



Student Health Insurance Plan

Plan Year
17/18

*Designed Exclusively for the Domestic and
International Students of:*

Southwestern Adventist University

Keene, TX

2017 - 2018

Underwritten by:

National Guardian Life Insurance Company
Madison, WI

Policy Number: 2017I5B74

Group Number: ST0909SH

New Students—

Effective: 7/30/2017 - 7/30/2018

Returning Students—

Effective: 8/14/2017 - 7/30/2018



Administered by:

Consolidated Health Plans

2077 Roosevelt Ave | Springfield, MA



ST090SH-1718(Bro.)

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Where to Find Help

For Questions About:	Please Contact:
Insurance Benefits Enrollment Waiver	Southwestern Adventist University 100 West Hillcrest Keene, TX 76059 Phone: 877-626-0360
Claims Processing ID Cards Preferred Provider Listings ID Card Requests	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (877) 657-5030 www.chpstudent.com
Preferred PPO Provider Listings	Consolidated Health Plans or www.cigna.com

Am I Eligible?

You are eligible for Coverage if You meet the definition of Eligible Person as determined by the Policyholder and Us. All students registered for 6 or more credit hours are required to have medical insurance. All Domestic students are automatically enrolled and must provide proof of other coverage to waive out. All International students are automatically enrolled in the plan.

Eligible individuals voluntarily withdrawing from school during the first 31 days of the period for which Coverage is purchased, will not be covered under the Policy and a full refund of Premium will be made. Individuals withdrawing after such 31 days will remain covered under the Policy for the term purchased and no refund will be allowed except as otherwise specified herein.

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

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

The following students are not eligible to enroll in the insurance plan: Students who are enrolled exclusively in online courses or whose enrollment consists entirely of distance learning or internet courses, courses taken as audit, and Correspondence courses.

How Do I Waive/Enroll?

All Domestic full-time students are required to have insurance. You are automatically enrolled in the plan at the time of registration and the premium amount is added to your student account.

If you already have insurance coverage, refer to the University's website at www.swau.edu concerning personal insurance coverage information.

If you are an International student, you do not have the option to waive coverage. To enroll, contact the Office of International Students at registration.

2017/2018 Waiver Deadlines are as follows:

- Annual/Fall: September 9, 2017
- Spring/Summer: January 26, 2018
- Summer: May 24, 2018

Qualifying Life Event

No changes of any type may be made during the plan year unless a qualified family or employment status change occurs. A status change means any of the following: loss of insurance coverage due to attainment of limiting age on a parent's plan; leaving or losing employment that results in a loss of insurance coverage; addition of a dependent by marriage, birth, or adoption. 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 and complete enrollment in the school's student insurance plan. Make your elections by contacting Student Assurance Services at 1-800-328-2739 to request an Enrollment form.

Effective Dates & Costs

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Annual (New Students)	7/30/17	7/30/18	9/9/2017
Annual (Returning Students)	8/14/17	7/30/18	9/9/2017
Fall (New Students)	7/30/17	1/1/18	9/9/2017
Fall (Returning Students)	8/14/17	1/1/18	9/9/2017
Spring	1/1/18	5/7/18	1/26/18
Summer	5/7/18	7/30/18	5/24/18

Rates for Domestic, International, Undergraduate, and Graduate Students

	Annual	Fall	Spring	Summer
Student*	\$1,321	\$561	\$455	\$304

**The above rates include an administrative service fee*

Insurance under the policy will become effective on the later of:

1. The Policy effective date;
2. The beginning date of the term for which premium has been paid;
3. The day after the Enrollment Form (if applicable) and premium payment is received by the Company, its authorized agent or the School;
4. The day after the date of postmark if the Enrollment Form is mailed;
5. For International Students or scholars, the date the Insured Person departs his or her Home Country to travel to the Country of Assignment. The scheduled arrival in the Country of Assignment must be no more than 48 hours later than the departure from the Home Country.

The Policy is renewed as a new policy for the term July 30, 2017 (new students) and August 14, 2017 (returning students) to July 30, 2018 as Policy Number 2017I5B74.

All time periods begin and end at 12:01 A.M., local time, at the Policyholder's address.

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

Termination of Benefits

An Insured Person's insurance will terminate on the earliest of:

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

Premium Refund Policy

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

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

A written request must be sent to us within 60 days of such departure.

No other refunds will be allowed.

Extension of Benefits

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

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

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 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.

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

Elective Surgery or Elective Treatment means surgery or medical treatment that is:

1. not necessitated by a pathological or traumatic change in the function or structure of any part of the body; and
2. which occurs after the Insured Person's effective date of coverage.

Elective Treatment includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, infertility (unless otherwise covered under the In Vitro Fertilization Benefit), learning disabilities (unless otherwise covered under the Developmental Delays in Children Benefit), 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, sexual reassignment surgery, 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 mean benefits that are defined as such by the Secretary of Labor and are to be provided in a manner that is equal to the scope of benefits provided under a typical employer plan. This applies to the following general categories and the items and services covered within the categories:

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

Formulary means a list of medications 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.

Heritable Disease means an inherited disease that may result in mental or physical retardation or death.

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

Hospital means an institution that:

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

Hospital does not include the following:

1. Convalescent homes or convalescent, rest or nursing facilities;

2. Facilities primarily affording custodial, educational, or rehabilitative care; or
3. Facilities for the aged, drug addicts or alcoholics.

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

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

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

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

International Student means an international student:

1. With a current passport and a student Visa;
2. Who is temporarily residing outside of his or her Home Country; and
3. Is actively engaged, on a fulltime 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.

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

Nervous, Mental or Emotional Disorder means any neurosis, psychoneurosis, psychopathy, psychosis or mental or emotional disease or disorder of any kind.

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

Orthotic Device means a custom-fitted or custom-fabricated medical device that is applied to a part of the human body to correct a deformity, improve function, or relieve symptoms of a disease.

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

Phenylketonuria means an inherited condition that, if not treated, may cause severe mental retardation.

Physician means a:

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

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

A Physician 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 Physician of Psychology must be prescribed by a Physician of Medicine.

Physician will also means any licensed practitioner of the healing arts who We are required by law to recognize as a "Physician." This includes an acupuncturist, a 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.

Prosthetic Device means an artificial device designed to replace, wholly or partly, an arm or leg.

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

Skilled Nursing Facility means a facility constituted, 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 care of the aged, Custodial or Domiciliary Care, or treatment of alcohol or drug dependency; and
5. is not a rest, educational, or custodial facility or similar place.

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

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

Student Health Center or Student Infirmary means an on campus facility that provides:

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

A Student Health Center or Student Infirmary does not include:

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

Total Disability or Totally Disabled, as it applies to the Extension of Benefits provision, means:

1. With respect to an Insured Person, who otherwise would be employed:
 - a. His or her complete inability to perform all the substantial and material duties of his or her regular occupation;
 - b. With care and treatment by a Physician for the Covered Injury or Covered Sickness caused the inability.
2. With respect to an Insured Person who is not otherwise employed:
 - a. His or her inability to engage in the normal activities of a person of like age and sex; with
 - b. Care and treatment by a Physician for the Covered Injury or Covered Sickness causing the inability; or
 - c. His or her Hospital confinement or home confinement at the direction of his or her Physician due to a Covered Injury or a Covered Sickness, except for visits to receive medical treatment.

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

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

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

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

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

Preferred Provider Organization (PPO) Network

By enrolling in this Insurance Program, you have the Cigna PPO Network of Participating Providers, providing access to quality health care at discounted fees. To find a complete listing of Cigna PPO Network of Participating Providers, go to www.cigna.com, or contact Consolidated Health Plans toll-free at (877) 657-5030, or www.chpstudent.com for assistance.

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

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

Note, however, that We will pay at the PPO Allowance level for treatment by a Non-Network Provider if: there is no Network Provider available to treat the Insured Person for a specific Covered Injury or Covered Sickness; or there is an Emergency Medical Condition and the Insured Person cannot reasonably reach a Network Provider. This benefit will continue to be paid for the Emergency Medical Condition until the Insured Person can reasonably be expected to safely transfer to a Network Provider. If the transfer does not occur at that time, benefits will then be reduced and paid at the lower percentage applicable to a Non-Network Provider or a Physician's or provider's participation in the Network is terminated, and at the time, an Insured Person whom the Physician or provider is currently treating has "Special Circumstances." "Special Circumstances" means a condition which a treating Physician or health care provider reasonably believes that discontinuing care by the treating physician or provider could cause harm to the Insured Person. Examples of an Insured Person who has a Special Circumstance include an Insured with a disability, acute condition, or life-threatening illness or an Insured who is past the 24th week of pregnancy.

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

Schedule of Benefits

SCHEDULE OF BENEFITS

Preventive Services: The Deductible is not applicable to Preventive Services. Benefits for services provided by a Network Provider are paid at 100% of the PPO Allowance of Covered Medical Expenses. Benefits for services provided by a Non-Network Provider are provided at the Coinsurance Amount shown below.

Deductible:

Non-Network: \$100

Network: \$100

Hospital Inpatient Facility Copay: \$500

Out-of-Pocket Expense Limit: \$1,500

Coinsurance:

Non-Network: 80% of Usual and Reasonable Charge for Covered Medical Expenses

Network: 90% of PPO Allowance of Covered Medical Expenses

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 Network Provider in Your area, consult Your CIGNA Provider Directory. You may also visit our website at www.cigna.com.

THE COVERED MEDICAL EXPENSE FOR AN ISSUED POLICY WILL BE:

1. THOSE LISTED IN THE COVERED MEDICAL EXPENSES PROVISION; AND
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 OR NON-NETWORK PROVIDER.

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Inpatient Benefits	
Hospital Room & Board Expenses	The Coinsurance Amount shown above
Hospital Intensive Care Unit Expense - <i>in lieu of normal Hospital Room & Board Expenses</i>	The Coinsurance Amount shown above
Hospital Miscellaneous Expenses for services & supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts & temporary surgical appliances, oxygen, blood & plasma, misc. supplies	The Coinsurance Amount shown above
Preadmission Testing	The Coinsurance Amount shown above

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Physician's Visits while Confined:	The Coinsurance Amount shown above; Visit limited to one per day of Confinement
Inpatient Surgery: Surgeon Services Anesthetist Assistant Surgeon	The Coinsurance Amount shown above The Coinsurance Amount shown above The Coinsurance Amount shown above
Physical Therapy (inpatient)	The Coinsurance Amount shown above
Nervous, Mental or Emotional Disorders Treatment (Inpatient)	The Coinsurance Amount shown above subject to the Hospital Inpatient Facility Copay
Skilled Nursing Facility Benefit	The Coinsurance Amount shown above
Outpatient Benefits	
Outpatient Surgery: Surgeon Services Anesthetist Assistant Surgeon	The Coinsurance Amount shown above The Coinsurance Amount shown above The Coinsurance Amount shown above
Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services & supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood & plasma	The Coinsurance Amount shown above
Outpatient Rehabilitation Therapy Services	The Coinsurance Amount shown above
Emergency Services Expenses	The Network Coinsurance Amount shown above subject to a \$150 Copay
In Office Physician's Fees:	The Coinsurance Amount shown above per visit subject to \$25 Copay
Diagnostic X-ray Services	The Coinsurance Amount shown above, Subject to Copay of \$50 per service
Laboratory Procedures (Outpatient)	The Coinsurance Amount shown above
Shots and Injections unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit	The Coinsurance Amount shown above
Prescription Drugs <i>(Non-Network paid on a reimbursement basis)</i>	90% of U&R subject to Generic Copay \$25.00 subject to Preferred Brand Copay \$50.00 subject to Brand Copay \$50.00 See Prescription Card
Nervous, Mental or Emotional Disorders Treatment (Outpatient)	The Coinsurance Amount shown above subject to \$25 Copay
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	The Coinsurance Amount shown above

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Home Health Care Expenses	The Coinsurance Amount shown above up to 80 visits per Policy Year
Hospice Care Coverage	The Coinsurance Amount shown above
Routine Eye Exam (Adults)	The Coinsurance Amount shown above, limited to 1 Eye Exam per Policy Year
Other Benefits	
Ambulance Service - Ground and/or Air Transportation	The Coinsurance Amount shown above
Substance Abuse Disorder Benefit	The Coinsurance Amount shown above Subject to a maximum of 3 series of treatment per lifetime
Braces and Appliances	The Coinsurance Amount shown above \$2,500.00 per Policy Year
Durable Medical Equipment	The Coinsurance Amount shown above
Hearing Aid Benefit	The Coinsurance Amount shown above up to the limits shown in the Benefit
Maternity Benefit	Same as any other Covered Sickness
Routine Newborn Care	Same as any other Covered Sickness.
Consultant Physician Services – when requested by the attending physician	The Coinsurance Amount shown above subject to a \$25 Copay
Pediatric Vision Care Benefit	The Coinsurance Amount shown above Subject to the limits shown in the Benefit
Pediatric Dental Exam Benefit	The Coinsurance Amount shown above Subject to the limits shown in the Benefit
Accidental Injury Dental Treatment	The Coinsurance Amount shown above subject to maximum \$500.00 per Policy Year
Student Health Center/Infirmary Expense	The Coinsurance Amount shown above <i>(Deductible waived)</i>
Sports Accident Expense - incurred as the result of the play or practice of intercollegiate, intramural, or club sports	The Coinsurance Amount shown above
Abortion Expense	No Benefit
<i>Non-emergency treatment while traveling outside of the U.S.</i>	<i>80% of U&R Limited to \$20,000 per Policy Year</i>
Mandated Benefits	
Temporomandibular Benefit	The Coinsurance Amount shown above on the same basis as diagnostic or surgical treatment of conditions affecting other skeletal joints
Amino Acid-based Elemental Formulas Benefit	Payable on the same basis as other outpatient prescription drugs
Acquired Brain Injury Benefit	The Coinsurance Amount shown above
Early Detection of Cardiovascular Diseases	The Coinsurance Amount shown above subject to \$200 every 5 years
Clinical Trials Benefit	The Coinsurance Amount shown above

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Reconstructive Surgery for Craniofacial Abnormalities Benefit	The Coinsurance Amount shown above
Dental Anesthesia Benefit	The Coinsurance Amount shown above
Diabetes Expense Benefit	The Coinsurance Amount shown above
Phenylketonuria Treatment Benefit	Payable on the same basis as other outpatient prescription drugs
Prosthetic and Orthotic Devices Benefit	The Coinsurance Amount shown above
Telehealth Services and Telemedicine Service Benefit	The Coinsurance Amount shown above
Inpatient Mastectomy and Reconstructive Surgery Benefit	The Coinsurance Amount shown above

Exclusions

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

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

- International Students Only - Eligible expenses within the Insured Person's Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
- Preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy or considered a Preventive Service under Description of Benefits.
- 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.
- Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental injury to the Insured Person's Sound, Natural Teeth or as provided for Pediatric Dental Care.
- Professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
- Weak, strained or flat feet.
- Surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
- Treatment or removal of nonmalignant moles, warts, or sleep disorders including the testing for same.
- Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
- Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
- Any expenses in excess of Usual and Reasonable charges.
- Loss 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.
- Loss resulting from participation in 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.
- Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
- Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
- Services that are duplicated when provided by both a certified nurse-midwife and a Physician.

- Expenses payable under any prior Policy which was in force for the person making the claim.
- Expenses incurred during a Hospital emergency room visit which is not of an emergency nature.
- Injury sustained as the result of the Insured Person's operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
- Expenses incurred after The date insurance terminates as to the Insured Person;
- Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
- Charges incurred for, acupuncture, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
- Expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
- Expenses for radial keratotomy.
- 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). Plastic or Cosmetic Surgery does not include newborn congenital defects, reconstructive surgery incident to craniofacial abnormalities or a mastectomy.
- Treatment to the teeth, including surgical extractions of teeth This exclusions does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
- An Insured Person's:
 - committing or attempting to commit a felony,
 - being engaged in an illegal occupation, or
 - participation in a riot.
- Custodial care service and supplies.
- Expenses that are not recommended and approved by a Physician.

Third Party Refund

When:

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

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

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

Coordination of Benefits

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

Right of Recovery

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

Claim Procedures

In the event of either an Injury or a Sickness:

1. Report to a Physician, Hospital or the School's Student Health Services.
2. Written notice of a claim must be submitted to the address below within 90 days after the date of Injury or commencement of Sickness covered by the Policy, or as soon thereafter as is reasonably possible.
3. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, Social Security number or student ID number and name of the University under which the student is insured. A Company claim form is not required for filing a claim. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

CIGNA
PO Box 188061
Chattanooga, TN 37422 – 8061
 Electronic Payor ID: 62308

For information about the Cigna Prescription Drug Program please visit www.cigna.com.

Claim Appeal Process

You have the right to appeal any decision or action taken by Us to deny, reduce, or terminate the provision of or payment for health care services requested or received under this Plan. You have the right to have Our decision reviewed by an independent review organization. We must provide you with certain written information, including the specific reason for Our decision and a description of Your appeals rights and procedures every time We make a determination to deny, reduce, or terminate the provision of or payment for health care services requested or received under the Plan. Please submit all **Claim Appeal** requests to Consolidated Health Plans.

Claims Administrator:
CIGNA
PO Box 188061
Chattanooga, TN 37422 – 8061
 Electronic Payor ID: 62308

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

As Policy form: NBH-280 (2014) PPO TX et al

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

For a copy of the Company's privacy notice you may go to:

www.consolidatedhealthplan.com/about/hipaa

or

Request one from the Health Office at your School

or

Request one from:

National Guardian Life Insurance Company
C/O Privacy Officer
70 Genesee Street
Utica, NY 13502

(Please indicate the school you attend with your written request)

Representations of the Plan must be approved by the Company.

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

Value Added Services

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

VISION DISCOUNT PROGRAM

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

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

Consolidated Health Plans provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. **If you are traveling and need assistance in North America, call the Assistance Center toll-free at: 1.877.488.9833 or if you are in a foreign country, call +1.609.452.8570.** When you call, please provide your name, school name, the group number shown on your ID card, and a description of your situation. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.

***ASK MAYO CLINIC**

Students who enroll and maintain medical coverage in this insurance plan have access to a 24-hour nurse line administered by *Ask Mayo Clinic*. This program provides:

- Phone-based, reliable health information in response to health concerns and questions; and
- Assistance in decisions on the appropriate level of care for an injury or sickness.

Appropriate care may include self-care at home, a call to a physician, or a visit to the emergency room.

Calls are answered 24 hours a day, 365 days a year by experienced registered nurses who have been specifically trained to handle telephone health inquiries.

This program is not a substitute for doctor visits or emergency response systems. *Ask Mayo Clinic* does not answer health plan benefit questions. Health benefit questions should be referred to the Plan Administrator. The *Ask Mayo Clinic* 24-hour nurse line toll free number will be on the ID card.



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.