

# Student Health Insurance Plan

## Designed for the International Students of

# Marquette University

**2016-2017**

Underwritten by:  
**National Guardian Life Insurance Company**  
**Madison, WI**

**Policy Number:** 2016I5B47

**Group Number:** S210214

**Effective:** August 1, 2016 - July 31, 2017

Administered by:

  
**Consolidated Health Plans**  
**2077 Roosevelt Ave.**  
**Springfield, MA 01104**

Please read the brochure carefully for information on coverage, limitations, etc. Questions should be directed to the local agent, American Management Advisors at 1-888-533-7654, or the Administrative Agency Consolidated Health Plans at 1-800-633-7867. If You need assistance resolving a complaint, please contact Us at: 1-800-756-3702.

### COVERAGE

1. Accident and Sickness coverage begins on August 1, 2016, or the date of enrollment in the plan, whichever is later and ends July 31, 2017.
2. Benefits are payable during the Policy Term, subject to any Extension of Benefits. Benefits are payable during a Benefit Period as described in the Schedule of Benefits.  
Should a student graduate or leave College for any reason, except to enter military service, the coverage will continue in effect to the end of the Policy Term for which premium has been paid. If the student enters military service, coverage will terminate immediately and a prorated premium refund will be made on request.
3. The Policy provides benefits based on the type of health care provider the Insured Student and his or her Covered Dependent selects. 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.

### CERTIFICATE OF STUDENT HEALTH INSURANCE POLICY

issued by  
**NATIONAL GUARDIAN LIFE INSURANCE COMPANY,**  
**PO BOX 1191, Madison, WI 53701-1191**  
**(Herein referred to as 'We', 'Us' or 'Our')**

We hereby certify that the eligible student of the Policyholder is insured for losses resulting from accident or sickness, to the extent stated herein, under the provisions of policy form NBH-280 (2016) WI ("the Policy").

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## Section 1 — Definitions

The terms listed below, if used in this Certificate, have the meanings stated.

**Accident** means a sudden, unforeseeable external event that causes Injury to an Insured Person.

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

**Ambulatory Surgical Center**, or mobile surgical facility, means a facility whose primary purpose is to provide elective surgical care, in which the Insured Person is admitted to and discharged from such facility within the same working day and is not permitted to stay overnight, and which is not part of a Hospital. A facility existing for the primary purpose of performing terminations of pregnancy, an office maintained by a Physician for the practice of medicine, or an office maintained for the practice of dentistry will not be considered an Ambulatory Surgical Center under the Policy. A structure or vehicle in which a Physician maintains an office and practices surgery, which can appear to the public to be a mobile office because the structure or vehicle operates at more than one address, will be considered an Ambulatory Surgical Center or mobile surgical facility.

**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.

**Breast Reconstructive Surgery** means surgery to reestablish symmetry between the two breasts.

**Child Health Supervision Services** means Physician-delivered or Physician-supervised services that include periodic visits, including a history, physical examination, developmental assessment and anticipatory guide, and appropriate immunizations and lab tests as consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics.

**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: 1) Sustained by an Insured Person while he/she is insured under the policy or the School's prior policies; and 2) Caused by an accident directly and independently of all other causes.

**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.

**Covered Sickness** means Sickness, disease or trauma related disorder due to Injury which results in Covered Medical Expenses.

Covered Sickness includes Mental Health Disorders and Substance Abuse Disorders.

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

**Dependent** means: 1) Your lawful spouse [or lawful Domestic Partner]; 2) Your dependent biological or adopted child, stepchild, or grandchild under age 26; and 3) Your unmarried biological or adopted child or stepchild who has reached age 26 and who is: (a) primarily dependent upon You for support and maintenance; and (b) incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap. Proof of the child's incapacity or dependency must be furnished to Us for an already enrolled child who reaches the age limitation, or when You enroll a new disabled child under the plan.

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

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

**Enrollment Date** means the date of enrollment of the individual in the Policy or, if earlier, the first day of the waiting period of such enrollment.

**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.

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

**Home Country** means Your country of citizenship. If You have dual citizenship, Your Home Country is the country of the passport You used to enter the United

States. Your Home Country is considered the Home Country for any dependent of Yours while insured under the policy.

**Hospice Care** means a coordinated program of home and inpatient care provided directly or under the direction of a properly licensed Hospice. Such services will include palliative and supportive physical, psychological, psychosocial and other health services to individuals with a terminal illness utilizing a medical directed interdisciplinary team.

**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 rehabilitant care (unless such rehabilitation is specifically for treatment of physical disability; or 3) Facilities for the aged.

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

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

**Insured Person** means You or Your dependent while insured under the policy.

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

**International Student** means an international student:

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

In so far as this 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.

**Mastectomy** means the removal of all or part of the breast for Medically Necessary reasons as determined by a licensed Physician.

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

**Mental Health Disorder** means a condition that substantially limits the life

activities of the Insured Person with the disorder. Mental Health disorders must be listed in the most recent version of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

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

**Non-Network Providers** are providers who have not agreed to any pre-arranged fee schedules.

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

**Palliative care** means treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient as he or she experiences the stress of the dying process, rather than at treatment aimed at investigation and intervention for the purpose of cure or prolongation of life.

**Physician** means a: 1) Doctor of Medicine (M.D.); or 2) Doctor of Osteopathy (D.O.); or 3) Doctor of Dentistry (D.M.D. or D.D.S.); or 4) Doctor of Chiropractic (D.C.); or 5) Doctor of Optometry (O.D.); or 6) Doctor of Podiatry (D.P.M.); who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered. A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a Health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

**Physician** will also mean any licensed practitioner of the healing arts who We are required by law to recognize as a "Physician." This includes an acupuncturist, a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant, social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician. The term Physician does not mean any person who is an Immediate Family Member.

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

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

**School or College** means the college or university attended by You.

**Skilled Nursing Facility** means 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 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 or Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

**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; with (b) 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 (U & R)** 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** 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.

**You, Your** means a student of the Policyholder who is eligible and insured for coverage under the policy.

### **Section 2 – Eligibility, Enrollment and Termination**

All international students and visiting scholars are automatically enrolled in this insurance plan at registration. International scholars and visiting scholars are defined as having a current passport or student visa and are temporarily residing outside their home country while actively engaged in education or educational activities or research-related activities at the University.

Students must actively attend classes for at least the first thirty-one (31) days after the date for which coverage is purchased.

Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met.

If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

**Dependent Coverage:** Insured Students who are enrolled in the Student Health Insurance Plan may also enroll their eligible Dependents. Eligible dependents under the plan include the Insured person's spouse, domestic partner, and dependent biological or adopted children under age twenty-six (26). See definition of Dependent in Section 1. Dependent Eligibility expires concurrently with that of the Insured Student.

Students may also enroll their Dependents within thirty-one (31) days of an eligible qualifying event. Enrollment requests (including payments) received after the thirty-one (31) days following the qualifying event will not be accepted. Coverage will be effective as of the date of the qualifying event.

Students who wish to enroll for dependent coverage may enroll as follows:

1. Complete the enrollment form or download and print an enrollment form on the website:  
[http://www.marquette.edu/riskunit/riskmanagement/student\\_health\\_insurance.shtml](http://www.marquette.edu/riskunit/riskmanagement/student_health_insurance.shtml)
2. Print all information legibly and indicate the coverage and options desired.
3. Enclose a check or money order payable to American Management Advisors, Inc. or complete all credit card information.
4. Send the form and payment to:  
American Management Advisors, Inc.  
333 North Oxford Valley Rd., Suite 606

Fairless Hills, PA 19030

**Termination Dates:** 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) 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

**Extension of Benefits:** Coverage under the Policy ceases on the Termination Date. However, coverage for an Insured Person will be extended if an Insured Person is Hospital confined or Totally Disabled due to a Covered Injury or Covered Sickness. The coverage for the condition causing the Hospital confinement or Total Disability will be extended for up to a minimum of twelve (12) months from the Termination Date.

### **Section 3— Benefits**

Benefits are payable under the policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Insured Person. **The Covered Medical Expenses for an issued Policy will be only those listed in the Schedule of Benefits with all applicable Deductibles, Coinsurance and Copayment amounts, and maximums for each benefit shown in the Schedule of Benefits.** No benefits are payable for expenses incurred after the date the insurance terminates for the Insured Person, except as may be provided under Extension of Benefits. Subject to payment of any required Deductible, when you suffer a Loss from Covered Accident or Covered Sickness, we will pay benefits as follows:

**Preventive Services:** The following services shall be covered without regard to any Deductible, or Coinsurance requirement that would otherwise apply: 1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force; 2) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Insured Person involved; 3) With respect to Insured Persons who are infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; 4) With respect to Insured Persons who are women, such additional preventive care and screenings not described in paragraph 1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

### Essential Health Benefits

Essential Health Benefits are not subject to annual or lifetime dollar limits. If additional specific care, treatment or services are added to the list of Essential Health Benefits by a governing authority, the policy benefits will be amended to comply with such changes.

**Treatment of Covered Injury or Covered Sickness:** We will pay benefits for the Usual and Reasonable Charges for Covered Medical Expenses that are incurred by the Insured Person due to a Covered Injury or Covered Sickness. Benefits payable are subject to: 1) Any specified benefit maximum amounts; 2) Any Deductible amounts; 3) Any Coinsurance amount; 4) Any Copayments; 5) The Maximum Out-of-Pocket Expense Limit.; 6) the Exclusions and Limitations provision; 7) Use of a Network Provider, if any.

**Benefit Period:** The first treatment of a Covered Injury or Covered Sickness must begin within the time stated in the Benefit Period shown in the Schedule of Benefits. A Benefit Period begins when the Insured Person experiences a Loss due to Covered Injury or Covered Sickness. The Benefit Period terminates at the end of the period defined in the Schedule of Benefits. Any extension of a Benefit Period, if provided elsewhere in the Policy, is limited to medical treatment of the Covered Injury or Covered Sickness that is ongoing on the termination date of the Insured Person's coverage. The Insured Person's termination date of coverage as it would apply to any other Covered Injury or Covered Sickness will not be affected by such extension.

**Out-of-Pocket Expense Limit:** The Out-of-Pocket Expense Limit is shown in the Schedule of Benefits. It provides a cap on the amount of Covered Medical Expenses an Insured Person has to pay. Expenses that are not eligible or amounts above any Maximum Benefit do not apply toward the Out-of-Pocket Expense Limit. However, the Insured Person's Coinsurance amounts, Deductibles, and Copayments will apply toward the Out-of-Pocket Expense Limit.

### Basic Injury and Sickness Benefit

If:

1. an Insured Person incurs expenses as the result of Covered Injury or Covered Sickness, then
2. We will pay the benefits stated in the Schedule of Benefits for the services, treatments and supplies described in the Covered Medical Expenses provision below.

Payment will be made, Subject to the Coinsurance, Deductible, Copayment, maximums and limits as stated in the Schedule of Benefits:

1. For the Usual and Reasonable Charges for Covered Medical Expenses that are incurred as the result of a Covered Injury or Covered Sickness; and
2. Subject to the Exclusions and Limitations provision.

### Covered Medical Expenses

We will pay the Covered Medical Expenses when they are incurred as the result of a Covered Injury or Covered Sickness. **The Covered Medical Expenses for an issued Policy will be only those listed below and as shown in the Schedule of Benefits.**

**See NPPO(2016) WI at the end of this certificate.**

### Inpatient Benefits

**Hospital Room and Board Expense**, including general nursing care. Benefits may not exceed the lesser of the daily semi-private room or the amount listed.

**Intensive Care Unit**, including 24-hour nursing care. **This benefit is NOT payable in addition to room and board charges incurred on the same date.**

**Hospital Miscellaneous Expenses** while Hospital Confined or as a precondition for being Hospital Confined. Benefits will be paid for services and supplies such as: 1. the cost for use of an operating room; 2. Prescribed medicines; 3. Laboratory tests; 4. Therapeutic services; 5. X-ray examinations; 6. Casts and temporary surgical appliances; 7 Oxygen, oxygen tent; 8. Blood and blood plasma; and 9. Miscellaneous supplies.

**Preadmission Testing** for routine tests performed as a preliminary to the Insured Person's being admitted to a Hospital. These tests must be performed within three working days prior to admission. This benefit is limited to routine tests such as complete blood count, urinalysis, and chest x-rays. Unless otherwise payable under the policy, We will pay for major diagnostic procedures under the Hospital Miscellaneous Expense Benefit. This includes tests such as CAT scans, cardiac catheterization, MRI's, NMR's, and blood chemistries.

**Physician's Visits while Confined** not to exceed one visit per day. Physician's visits will be paid for either inpatient or outpatient visits when incurred on the same day, but not both. Surgeon's fees are not payable under this benefit.

**Inpatient Surgery including Surgeon, Anesthetist, and Assistance Surgeon Services** (including pre- and post-operative visits) as specified in the Schedule of Benefits. Covered surgical expenses will be paid under either the inpatient surgery benefit or the Outpatient Surgery Benefit. They will not be paid under both. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with highest benefit value. This benefit is not payable in addition to Physician's visits.

**Human Organ Transplant Benefit** for Medically Necessary human organ or tissue transplant, as specified in the Schedule of Benefits.

**Congenital Heart Disease Surgery** for Medically Necessary treatment of congenital heart disease, as specific in the Schedule of Benefits.

**Registered Nurse's Services** when private duty nursing care is prescribed by the attending Physician. General nursing care provided by the Hospital is not covered under this benefit.

**Physical Therapy while Confined** when prescribed by the attending Physician or physiotherapist.

**Rehabilitative and Habilitative Therapy** when prescribed by the attending Physician, limited to 60 days per year.

#### **Outpatient Benefits**

**Outpatient Surgery including Surgeon, Anesthetist, and Assistance Surgeon Services** for outpatient surgery (including fees for pre- and post-operative visits) as specified in the Schedule of Benefits. Covered surgical expenses will be paid under either the outpatient surgery benefit or the inpatient Surgery Benefit. They will not be paid under both. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with highest benefit value.

**Outpatient Surgery Miscellaneous** (excluding non-scheduled surgery) surgery performed in a hospital emergency room, trauma center, physician's office, outpatient surgical center or clinic. Benefits will be paid for services and supplies, including: Operating room; Therapeutic services; Oxygen, oxygen tent; Blood and blood plasma; and Miscellaneous supplies.

**Rehabilitative and Habilitative Therapy** when prescribed by the attending Physician. Limited to one visit per day.

**Emergency Services Expenses** only in connection with care for an Emergency Medical Condition as defined and incurred in a Hospital emergency room, surgical center or clinic. Payment of this benefit will not be denied based on the final diagnosis following stabilization.

**In Office Physician's Visits** for Physician's office visits. We will not pay for more than one visit per day. Physician's Visit benefits will be paid for either outpatient or inpatient visits on the same day, but not both. Surgeon fees are NOT payable under this benefit.

**Urgent Care Centers or Facilities** for services provided at an Urgent Care Center or Facility, as shown in the Schedule of Benefits. We will not pay for more than one visit per day.

**Diagnostic X-ray Services** for diagnostic X-ray services as shown in the Schedule of Benefits when prescribed by a physician.

**Laboratory Procedures (Outpatient)** for laboratory procedures as shown in the Schedule of Benefits when prescribed by a Physician.

**Shots and Injections** administered in an emergency room or Physician's office and charged on the emergency room or Physician's statement.

**Prescription Drugs** for medication for which a Physician's written prescription is

required up to the amount shown in the Schedule of Benefits. This benefit is limited to medication necessary for the treatment of the Covered Injury or Covered Sickness for which a claim is made.

a. Off-Label Drug Treatments when prescription drugs are provided as a benefit of the issued Policy, they will include a drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration (FDA), provided that all of the following conditions have been met:

1. The drug is approved by the FDA;
2. The drug is prescribed for the treatment of a life-threatening condition, including cancer, HIV, or AIDS;
3. The drug has been recognized for treatment of that condition by one of the following: The American Medical Association Drug Evaluations; The American Hospital Formulary Service Drug Information; The United States Pharmacopoeia Dispensing Information, volume 1, "Drug Information for Health Care Professionals"; or Two articles from major peer reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is a clear and convincing contradictory evidence presented in a major peer reviewed medical journal. When this portion of the prescription benefit is used, it will be the responsibility of the prescriber to submit to Us documentation supporting compliance with the requirements in items 1., 2., and 3. of this benefit

b. Specialty Drugs are Prescription Drugs which:

1. Are only approved to treat limited patient populations, indications, or conditions; or
2. Are normally injected, infused, or require close monitoring by a Physician or clinically trained individual; or
3. Have limited availability, special dispensing and delivery requirements, and/or additional patient support – any or all of which make the Drug difficult to obtain through traditional pharmacies.

**Outpatient Miscellaneous Expenses (Excluding surgery)** for miscellaneous outpatient expenses (excluding surgery) incurred for the treatment and care of a Covered Injury or Covered Sickness. Expenses must be incurred on the advice of a Physician. Miscellaneous outpatient expenses include other reasonable expenses for services and supplies that have been prescribed by the attending Physician.

**Hospice Care Coverage** when, as the result of a Covered Injury or Covered Sickness, an Insured Person requires Hospice Care, we will pay the expenses incurred for such care. The Insured Person must have been diagnosed with a terminal illness by a licensed Physician. Their medical prognosis must be death

within six months. The Insured Person must have elected to receive palliative rather than curative care. Any required documentation will be no greater than that required for the same services under Medicare.

As used in this benefit:

**Hospice Care** means a coordinated program of home and inpatient care provided directly or under the direction of a properly licensed Hospice. Such services will include palliative and supportive physical, psychological, psychosocial and other health services to individuals with a terminal illness utilizing a medical directed interdisciplinary team.

**Palliative care** means treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient as he or she experiences the stress of the dying process, rather than at treatment aimed at investigation and intervention for the purpose of cure or prolongation of life.

#### Other Benefits

**Ambulance Service** for transportation to or from a Hospital by ambulance.

**Braces and Appliances including Prosthesis and Orthotics** when prescribed by the attending Physician as being necessary for the treatment of a Covered Injury or Covered Sickness. Dental braces, except when necessitated by an Injury, are not covered. We will also not pay for braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.

**Durable Medical Equipment** for the rental or purchase of durable medical equipment, including, but not limited to, Hospital beds, wheel chairs, and walkers. We will pay the lesser of either the rental or purchase charges, but not both. Such equipment must be prescribed by a Physician and a copy of the written prescription must accompany the claim. Durable medical equipment must:

- a. Be primarily and customarily used to serve a medical, rehabilitative purpose;
- b. Be able to withstand repeated use; and
- c. Generally not be useful to a person in the absence of Injury or Sickness.

**Maternity Benefit** for maternity charges as follows:

- a. Routine prenatal care
- b. **Hospital stays** for mother and newly born child will be provided for up to 48 hours for normal vaginal delivery and 96 hours (not including the day of surgery) for a caesarean section delivery unless the caesarean section delivery is the result of Complications of Pregnancy. If the delivery is the result of Complications of Pregnancy, the Hospital stay will be covered the same as for any other Covered Sickness.

Services covered as inpatient care will include medical, educational, and any other services that are consistent with the inpatient care recommended in the protocols and guidelines developed by national organizations that represent

pediatric, obstetric and nursing professionals.

c. **Inpatient Physician charges or surgeon charges** will be covered the same as for any other Covered Sickness for both mother and newborn child.

d. **Physician-directed Follow-up Care** including:

- 1) Physician assessment of the mother and newborn;
- 2) Parent education;
- 3) Assistance and training in breast or bottle feeding;
- 4) Assessment of the home support system;
- 5) Performance of any prescribed clinical tests; and
- 6) Any other services that are consistent with the follow-up care recommended in the protocols and guidelines developed by national organizations that represent pediatric obstetrical and nursing professionals.

This benefit will apply to services provided in a medical setting or through home health care visits. Any home health care visit must be provided by an individual knowledgeable and experienced in maternity and newborn care. All home health care visits that are made necessary by early discharge from the Hospital must be performed within 72 hours after discharge. When a mother or a newborn receives at least the number of hours of inpatient care shown in item "2", the home health care visit benefit will apply to follow-up care that is determined to be necessary by the health care professionals responsible for discharging the mother or newborn.

e. **Outpatient Physician's visits** will be covered the same as for any other Covered Sickness.

**Routine Newborn Care** when expenses are incurred for routine newborn care during the first 60 days immediately following the birth of an Insured Person, We will pay the expenses incurred not to exceed the benefit specified in the Schedule of Benefits. Such expenses include, but are not limited to:

- a. Charges made by a Hospital for routine well baby nursery care when there is a distinct charge separate from the charges for the mother;
- b. Inpatient Physician visits for routine examinations and evaluations;
- c. Charges made by a Physician in connection with a circumcision;
- d. Routine laboratory tests;
- e. Postpartum home visits prescribed for a newborn;
- f. Follow-up office visits for the newborn subsequent to discharge from a Hospital; and

**Accidental Injury Dental Treatment** as the result of Injury. Routine dental care and treatment are not payable under this benefit.

**Sports Accident Expense Benefit** for an Insured Student as the result of covered sports accident while at play or practice of intramural or club sports as shown in the Schedule of Benefits.

**Bedside Visits (International Students and/or their Dependents Only)** when the Insured Person is Hospital Confined for more than seven (7) continuous days as the result of a Covered Injury or Covered Sickness, We will pay a benefit. We will pay for the cost of an economy round-trip airfare for an individual to travel to the Hospital bedside of the Insured Person. The benefit will not to exceed the amount shown in the Schedule of Benefits. This individual must be designated by the Insured Person and the trip must be approved by Us. No more than one trip may be made during any one Policy Year.

**Medical Evacuation and Repatriation** to be eligible for this benefit, an Insured Student must: a) be an International Student enrolled in the authorized college or school during the period for which coverage is purchased. or b) be a Eligible Domestic Student participating in a study abroad program sponsored by the College or School. An eligible **International Student** must meet the definition of same. An International Student may also enroll his or her Dependent under this Section by payment of additional premium. As used in this Section, an **Eligible Domestic Student** means a permanent resident of the United States who is enrolled at the college or school and who is temporarily participating in international educational activities outside their Home Country. The maximum combined benefit for Medical Evacuation and Repatriation is shown in the Schedule of Benefits.

**Medical Evacuation Expense – If:**

- a. an Insured Person is unable to continue his or her academic program as the result of a Covered Injury or Covered Sickness;
- b. such Covered Injury or Covered Sickness occurs while he or she is covered under the Policy,

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

Payment of this benefit is subject to the following conditions:

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

further insurance under the Policy for the Insured Person; and  
f. Transportation must be by the most direct and economical route.

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

**Pediatric Dental Care Benefit** for the following dental care services for Insured Persons up to age 19.

- a. Emergency dental care, which includes emergency treatment required to alleviate pain and suffering caused by dental disease or trauma.
- b. Preventive dental care, that includes procedures which help to prevent oral disease from occurring, including:
  - 1) Prophylaxis (scaling and polishing teeth at six (6) month intervals;
  - 2) Topical fluoride application at six (6) month intervals where the local waters supply is not fluoridated;
  - 3) Sealants on unrestored permanent molar teeth; and
  - 4) Unilateral or bilateral space maintainers for placement in a restored deciduous and/or mixed dentition to maintain space for normally developing permanent teeth.
- c. Routine Dental Care: We cover routine dental care provided in the office of a dentist including:
  - 1) Dental examinations, visits and consultations once within a six (6) month consecutive period (when primary teeth erupt);
  - 2) X-ray, full mouth x-rays at thirty-six (36) month intervals, bitewing x-rays at six (6) to twelve (12) month intervals, or panoramic x-rays at thirty-six (36) month intervals, and other x-rays if Medically Necessary (once primary teeth erupt);
  - 3) Procedures for simple extractions and other routine dental surgery not requiring Hospitalization, including preoperative care and postoperative care;
  - 4) In-office conscious sedation;
  - 5) Amalgam, composite restorations and stainless steel crowns; and
  - 6) Other restorative materials appropriate for children.
- d. Endodontic services, including procedures for treatment of diseased pulp canals, where Hospitalization is not required.
- e. Prosthodontic services as follows:
  - 1) Removable complete or partial dentures, including six (6) months follow-up care; and
  - 2) Additional services include insertion of identification slips, repairs, relines and rebases and treatment of cleft palate.

Fixed bridges are not covered unless they are required:

- a. For replacement of a single upper anterior (central/lateral incisor or cuspid) in a patient with an otherwise full complement of natural, functional and/or restored teeth;
  - b. For cleft palate stabilization; or
  - c. Due to the presence of any neurologic or physiologic condition that would preclude the placement of a removable prosthesis, as demonstrated by medical documentation.
- f. Orthodontics used to help restore oral structures to health and function and to treat serious medical conditions such as: cleft palate and cleft lip; maxillary/mandibular micrognathia (underdeveloped upper or lower jaw); extreme mandibular prognathism; severe asymmetry (craniofacial anomalies); ankylosis of the temporomandibular joint; and other significant skeletal dysplasias.
- Procedures include but are not limited to:
- a. Rapid Palatal Expansion (RPE);
  - b. Placement of component parts (e.g. brackets, bands);
  - c. Interceptive orthodontic treatment (during which orthodontic are placed for active treatment and periodically adjusted);
  - d. Removable appliance therapy; and
  - e. Orthodontic retention (removal of appliances, construction and placement of retainers).

**Pediatric Vision Care Benefit** for Insured Persons who are age 18 and under. We will provide benefits for:

- a. One vision examination per Policy Year; and
- b. One pair of prescription and eyeglass frames every two Policy Years.

**Chiropractic Care Benefit** – for treatment of a Covered Injury or Covered sickness and performed by a Physician.

**Routine Eye Exam (Adult)** for routine vision examinations. Does not include the purchase or fitting of eyeglasses or contact lenses.

**Hearing Aid Benefit** for Insured Persons over age 18, as described in the Schedule of Benefits.

#### **Mandated Benefits for Wisconsin**

**Mandate Disclaimer:** If any Preventive Services Benefit is subject to the mandated benefits required by state law, they will be administered under the federal or state guideline, whichever is more favorable to the student.

**Home Health Care Expense** for Home Health Care for an Insured Person when, otherwise, Hospitalization or confinement in a skilled nursing facility would have been necessary.

**Skilled Nursing Facility Expense Benefit** for services received in a licensed Skilled Nursing Facility. Services must be Medically Necessary. Confinement for custodial care or residential care is not covered.

**Cancer Clinical Trials** means clinical trials for the treatment of cancer or another life-threatening disease or condition. We will pay the Usual and Reasonable expenses incurred for Routine Patient Care in connection with the provision of goods, services, and benefits to such Insured Person in connection with approved clinical trial programs.

Cancer Clinical Trials must satisfy all of the following criteria:

- a. A purpose of the trial is to test whether the intervention potentially improves the trial participant's health outcomes.
- b. The treatment provided as part of the trial is given with the intention of improving the trial participant's health outcomes.
- c. The trial has therapeutic intent and is not designed exclusively to test toxicity or disease pathophysiology.
- d. The trial does one of the following:
  - 1) Tests how to administer a health care service, item, or drug.
  - 2) Tests responses to a health care service, item, or drug.
  - 3) Compares the effectiveness of health care services, items, or drugs for the treatment of cancer or another life-threatening disease or condition with that of other health care services, items, or drugs.
  - 4) Studies new uses of health care services, items, or drugs for the treatment of cancer.
- e. The trial is approved by one of the following:
  - 1) A National Institute of Health, or one of its cooperative groups or centers, under the federal department of health and human services.
  - 2) The federal food and drug administration.
  - 3) The federal department of defense.
  - 4) The federal department of veterans affairs.

For purposes of this Benefit:

**Routine Patient Care** means all health care services, items, and drugs for the treatment of cancer or another life-threatening disease or condition; all health care services, items, and drugs that are typically provided in health care, including health care services, items, and drugs provided to a patient during the course of treatment in clinical trials for a condition or any of its complications, and that are consistent with the usual and customary standard of care, including the type and frequency of any diagnostic modality; Routine Patient Care specifically does not include the following: a health care service, item, or investigational drug that is the subject of the clinical trials; any health care service, item, or drug provided solely to satisfy data collection and analysis needs that are not used in the direct clinical management of the patient; an investigational drug or device that has not been approved for market by the federal food and drug administration; transportation, lodging, food, or other expenses for the patient or a family member or companion of the patient that are associated with travel to or from a facility providing the clinical trials; any services, items, or drugs provided free of charge for any patient by the sponsors of the clinical trials; or any services, items, or drugs that are eligible for reimbursement by a person other than the insurer, including the sponsor of the clinical trials.

**Dental Anesthesia** for hospital or ambulatory surgery center charges incurred, and anesthetics provided, in conjunction with dental care that is provided to a covered individual in a hospital or ambulatory surgery center, if any of the following applies:

- a. The individual has a chronic disability that meets all of the following conditions:
  - 1) It is attributable to a mental or physical impairment or combination of mental and physical impairments.
  - 2) It is likely to contribute indefinitely.
- 3) It results in substantial functional limitations in one or more of the following areas of major life activity: self care; receptive and expressive language; learning; mobility; capacity for independent living; and economic self-sufficiency.
- b. The individual has a medical condition that requires hospitalization or general anesthesia for dental care.

**Kidney Disease Treatment** for dialysis, transplantation, and donor-related services.

**Hearing Aids and Cochlear Implants** for expenses incurred for hearing aids and cochlear implants prescribed by a Physician for an Insured Person who is under 18 years of age and who is certified as deaf or hearing impaired by a Physician. Eligible expenses include the cost of hearing aids and cochlear implants, including the cost of implantation of the cochlear devices.

**Diabetes Equipment and Supplies** used in the treatment of diabetes, including insulin and an insulin infusion pump. We may require the Insured Person to use an insulin infusion pump for 30 days prior to purchase. Benefit includes coverage for diabetic self-management education programs. Prescription Drugs used in the treatment of diabetes are covered under the Prescription Drug Benefit.

**Temporomandibular Joint Disorder (TMJ)** for the diagnosis and treatment of TMJ. Benefits are payable for diagnostic or surgical procedures involving a bone, joint, muscle, or tissue. We will provide coverage for diagnostic procedures and medically necessary surgical or nonsurgical treatment of TMJ if the following are true:

- a. The condition is caused by congenital, developmental, or acquired deformity, disease, or injury.
- b. The procedure or device is reasonable and appropriate for the diagnosis and treatment of TMJ.
- c. The purpose of the procedure or device is to control or eliminate infection, pain, disease, or dysfunction.

Nonsurgical treatment includes coverage for prescribed intraoral splint therapy devices.

This benefit does not include coverage for:

- a. Cosmetic or elective orthodontic care;
- b. Periodontic care;
- c. General dental care.

#### Section 4– Exclusions and Limitations

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

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

1. **International Students Only** -expenses incurred within Your Home Country or country of regular domicile, that exceeds the benefit amount shown in the Schedule of Benefits.
2. preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy.
3. routine physical or other examinations where there are no objective indications of impairment of normal health or except as specifically provided under the Policy.
4. medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as provided in the Schedule of Benefits.
5. dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to Sound, Natural Teeth or as specifically covered under the Policy.
6. professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
7. services or supplies not necessary for the medical care of Your Injury or Sickness.
8. services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury or as specifically covered under the Policy.
9. weak, strained or flat feet, corns, calluses or ingrown toenails.
10. diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
11. treatment or removal of nonmalignant moles, warts, or sleep disorders including the testing for same.
12. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
13. any expenses in excess of Usual and Reasonable charges.
14. 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.
15. loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Insurance Information Schedule.
  16. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any intercollegiate sports.
  17. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
  18. 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.
  19. Injury sustained as the result of Your operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
  20. expenses incurred after:
    - The date insurance terminates as to the Insured Person; and
    - The end of the Benefit Period specified in the Benefit Schedule.
  21. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
  22. charges incurred for acupuncture, in any form, except to the extent provided in the Schedule of Benefits.
  23. expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
  24. expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses, except as required for repair caused by a Covered Injury or as specifically covered under the Policy.
  25. 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.
  26. 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, **Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance).

27. an Insured Person's:
  - committing or attempting to commit a felony,
  - being engaged in an illegal occupation, or
  - participation in a riot.
28. elective abortions.
29. braces and appliances, except as specifically provided in the Schedule of Benefits.
30. custodial care, service and supplies.
31. expenses that are not recommended and approved by a Physician.

#### Third Party Refund – When:

1. An Insured Student is injured through the negligent act or omission or 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 paid 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 required forms to Us upon request.

#### Section 5 – Claim Procedure

In the event of Injury or Sickness, students should:

1. If at the College, report immediately to the Marquette University Medical Clinic (formerly the Student Health Services) first so that proper treatment can be prescribed or approved.
2. If away from the College, consult a doctor and follow his or her advice. Notify Marquette University within 90 days after the date of the Covered Injury or commencement of the Covered Sickness or as soon thereafter as is reasonably possible.
3. Secure a claim form from **CONSOLIDATED HEALTH PLANS** 2077 Roosevelt

Avenue Springfield, MA 01104 (413) 733-4540 or Toll Free (800) 633-7867  
[www.chpstudent.com](http://www.chpstudent.com) Group Number: S210214

4. Complete the form.
5. Submit the claim form, complete with bills and receipts, to the Claims Administrator:

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

6. Submit only one claim form for each Accident or Sickness.

#### Section 6 – Coordination of Benefits

If the Insured Person is insured under more than one group health plan, the benefits of the plan that covers the Insured Student will be used before those of a plan that provides coverage as a dependent Insured Person. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the Covered Person under any auto insurance, Workers' Compensation, Medicare, or other coverage. The Plan pays in accordance with the rules set forth in the Policy on file with the Policyholder.

#### Section 7 - Appeals Procedure

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 Certificate of Insurance. 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 an determination to deny, reduce, or terminate the provision of or payment for health care services requested or received under the Certificate of Insurance.

**Service Representative:  
American Management Advisors**

333 North Oxford Valley Rd.  
Suite 606  
Fairless Hills, PA 19030

**Network Providers:**

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

**Underwritten by:**

**National Guardian Life Insurance Company**  
as Policy Form Number: NBH-280(2016) WI

**Administered by:**

**CONSOLIDATED HEALTH PLANS**

2077 Roosevelt Avenue  
Springfield, MA 01104  
[www.chpstudent.com](http://www.chpstudent.com)  
(413) 733-4540 or Toll Free (800) 633-7867

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

[www.consolidatedhealthplan.com/about/hipaa](http://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.)***

Note: The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employer's plan within 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact the Local Administrator listed in this brochure when you need such certification.

**Representations of the Plan must be approved by Us**

**IMPORTANT**

**THIS CERTIFICATE IS INTENDED ONLY FOR QUICK REFERENCE AND DOES NOT LIMIT OR AMPLIFY THE COVERAGE AS DESCRIBED IN THE MASTER POLICY WHICH CONTAINS COMPLETE TERMS AND PROVISIONS. THE MASTER POLICY IS ON FILE AT THE COLLEGE.**



A Mutual Company Incorporated in 1909

PO Box 1191 • Madison, WI 53701-1191 • Phone 800-988-0826

The Policy to which this rider is attached is amended as follows:

### **BENEFIT PAYMENT FOR NETWORK PROVIDERS AND NON-NETWORK PROVIDERS**

This Policy provides benefits based on the type of health care provider the Insured Student and his or her Covered Dependent selects. This 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 included in this Rider.

**SECTION I – DEFINITIONS** is amended by deleting the definition of “Covered Medical Expense”.

**SECTION I – DEFINITIONS** is amended by the addition of the following definitions:

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

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

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

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

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

**SECTION III - DESCRIPTION OF BENEFITS** is amended as follows:

The provision entitled Treatment of Covered Injury or Covered Sickness is amended to read:

#### **Treatment of Covered Injury or Covered Sickness**

We will pay benefits for Covered Medical Expenses that are incurred by the Insured Person for Loss due to a Covered Injury or Covered Sickness. Benefits payable are subject to:

1. Any specified benefit maximum amounts;
2. Any Deductible amounts;
3. Any Coinsurance amount;
4. Any Copayments;
5. The Maximum Out-of-Pocket Expense Limit; and
6. Use of a Network Provider, if any.

The following provision is added:

#### **Preferred Provider Organization**

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

Note, however, that We will pay at the PPO Allowance level for treatment by a Non-Network Provider if:

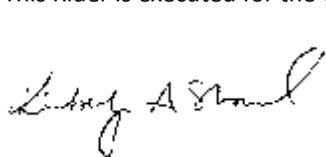
1. there is no Network Provider available to treat the Insured Person for a specific Covered Injury or Covered Sickness; or
2. there is an Emergency Medical Condition and the Insured Person cannot reasonably reach a Network Provider. This benefit will continue to be paid

for the Emergency Services 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.

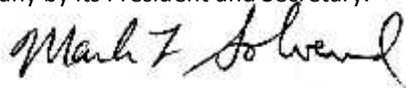
An Insured Person should be aware that Network Provider Hospitals may be staffed with Non-Network Providers. Receiving services from a Network Provider does not guarantee that all charges will be paid at the Network Provider level of benefits. It is important that the Insured Person verify that his or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

There are no other changes to the Policy.

This Rider is executed for the Company by its President and Secretary.



**Kimberly A. Shaul**  
Secretary



**Mark L. Solverud**  
President

## SCHEDULE OF BENEFITS GOLD PLAN

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

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

**Preventive Services:**

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

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

<b>Deductible:</b>	Network	\$500
	Non-Network	\$500

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

Network Provider: \$6,350 Individual/\$12,700 Family

Non-Network Provider: No Maximum

**Coinsurance Amount:**

Network Provider: 100% of PPO Allowance for Covered Medical Expenses unless otherwise stated below.

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

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

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

**PREFERRED PROVIDER ORGANIZATION:**

To locate a Cigna Provider in Your area, consult Your Provider Directory or visit Our website at [www.cigna.com](http://www.cigna.com)

**THE COVERED MEDICAL EXPENSE FOR AN ISSUED POLICY WILL BE:**

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

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

Transplant Services: Surgeon Services	Same as Inpatient Surgeon Services	\$30,000 per Policy Year for transplant surgery
Anesthetist	Same as Inpatient Anesthetist	
Assistant Surgeon	Same as Inpatient Assistant Surgeon	
Congenital Heart Disease Surgery: Surgeon Services	Same as Inpatient Surgeon Services	\$30,000 per Policy Year for congenital heart disease surgery
Anesthetist	Same as Inpatient Anesthetist	
Assistant Surgeon	Same as Inpatient Assistant Surgeon	
Physical Therapy (inpatient)	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Habilitative Services are covered to the extent that they are Medically Necessary		
<b>Outpatient Benefits</b>		
<b>Outpatient Surgery:</b>		
Surgeon Services	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Anesthetist	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Assistant Surgeon	The PPO Allowance stated above	The Usual and Reasonable Charge stated 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 PPO Allowance stated above	The Usual and Reasonable Charge stated above
Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy, speech therapy, and post-cochlear implant aural therapy.  Habilitative Services are covered to the extent that they are Medically Necessary	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Emergency Services Expenses	100% of PPO Allowance for Covered Medical Expenses Copayment: \$50 Copayment waived if admitted	100% of PPO Allowance for Covered Medical Expenses Copayment: \$50 Copayment waived if admitted
In Office Physician's Visits	100% of the PPO Allowance stated above Copayment: \$20	The Usual and Reasonable Charge stated above
Urgent Care Centers or Facilities	The PPO Allowance stated above	The Usual and Reasonable Charge stated above

Diagnostic X-ray Services	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Laboratory Procedures (Outpatient)	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Prescription Drugs	100% of PPO Allowance for Covered Medical Expenses Copayment: \$10 Generic Copayment: \$20 Preferred Brand Copayment: \$30 Brand See Prescription Card	100% of Usual and Reasonable charge for Covered Medical Expenses Copayment: \$10 Generic Copayment: \$20 Preferred Brand Copayment: \$30 Brand <i>(Paid on a reimbursement basis)</i>
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Home Health Care Expenses	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Hospice Care Coverage	The PPO Allowance stated above	The Usual and Reasonable Charge stated above

Other Benefits		
Ambulance Service	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Durable Medical Equipment	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Maternity Benefit	Same as any other Covered Sickness	Same as any other Covered Sickness
Routine Newborn Care	Same as any other Covered Sickness.	Same as any other Covered Sickness.
Accidental Injury Dental Treatment for Insured Persons over age 18	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Sports Accident Expense – incurred as the result of the play or practice of intramural or club sports	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Bedside Visits (International Students and/or their Dependents Only)	The Usual and Reasonable Charge stated above Subject to \$5,000 maximum per Policy Year	

Medical Treatment Received in Home Country (International Students and/or their Dependents Only)	80% of Usual and Reasonable Charge for Covered Medical Expenses	
Medical Evacuation Expense - (International Students and/or their Dependents and Domestic Student participating in a study abroad program)	100% of Usual and Reasonable Charge for Covered Medical Expenses	
Repatriation Expense - (International Students and/or their Dependents and Domestic Student participating in a study abroad program)	100% of Usual and Reasonable Charge for Covered Medical Expenses	
Pediatric Dental Care Benefit	See Benefit for limitations 100% of PPO Allowance for Preventive Services	See Benefit for limitations 70% of U&R Allowance for Preventive Services
Preventive Dental Care - limited to 1 dental exams every 6 months		
<i>The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care:</i>		
Emergency Dental	50% Usual and Reasonable	50% Usual and Reasonable
Clinical Oral	50% Usual and Reasonable	50% Usual and Reasonable
Evaluations Endodontic Services	50% Usual and Reasonable	50% Usual and Reasonable
Periodontal Services	50% Usual and Reasonable	50% Usual and Reasonable
Prosthodontic Services	50% Usual and Reasonable	50% Usual and Reasonable
Medically Necessary Orthodontic Care	50% Usual and Reasonable	50% Usual and Reasonable

Pediatric Vision Care Benefit Limited to 1 visit(s) per Policy Year and 1 pair of prescribed lenses and frames.	100% of PPO Allowance for Covered Medical Expenses	The Usual and Reasonable Charge stated above
Chiropractic Care	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Routine Exam (Adult)	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Hearing Aids (for Insured Persons over age 18), \$2,500.00 per Policy Year	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
<b>Mandated Benefits</b>		
Home Health Care Expenses	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Skilled Nursing Facility Expense Benefit	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Cancer Clinical Trials	Same as any other Covered Sickness	

Dental Anesthesia	Same as any other Covered Sickness, subject to the limitations described in the Benefit
Kidney Disease Treatment	Same as any other Covered Sickness, subject to the limitations described in the Benefit up to \$30,000 per Policy Year
Hearing Aids and Cochlear Implant (for Insured Persons under age 18)	Same as any other Covered Sickness
Diabetes Equipment and Supplies	Same as any other Covered Sickness Limited to one insulin infusion pump per year
Temporomandibular Joint Disorder (TMJ)	Same as any other Covered Sickness

## VALUE ADDED SERVICES

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

### VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:

[www.chpstudent.com](http://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. For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867. **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 at (413) 773-4540, toll-free at (800) 633-7867, or [www.chpstudent.com](http://www.chpstudent.com) for assistance.