

# STUDENT HEALTH INSURANCE PROGRAM

Designed for the Students of



Sumter, SC  
("the Policyholder")

**2018-2019**

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

**Policy Number:** CCIC1819SCSHIP62

**Effective:** 8/10/2018 - 8/09/2019  
**Group Number:** ST0066SH

**Administered by:**

Consolidated Health Plans  
2077 Roosevelt Ave.  
Springfield, MA 01104



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## Where to Find Help

For Questions About:	Please Contact:
<b>Insurance Benefits</b> <b>Enrollment</b> <b>Waiver</b> <b>Claims Processing</b> <b>ID Cards</b> <b>Preferred Provider Listings</b> <b>ID card Requests</b>  <b>For a list of Preventive Services as mandated by the Patient Protection and Affordable Care Act, go to:</b>	<b>Consolidated Health Plans</b> <b>2077 Roosevelt Avenue</b> <b>Springfield, Massachusetts 01104</b> <b>(877) 657-5030</b> <a href="http://www.chpstudenthealth.com">www.chpstudenthealth.com</a>  <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>
<b>Preferred PPO Provider Listings</b>	<b>Consolidated Health Plans</b> or <a href="http://www.cigna.com">www.cigna.com</a>
<b>Prescription Drug Providers</b>	<b>Cigna</b> <a href="http://www.cigna.com">www.cigna.com</a>

## Am I Eligible?

All students taking 3 or more credit hours are eligible and will be automatically enrolled in the Morris College Student Health Insurance Plan (“the Plan”) and the cost for the insurance coverage will be billed to the student’s account each semester unless proof of existing comparable coverage is provided by the waiver deadline.

You are eligible for Coverage under the Certificate. Coverage does not include Dependent coverage.

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

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

All International Students are required to have a J-1, F-1 or M-1 Visa.

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

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

### Who is Eligible

All registered Domestic and International students taking 3 or more credit hours are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan. Students are automatically enrolled in the Student Health Insurance Plan at registration and the premium is added to the student’s tuition fees unless proof of comparable coverage is provided by completing the waiver.

**Who is not Eligible**

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

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

The following is excluded from being applied towards the required minimum credit hours:

Courses taken Grad Non-Degree.

**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 Fall 2018 is **September 10, 2018**. The waiver deadline date for submitting a waiver for Spring/Summer 2019 is **January 31, 2019**. To submit the online Waiver Form:

1. Go to [www.chpstudenthealth.com](http://www.chpstudenthealth.com), select your school from the drop-down box;
2. Click on the Waiver link; and
3. Complete all of the required information as directed.

**Special Enrollment - Qualifying Life Event**

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

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

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

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

In addition, You can also enroll for coverage within 60 days of the occurrence of one of the following events:

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

We must receive notice and Premium payment within 60 days of the loss of coverage. The effective date of Your coverage will depend on when We receive proof of Your loss of coverage under another health plan and appropriate premium payment.

Your coverage shall take effect on the latest of the following dates: (1) the policy Effective Date; (2) the day after the date for which you lose your coverage providing premium for Your coverage has been paid; (3) the date the Policyholder's term of coverage begins; or (4) the date You become a member of an eligible class of persons.

## Effective Dates & Costs

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

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Fall	08/10/2018	12/31/2018	09/10/2018
Spring	01/01/2019	08/09/2019	01/31/2019

### Rates for Domestic and International Students

	Fall	Spring
Student*	\$512	\$513

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

**Effective Dates:** Insurance under the Certificate will become effective on the later of:

1. The Policy Effective Date;
2. The beginning date of the term for which premium has been paid;
3. The day after the Enrollment Form (if applicable) and premium payment is received by the Company, its authorized agent or the School;
4. The day after the date of postmark if the Enrollment Form is mailed;
5. For International Students or scholars, the date the Insured Person departs his or her Home Country to travel to the Country of Assignment. The scheduled arrival in the Country of Assignment must be not more than 48 hours later than the departure from the Home Country.

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

## Termination of Benefits

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

1. The date the Certificate terminates for all Insured Persons; or
2. The end of the period of coverage for which premium has been paid; or
3. The date You cease to be eligible for the insurance; or
4. The date You enter military service or
5. For International Students, the date they cease to meet Visa requirements; or
6. For International Students, the date they depart the Country of Assignment for his/her Home Country (except for scheduled school breaks); or
7. On any premium due date the Policyholder fails to pay the required premium for You except as the result of an inadvertent error and subject to any Grace Period provision.

## Extension of Benefits

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

If You are Hospital Confined for Covered Injury or Covered Sickness on the date Your insurance terminates, we will continue to pay benefits for up to 90 days from the Termination Date while such Confinement continues.

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

**Ambulance Service** means transportation to and from a Hospital by a licensed Ambulance whether a ground or air Ambulance, in a medical emergency.

**Ambulatory Surgical Center** means a facility which meets licensing and other legal requirements and which:

1. Is equipped and operated to provide medical care and Treatment by a Physician;
2. Does not provide services or accommodations for overnight stays;
3. Has a medical staff that is supervised full-time by a Physician;
4. Has full-time services of a licensed Registered Nurse at all times when patients are in the facility;
5. Has at least one operating room and one recovery room and is equipped to support any surgery performed;
6. Has x-ray and laboratory diagnostic facilities;
7. Maintains a medical record for each patient; and
8. Has a written agreement with at least one Hospital for the immediate transfer of patients who develop complications or need Confinement.

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

**Assistant Surgeon** means a Physician who assists the Surgeon who actually performs a surgical procedure.

**Brand-Name Prescription Drug** means a Prescription Drug whose manufacture and sale is controlled by a single company as a result of a patent or similar right. Refer to the Formulary for the tier status.

**Coinsurance** means the percentage of Covered Medical Expenses that We pay. The Coinsurance is separate and not part of the Deductible and Copayment.

**Complications of Pregnancy** means conditions that require Hospital Confinements before the pregnancy ends and whose diagnoses are distinct from but caused or affected by pregnancy. These conditions are acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar conditions as severe as these.

Complications of Pregnancy also include non-elective cesarean section, termination of an ectopic pregnancy, and spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.)

Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, preeclampsia, and similar conditions not medically distinct from a difficult pregnancy.

**Confinement/Confined** means an uninterrupted stay following admission to a health care facility. The readmission to a health care facility for the same or related condition, within a seventy-two (72) hour period, will be considered a continuation of the Confinement. Confinement does not include observation, which is a review or assessment of eighteen (18) hours or less, of an Insured Person's condition that does not result in admission to a Hospital or health care facility.

**Copayment** means a specified dollar amount an Insured Person must pay for specified Covered Medical Expenses. Any Copayment amounts are shown in the Schedule of Benefits.

**Country of Assignment** means the country in which an Eligible International Student, scholar or visiting faculty member is:

1. Temporarily residing; and
2. Actively engaged in education or educational research related activities sponsored by the National Association for Foreign Student Affairs or its Member Organizations.

**Covered Injury/Injury** means a bodily injury due to an unforeseeable, external event which results independently of disease, bodily infirmity or any other cause. All Injuries sustained in any one (1) Accident, all related conditions and recurrent symptoms of these Injuries are considered a single Injury.

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

1. Not in excess of the Usual and Reasonable charges therefore;
2. Not in excess of the charges that would have been made in the absence of this insurance;
3. Not in excess of the Preferred Allowance; and
4. Incurred while Your Certificate is in force, except with respect to any expenses payable under the Extension of Benefits Provision.

**Covered Sickness** means an illness, disease or condition including pregnancy and Complications of Pregnancy that impairs an Insured Person's normal function of mind or body and which is not the direct result of an Injury, which results in Covered Medical Expenses. Covered Sickness includes Mental Health Disorders and Substance Use Disorders.

**Custodial Care** means care that is mainly for the purpose of meeting non-medical personal needs. This includes help with activities of daily living and taking medications. Activities of daily living include: bathing, dressing or grooming, eating, toileting, walking and getting in and out of bed. Custodial Care can usually be provided by someone without professional and medical skills or training.

**Deductible** means the dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable under the Policy. The amount of the Deductible, if any, will be shown in the Schedule of Benefits.

**Durable Medical Equipment** means a device which:

1. Is primarily and customarily used for medical purposes, is specially equipped with features and functions that are generally not required in the absence of Sickness or Injury and is able to withstand repeated use;
2. Is used exclusively by the Insured Person;
3. Is routinely used in a Hospital but can be used effectively in a non-medical facility;
4. Can be expected to make a meaningful contribution to treating the Insured Person's Sickness or Injury; and
5. Is prescribed by a Physician and the device is Medically Necessary for rehabilitation.

Durable Medical Equipment does not include:

1. Comfort and convenience items;
2. Equipment that can be used by Immediate Family Members other than the Insured Person;
3. Health exercise equipment; and
4. Equipment that may increase the value of the Insured Person's residence.

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

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

**Eligible Student** means a student who meets all eligibility requirements of the School named as the Policyholder or Dependent of the Insured Student.

**Emergency Medical Condition** means a Covered Sickness or Injury for which immediate medical Treatment is sought at the nearest available facility. The Condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:

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

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

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

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

**Experimental/Investigative** means the service or supply has not been demonstrated in scientifically valid clinical trials and research studies to be safe and effective for a particular indication. For further explanation, see the Medically Necessary/Medical Necessity provision.

**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 the type of drug i.e. generic/brand and tier status.

**Gender Dysphoria** means a conflict between an Insured Person's physical gender and the gender with which the Insured identifies. The identity conflict must continue over at least 6 months and the Insured Person must meet the definition of Gender Dysphoria as described by the American Psychiatric Association.

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

**Habilitation/Habilitative Services** means health care services that help the Insured Person keep, learn, or improve skills and functions for daily living. Examples include therapy for a child who is not walking or talking at the expected age. Habilitative Services may include such services as Physical Therapy, occupational therapy, speech therapy and other services for Insured Persons with disabilities in a variety of inpatient and/or outpatient settings.

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

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

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

1. institutionalization of the Insured Person would have been required if Home Health Care was not provided; and
2. the Insured Person's physician establishes and approves in writing the plan of treatment covering the Home Health Care service; and
3. Home Health Care is provided by:
  - a. a Hospital that has a valid operating certificate and is certified to provide Home Health Care services; or



- b. a public or private health service or agency that is licensed as a Home Health Agency under title 19, subtitle 4 of the General Health Article to provide coordinated Home Health Care.

**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.

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

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

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

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

**Immediate Family Member** means 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 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** or **Medical Necessity** means health care services that a Physician, exercising prudent clinical judgment, would provide to an Insured Person for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

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

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

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

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

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

**Nurse** means a licensed Registered Nurse (R.N.) or Licensed Practical Nurse (L.P.N.) who:

1. Is properly licensed or certified to provide medical care under the laws of the state where the Nurse practices; and
2. Provides medical services which are within the scope of the Nurse's license or certificate who does not ordinarily reside in the Insured Person's home or is not related to the Insured Person by blood or marriage.

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

**Out-of-Pocket Maximum** means the most an Insured Person will pay during a Policy Year before their coverage begins to pay 100% of the allowed amount. This limit will never include premium, balance-billed charges or health care the policy does not cover. The Insured Person's Non-Preferred Provider payments or other non-covered expenses do not count toward this limit.

**Physical Therapy** means any form of the following:

1. Physical or mechanical therapy;
2. Diathermy;
3. Ultra-sonic therapy;
4. Heat Treatment in any form; or
5. Manipulation or massage.

**Physician** means a health care professional practicing within the scope of his or her license and is duly licensed by the appropriate state regulatory agency to perform a particular service which is covered under the policy, and who is not:

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

**Preadmission Testing** means tests done in conjunction with and within 5 days of a scheduled surgery where an operating room has been reserved before the tests are done.

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

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

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

**Prosthetic Devices** are artificial replacement body parts needed to ease or correct a condition caused by an illness, injury or birth defect, disease or anomaly.

**Qualifying Life Event** means an event that qualifies a Student to apply for coverage for him/herself or due to a Qualifying Life Event under the policy.

**Rehabilitative** means the process of restoring an Insured Person's ability to live and work after a disabling condition by:

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

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

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

**Skilled Nursing Facility** – a facility, licensed, and operated as set forth in applicable state law, which:

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

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

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

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

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

**Treatment** means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

**Urgent Care** means short-term medical care performed in an Urgent Care Facility for non-life-threatening conditions that can be mitigated or require care within forty-eight (48) hours of onset.

**Urgent Care Facility** means a Hospital or other licensed facility which provides diagnosis, Treatment, and care of persons who need acute care under the supervision of Physicians.

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

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

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

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

**We, Us, or Our** means Commercial Casualty Insurance Company or its authorized agent. Also referred to as the Company.

## Preferred Provider Organization (PPO) Network

By enrolling in this Insurance Program, you have the Cigna PPO Network of participating Providers with access to quality health care at discounted fees. To find a complete listing of the Network's participating Providers, go to [www.cigna.com](http://www.cigna.com), or contact Consolidated Health Plans toll-free at (877) 657-5030, or [www.chpstudenthealth.com](http://www.chpstudenthealth.com) for assistance.

## Pre-certification Process

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

The following Inpatient services require Pre-Certification:

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

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

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

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

The Insured Person's Physician will be notified of Our decision as follows:

1. For elective (non-emergency) admissions to a health care facility, We will notify the Physician and the health care facility by telephone and/or in writing of the number of Inpatient days, if any, approved;
2. For Confinement in a health care facility longer than the originally approved number of days, the treating Physician or the health care facility must contact Us before the last approved day. We will review the request for continued stay to determine Medical Necessity and notify the Physician or the health care facility of Our decision in writing or by telephone;
3. For any other covered services requiring Pre-Certification, We will contact the Provider in writing or by telephone regarding Our decision.

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

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

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

If the Insured Person has any questions about their Pre-Certification status, they should contact their Provider.

## Schedule of Benefits

### SCHEDULE OF BENEFITS

**Preventive Services:**

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

Non-Preferred Provider: Deductible, Coinsurance, and any Copayment are applicable to Preventive Services provided through a Non-Preferred Provider. Benefits are paid at 50% of the Usual and Reasonable charge.

<b>Deductible:</b> Preferred Provider	Individual: \$350
Non-Preferred Provider	Individual: \$500

**Prescription Drug Deductible:** Combined Preferred and Non-Preferred \$100

<b>Hospital Inpatient Facility Copayment:</b>	Preferred Provider	\$250 per Admission
	Non-Preferred Provider	\$500 per Admission

<b>Out-of-Pocket Maximum:</b>	Preferred Provider:	Individual	\$6,350
	Non-Preferred Provider:	Individual	\$25,000

**Coinsurance Amount:**

Preferred Provider: 75% of the Preferred Allowance (PA) for Covered Medical Expenses unless otherwise stated below.

Non-Preferred Provider: 50% of the Usual and Reasonable (U&R) charge for Covered Medical Expenses unless otherwise stated below.

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

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

**Preferred Provider Organization:**

To locate a Preferred Provider in Your area, consult Your Provider Directory or visit Our website at [chpstudenthealth.com](http://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 PREFERRED OR NON-PREFERRED PROVIDER.
4. UNLESS OTHERWISE SPECIFIED BELOW THE MEDICAL PLAN DEDUCTIBLE WILL ALWAYS APPLY.

BENEFITS FOR COVERED INJURY/SICKNESS	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
<b>Inpatient Benefits</b>		
Hospital Room & Board Expenses and miscellaneous services and supplies. Subject to Semi-Private room rate unless intensive care unit is required. Pre-certification required	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Preadmission Testing	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Physician's Visits while Confined	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Inpatient Surgery: Pre-certification required Surgeon Services  Anesthetist  Assistant Surgeon	75% of Preferred Allowance for Covered Medical Expenses  75% of Preferred Allowance for Covered Medical Expenses  75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses  50% of Usual and Reasonable Charge for Covered Medical Expenses  50% of Usual and Reasonable Charge for Covered Medical Expenses
Registered Nurse Services for private duty nursing while Confined Pre-certification required	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Physical Therapy (inpatient) Pre-certification required	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Skilled Nursing Facility Expense Benefit Pre-certification required	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Mental Health Disorder Benefit	Same as any other Covered Sickness	
Substance Use Disorder Benefit	Same as any other Covered Sickness	
<b>Outpatient Benefits</b>		
Outpatient Surgery: Surgeon Services  Anesthetist  Assistant Surgeon	75% of Preferred Allowance for Covered Medical Expenses  75% of Preferred Allowance for Covered Medical Expenses  75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses  50% of Usual and Reasonable Charge for Covered Medical Expenses  50% of Usual and Reasonable Charge for Covered Medical Expenses

Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services & supplies, such as cost of operating room, therapeutic services, oxygen, oxygen tent, and blood & plasma	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$150	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$300
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	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25 per visit	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50 per visit
Emergency Services Expenses	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$350	75% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$350
In Office Physician’s Visits primary Physician, specialist, and consultant	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50
Urgent Care Centers or Facilities	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$50	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50
Outpatient Facility Fee	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$150	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$300
Diagnostic Imaging Services	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50
CT Scan, MRI and/or PET Scans	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50
Laboratory Procedures (Outpatient)	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50
<b>Prescription Drugs Retail Pharmacy</b> No cost sharing applies to ACA Preventive Care medications filled at a participating network pharmacy.		

TIER 1 Generic  Non-Preferred Provider benefits are provided on a reimbursement basis. Claim forms must be received within 90 days.	80% of Preferred Allowance for Covered Medical Expenses after copayment  Copayment: \$20	80% of Preferred Allowance for Covered Medical Expenses after copayment  Copayment: \$20
TIER 2 Preferred Drug  Non-Preferred Provider benefits are provided on a reimbursement basis. Claim forms must be received within 90 days.	80% of Preferred Allowance for Covered Medical Expenses after copayment  Copayment: \$50	80% of Preferred Allowance for Covered Medical Expenses after copayment  Copayment: \$50
TIER 3 Non-Preferred Drug  Non-Preferred Provider benefits are provided on a reimbursement basis. Claim forms must be received within 90 days.	80% of Preferred Allowance for Covered Medical Expenses after copayment  Copayment: \$100	80% of Preferred Allowance for Covered Medical Expenses after copayment  Copayment: \$100
<b>Specialty Prescription Drugs</b>		
TIER 4 Specialty Prescription Drugs  Non-Preferred Provider benefits are provided on a reimbursement basis. Claim forms must be received within 90 days.	80% of Preferred Allowance for Covered Medical Expenses after copayment  Copayment: \$100	80% of Preferred Allowance for Covered Medical Expenses after copayment  Copayment: \$100
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Home Health Care Expenses	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Hospice Care Coverage	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Mental Health Disorder Benefit	Same as any other Covered Sickness	
Substance Use Disorder Benefit	Same as any other Covered Sickness	
<b>Other Benefits</b>		
Allergy Testing	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50
Allergy Injections/Treatment	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50



Ambulance Service ground, air or water transportation	75% of Preferred Allowance for Covered Medical Expenses	75% of Usual and Reasonable Charge for Covered Medical Expenses
Braces and Appliances	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Durable Medical Equipment - Includes Prosthetic Devices	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Dialysis Treatment	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50
Maternity Benefit	Same as any other Covered Sickness	
Routine Newborn Care	Same as any other Covered Sickness	
Nutritional Counseling	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Consultant/Specialist Physician Services	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50
Covered Clinical Trials	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Accidental Injury Dental Treatment	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50
Non-emergency Care While Traveling Outside of the United States	80% of Usual and Reasonable Charge for Covered Medical Expenses	
Medical Evacuation Expense	The Usual and Reasonable Charge stated above Subject to \$50,000 maximum per Policy Year	
Repatriation Expense	The Usual and Reasonable Charge stated above Subject to \$50,000 maximum per Policy Year	

<p>Pediatric Dental Care Benefit (to the end of the month in which the Insured Person turns age 19) Preventive Dental Care Limited to 1 dental exam every 6 months</p> <p><i>The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:</i></p> <p>Emergency Dental</p> <p>Routine Dental</p> <p>Endodontic Services</p> <p>Prosthodontic Services</p> <p>Medically Necessary Orthodontic Care</p>	<p>See Benefit for limitations</p> <p>100% of Usual and Reasonable Charge for Preventive Dental Care</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p>	<p>See Benefit for limitations</p> <p>100% of the Usual and Reasonable Charge for Preventive Services</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p>
<p>Adult Dental Care Benefit (age 19 and older) Preventive Dental Care Limited to 1 dental exam every 6 months</p> <p>The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:</p> <p>Emergency Dental</p> <p>Routine Dental Care</p> <p>Endodontic Services</p> <p>Prosthodontic Services</p> <p>Medically Necessary Orthodontic Care</p>	<p>See Benefit for limitations</p> <p>100% of Preferred Allowance for Preventive Dental Care</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p>	<p>See Benefit for limitations</p> <p>100% of the Usual and Reasonable Charge for Preventive Services</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p> <p>50% Usual and Reasonable</p>
<p>Pediatric Vision Care Benefit (to the end of the month in which the Insured Person turns age 19) Limited to 1 visit(s) per Policy Year and 1 pair of prescribed lenses and frames per Policy Year</p>	<p>100% of Preferred Allowance for Covered Medical Expenses</p>	<p>100% of Usual and Reasonable Charge for Covered Medical Expenses</p>

Adult Vision Care (age 19 and older) Routine Eye Exam once every 12 months and 1 pair of prescribed lenses and frames or contact lenses in lieu of frames and lenses per Policy Year	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50
Chiropractic Care Benefit	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50
Organ Transplant Surgery <ul style="list-style-type: none"> <li>travel and lodging expenses a maximum of \$2,000 per Policy Year or \$250 per day, whichever is less while at the transplant facility.</li> </ul>	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50
Chemotherapy and Radiation Therapy	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50
Infusion Therapy	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Customary Charge for Covered Medical Expenses  Copayment: \$50
Prosthetic Devices	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Customary Charge for Covered Medical Expenses
Reconstructive Surgery	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Tuberculosis screening, Quantiferon B tests including shots (other than covered under preventive services)	75% of Preferred Allowance for Covered Medical Expenses  Copayment: \$25	50% of Usual and Reasonable Charge for Covered Medical Expenses  Copayment: \$50
<b>Mandated Benefits</b>		
Autism Spectrum Disorder for Insured Person's age 16 or younger.	Same as any other Covered Sickness, subject to the limitations described in the benefit	
Cancer Diagnosis Coverage	Same as any other Covered Sickness, unless considered a Preventive Service	
Cleft Lip and Palate Coverage	Same as any other Covered Sickness	
Diabetes Coverage	Same as any other Covered Sickness	
Mastectomy Coverage	Same as any other Covered Sickness	

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

Principal Sum for Double Dismemberment or Loss of Life .....\$2,000

Loss must occur with 90 days of the date of a covered Accident.

Only one benefit will be payable under this provision, that providing the largest benefit, when more than one loss occurs as the result of any one Accident. This benefit is payable in addition to any other benefits payable under the Policy.

**Medical Evacuation**

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

If:

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

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

Payment of this benefit is subject to the following conditions:

- a. You must have been in a Hospital due to a Covered Injury or Covered Sickness for a confinement of five or more consecutive days immediately prior to medical evacuation;
- b. Prior to the medical evacuation occurring, the attending Physician must have recommended, and We must have approved the medical evacuation;
- c. We must approve the Usual and Reasonable Expenses incurred prior to the medical evacuation occurring, if applicable;
- d. No benefits are payable for Usual and Reasonable Expenses after the date Your insurance terminates. However, if on the date of termination, the Insured Person is in the Hospital, this benefit continues in force until the earlier of the date the confinement ends or 31 days after the date of termination;
- e. Evacuation to Your Home Country terminates any further insurance under the Certificate for You; and
- f. Transportation must be by the most direct and economical route.

**Repatriation**

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

If You die while covered under the Certificate, We will pay a benefit. The benefit will be the necessary Usual and Reasonable charges for preparation, including cremation, and transportation of the remains to Your place of residence in Your Home Country. Benefits will not exceed the specified benefit shown in the Schedule of Benefits.

**Exclusions and Limitations**

**Exclusion Disclaimer:** Any exclusion in conflict with the Patient Protection and Affordable Care Act or any state-imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to the Insured Person.

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. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the person's attending physician or dentist.
3. Medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits.
4. Professional services rendered by an Immediate Family Member or any who lives with the Insured Person;

5. Weak, strained or flat feet, corns, calluses, ingrown toenails.
6. Diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
7. Prescription contraceptive diaphragms are covered but limited to one (1) per Policy year.
8. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
9. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
10. Any expenses in excess of Usual and Reasonable charges except as provided in the Policy.
11. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
12. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority.
13. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate, intramural or club sports.
14. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
15. 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.
16. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
17. Expenses payable under any prior Policy which was in force for the person making the claim.
18. 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.
19. Expenses incurred after:
  - The date insurance terminates as to the Insured Person, except as specified in the extension of benefits provision; and
  - The end of the Policy Year specified in the Benefit Schedule.
20. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Policy.
21. Charges incurred for acupuncture, heat treatment, diathermy, in any form, except to the extent provided in the Schedule of Benefits.
22. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Care Services benefit, or otherwise specifically covered under the Certificate.
23. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
24. Expenses for radial keratotomy, except as required for repair caused by a Covered Injury. Duplicate spare eyeglasses or lenses or frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes or unless otherwise covered under the Pediatric and Adult Vision Care Benefit.
25. Charges for hearing exams, hearing screening, hearing aids and the fitting or repair or replacement of hearing aids or cochlear implants except as specifically provided in the Certificate.
26. Racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.
27. Expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical Treatment within 24 hours of the Accident or results from Reconstructive Surgery.
  - For the purposes of this provision, **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
  - For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance or alter their personal concept of body image.
28. Treatment to the teeth, including orthodontic braces and orthodontic appliances, 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.

29. An Insured Person's:
  - committing or attempting to commit a felony,
  - being engaged in an illegal occupation, or
  - participation in a riot.
30. Elective abortions.
31. Congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
32. Custodial Care service and supplies.
33. Charges for hot or cold packs.
34. Expenses that are not recommended and approved by a Physician.
35. Sexual reassignment surgery, except as provided when Medically Necessary or when Treatment is covered under the Policy. This exclusion does not include related mental health counseling or hormone therapy.
36. Routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, donor services if the recipient is not an Insured Person under this plan, or services for or related to the transplantation of animal or artificial organs or tissues.
37. Cosmetic procedures related to Gender Dysphoria including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, breast augmentation, body contouring, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants.
38. Sleep Disorders screening including testing.
39. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
  - which does not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided in the Prescription Drug Benefit section of this plan;
  - drugs with over-the-counter equivalents;
  - allergy sera and extracts administered via injection;
  - for the purpose of weight control;
  - fertility drugs;
  - vitamins, minerals, food supplements;
  - dietary supplements;
  - cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or treatment of acne except as specifically provided in the Policy;
  - treatment of nail (toe or finger) fungus;
  - blood glucose meters, asthma holding chambers and peak flow meters are eligible health services, but are limited to one (1) prescription order per Policy Year;
  - refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
  - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
  - purchased after coverage under the Policy terminates;
  - consumed or administered at the place where it is dispensed;
  - if the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
  - bulk chemicals;
  - non-insulin syringes, surgical supplies, durable medical equipment/medical devices with the exception of diabetic blood monitors and kits;
  - stimulants;
  - repackaged products;
  - blood components;
  - immunology products.
40. non-chemical addictions.
41. non-physical, occupational, speech therapies (art, dance, etc.).
42. hot and cold packs.

43. modifications made to dwellings.
44. general fitness, exercise programs.
45. obesity Surgery.
46. hypnosis.
47. rolfing.
48. biofeedback.
49. hyperhidrosis.

## Third Party Refund

When:

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

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

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

## Coordination of Benefits

The Coordination of Benefits ("COB") provision applies when a person has health care coverage under more than one Plan.

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

## Right of Recovery

If the amount of payments made by Our Agent or Us is more than it should have paid under this COB provision, it may recover the excess from one or more of the persons it has paid or for whom it has paid, or any other person or organization that may be responsible for the benefits or services provided for the covered person. The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

## Claim Procedures

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

1. Report to a Physician, Hospital or the School's Student Health Services.
2. Written notice of a claim must be submitted to the address below within ninety (90) days after the date of Injury or commencement of Sickness covered by the Certificate, or as soon thereafter as is reasonably possible.
3. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, Social Security number or student ID number and name of the University or College under which the student is insured. A Company claim form is not required for filing a claim.

Bills should be received by the Company within ninety (90) days of service.

**Claims Administrator:**  
**CONSOLIDATED HEALTH PLANS**  
 2077 Roosevelt Avenue  
 Springfield, MA 01104  
 Toll Free (877) 657-5030  
[www.chpstudenthealth.com](http://www.chpstudenthealth.com)  
**Group Number: ST0066SH**

## Claim Appeal Process

A written appeal for a first level review, along with any additional information or comments, must be sent within 180 days after notice of an Adverse Determination. You do not have the right to attend, or have an authorized representative in attendance at the first level review. However, in preparing the appeal, You or Your authorized representative may:

- a. review all documents related to the claim and submit written comments and issues related to the denial; and
- b. submit written comments, documents, records or other materials related to the request for benefits for the reviewer(s) to consider.

We will provide You with the contact person who is coordinating the first level review within 3 days of the date of receipt of the grievance.

Please submit all **Claim Appeal** requests to Consolidated Health Plans.

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

**The Student Health Insurance Plan is underwritten by:**  
**Commercial Casualty Insurance Company**  
**Fort Wayne, IN**

**As Policy form: SC SHIP CERT (2018)**

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

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

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



## Value Added Services

The following are not affiliated with Commercial Casualty Insurance Company and the services are not part of the Plan Underwritten by Commercial Casualty Insurance Company. These value-added options are provided by Consolidated Health Plans.

### **VISION DISCOUNT PROGRAM**

For Vision Discount Benefits please go to:

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

### **EMERGENCY MEDICAL AND TRAVEL ASSISTANCE**

Consolidated Health Plans provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at (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.



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



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

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