other Covered Sickness	
Other Benefits		
Allergy Testing	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Allergy Injections/Treatment	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Ambulance Service ground and/or air, water transportation	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Braces and Appliances	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Durable Medical Equipment	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Dialysis Treatment	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Hearing Aids and Cochlear Implants for covered individual who is 18 years of age or younger Limited to 1 hearing aid per ear per 3-year period; and one cochlear implant in each ear with internal replacement as medically or audiological necessary	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Maternity Benefit	Same as any other Covered Sickness	
Routine Newborn Care	Same as any other Covered Sickness	

Consultant/Specialist Physician Services when requested by the attending Physician	90% of Preferred Allowance for Covered Medical Expenses  Copayment: \$20	70% of Usual and Customary Charge for Covered Medical Expenses  Copayment: \$20
Covered Clinical Trials	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Accidental Injury Dental Treatment for Insured Person's  Subject to maximum \$100 per tooth	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Sports Accident Expense - incurred as the result of the play or practice of Intercollegiate, intramural or club sports	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Non-emergency Care While Traveling Outside of the United States	70% of Usual and Customary Charge for Covered Medical Expenses	
Pediatric Dental Care Benefit (to the end of the month in which the Insured Person turns age 19) Preventive Dental Care Limited to 2 dental exams every 12 months  The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:  Emergency Dental Routine Dental Care Endodontic Services Prosthodontic Services Medically Necessary Orthodontic Care	See Benefit for limitations  100% of Preferred Allowance for Preventive Dental Care  50% Usual and Customary 50% Usual and Customary 50% Usual and Customary 50% Usual and Customary 50% Usual and Customary	
Pediatric Vision Care Benefit (to the end of the month in which the Insured Person turns age 19) Limited to 1 visit per Policy Year and 1 pair of prescribed lenses and frames per Policy Year	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Chiropractic Care Benefit Subject to a maximum number of visits of 35 per Policy Year	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses

Organ Transplant Travel and Lodging expenses-a maximum of \$2,000 per Policy Year or \$250 per day, whichever is less while at the transplant facility.	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Telemedicine or Telehealth Service	Payable the same as any other Physician or Specialist Office Visit	
Chemotherapy and Radiation Therapy	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
Infusion Therapy	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charge for Covered Medical Expenses
<b>Mandated Benefits</b>		
Acquired Brain Injury	Same as any other Covered Sickness	
Amino Acid-Based Elemental Formulas	Same as any other Covered Sickness	
Autism Spectrum Disorder	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Cervical and Ovarian Cancer Screening	Same as any other Covered Sickness, unless considered a Preventive Service	
Colorectal Cancer Screening	Same as any other Covered Sickness, unless considered a Preventive Service	
Contraceptive Drugs and Devices and Related Services	Same as any other Covered Sickness, unless considered a Preventive Service	
Diabetes	Same as any other Covered Sickness	
Early Detection of Cardiovascular Disease	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Emergency Care	Same as any other Covered Sickness	
Mammography	Same as any other Covered Sickness, unless considered a Preventive Service	
Minimum Stay for Mastectomy and Lymph Node Dissection	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Osteoporosis Detection and Prevention	Same as any other Covered Sickness	
Phenylketonuria (PKU)	Same as any other Covered Sickness	
Prostate Cancer Screening	Same as any other Preventive Service	
Prosthetic and Orthotic Devices	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Reconstructive Breast Surgery	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Reconstructive Surgery for Craniofacial Abnormalities	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Temporomandibular Joints (TMJ)	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
<b>Must Offer Benefits</b>		
Developmental Delays in Children Benefit	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Invitro Fertilization	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Loss or Impairment of Speech and Hearing	Same as any other Covered Sickness, subject to the limitations described in the Benefit	

## Exclusions and Limitations

**Exclusion Disclaimer:** Any exclusion in conflict with the Patient Protection and Affordable Care Act, Texas Insurance Code, Texas Administrative Code, or any other applicable law of this state will be administered to comply with the requirements of 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 the 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 the Insured Person 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. This applies even if they are prescribed, recommended or approved by the person's attending physician or dentist.
3. Medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits
4. Professional services rendered by an Immediate Family Member or anyone who lives with You. This exclusion does not apply to Dental services.
5. Weak, strained or flat feet, corns, calluses ingrown toenails except for Treatment because of Injury, infection or disease.
6. 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 Customary 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 Certificate which was in force for the person making the claim.
17. Injury sustained as the result of the Insured Person's operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
18. Expenses incurred after:
  - a. The date insurance terminates as to an Insured Person, except as specified in the extension of benefits provision; and
  - b. The end of the Policy Year specified in the Benefit Schedule.
19. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Certificate.
20. Charges incurred for acupuncture, heat Treatment, diathermy, or massage, in any form, except to the extent provided in the Schedule of Benefits.
21. Weight management. Weight reduction, Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. 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.
22. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
23. 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, office visit exam for the fitting of prescription contact

- lenses or duplicate spare eyeglasses or lenses or frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes or unless otherwise covered under the Pediatric Vision Care Benefit.
24. racing or speed contests skin diving 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.
  25. 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.
    - 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.
    - 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.
  26. Treatment to the teeth, including orthodontic braces and orthodontic appliances, including surgical extractions of teeth. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
  27. You are:
    - committing or attempting to commit a felony,
    - being engaged in an illegal occupation, or
    - participation in a riot.
  28. Elective abortions
  29. braces and appliances, except as specifically provided in the Schedule of Benefits.
  30. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
  31. Custodial Care service and supplies.
  32. charges for hot or cold packs.
  33. Services of a private duty Nurse.
  34. expenses that are not recommended and approved by a Physician.
  35. sexual reassignment surgery, except as provided when Medically Necessary or when Treatment is covered under the Certificate. This exclusion does not include related mental health counseling or hormone therapy.
  36. routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, donor services if the recipient is not an Insured Person under this plan, or services for or related to the transplantation of animal or artificial organs or tissues.
  37. Cosmetic procedures related to Gender Dysphoria including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, body contouring, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants.
  38. Sleep Disorders screening including testing.
  39. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
    - Which do 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 this plan;
    - drugs with over-the-counter equivalents;
    - Brand-Name Prescription Drugs with generic equivalents;
    - allergy sera and extracts administered via injection;
    - for the purpose of weight control;
    - fertility drugs;
    - vitamins, minerals, food supplements.;
    - 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;
    - blood glucose meters, asthma holding chambers and peak flow meters are eligible health services, but are limited to one (1) prescription order per Policy Year
    - 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;
    - Purchased after coverage under the Policy terminates;

- 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.
  - Consumed or administered at the place where it is dispensed;
  - bulk chemicals;
  - non-insulin syringes surgical supplies durable medical equipment/medical devices with the exception of diabetic blood monitors and kits;
  - stimulants;
  - repackaged products;
  - blood components;
  - immunology products.
40. non-chemical addictions.
  41. non-physical, occupational, speech therapies (art, dance, etc.).
  42. modifications made to dwellings.
  43. general fitness, exercise programs.
  44. obesity Treatment.
  45. hypnosis.
  46. rolfing.
  47. biofeedback.
  48. 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 You of all Certificate benefits paid as a result of the Injury.

The refund must be made to the extent that You receive 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.

The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary plan. The Primary plan must pay benefits in accordance with its policy terms without regard to the possibility that another Plan may cover some expenses. The Plan that pays after the Primary plan is the Secondary plan. The Secondary plan may reduce the benefits it pays so that payments from all Plans does not exceed 100% of the total Allowable expense.

## Right of Recovery

If the amount of payments made by 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 covered person. The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

## Claim Procedures

**In the event of either an Injury or a Sickness:**

1. Report to a Physician, Hospital or the School's Student Health Services.
2. Written notice of a claim must be submitted to the address below within 90 days after the date of Injury or commencement of Sickness covered by the Certificate, 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 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

**Claims Administrator:**  
**CONSOLIDATED HEALTH PLANS**  
 2077 Roosevelt Avenue  
 Springfield, MA 01104  
 Toll Free (877) 657-5030  
[www.chpstudenthealth.com](http://www.chpstudenthealth.com)  
**Group Number: ST0895SH**

## 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:**  
**2077 Roosevelt Avenue**  
**Springfield, Massachusetts 01104**  
**(877) 657-5030**  
[www.chpstudenthealth.com](http://www.chpstudenthealth.com)

**This plan is underwritten by:**  
**Commercial Casualty Insurance Company**  
**Fort Wayne, IN**

**As Policy form: TX 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 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. **If you are traveling and need assistance in North America, call the Assistance Center toll-free at: (877) 488-9833 or if you are in a foreign country, call +1 (609) 452-8570.** 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 nurse line toll free number will be on the ID card.

**(800) 634-7629**



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.