Student Health Insurance Plan

Plan Year 18/19

Designed Exclusively for the Students of:

Champlain College

Burlington, VT

2018 - 2019

Underwritten by:
National Guardian Life Insurance Company
Madison, WI

Policy Number: 2018I5A07

Group Number: ST0824SH

Effective: 8/9/2018 - 8/9/2019

Administered by:
Consolidated Health Plans
2077 Roosevelt Ave | Springfield, MA

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Table of Contents

Where to Find Help 3
Am I Eligible? 3
How Do I Waive/Enroll? 3
Qualifying Life Event 4
Effective Dates & Costs 4
Termination of Benefits 4
Premium Refund Policy 5
Extension of Benefits 5
Definitions 5
Pre-Certification Process 10
Preferred Provider Organization (PPO) Network 10
Schedule of Benefits 11
Exclusions 15
Third Party Refund 17
Coordination of Benefits 17
Right of Recovery 17
Claim Procedures 17
Claim Appeal Process 17
Value Added Services 19

Where to Find Help

For Questions About:	Please Contact:
Insurance Benefits **Enrollment** **Waiver**	**Champlain College** **163 South Willard St.** **Burlington, VT 05402** **Phone: (802) 860-2777**
Claims Processing **ID Cards** **Preferred Provider Listings** **ID card Requests**	**Consolidated Health Plans** **2077 Roosevelt Avenue** **Springfield, Massachusetts 01104** **(877) 657-5030** **www.chpstudenthealth.com**
Preferred PPO Provider Listings	**Consolidated Health Plans** **or** **www.cigna.com**
Prescription Drug Providers	**Cigna** **www.cigna.com**

Am I Eligible?

All registered full-time traditional undergraduate students* (12 credits or more, with no more than 50% online courses) will automatically be enrolled and billed for Student Health Insurance offered by Champlain College through Consolidated Health Plans unless the student completes an online waiver by August 1, 2018. Master of Fine Arts Students may voluntarily request student health insurance by contacting the Office of Student Accounts.

Students enrolled in the Allied Health Program for at least 1 course, are required to participate in the Student Health Insurance Plan unless proof of personal coverage equal to or exceeding the school Plan is provided to the College by August 1, 2018.

Students enrolled for less than 12 credits (unless in Allied Health Program) are not eligible to participate.

***Of an eligible student's total credits per semester, no more than 50% can be online courses.**

You are eligible for Coverage if You meet the definition of Eligible Student as determined by the Policyholder and Us. Eligible individuals voluntarily withdrawing from school during the first 31 days of the period for which Coverage is purchased, will not be covered under the Policy and a full refund of Premium will be made. Individuals withdrawing after such 31 days except in the case of medical withdrawal will remain covered under the Policy for the term purchased and no refund will be allowed except as otherwise specified herein.
We maintain the right to investigate eligibility status and attendance records to verify that the Policy eligibility requirements have been met. If We discover that the Policy eligibility requirements have not been met, Our only obligation is refund of premium.
Eligibility requirements must be met each time Premium is paid to renew Coverage.

How Do I Waive/Enroll?

If You are eligible to be covered under this Program, You are automatically enrolled, unless You waive coverage. To document proof of comparable coverage, students need to complete the online Waiver Form and submit it prior to the start of the school year. The deadline to waive for the annual plan is August 1, 2018. To submit the online Waiver Form:

- Go to www.chpstudenthealth.com;
- Start by selecting Champlain College from the drop down box;
- Next click on the Waiver tab;
- Review Champlain College's Online Waiver Disclosure Acknowledgement;
- Click "Continue"; and proceed as directed.

Qualifying Life Event

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

Effective Dates & Costs

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Annual	8/9/18	8/9/19	8/1/18
Fall	8/9/18	1/1/19	8/1/18
Spring	1/1/19	8/9/19	1/12/19

Rates for Domestic/International Undergraduate and Graduate Students and Allied Health Program Students

	Annual	Fall	Spring Semester
Student*	$1,900	$950	$950

The above rates include an administrative service fee

Insurance under the policy will become effective on the later of:
1. The Policy effective date;
2. The beginning date of the term for which premium has been paid;
3. The day after the Enrollment Form (if applicable) and premium payment is received by the Company, its authorized agent or the School;
4. The day after the date of postmark if the Enrollment Form is mailed;
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 no more than 48 hours later than the departure from the Home Country.

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

The Policy is renewed as a new Policy for the term August 9, 2018 to August 9, 2019 as Policy Number 2018I5A07. All time periods begin and end at 12:01 A.M., local time, at the Policyholder's address.

Termination of Benefits

An Insured Person's insurance will terminate on the earliest of:
1. The date the Policy terminates for all insured persons; or
2. The end of the period of coverage for which premium has been paid; or
3. The date an Insured Person ceases to be eligible for the insurance; or
4. The date an Insured Person enters military service; or
5. For International Students, the date Insured Person departs the Country of Assignment for his/her Home Country (except for scheduled school breaks);
6. For International Students, the date the student ceases to meet Visa requirements;
7. On any premium due date the Policyholder fails to pay the required premium for an Insured Person except as the result of an inadvertent error and subject to the Grace Period provision.

For students who graduate in December, or who are no longer enrolled at mid-semester, coverage expires on 1/1/19 and students entering in January are covered only for the semester beginning January 1, 2019.

Premium Refund Policy

Premiums received by Us are fully earned upon receipt. Refund of premium will be considered only:

1. For any student who does not attend school during the first thirty-one (31) days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a full refund of the premium will be made.
2. For Insured Persons entering the Armed Forces of any country. Such persons will not be covered under the Policy as of the date of his/her entry into the service. A pro rata refund of premium will be made for such person upon written request received by Us within ninety (90) days of withdrawal from school.
3. For International Students, Scholars, Visiting Faculty member and/or their covered Dependents. We will refund a pro rata portion of the premium actually paid for any individual who:
    a. Withdraws from School during his/her first semester; and
    b. Returns to his/her 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

Extension of Benefits: Coverage under the Policy ceases on the Termination Date shown in the Insurance Information Schedule. However, coverage for an Insured Person will be extended as follows:

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

Dependents that are newly acquired during Your Extension of Benefits period are not eligible for benefits under this provision.

Definitions

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

Accident means accidental bodily Injury sustained by the Insured Person and directly caused by an Accident which is not the result of disease or bodily infirmity.

Ambulance Service means transportation to a Hospital by an Ambulance Service.

Anesthetist means a Physician or nurse who administers anesthesia during a surgical procedure. He or she may or may not be an employee of the Hospital where the surgical procedure is performed.

Brand Name Drugs means drugs for which the drug manufacturer's trademark registration is still valid and where the trademarked or proprietary name of the drug still appears on the packaged label.

Coinsurance means the ratio by which We and the Insured Person share in the payment of Usual and Reasonable expenses for treatment. The Coinsurance percentage that We will pay is stated in the Schedule of Benefits.

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.

Copayment means the amount of Usual and Reasonable expenses for treatment that We do not pay. The Insured Person is responsible for paying this portion of the expenses incurred. Any Copayment amounts are shown in the Schedule of Benefits.

Country of Assignment means the country in which an Eligible International Student 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 means a bodily injury that is caused by the Accident directly and independently of all other causes. Coverage under the School's policies must be in force on the date the services and supplies are received for them to be considered as a Covered Medical Expense.

Covered Medical Expense means those charges for any treatment, service or supplies that are:
1. Not in excess of the Usual and Reasonable charges therefore;
2. Not in excess of the charges that would have been made in the absence of this insurance;
3. Not in excess of the PPO Allowance; and
4. Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

Covered Sickness means Sickness, disease, or trauma related disorder due to Injury which:
1. causes a loss while the Policy is in force; and
2. which results in Covered Medical Expenses.

Covered Sickness includes Mental Health Disorders and Substance Use Disorders.

Deductible means the dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable under the Policy. The amount of the Deductible and the frequency (annual or per occurrence) will be shown in the Schedule of Benefits.

Elective Surgery or Elective Treatment means surgery or medical treatment that is:
1. not necessitated by a pathological or traumatic change in the function or structure of any part of the body; and
2. which occurs after the Insured Person's effective date of coverage.

Elective Surgery includes, but is not limited to, circumcision, breast reduction, submucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include Plastic or Cosmetic Surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

Elective Treatment includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, infertility (not including diagnosis of infertility), learning disabilities, fertility tests and pre-marital examinations, preventive medicines or vaccines except when required for the treatment of Covered Injury or Covered Sickness to the extent coverage is not required by state or federal law.

Eligible Student means a student who meets all enrollment requirements of the School named as the Policyholder in the Insurance Information Schedule.

Emergency Medical Condition means a medical condition which:
1. manifests itself by acute symptoms of sufficient severity (including severe pain); and
2. causes a prudent layperson, who possesses an average knowledge of health and medicine, to reasonably expect that the absence of immediate medical attention might result in:
    a. 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;

b. Serious impairment to bodily functions; or
c. Serious dysfunction of any bodily organ or part.

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

Essential Health Benefits mean benefits that are defined as such by the Secretary of Labor and are to be provided in a manner that is equal to the scope of benefits provided under a typical employer plan. This applies to the following general categories and the items and services covered within the categories:
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.

Formulary means a list of medications covered by the Policy. Use of medications listed the Formulary is intended 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 lists the type of drug and tier status.

Generic Prescription Drug a Prescription Drug that is identical or a bioequivalent to a Brand-Name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. A Generic Prescription Drug is not protected by a patent. The tier status is shown in the Formulary.

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

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

Hospital means an institution that:
1. Operates as a Hospital pursuant to law;
2. Operates primarily for the reception, care and treatment of sick or injured persons as inpatients;
3. Provides 24-hour nursing service by Registered Nurses on duty or call;
4. Has a staff of one or more Physicians available at all times; and
5. Provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis.

Hospital does not include the following:
1. Convalescent homes or convalescent, rest or nursing facilities;
2. Facilities primarily affording custodial, educational, or rehabilitory care; or
3. Facilities for the aged.

Hospital Confined or Hospital Confinement means a stay of eighteen (18) or more consecutive hours as a resident bed patient in a Hospital.

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

Insured Person means an Insured Student or dependent of an Insured Student while insured under the Policy.

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

International Student means an international student:
1. With a current passport and a student Visa;
2. Who is temporarily residing outside of his or her Home Country; and
3. Is actively engaged, on a full time basis, as a student or in educational research activities through the Policyholder.

In so far as the Policy is concerned, permanent residents or those who have applied for Permanent Residency Status are not considered to be an International Student.

Loss means medical expense caused by an Injury or Sickness which is covered by the Policy.

Maintenance Prescription Drug means a Prescription Drug used to treat a condition that is considered chronic or long-term and which usually requires daily use of Prescription Drug. The tier status is shown in the Formulary.

Medically Necessary Care means medical treatment, including diagnostic testing, preventive services and aftercare that are appropriate, in terms of type, amount, frequency, level, setting, and duration to the Insured Person's diagnosis or condition. Medically Necessary Care must be rendered in accordance with accepted medical and scientific evidence. Such care must be consistent with generally accepted practice parameters recognized by health care professions in the same specialties as typically provide the procedure of treatment, or diagnose and manage the medical condition; and
1. Help restore or maintain the Insured Person's health; or
2. Prevent deterioration of or palliate the Insured Person's condition; or
3. Prevent the reasonably likely onset of a health problem or detect an incipient problem.

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.

Network Providers are Physicians, Hospitals and other healthcare providers who have contracted with Us to provide specific medical care at negotiated prices.

Non-Network Providers have not agreed to any pre-arranged fee schedules.

Out-of-pocket Expense Limit means the amount of Usual and Reasonable expenses that an Insured Person is responsible for paying.

Physician means a:
1. Doctor of Medicine (M.D.); or
2. Doctor of Osteopathy (D.O.); or
3. Doctor of Dentistry (D.M.D. or D.D.S.); or
4. Doctor of Chiropractic (D.C.); or
5. Doctor of Optometry (O.D.); or
6. Doctor of Podiatry (D.P.M.);

who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered.

A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a Health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

Physician will also means any licensed practitioner of the healing arts who We are required by law to recognize as a "Physician." This includes an acupuncturist, a naturopath, an athletic trainer, a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant, social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician.

The term Physician does not mean any person who is an Immediate Family Member.

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

Pre-certification means the process of determining Medical Necessity before an Insured Person receives certain Treatments, services, or supplies. The Insured Person must notify the Plan Administrator and gain the Administrator's approval before the Insured Person receives any Treatment, service, or supply listed in this rider. Pre-certification is not a guarantee the Treatment, service, or supply is an Eligible Expense under the Policy. Pre-certification is not required for Emergency Services.

Preferred Brand Drug means a formulary drug that is within a select subset of therapeutic classes, which make up the formulary drug list.

Prescription Drug means a medication that, by law, requires a prescription.

Off-Label Drug Treatment means a drug that is prescribed for a use different from the use for which it was approved for marketing by the Federal Food and Drug Administration (FDA).

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.

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.

Usual and Reasonable means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for a:

1. Like service by a provider with similar training or experience; or
2. Supply that is identical or substantially equivalent.

Visa, in so far as the Policy is concerned, means the document issued by the United States Government that permits an individual to participate in the educational activities of a college, university or other institution of higher learning either as a student or in another academic capacity. An International Student must have and maintain a valid visa, either an F-1 (Academic), J-1 (Exchange) or M-1(Vocational) in order to continue as a student in the United States.

We, Us, or **Our** means National Guardian Life Insurance Company or its authorized agent.

Pre-Certification Process

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

The following Inpatient services require Pre-Certification:
1. All Inpatient admissions, to a Hospital, Skilled Nursing Facility, facility established primarily for the Treatment of Substance Use Disorder, or residential Treatment facility. The expected length of stay should be included in the notification;
2. All Inpatient maternity care after the initial 48/96 hours;
3. Surgery; and
4. Physical Therapy.

Pre-certification is not required for a medical emergency or Urgent Care, Hospital Confinement for maternity care, obstetrical or gynecological care provided by in-network providers, or outpatient treatment.

Pre-certification is not a guarantee that benefits will be paid.

Your Physician will be notified of Our decision as follows:
1. For non-urgent admissions to a health care facility, We will notify the Physician and the health care facility by telephone and/or in writing of the approved number of inpatient days; and
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 the claims administrator 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.

Preferred Provider Organization (PPO) Network

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, or contact Consolidated Health Plans toll-free at (877) 657-5030, or www.chpstudenthealth.com for assistance.

If an Insured Person uses a Network Provider, the Policy will pay the Coinsurance percentage of the PPO Allowance shown in the Schedule of Benefits for Covered Medical Expenses.

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

Note, however, that We will pay at the PPO Allowance level for treatment by a Non-Network Provider if:
1. there is no Network Provider available to treat the Insured Person for a specific Covered Injury or Covered Sickness; or
2. there is an Emergency Medical Condition and the Insured Person cannot reasonably reach a Network Provider.

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

Schedule of Benefits

SCHEDULE OF BENEFITS

Metal Level: GOLD PLAN **Actuarial Value: 81.53%**

Preventive Services:
Network Provider: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of the PPO Allowance when services are provided through a Network Provider.

Non-Network: Deductible, Coinsurance, and any Copayment are applicable to Preventive Services provided through a Non-Network Provider. Any Deductible, Coinsurance, and Copayment for services provided by a Non-Network Provider are not applied toward the annual Out-of-Pocket Maximum. Benefits are paid at 80% of the Usual and Reasonable charge.

Deductible: Network: $400
Non-Network: $400

Out-of-Pocket Expense Limit: Combined Network and Non-Network: Individual $5,550
Prescription Drugs (Network): Individual $1,350

Three family members must meet the individual deductible before the family will not be required to pay any further cost sharing under the deductible.

Coinsurance Amount:
Network Provider: 80% of PPO Allowance for Covered Medical Expenses unless otherwise stated below.
Non-Network Provider: 60% of Usual and Reasonable Charge for Covered Medical Expenses unless otherwise stated below.

Benefit Payment for Network Providers and Non-Network Providers
The Policy provides benefits based on the type of health care provider selected. The Policy provides access to both Network Providers and Non-Network Providers. Different benefits may be payable for Covered Medical Expenses rendered by Network Providers versus Non-Network Providers, as shown in the Schedule of Benefits.

PREFERRED PROVIDER ORGANIZATION:

To locate a Cigna Provider in Your area, consult Your Provider Directory or visit www.chpstudenthealth.com.

THE COVERED MEDICAL EXPENSE FOR AN ISSUED POLICY WILL BE:

1. **THOSE LISTED IN THE COVERED MEDICAL EXPENSES PROVISION;**
2. **ACCORDING TO THE FOLLOWING SCHEDULE OF BENEFITS; AND**
3. **DETERMINED BY WHETHER THE SERVICE OR TREATMENT IS PROVIDED BY A NETWORK OR NON-NETWORK PROVIDER.**

BENEFITS PER COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
Inpatient Benefits		
Hospital Room & Board Expenses Pre-Certification required	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Hospital Intensive Care Unit Expense - in lieu of normal Hospital Room & Board Expenses Pre-Certification required	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Hospital Miscellaneous Expenses for services & supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts & temporary surgical appliances, oxygen, blood & plasma, misc. supplies	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Preadmission Testing	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Physician's Visits while Confined	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Inpatient Surgery: Surgeon Services Anesthetist Assistant Surgeon Pre-Certification required	The PPO Allowance stated above The PPO Allowance stated above The PPO Allowance stated above	The Usual and Reasonable Charge stated above The Usual and Reasonable Charge stated above The Usual and Reasonable Charge stated above
Physical Therapy (inpatient) Pre-Certification required	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Skilled Nursing Facility Expense Benefit Pre-Certification required	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Outpatient Benefits		
Outpatient Surgery: Surgeon Services Anesthetist Assistant Surgeon	The PPO Allowance stated above The PPO Allowance stated above The PPO Allowance stated above	The Usual and Reasonable Charge stated above The Usual and Reasonable Charge stated above The Usual and Reasonable Charge stated above

BENEFITS PER COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services & supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood & plasma	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy Habilitative Services are covered to the extent that they are Medically Necessary	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Emergency Services Expenses	The PPO Allowance stated above Copayment: $100.00	The PPO Allowance stated above Copayment: $100.00
In Office Physician's Visits Specialist Visits	The PPO Allowance stated above Copayment: $25.00 The PPO Allowance stated above Copayment: $25.00	The Usual and Reasonable Charge stated above Copayment: $25.00 The Usual and Reasonable Charge stated above Copayment: $25.00
Urgent Care Centers or Facilities	The PPO Allowance stated above Copayment: $25.00	The Usual and Reasonable Charge stated above Copayment: $25.00
Diagnostic X-ray Services	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Laboratory Procedures (Outpatient)	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Prescription Drugs Retail Pharmacy No cost sharing applies to ACA Preventive Care medications filled at a participating network pharmacy *See Prescription Drug Limitations and Exclusions List in the Prescription Drug Rider attached to the issued policy.*		
TIER 1 Generic	100% of PPO Allowance for Covered Medical Expenses Copayment: $15	No Benefit
TIER 2 Preferred Drug	100% of PPO Allowance for Covered Medical Expenses Copayment: $30	No Benefit
TIER 3 Non-Preferred	100% of PPO Allowance for Covered Medical Expenses Copayment: $50	No Benefit

BENEFITS PER COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
Specialty Drugs		
TIER 4 Specialty Prescription Drugs	100% of PPO Allowance for Covered Medical Expenses Copayment: $50	No Benefit
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Home Health Care Expenses	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Hospice Care Coverage Home health aide limited to 100 hours per month Homemaker services limited to 100 hours per month	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Private Duty Nursing by Registered Nurse	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Other Benefits		
Ambulance Service	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Durable Medical Equipment Including Braces, Appliances, Prosthesis and Orthotics	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Maternity Benefit	Same as any other Covered Sickness	
Routine Newborn Care	Same as any other Covered Sickness	
Abortion Expense	The PPO Allowance stated above Copayment: $25.00	The Usual and Reasonable Charge stated above Copayment: $25.00
Pediatric Dental Care Benefit Preventive Dental Care limited to 2 dental exams every 12 months *The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care:* Emergency Dental Routine Dental Endodontic Services Prosthodontic Services Medically Necessary Orthodontic Care *(up to age 21)*	See Benefit for limitations 100% of PPO Allowance for Preventive Services 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable	See Benefit for limitations 80% of the Usual and Reasonable Charge for Preventive Services 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable

BENEFITS PER COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
Pediatric Vision Care Benefit Limited to 1 visit and 1 pair of prescribed lenses and frames per Policy Year *(age 18 and under)*	100% of PPO Allowance for Preventive Services	The Usual and Reasonable Charge stated above Copayment: $25.00 for exam; $50.00 for lenses and frames
Chiropractic Care Subject to a maximum number of visits of 12 per Policy Year, then prior approval after the 12th visit	The PPO Allowance stated above Copayment: $25.00	The Usual and Reasonable Charge stated above Copayment: $25.00
Transplant Services	The Coinsurance Amount Stated Above	The Usual and Reasonable Charge stated above
Bariatric Surgery	The Coinsurance Amount Stated Above	The Usual and Reasonable Charge stated above
Mental Health Disorder (Inpatient and Outpatient)	Same as any other Covered Sickness	
Substance Use Disorder (Inpatient and Outpatient)	Same as any other Covered Sickness	
Non-emergency treatment while traveling outside the U. S.	The Usual and Reasonable Charge stated above	
MANDATED BENEFITS		
Mammography Screening	Same as any other Preventive Service	
Dental Coverage for Anesthesia and Hospitalization	Same as any other Covered Sickness	
Diabetes Treatment	Same as any other Covered Sickness	
Prostate Screening	Same as any other Preventive Service	
Treatment of Inherited Metabolic Disease	Same as any other Covered Sickness	
Tobacco Cessation Medication	Same as any other Preventive Service	
Clinical Trials	Same as any other Covered Sickness, subject to the limitations in the benefit	
Craniofacial Disorders	Same as any other Covered Sickness	
Telemedicine	Same as any other Covered Sickness	
Early Childhood Development Disorders	Same as any other Covered Sickness	
Off-Label Prescription Drug	Same as any other Covered Sickness	
Outpatient Sterilizations	Same as any other Covered Sickness	

Exclusions

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of the Act.

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

- **International Students Only -** Eligible expenses within the Insured Person's Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
- routine physical or other examinations where there are no objective indications of impairment of normal health or except as specifically provided under the Policy.
- medical services rendered by provider employed for or contracted with the School, including team physicians, except as specifically provided in the Schedule of Benefits.

- professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
- services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
- expenses for radial keratotomy and services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury or as provided by the Pediatric Vision Care Benefit.
- weak, strained or flat feet, corns, calluses or ingrown toenails, unless Medically Necessary.
- diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
- birth control, including elective surgical procedures or devices, except as specifically provided in the Schedule of Benefits.
- expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
- 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.
- any expenses in excess of Usual and Reasonable charges.
- loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Schedule of Benefits.
- treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
- services that are duplicated when provided by both a certified nurse-midwife and a Physician.
- expenses payable under any prior Policy which was in force for the person making the claim.
- expenses incurred during a Hospital emergency room visit which is not of an emergency nature.
- 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.
- expenses incurred after:
  - The date insurance terminates as to the Insured Person; and
  - The end of the Benefit Period specified in the Benefit Schedule.
- Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Policy.
- charges incurred for acupuncture, in any form, except to the extent provided in the Schedule of Benefits.
- expenses for weight increase or reduction, except Medically Necessary bariatric surgery, and hair growth or removal, except when Medically Necessary, unless otherwise specifically covered under the Policy.
- 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. This exclusion does not include gender dysphoria surgery when Medically Necessary.
- treatment to the teeth, including surgical extractions of teeth. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits except as provided under the Pediatric Dental Care Benefit.
- an Insured Person's:
  - committing or attempting to commit a felony,
  - being engaged in an illegal occupation, or
  - participation in a riot.
- allergy treatment, unless Medically Necessary.
- custodial care service and supplies.
- hernia, of any kind, unless Medically Necessary.
- expenses that are not recommended and approved by a Physician.

Third Party Refund

When:

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

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

The refund must be made to the extent that the Insured Person receives payment for the Injury from the third party or that third party's insurance carrier. We may file a lien against that third-party payment.
Reasonable pro rata charges, such as legal fees and court costs, may be deducted from the refund made to Us. The Insured Person must complete and return the required forms to Us upon request.

Coordination of Benefits

The Policy will coordinate benefits for expense covered by any other valid and collectible medical, health or accident insurance or pre-payment plan as stated In the Policy. Payments from such coverage from the plan will not be in excess of the total eligible expenses incurred.

Right of Recovery

If the amount of payments made by Consolidated Health Plans is more than it should have paid under the 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 twenty (20) days after the date of Injury or commencement of Sickness covered by the Policy, or as soon thereafter as is reasonably possible.
3. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, Social Security number or student ID number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
   Bills should be received by the Company within twenty (20) 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
Group Number: ST0824SH

Claim 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 may request an appeal in writing within one hundred eighty (180) days of the date appearing on the EOB. The appeal request must include why the Insured Person disagrees with the way the claim was processed. The request must include any additional information he/she feels supports the request for appeal, e.g. medical records, physician records, etc. Please submit all **Claim Appeal** requests to Consolidated Health Plans.

Claims Administrator:
CONSOLIDATED HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
Toll Free (877) 657-5030
www.chpstudenthealth.com

This plan is underwritten by:
National Guardian Life Insurance Company
Madison, WI

As Policy form: NBH-280 (2016) VT PPO Rev 2018 et al

National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka The Guardian or Guardian Life.

For a copy of the Company's privacy notice you may go to:
www.consolidatedhealthplan.com/about/hipaa
or
Request one from the Health Office at your School
or
Request one from:
National Guardian Life Insurance Company
C/O Privacy Officer
70 Genesee Street
Utica, NY 13502
(Please indicate the school you attend with your written request)

Representations of the Plan must be approved by the Company.

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary State approvals. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

Value Added Services

The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company. These value added options are provided by Consolidated Health Plan.

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:

www.chpstudenthealth.com

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

Consolidated Health Plans provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at (877) 657-5030. **If you are traveling and need assistance in North America, call the Assistance Center toll-free at: (877) 305-1966 *or* if you are in a foreign country, call collect at: (715) 295-9311**. When you call, please provide your name, school name, the group number shown on your ID card, and a description of your situation. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.

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.