Student Health Insurance Plan

Plan Year 17/18

Designed Exclusively for the Students of:
Northampton Community College
Bethlehem, PA
2017 - 2018

Underwritten by:
National Guardian Life Insurance Company
Madison, WI

Policy Number: 2017I5A83
Group Number: ST0884SH
Effective: 8/15/2017 - 8/15/2018

Administered by:
Consolidated Health Plans
2077 Roosevelt Ave | Springfield, MA
# TABLE OF CONTENTS

Where to find help? ............................................................................................................. 3

Am I eligible? ..................................................................................................................... 3

Coverage for dependents ................................................................................................. 3

How do I waive/enroll? ....................................................................................................... 3

Qualifying Life Event ......................................................................................................... 4

Effective dates and cost...................................................................................................... 4

Termination of benefits ..................................................................................................... 4

Refund of premium policy ................................................................................................. 5

Extension of benefits ......................................................................................................... 5

Definitions .......................................................................................................................... 5

Schedule of Benefits ......................................................................................................... 9

Preferred provider information ........................................................................................ 10

Mandated Benefits ........................................................................................................... 14

Medical Evacuation Benefit ............................................................................................. 14

Repatriation of Remains Benefit ...................................................................................... 15

Third Party Refund .......................................................................................................... 15

Coordination of Benefits ................................................................................................. 15

Exclusions .......................................................................................................................... 15

Claim Procedures ............................................................................................................. 16

Claim Appeal Process ...................................................................................................... 17

Value Added Services ...................................................................................................... 18
WHERE TO FIND HELP

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

CONSOLIDATED HEALTH PLANS

2077 Roosevelt Avenue
Springfield, MA 01104
Toll Free (877) 657-5030

AM I ELIGIBLE?

Northampton Community College (NCC) requires students accepted into certain programs of study or residing in on-campus housing to carry health insurance while enrolled at NCC. International students studying on an F-1 Student Visa are also required to carry health insurance. Students enrolled in the following programs are enrolled in the college student group health insurance plan unless they have their own insurance and WAIVE the college insurance plan:

- Allied Health Majors
- Residents in On-Campus Housing
- International Students – F1 Visa Only

Students must actively attend class for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, on-line classes, and television (TV) courses, do not fulfill the eligibility requirement that the student actively attend classes. If it is discovered the eligibility requirements have not been met, our only obligation is to refund premium. This plan provides worldwide protection 24 hours per day during the term of the policy for each student insured. This includes coverage on and off campus, at home or while traveling between home and school during interim vacation periods.

COVERAGE FOR DEPENDENTS

Insured Students who are enrolled in the Student Health Insurance Plan may also enroll their eligible Dependents. An eligible Dependent is a spouse or a child up to age 26. Dependent eligibility expires concurrently with that of the Insured Student.

Students may also enroll their Dependents within sixty (60) days of an eligible qualifying event. Eligible qualifying events for a Dependent are defined as birth or marriage (to the Insured Student). Students interested in enrolling their Dependents because of a qualifying event should contact Consolidated Health Plans for enrollment Qualifying Event Notification form and premium information. Coverage will be effective as of the date of the qualifying event. Enrollment requests (including payments) received after the sixty (60) days following the qualifying event will not be accepted.

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. To submit the online Waiver Form:

1. Go to www.northampton.edu/studentinsurance/2017-18
2. Click on the Waiver link; and
3. Complete all of the required information as directed.

- **WAIVER DEADLINES** – Fall: August 31, 2017; Spring: January 31, 2018
- **ENROLLMENT DEADLINES** – Fall: September 5, 2017; Spring: January 31, 2018

If You are eligible for coverage and wish to enroll in the Plan outside of these enrollment opportunities, You must present documentation from Your former insurance company that it is no longer providing You with personal Accident and Sickness insurance coverage. Your Effective Date of coverage under this Insurance Program will be the date that Your former insurance expired, but only if You make the request for coverage within sixty (60) days from the date that Your
previous plan expired. Otherwise, the Effective Date of coverage under this Insurance Program will be the first (1st) of the month following Our receipt of Your written request for coverage. The appropriate premium must accompany Your enrollment form for coverage.

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 AND COSTS

The Northampton Community College Student Health Insurance Plan provides coverage to students for a twelve (12) month period – from 12:01 a.m. August 15, 2017, through 12:01 a.m. August 15, 2018.

Effective Dates: Insurance under the policy will become effective on the later of:
1. The Policy effective date;
2. The beginning date of the term for which premium has been paid;
3. The day after the Enrollment Form (if applicable) and premium payment is received by the Company, its authorized agent or the School;
4. The day after the date of postmark if the Enrollment Form is mailed; 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 no 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 the student’s enrollment in the School’s insurance plan; or
4. The Policy effective date.

The Policy is renewed as a new policy for the term August 15, 2017 to August 15, 2018 as Policy Number 2017I5A83. All time periods begin and end at 12:01 A.M., local time, at the Policyholder’s address.

<table>
<thead>
<tr>
<th></th>
<th>Annual 8/15/2017-8/15/2018</th>
<th>Fall 8/15/17-12/31/17</th>
<th>Returning Spring 1/1/18-8/15/18</th>
<th>New Spring 1/1/18-8/15/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,594</td>
<td>$988</td>
<td>$1,606</td>
<td>$1,636</td>
</tr>
<tr>
<td>1 Dependent</td>
<td>$2,594</td>
<td>$988</td>
<td>$1,606</td>
<td>$1,636</td>
</tr>
<tr>
<td>2 Dependents</td>
<td>$5,188</td>
<td>$1,976</td>
<td>$3,212</td>
<td>$3,272</td>
</tr>
<tr>
<td>3 or more Dependents</td>
<td>$7,782</td>
<td>$2,964</td>
<td>$4,818</td>
<td>$4,908</td>
</tr>
</tbody>
</table>

*Dependent rates are in addition to the student rate.

*The above Rates include an administration fee

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 the 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); or
6. For International Students, the date the student ceases to meet Visa requirements; or
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.

**REFUND OF PREMIUM 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 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 sixty (60) days of such departure.

No other refunds will be allowed.

**EXTENSION OF BENEFITS**

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

1. If an Insured Person is hospital confined for Covered Injury or Covered Sickness on the date his or her insurance terminates, we will continue to pay benefits for up to 90 days from the Termination Date while such confinement continues; or
2. If an Insured Person is Totally Disabled due to a Covered Injury or Covered Sickness, the coverage for that condition will be extended for up to three (3) months from the Termination Date.

**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 a sudden, unforeseeable external event which results independently of disease, bodily infirmity, or any other cause that causes Injury to an Insured Person.

**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 not be an employee of the Hospital where the surgical procedure is performed.

**Autism Spectrum Disorder** means conditions that effect neurodevelopmental growth and defined as Pervasive Developmental Disorders in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. This includes Asperger’s Syndrome.

**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, 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 Clinical Trials** means phase I, II, phase III, and phase IV patient research studies designed to evaluate new treatments, including prescription drugs, and that:
1. Involve the treatment of life-threatening medical conditions,
2. Are medically indicated and preferable for that patient compared to available non-investigational treatment alternatives, and
3. Have clinical and preclinical data that shows the trial will likely be more effective for that patient than available non-investigational alternatives.

Covered Clinical Trials must also meet the following requirements:
1. Must involve determinations by treating Physicians, relevant scientific data, and opinions of experts in relevant
2. Must be trials approved by centers or cooperative groups that are funded by the National Institutes of Health, the Food and Drug Administration, the Centers for Disease Control, the Agency for Health Care Research and Quality, the Department of Defense, or the Department of Veterans Affairs. The health benefit plan may also cover clinical trials sponsored by other entities.
3. Must be conducted in a setting and by personnel that maintain a high level of expertise because of their training, experience, and volume of patients.

**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; and
3. 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.

**Dependent** means:
1. An Insured Student’s lawful spouse or lawful Domestic Partner;
2. An Insured Student’s dependent biological or adopted child, child placed for adoption, foster or stepchild or a child covered due to a court or an administrative order, under age 26; and
3. An Insured Student’s unmarried biological or adopted child or stepchild who has reached age 26 and who is:
   a. primarily dependent upon the Insured Student for support and maintenance; and
   b. incapable of self-sustaining employment by reason of mental retardation, 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.

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

**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 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** means 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 designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. The Formulary includes Generic, Brand, and Preferred Brand Drugs.

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

**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;
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 Confinement 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.

**Medically Necessary** means medical treatment that is appropriate and rendered in accordance with generally accepted standards of medical practice. The Insured Person’s health care provider determines if the medical treatment provided is 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.

**Network Providers** are Physicians, Hospitals and other health care 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.

**Non-Preferred Brand Drugs** means drugs that have a higher copayment and have recently come on the market. In most cases, an alternative preferred medication is available. If a physician prescribes a brand-name drug when a generic equivalent is available, you must pay the difference in cost in addition to a copayment.

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

**Physical Therapy** means treatment by physical means, hydrotherapy, heat, or similar modalities, physical agents, bio-mechanical and neuro-physiological principles and devices. Such therapy is given to relieve pain, restore function, and to prevent disability following illness, injury, or loss of a body part.

**Physician** means a provider of medical care and treatment 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 mean any licensed practitioner of the healing arts who We are required by law to recognize as a “Physician.” This includes an acupuncturist, 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.

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

**School or College** means the college or university attended by the Insured Student.

**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.

**Skilled Nursing Facility** means an institution that provides skilled nursing care under the supervision 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
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. Is 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.

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:

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.

**SCHEDULE OF BENEFITS**

**Benefit Period:** When an Insured Person receives initial medical treatment within 30 days of the occurrence of a Covered Injury or at the onset of a Covered Sickness, eligible benefits will be provided for a continuous Benefit Period. The Benefit Period begins:

1. On the date of occurrence of such Covered Injury; or
2. From the first day of treatment of a Covered Sickness. The Benefit Period terminates at the end of the Policy Term (+ Extension of Benefits – when appropriate).

**Preventive Services:**

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

Non-Network: Deductible, Coinsurance, and any Copayments 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.

**Deductible:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>$600</td>
</tr>
<tr>
<td>Non-Network</td>
<td>$1,200</td>
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</tbody>
</table>

**Hospital Inpatient Facility Copay:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>$300 per admittance</td>
</tr>
<tr>
<td>Non-Network</td>
<td>$300 per admittance</td>
</tr>
</tbody>
</table>

**Out-of-Pocket Expense Limit:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>$6,350 Individual/$12,700 Family</td>
</tr>
<tr>
<td>Non-Network</td>
<td>No Maximum</td>
</tr>
</tbody>
</table>

**Coinsurance:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
</tr>
<tr>
<td>Non-Network</td>
<td>50% of Usual and Reasonable Charge for Covered Medical Expenses unless otherwise stated below.</td>
</tr>
</tbody>
</table>
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 call toll free at 1-877-657-5030 or visit Our website at: www.chpstudent.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 OR NOT THE SERVICE OR TREATMENT IS PROVIDED BY A NETWORK PROVIDER.

<table>
<thead>
<tr>
<th>BENEFITS FOR COVERED INJURY/SICKNESS</th>
<th>IN-NETWORK</th>
<th>NON-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Room &amp; Board Expenses</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Hospital Intensive Care Unit Expense - in lieu of normal Hospital Room &amp; Board Expenses</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expense, for services &amp; supplies, such as the cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, cast &amp; temporary surgical appliances, oxygen, blood &amp; plasma, misc. supplies.</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Preadmission Testing</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Physician’s Visits while Confined: Limited to one per day of Confinement</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Inpatient Surgery:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgeon Services</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Skilled Nursing Facility Expense Benefit – up to 120 days per Policy Year.</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Mental Health Disorder</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Substance Use Disorder</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>BENEFITS FOR COVERED INJURY/SICKNESS</td>
<td>IN-NETWORK</td>
<td>NON-NETWORK</td>
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<tr>
<td><strong>Outpatient Benefits</strong></td>
<td></td>
<td></td>
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<tr>
<td>Outpatient Surgery:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgeon Services</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Outpatient Surgery Miscellaneous</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>(excluding not-scheduled surgery)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– expenses for services &amp; supplies,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>such as cost of operating room,</td>
<td></td>
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<tr>
<td>ambulatory surgery center,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>therapeutic services, misc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>supplies, oxygen, oxygen tent,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and blood &amp; Plasma.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>including cardiac rehabilitation,</td>
<td></td>
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<tr>
<td>pulmonary rehabilitation,</td>
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<tr>
<td>physical therapy, occupational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>therapy and speech therapy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapy and Occupational</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>therapy subject to combined limit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of 365 visits per Policy Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Therapy limited to 365</td>
<td></td>
<td></td>
</tr>
<tr>
<td>visits per Policy Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Habilitative Services</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>are covered to the extent that they</td>
<td></td>
<td></td>
</tr>
<tr>
<td>are Medically Necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Services Expenses</td>
<td>80% of PPO Allowance for Covered Medical Expenses Copayment: $100 Deductible Waived Copayment waived if admitted</td>
<td>80% of PPO Allowance for Covered Medical Expenses Copayment: $100 Deductible Waived Copayment waived if admitted</td>
</tr>
<tr>
<td>In Office Physician’s Visits</td>
<td>100% of PPO Allowance for Covered Medical Expenses Copayment: $25 Deductible Waived</td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses Copayment: $40 Deductible Waived</td>
</tr>
<tr>
<td>Diagnostic X-ray Services</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Laboratory Procedures (Outpatient)</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>BENEFITS FOR COVERED INJURY/SICKNESS</td>
<td>IN-NETWORK</td>
<td>NON-NETWORK</td>
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</tr>
<tr>
<td>Outpatient Benefits (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100% of PPO Allowance for Covered Medical Expenses</td>
<td>100% of U&amp;R Copayments: $30 for Generic $60 for Preferred Brand $75 Non-Preferred Brand Deductible Waived See Prescription Card</td>
</tr>
<tr>
<td></td>
<td>Copayments: $30 for Generic $60 for Preferred Brand $75 Non-Preferred Brand (Claims will be paid on a reimbursement basis.)</td>
<td></td>
</tr>
<tr>
<td>Outpatient Miscellaneous Expense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for services not otherwise covered but excluding surgery</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Home Health Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 60 visits per Policy Year</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Hospice Care Coverage</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Mental Health Disorder</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Substance Use Disorder</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Miscellaneous Therapies,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>including dialysis, allergy testing, chemotherapy, radiation therapy, and infusion therapy</td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Other Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Service</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>100% of PPO Allowance for Covered Medical Expenses</td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Braces and Appliances</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The PPO Allowance Stated Above</td>
<td>The Usual and Reasonable Charge Stated above</td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Routine Newborn Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>BENEFITS FOR COVERED INJURY/SICKNESS</td>
<td>IN-NETWORK</td>
<td>NON-NETWORK</td>
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</tr>
<tr>
<td><strong>Other Benefits (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pediatric Dental Care Benefit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive dental Care – Limited to 1 dental exams every 6 months.</td>
<td>See Benefit for limitations</td>
<td>See Benefit for limitations</td>
</tr>
<tr>
<td>The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care:</td>
<td>100% of the PPO Allowance for Preventive Services</td>
<td>70% of the Usual and Reasonable Charge for Preventive Services</td>
</tr>
<tr>
<td><strong>Emergency Dental Care</strong></td>
<td>50% of U&amp;R</td>
<td>50% of U&amp;R</td>
</tr>
<tr>
<td><strong>Routine Dental Care</strong></td>
<td>50% of U&amp;R</td>
<td>50% of U&amp;R</td>
</tr>
<tr>
<td><strong>Endodontic Services</strong></td>
<td>50% of U&amp;R</td>
<td>50% of U&amp;R</td>
</tr>
<tr>
<td><strong>Periodontal Services</strong></td>
<td>50% of U&amp;R</td>
<td>50% of U&amp;R</td>
</tr>
<tr>
<td><strong>Prosthodontic Services</strong></td>
<td>50% of U&amp;R</td>
<td>50% of U&amp;R</td>
</tr>
<tr>
<td><strong>Medically Necessary Orthodontic Care</strong></td>
<td>50% of U&amp;R</td>
<td>50% of U&amp;R</td>
</tr>
<tr>
<td><strong>Pediatric Vision Care Benefit</strong></td>
<td>100% of PPO Allowance for Covered Medical Expenses for Preventive Services</td>
<td>50% of Usual and Reasonable Charge for Covered Medical Expenses for Preventive Services</td>
</tr>
<tr>
<td>limited to 1 visit per Policy Year and 1 pair of prescribed lenses and frames</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adult Vision Care</strong></td>
<td>100% of PPO Allowance for Covered Medical Expenses</td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>routine Eye Exam once every 24 months</td>
<td>Copayment: $25</td>
<td>Copayment: $40</td>
</tr>
<tr>
<td><strong>Chiropractic Care Benefit</strong></td>
<td>100% of PPO Allowance for Covered Medical Expenses</td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Copayment: $25</td>
<td>Copayment: $25</td>
<td>Copayment: $25</td>
</tr>
<tr>
<td><strong>Consultant/Specialist Physician Services</strong></td>
<td>100% of PPO Allowance for Covered Medical Expenses</td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Copayment: $25</td>
<td>Deductible Waived</td>
<td>Deductible Waived</td>
</tr>
<tr>
<td><strong>Covered Clinical Trials</strong></td>
<td>Same as any other Covered Sickness, subject to the limitations described in the Benefit</td>
<td></td>
</tr>
<tr>
<td><strong>Accidental Injury Dental Treatment</strong> for Insured Person’s over age 18</td>
<td>70% of PPO Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td><strong>Abortion Expense</strong></td>
<td>No Benefit</td>
<td>No Benefit</td>
</tr>
<tr>
<td><strong>Medical Evacuation Expense</strong></td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses</td>
<td></td>
</tr>
<tr>
<td><strong>Repatriation Expense</strong></td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses</td>
<td></td>
</tr>
<tr>
<td>BENEFITS FOR COVERED INJURY/SICKNESS</td>
<td>IN-NETWORK</td>
<td>NON-NETWORK</td>
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<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>70% of PPO Allowance for Covered Medical Expenses Copayment: $50 (deductible waived)</td>
<td>70% of Usual and Reasonable Covered Medical Expenses Copayment: $75 (deductible waived)</td>
</tr>
</tbody>
</table>

**MANDATED BENEFITS**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy and Reconstructive Surgery Benefit</td>
<td>Same as any other Covered Sickness, subject to the limitations described in the Benefit</td>
</tr>
<tr>
<td>Treatment and Self-Management of Diabetes</td>
<td>Same as any other Covered Sickness, subject to the limitations described in the Benefit</td>
</tr>
<tr>
<td>Mammography examinations</td>
<td>Same as any other Preventive Service</td>
</tr>
<tr>
<td>Cancer Benefit</td>
<td>Same as any other Covered Sickness, subject to the limitations described in the Benefit</td>
</tr>
<tr>
<td>Dental Anesthesia for Children and Developmentally Disabled Insured Persons</td>
<td>Same as any other Covered Sickness, subject to the limitations described in the Benefit</td>
</tr>
<tr>
<td>Medical Foods (Enteral Formulas) Benefit</td>
<td>Same as any other Covered Sickness, subject to the limitations described in the Benefit Deductible waived</td>
</tr>
</tbody>
</table>

Please visit [www.healthcare.gov/prevention](http://www.healthcare.gov/prevention) for more information

**MEDICAL EVACUATION**

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

*Medical Evacuation Expense* – If:

a. an Insured Person is unable to continue his or her academic program as the result of a Covered Injury or Covered Sickness;

b. that occurs while he or she is covered under the policy,

We will pay the necessary Usual and Reasonable charges for evacuation to another medical facility or the Insured Person’s Home Country. Benefits will not exceed the specified benefit shown in the Schedule of Benefits.

Payment of this benefit is subject to the following conditions:

a. The Insured Person must have been in a Hospital due to a Covered Injury or Covered Sickness for a confinement of five or more consecutive days immediately prior to medical evacuation;

b. Prior to the medical evacuation occurring, the attending Physician must have recommended and We must have approved the medical evacuation;

c. We must approve the Usual and Reasonable Expenses incurred prior to the medical evacuation occurring, if applicable;

d. No benefits are payable for Usual and Reasonable Expenses after the date the Insured Person’s insurance terminates. However, if on the date of termination, the Insured Person is in the Hospital, this benefit continues in force until the earlier of the date the confinement ends or 31 days after the date of termination;

e. Evacuation of the Insured Person to his or her Home Country terminates any further insurance under the Policy for the Insured Person; and

f. Transportation must be by the most direct and economical route.
REPATRIATION OF REMAINS COVERAGE

Repatriation Expense: If the Insured Person dies while he or she is covered under the policy, We will pay a benefit. The benefit will be the necessary Usual and Reasonable charges for preparation, including cremation, and transportation of the remains to the Insured Person’s place of residence in his or her Home Country. Benefits will not exceed the specified benefit shown in the Schedule of Benefits.

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.

EXCLUSIONS

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of the Act.
The policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the policy and as shown in the Schedule of Benefits.

1. International Students Only - Eligible expenses within the Insured Person’s Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
2. preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy.
3. routine physical or other examinations where there are no objective indications of impairment of normal health or except as specifically provided under the Policy.
4. dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person’s Sound, Natural Teeth; or as stated in the Pediatric Dental Treatment Benefit.
5. services or supplies not necessary for the medical care of the Insured Person’s Injury or Sickness.
6. services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury; except as required by the Pediatric Vision Benefit.
7. weak, strained or flat feet, corns, calluses or ingrown toenails.
8. diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
9. treatment or removal of nonmalignant moles and acne including the testing for same.
10. expenses covered under any Workers’ Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
11. 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.
12. any expenses in excess of Usual and Reasonable charges.
13. 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.
14. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate sport;
15. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any
professional sport;
16. 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.
17. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
18. expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
19. expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury; or the Pediatric Vision Benefit.
20. 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).
21. treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
22. elective abortions in excess of the amount shown in the Schedule of Benefits.
23. custodial care, service and supplies.

**CLAIM PROCEDURES**

1. Itemized medical bills should be mailed promptly to Cigna at the address listed.

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

2. Direct all questions regarding benefits available under the Plan, claim procedures, status of a submitted claim or payment of a claim to Consolidated Health Plans.

   **CLAIMS ADMINISTRATOR:**
   
   Consolidated Health Plans
   
   2077 Roosevelt Ave
   
   Springfield, MA 01104
   
   Toll Free: (877) 657-5030
   
   [www.chpstudent.com](http://www.chpstudent.com)
   
   Group: ST0884SH

Medical bills must be submitted within ninety (90) days from the date of treatment. We will pay benefits to You or a parent when a receipted bill is submitted for a covered claim. When benefits are assigned, they will be paid directly to the provider of hospital-medical care. Claim forms may be obtained from the college, if at college, or from the above when away from college.

*National Guardian Life Insurance Company complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. Coverage for medically necessary health services is made available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender. National Guardian Life Insurance Company will not deny or limit coverage to any health service based on the fact that an individual’s sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. National Guardian Life Insurance Company will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual.*
CLAIMS APPEAL PROCESS

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

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

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

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.

Servicing Broker:
USI Affinity - Collegiate Insurance Resources
3070 Riverside Drive
Columbus OH 43221
800-322-9901
Website: www.cirstudenthealth.com/northampton
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 Plans.

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

Consolidated Health Plans provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-877-657-5030. If you are traveling and need assistance in North America, call the Assistance Center toll-free at: 877.305.1966 or if you are in a foreign country, call collect at: 715.295.9311. When you call, please provide your name, school name, the group number shown on your ID card, and a description of your situation. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to: www.chpstudent.com

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