

# Student Health Insurance

Designed for the Domestic Students of



## 2014-2015

Underwritten by:  
**Nationwide Life Insurance Company**  
**Columbus, OH**

**Policy Number: 302-087-3112**  
Effective: August 20, 2014 to August 19, 2015

Group Number: S210914

### IMPORTANT NOTICE

This brochure provides a brief description of the important features of the Policy. It is not a Policy. Terms and conditions of the coverage are set forth in the Policy. We will notify Covered Persons of all material changes to the Policy. Please keep this material with your important papers.

### NONDISCRIMINATORY

Health care services and any other benefits to which a Covered Person is entitled are provided on a nondiscriminatory basis, including benefits mandated by state and federal law.

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## WHERE TO FIND HELP

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

For Questions About:	Please Contact:
Waiver Process	<b>Office of Students Accounts</b> <b>(845) 257-3150</b> <a href="http://my.newpaltz.edu">my.newpaltz.edu</a>
SUNY New Paltz Health Services	<b>Health Center</b> <b>(845) 257-3400</b>
Enrollment-PT Students, GRAD Students Dependent Enrollment	<b>Consolidated Health Plans</b> <a href="http://www.chpstudent.com">www.chpstudent.com</a>
<ul style="list-style-type: none"> <li>• Insurance Benefits</li> <li>• Preferred Provider Listings</li> <li>• Claims Processing</li> <li>• ID Cards</li> </ul>	<b>Consolidated Health Plans</b> 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (800) 633-7867 <a href="http://www.chpstudent.com">www.chpstudent.com</a>
Preferred Provider Listings	<a href="http://www.cigna.com">www.cigna.com</a> - <b>(800) 633-7867</b>
Prescription Drug Benefit & Providers	<a href="http://www.cigna.com">www.cigna.com</a> - <b>(800) 633-7867</b>

## AM I ELIGIBLE?

SUNY New Paltz is making available a Student Health Insurance program (hereinafter called “plan”) underwritten by Nationwide Life Insurance Company and administered by Consolidated Health Plans. This brochure provides a general summary of the insurance coverage; the Schedule of Benefits is not all inclusive of eligible benefits payable under this plan. Keep this brochure as no individual policy will be issued. This summary is not a contract; however, the Master Policy will be available for review upon request. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this brochure and the Master Policy.

All full-time (12 or more credit hours) Domestic Students are automatically enrolled into the SUNY New Paltz Student Health Insurance Plan. Those with comparable plans must waive off by the published deadline. Part-time (6 or more credit hours) Domestic students and Dependents may enroll voluntarily into the plan by going to [www.chpstudent.com](http://www.chpstudent.com) by the published deadline.

Students must be physically and actively attending classes on campus for at least the first 31 days beginning with the first day 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, minus any claims paid.

## HOW DO I WAIVE/ENROLL?

If you have comparable coverage, you may waive the New Paltz Student Health Insurance Plan. **The deadline to waive the annual plan is September 5, 2014.** If you do not complete the online waiver by the deadline, the health insurance premium will remain on your account and you will be covered by the College’s Student Health Insurance Plan.

Waiver forms must be completed online at: [my.newpaltz.edu](http://my.newpaltz.edu).

Have your current health insurance ID card ready; you will need this information in order to waive the Student Health Insurance Plan.

- **Fall/Annual Waiver Deadline: 9/5/14**
- **Spring Deadline: 1/31/15**

## COVERAGE FOR DEPENDENTS

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, same sex domestic partner and dependent children under age twenty-six (26). 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. Eligible qualifying events for a Dependent are defined in the Master Policy. 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.

## EFFECTIVE DATES AND COSTS

SUNY New Paltz Student Health Insurance Plan provides coverage to students for a twelve (12) month period - from 12:01 a.m. **08/20/2014**, through 11:59 p.m. **08/19/2015**.

	<b>Annual*</b> <b>8/20/14-8/19/15</b>	<b>Spring*</b> <b>1/20/15-8/19/15</b>
<b>Student</b>	\$1,855	\$1,178
<b>Spouse</b>	\$5,145	\$3,115
<b>Each Child</b>	\$2,795	\$1,692

*\*All costs above include a fee retained by the Servicing Agent.*

### TERMINATION OF COVERAGE

Coverage will terminate at 11:59 p.m. standard time at the Policyholder's address on the earliest of:

- The Termination Date of the Policy;
- The last day of the term of Coverage for which Premium is paid;
- The date a Covered Person enters full time active military service. Upon written request within 90 days of leaving school, We will refund the unearned pro-rata Premium to such person upon request;
- The last date of the period for which Premium has been paid following the date a Dependent ceases to be a Dependent as defined; or
- The date the Covered Person departs the Policyholder's school for their Home Country for a period in excess of ninety (90) days. No Benefits will be payable for any medical treatment received in the Covered Person's Home Country.

Termination is subject to the Extension of Benefits provision.

### PREMIUM REFUND POLICY

Except for medical leave or withdrawal due to a covered Injury or Sickness, any Insured Student withdrawing from the college during the first thirty-one (31) days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made minus any claims. Students withdrawing after thirty-one (31) days will remain covered under the Policy for the full period for which premium has been paid and no refund will be allowed.

Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person upon written request received by the Company within ninety (90) days of withdrawal from school. Refunds for any other reason are not available.

### EXTENSION OF BENEFITS

The Coverage provided under this Policy ceases on the Covered Person's Termination Date. However, if an Insured is Hospital confined on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date or, an Insured is being treated for a pregnancy originating while the policy was in force, Covered Expenses for such Injury or Sickness will continue to be paid for a period of twelve (12) months or until date of discharge, whichever is earlier.

The total payments made in respect of the Insured for such Condition both before and after the termination date will never exceed the Maximum Benefit. After this Extension of Benefits provision has been exhausted, all Benefits cease to exist and under no circumstances will further Benefits be made.

Dependents that are newly acquired during the Insured's Extension of Benefits period are not eligible for Benefits under the provision.

### DEFINITIONS

The terms listed below, if used, have the meaning stated.

**Accident:** An event that is sudden, unexpected, and unintended, and over which the Covered Person has no control.

**Accidental Injury:** A specific unforeseen event, which directly, and from no other cause, results in an Injury.

**Autism Spectrum Disorder:** means a group of neurobiological conditions that include autistic disorder, Asperger's disorder, Rett's disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (PDD-NOS), as defined in the most recent edition of the diagnostic and statistical manual of mental disorders.

**Biologically Based Mental Illness:** A mental, nervous, or emotional condition that is caused by a biological disorder of the brain and results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the Illness. Such biologically based mental illnesses are defined as schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorders, bulimia, and anorexia.

**Coinsurance:** The percentage of the expense for which the Covered Person is responsible for a Covered Service. The Coinsurance is separate and not a part of the Deductible and Copayment.

**Company:** Nationwide Life Insurance Company. Also hereinafter referred to as We, Our and Us.

**Copayment:** A specified dollar amount a Covered Person must pay for specified Covered Charges.

**Covered Charge(s) or Covered Expense:** As used herein means those charges for any treatment, services or supplies:

- for Preferred Providers, not in excess of the Preferred Allowance;
- for Out-of-Network Providers not in excess of the Reasonable and Customary expense; and
- not in excess of the charges that would have been made in the absence of this insurance; and
- not otherwise excluded under this Policy.

**Covered Person:** A person:

- who is eligible for Coverage as the Insured or as a Dependent;
- who has been accepted for Coverage or has been automatically added;
- for whom the required Premium has been paid; and
- whose Coverage has become effective and has not terminated.

**Deductible:** The amount of expenses for Covered Services and supplies which must be incurred by the Covered Person before specified Benefits become payable.

**Dependent:** A person who is the Insured's:

- Legally married spouse, who is not legally separated from the Insured;
- Domestic Partner; or
- Child who is under the age of twenty-six (26).

**Elective Treatment:** Those services that do not fall under the definition of Essential Health Benefits. Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's Effective Date of Coverage.

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

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

**Essential Health Benefits:** Has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services, and includes the following categories of Covered Services: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care (in accordance with the applicable state or federal benchmark plan).

**Hospital:** A short-term, acute, general hospital, which:

- (1) Is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- (2) Has organized departments of medicine and major surgery;
- (3) Has a requirement that every patient must be under the care of a physician or dentist;
- (4) Provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- (5) If located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97 (42 USCA 1395x(k));
- (6) Is duly licensed by the agency responsible for licensing such hospitals;

and

- (7) Is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care.

**Injury:** Bodily Injury due to a sudden, unforeseeable, external event which:

- Results solely, directly and independently of disease, bodily infirmity or any other causes;
- Occurs after the Covered Person's Effective Date of Coverage;
- Occurs while Coverage is in force.

All Injuries sustained in any one (1) Accident, including all related Conditions and recurrent symptoms of these Injuries, and are considered a single Injury.

**Insured:** The Covered Person who is enrolled at and meets the eligibility requirements of the Policyholder's school.

**Medically Necessary/Medical Necessity:** A treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. When specifically applied to Hospital Confinement, it means that the diagnosis or treatment of symptoms or a Condition cannot be safely provided on an Outpatient basis. A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided solely for educational purposes or the convenience of the patient, the patient's family, Doctor, Hospital or any other Provider;
- Exceeds in scope, duration or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or Preventive Care;
- Could have been omitted without adversely affecting the patient's Condition or the quality of medical care;
- Involves treatment with or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA). If the prescribed drug is recognized as safe and effective for the treatment of a Sickness or Injury by one or more of the Standard Medical Reference Compendia or in the Medical Literature, even if the prescribed drug has not been approved by the FDA for the treatment of that specific Sickness or Injury, Coverage will be provided, subject to the exclusions and limitations of the Policy;

- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- Can be safely provided to the patient on a more cost-effective basis such as Outpatient, by a different medical professional, or pursuant to a more conservative form of treatment.

We reserve the right to determine whether a service, supply or drug is Medically Necessary.

**Mental Conditions or Emotional Disorder:** Nervous, emotional and mental disease, illness, syndrome or dysfunction classified in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to a Covered Person.

**Out-of-Pocket Maximum:** The most You pay during a Policy Year before Your Coverage begins to pay 100% of the allowed amount. This limit will never include Premium, balance-billed charges or health care Your Policy does not cover. Your co-payments, Deductibles, Out-of-Network payments or other expenses do not count toward this limit.

**Preferred Provider Organization or PPO:** The entity named in the Schedule of Benefits.

**Reasonable and Customary (R&C):** The most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the Provider;
- The negotiated rate, if any; or
- The fee often charged for in the geographical area where the service was performed.

No payment will be made under this Policy for any expenses incurred which in the judgment of the Company are in excess of Reasonable and Customary expenses.

**Sickness:** Illness, disease, pregnancy and Complications of Pregnancy. All related Conditions and recurrent symptoms of the same or a similar Condition will be considered the same Sickness.

**We, Our and Us:** Nationwide Life Insurance Company.

**You and Your:** The Covered Person.

Male pronouns whenever used include female pronouns.

#### PREFERRED PROVIDER INFORMATION

**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](http://www.cigna.com), or contact Consolidated Health Plans at (413) 733-4540, toll-free at (800) 633-7867, or [www.chpstudent.com](http://www.chpstudent.com) for assistance.**

**"Preferred Providers"** are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

If care is received within the Network from a Preferred Provider, all Covered Medical Expenses will be paid at the Preferred Provider level of benefits found on the Schedule of Benefits.

In the case of an Emergency, if an Out-of-Network Provider is used, the In-Network percentage in the Schedule of Benefits will be applied.

A Covered Person is not required to seek treatment from a Preferred Provider. Each Covered Person is free to elect the services of a Provider and Benefits payable will be made in accordance with the terms and Conditions of this benefit.

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

**"Out-of-Network"** providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

2014-2015 SCHEDULE OF BENEFITS		
	In-Network Benefit	Out-of-Network Benefit
<b>Policy Year Aggregate Maximum Benefit</b>	Unlimited	
<b>Accidental Death and Dismemberment Benefits</b>	Up to \$10,000 per Policy Year	
<b>Deductible per Policy Year</b> (except as specified herein) Benefits are subject to Deductible unless otherwise indicated. This plan waives the In and Out-of-Network Annual Deductible for Covered Medical Expenses for the following services: <ul style="list-style-type: none"> <li>• Physician Office Visit Expense;</li> <li>• Outpatient Mental Health &amp; Substance Abuse Office Visit Expenses;</li> <li>• Consultant Expense;</li> <li>• Walk-In Clinic Expense;</li> <li>• Urgent Care Expense;</li> <li>• Emergency Room Expense</li> <li>• Pediatric Preventative Care Expense;</li> <li>• Pap Smear Screening Expense; and</li> <li>• Mammogram Expense.</li> </ul>	\$200	\$400

<b>Out-of-Pocket Maximum</b> (Includes Coinsurance, Deductible and Copayments; does not include non-covered medical expenses or elective treatment)	\$5,000 per Individual/ \$12,700 Family Max	\$10,000 per Individual
<b>Co-Insurance</b>	90% of the Preferred Allowance (PA)	60% of the Reasonable and Customary Charges
Treatment outside the United States is payable at 60% of R&C		
<b>Preventive Care (see Definitions for additional information)</b>		
<b>Preventive/Wellness &amp; Immunization Services</b>	100% of PA (Deductible waived)	100% of R&C
<b>Outpatient Services (other than Surgery, Maternity, Mental Conditions/Drug or Alcohol)</b>		
<b>Office Visits</b> (includes Specialists/Consultants,) Benefits are limited to one (1) visit per day and do not apply when related to surgery.	100% of PA After \$25 per visit copay	100% of R&C After \$40 per visit copay
<b>Diagnostic Imaging, X-ray and Laboratory Services</b>	90% of PA	60% of R&C
<b>Inpatient Services (other than Surgery, Maternity, Mental Conditions/Drug or Alcohol)</b>		
<b>Miscellaneous Hospital Services</b>	90% of PA	60% of R&C
<b>Room and Board Expense, at the semi-private room, general nursing care, and ICU</b>	90% of PA After a \$50 per admission Copay	60% of R&C After a \$100 per admission Copay
<b>Physician Visits-</b> (includes Specialists/ Consultants) during Confinement in a Hospital, limited to one (1) visit per day and does not apply when related to surgery.	100% of PA	100% of R&C
<b>Skilled Nursing Facility and Sub-Acute Care Facilities</b>	90% of PA After a \$50 per admission Copay	60% of R&C After a \$100 per admission Copay
<b>Surgical Services (Inpatient and Outpatient)</b>		
<b>Surgeon's Fee</b>	90% of PA	60% of R&C
<b>Assistant Surgeon</b>	90% of PA	60% of R&C
<b>Anesthetist Services</b>	90% of PA	60% of R&C
<b>Hospital Miscellaneous</b> Includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.	90% of PA	60% of R&C
<b>Obesity Surgery</b> (treatment of Morbid Obesity)	90% of PA up to \$5,000, 50% thereafter of PA	60% of R&C
<b>Transgender Surgery</b> , limited to \$25,000 per Policy Year	Payable on the same basis as any other sickness	

<b>Reproductive Services</b>		
<b>Maternity Care</b> – Includes forty-eight (48) hours of Inpatient care following a normal delivery and ninety-six (96) hours of Inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the Attending Physician or a certified nurse-midwife who consults with a Physician, decides to discharge the mother or newborn child sooner. In the event of early discharge, Home Health Care visits will be provided.		
<b>Peri- and Post Natal Care</b>	Paid the same as any other Sickness	
<b>Voluntary Sterilization Surgery (such as Vasectomy)</b>	Payable on the same basis as any other sickness	
<b>Elective Termination of Pregnancy</b>	90% of PA	60% of R&C
<b>Mental Conditions and Substance Abuse</b>		
<b>Inpatient services</b>	Paid the same as any other sickness	
<b>Outpatient Office Visits</b>	Paid the same as any other sickness	
<b>Urgent Care and Emergency Services</b>		
<b>Urgent Care</b>	90% of PA After \$50 per visit Copay	60% of R&C After \$75 per visit Copay
<b>Emergency Services.</b> Use of the emergency room and supplies. Copay waived if admitted. (In-Network Deductible applies to Out-of-Network services) (Out-of-Network Out-of-Pocket Expenses apply to the In-Network Out-of-Pocket Maximum)	90% of PA After \$100 Copay per visit	90% of R&C After \$100 Copay per visit
<b>Emergency Medical Transportation Services</b>	100% of PA After \$100 per trip Copay	100% of R&C After \$100 per trip Copay
<b>Other Services</b>		
<b>Allergy Services</b> (testing/injections/treatment)	Payable on the same basis as any other sickness	
<b>Habilitative/Rehabilitative Therapy</b> -including Physical, Speech, and Occupational	90% of PA	60% of R&C
<b>Chiropractic Care</b>	90% of PA	60% of R&C
<b>Home Health Care</b>	90% of PA	60% of R&C
<b>Hospice</b>	90% of PA	60% of R&C
<b>Diabetic Treatment and Education</b>	Payable on the same basis as any other sickness	
<b>Routine Vision Exam</b> for Covered Persons under age nineteen (19). One pair of glasses (lenses and frames) per Policy Year.	100% of R&C up to \$150; 50% thereafter	

<b>Hearing aids</b> – \$1,500 per Policy Year, only one purchase every 3 years permitted.	90% of PA	60% of R&C
<b>Dental Injury;</b> repair to sound natural teeth	90% of Actual Charge	
<b>TMJ (Temporomandibular Joint Dysfunction)</b>	Payable on the same basis as any other sickness	
<b>Acupuncture</b> —administered; <ul style="list-style-type: none"> <li>In Lieu of anesthesia</li> <li>For Nausea due to pregnancy, or Adult Post-Operative chemotherapy;</li> <li>For Post-Operative dental, myofacial, or fibromyalgia pain; and</li> <li>For chronic, low back pain secondary to osteoarthritis</li> </ul>	90% of PA	60% of R&C
<b>Outpatient Prescription Drugs</b>		
<b>Prescription Drug Expense:</b> <ul style="list-style-type: none"> <li>Only a thirty (30) day supply can be dispensed at any time</li> <li>Policy deductible does not apply</li> <li>One (1) copayment per thirty (30) day supply</li> <li>Copayments apply to the out-of-pocket</li> <li>Prescriptions must be filled at a Cigna participating pharmacy. Go to <a href="http://www.cigna.com">www.cigna.com</a> to find a participating provider</li> </ul>	<ul style="list-style-type: none"> <li>\$0 Co-pay for generic contraceptives; or</li> <li>\$15 Copay for other generic prescriptions ;or</li> <li>\$45 Copay for brand name prescription; or</li> <li>\$75 Copay for non-preferred brand name drugs.</li> </ul>	80% of R&C
<b>Medical Evacuation Benefit</b>	Unlimited	
<b>Repatriation Benefit</b>	Unlimited	
<b>Family companion</b>	\$1,000 per Policy Year	
Services not covered under this plan: adult vision exams (eye glasses/contacts); adult dental services, for age 19 and older; advanced infertility treatment; private duty nursing and intercollegiate, intramural, and club sports.		

#### MANDATED BENEFITS

If You are enrolled in this Insurance Program, Policy coverage also includes the following benefits, all subject to the Policy Aggregate Limit, unless provided otherwise, and is subject to Policy Deductibles, limitations and exclusions where applicable.

(Note: Wellness/preventive benefits under the Affordable Care Act (ACA) are required to meet federal regulations. Under ACA, states retain the ability to mandate benefits beyond those established by the federal mandate. Please see the Schedule of Benefits for coverage details.)

1) Autism Spectrum Disorder; 2) Bone Mineral Density Tests; 3) Cervical Cytology Screening (PAP Tests); 4) Chemical abuse and dependence (outpatient); 5) Chiropractic Care Benefit; 6) Contraceptive drugs and devices; 7) Diabetic Education, Equipment, Supplies and Service Mandate; 8) Eating Disorders; 9) End of Life Care Expenses; 10) Enteral Formulas( up to \$2,500 per Policy Year; 11) Experimental Cancer Drugs; 12) Experimental or Investigational Services Recommended by an External Appeal Agent; 13) Mammography Screening; 14) Mastectomy Cancer Benefit; 15) Maternity Care (including Complications of Pregnancy); 16) Mental, nervous or emotional disorders or ailments; 17) Orally Administered Anticancer Drug; 18) Post-Mastectomy Reconstruction; 19) Pre-hospital Medical Emergency Services; 20) Preventive and Primary Care Services; 21) Prostate Screening; 22) Second Medical Opinion for Cancer Diagnosis; and 23) Second Medical Opinion. Please see the Policy on file with the school for further details on these benefits.

#### COORDINATION OF BENEFITS

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

#### ACCIDENTAL DEATH AND DISMEMBERMENT OR LOSS OF SIGHT BENEFIT

If more than one (1) such Loss is sustained as the result of one (1) Accident, we will pay only one (1) amount the largest to which the Eligible Person or his or her beneficiary would be entitled. Only the largest benefit will be paid if more than one Loss results from any one Accident. If such Injury shall independently of all other causes and within 90 days from the date of Injury solely result in any one of the following specific losses, the Company will pay the applicable amount below. Payment under this benefit will not exceed the policy Maximum Benefit.

**NOTE:** Loss shall mean, with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint, and with regard to eyes, entire or irrecoverable Loss of sight.

#### EXCLUSIONS

Unless specifically included, no Benefits will be paid for: a) Loss or expense caused by, contributed to, or resulting from; b) treatment, services, or supplies for, at, or related to:

- War or act of war, participation in a riot or insurrection, and service in the Armed Forces or units auxiliary thereto;



2. Aviation, other than as a fare-paying passenger on a scheduled flight or charter flight operated by a scheduled airline;
3. Cosmetic Surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. Cosmetic surgery medical necessity determinations are subject to utilization review and external review;
4. Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet;
5. Benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable;
6. Treatment provided in a government hospital; benefits provided under Medicare or other governmental programs (except Medicaid); any state or federal workers' compensation, employers' liability or occupational disease law, unless where otherwise provided in State or Federal statute;
7. Coverage for services performed by a member of the insured's immediate family;
8. Coverage for services for which no charge is normally made;
9. Coverage of dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident an except for dental care or treatment necessary due to congenital disease or anomaly;
10. Coverage for eyeglasses, hearing aids and examination for the prescription or fitting thereof;
11. Coverage for custodial care as defined in 11 NYCRR 52.16(1) and for transportation;
12. Coverage for rest cures;
13. Losses to which a contributing cause was the insured's participation in a felony or attempted felony or engage in an illegal occupation;
14. Losses in consequence of the insured's being intoxicated or under the influence of a narcotic unless administered on the advice of a physician; and
15. Interscholastic sports.

#### CONFORMITY WITH STATE STATUTES

Any provision of this Policy which, on its Effective Date, is in conflict with the statutes of the state in which it is issued or in which the Insured resides, is hereby amended to conform to minimum requirements of such statutes.

#### CLAIM PROCEDURES

In the event of an Injury or Sickness the Insured Person should:

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

#### SUBMIT ALL CLAIMS TO:

Cigna  
 1000 Great West Drive  
 Kennett, MO 63857-3749  
 Electronic Payor ID: 62308

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

#### Claims Administrator:

#### CONSOLIDATED HEALTH PLANS

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

**Group Number: S210914**

#### CLAIMS APPEAL PROCESS

To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plans' Appeal Department at 2077 Roosevelt Avenue, Springfield, MA 01104. Include your name, phone number, address, school attended and email address, if available.

Claims will be reviewed and responded to within sixty (60) days by Consolidated Health Plans.

Translation services are available to assist insured's, upon request, related to administrative services.

Please visit our website for frequently asked questions and answers regarding this plan, or email us at [customerservice@chpemail.com](mailto:customerservice@chpemail.com).

**For a copy of the Company's privacy notice, go to:**

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

#### Claims Administrator:

#### 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: S210914**



This plan is underwritten and offered by:  
**Nationwide Life Insurance Company**  
**Columbus, Ohio**  
**Policy Number: 302-079-3112**

**VALUE ADDED SERVICES**

**VISION DISCOUNT PROGRAM**

For Vision Discount Benefits please go to:  
[www.chpstudent.com](http://www.chpstudent.com)



Your out-of-pocket costs may be lower when you utilize the Cigna PPO Network of Participating Providers. For a listing of Cigna PPO Network Participating 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.

**NURSE HOTLINE FOR STUDENTS**

For quick, sound medical advice from specially trained Nurses  
 24 hours a day, 365 days per year  
**Call toll free at 800-557-0309**

**NATIONWIDE STUDENT TRAVEL ASSISTANCE**

Europ Assistance USA services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. Europ Assistance USA is your key to travel security. **For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.**

If you have a medical, security, or travel problem, simply call Europ Assistance USA for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-877-496-1175 or if you are in a foreign country, call collect at: 1-240-330-1530.

**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. Europ Assistance USA will then take the appropriate action to assist You and monitor Your care until the situation is resolved.**

COVERAGE TERMS- Per Policy Year	
ASSISTANCE SERVICES	MAXIMUM LIMITS
Emergency Evacuation	Unlimited
Medical Repatriation	Unlimited
Repatriation of Remains	Unlimited
Visit by Family Member or Friend	\$5,000
Return of Dependent Children	\$2,500
Return of Traveling Companion	\$2,500

**EMERGENCY TRANSPORTATION SERVICES**

**Emergency Evacuation:** If you or your dependent suffer an Injury or Sickness and adequate medical facilities are not available locally in the opinion of NATIONWIDE STUDENT TRAVEL ASSISTANCE'S Medical Director, NATIONWIDE STUDENT TRAVEL ASSISTANCE will provide emergency evacuation (under medical supervision, if necessary) by whatever means necessary to the nearest facility capable of providing adequate care. Services included arranging and paying for transportation and related medical services (including cost of medical escort, if necessary) and medical supplies necessarily incurred in connection with the emergency evacuation.

**Medically Necessary Repatriation:** After initial treatment and stabilization for an Injury or Sickness, if the attending Physician and NATIONWIDE STUDENT TRAVEL ASSISTANCE'S Medical Director deem it medically necessary, NATIONWIDE STUDENT TRAVEL ASSISTANCE will transport you back to your permanent place of residence for further medical treatment or to recover. Services include arranging and paying for transportation and related medical services (including cost of medical escort, if necessary) and medical supplies necessarily incurred in connection with the repatriation.

**Repatriation of Remains:** In the event of your death, NATIONWIDE STUDENT TRAVEL ASSISTANCE will render assistance and provide for the return of mortal remains. Services include arranging and paying for the following: location of a sending funeral home; transportation of the body from the site of death to the sending funeral home to the airport; minimally necessary casket or air tray for transport; coordination of consular services (in the case of death overseas); procuring death certificates; and transport of the remains from the airport to the receiving funeral home. Other services that might be performed in conjunction with those listed above include: making travel arrangements for any traveling companions; identification and/or notification of next-of-kin.

**Visit by Family Member or Friend:** If you are hospitalized for more than seven (7) days and are traveling alone, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange and provide your family member or friend with transportation to visit you. Visit by Family Member or Friend services are subject to a maximum coverage limit of \$5,000, to include one (1) roundtrip economy ticket, meals and reasonable accommodations up to a maximum of 10 days.

**Return of Dependent Children:** If you are hospitalized for more than seven (7) days, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange and pay for the return of your minor children who are under nineteen (19) years of age, and if necessary, accompany him/her with an attendant, up to a maximum coverage limit of \$2,500 per event.

**Return of Traveling Companion:** If Your traveling companion loses previously made travel arrangements due to your medical emergency, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange and pay for your traveling companion's return home by the most direct and economical route, up to a maximum coverage limit of \$2,500 per event.

#### **MEDICAL ASSISTANCE SERVICES**

**Medical Referrals:** NATIONWIDE STUDENT TRAVEL ASSISTANCE will assist you in finding physicians, dentists, and medical facilities.

**Medical Monitoring:** During the course of a medical emergency, NATIONWIDE STUDENT TRAVEL ASSISTANCE'S professional case managers, including physicians and nurses, will make sure the appropriate level of care is maintained or determine if further intervention, medical transportation, or possibly repatriation (return to U.S.) is needed. NATIONWIDE STUDENT TRAVEL ASSISTANCE will provide case notification, both foreign and domestic, between the patient, family, physician, employer, travel company, and consulate as needed. NATIONWIDE STUDENT TRAVEL ASSISTANCE will continue to provide all necessary international claim coordination, to include hospital bill translation and interpretation, as needed.

**Emergency Medical Payments:** When it is necessary for you to obtain needed medical services, upon request, NATIONWIDE STUDENT TRAVEL ASSISTANCE will advance in local currency, up to \$10,000 to cover on-site medical expenses. The advance of funds will be made to the medical provider after NATIONWIDE STUDENT TRAVEL ASSISTANCE has secured funds from you or your family.

**Replacement of Medication and Eyeglasses:** NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange to fill a prescription that has been lost, stolen, or requires a refill, subject to local law, whenever possible. NATIONWIDE STUDENT TRAVEL ASSISTANCE will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc. are your responsibility.

**Hotel Convalescence Arrangements:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with hotel arrangements if you or your companion needs to convalesce in a hotel prior to or following medical treatment.

**Medical Insurance Assistance:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you by coordinating notifications to medical insurers or managed care organizations, verifying policy enrollment, confirming medical benefits coverage, guaranteeing medical payments, assisting in the coordination of multiple insurance benefits, and handling claims paperwork flow.

**Prescription Drug Assistance:** When permitted by law and approved by the patient's physicians, NATIONWIDE STUDENT TRAVEL ASSISTANCE will assist you in obtaining prescription drugs and other necessary personal medical items that may have been forgotten, lost or depleted while traveling.

#### **LEGAL ASSISTANCE**

**Locating Legal Services:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist in contacting a local attorney or the appropriate consular officer if you are arrested or detained, involved in an automobile accident, or otherwise need legal help. NATIONWIDE STUDENT TRAVEL ASSISTANCE will maintain communications with you, your family, and employer until legal counsel has been retained by you.

**Bail Bond Services:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist in securing bail bond services in all available locations.

#### **BAGGAGE ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you if your baggage is lost, stolen, or delayed while traveling on a common carrier. NATIONWIDE STUDENT TRAVEL ASSISTANCE will advise you of the proper reporting procedures and will help you maintain contact with the appropriate companies or authorities to help resolve the problem.

#### **EMERGENCY PAYMENT ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you in obtaining an advance of funds for medical expenses or other travel emergencies by coordinating directly with your family, or your credit card company, bank, employer, plan sponsor or other sources of credit.

#### **PRE-TRIP ASSISTANCE – available at anytime, not subject to 100 mile travel requirement**

- **Passport and Visa Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can advise you of the required documentation to enter and depart foreign destinations.

- **Health Hazards Advisory:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can provide you with up to date travel advisories.
- **Inoculation Requirements:** Medical entry requirements can be provided to you prior to your departure.
- **Weather Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE maintains current information regarding weather conditions for both domestic and international travel destination. This information will be provided to you through the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center.
- **Currency Exchange Information:** NATIONWIDE STUDENT TRAVEL ASSISTANCE can provide you with the daily currency exchange rate for a specified country.
- **Consulate and Embassy Locations:** NATIONWIDE STUDENT TRAVEL ASSISTANCE maintains a complete listing of consulates and embassies. These locations are accessible to you by calling the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center.
- **Translation and Interpreter Services:** Professional translators and interpreters can be reached 24-hours a day to obtain translation or interpreter assistance services during emergency situations while traveling internationally.
- **Travel Locator Service:** You can contact the NATIONWIDE STUDENT TRAVEL ASSISTANCE Call Center 24 hours a day, seven (7) days a week, for assistance in locating hotels, airports, sports facilities, campgrounds, and tourist attractions.

#### **EMERGENCY MESSAGE ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can record emergency messages from you or emergency messages for you for 24-hour periods. These messages may be retrieved at anytime by you, your family, or business associates.

#### **EMERGENCY CASH ASSISTANCE**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with emergency cash up to \$500. Arrangements will be made through a friend, family member, business, or your credit card in the event of an emergency. All fees associated with the transfer or deliveries of funds are your responsibility.

#### **EMERGENCY TICKET REPLACEMENT**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you in replacing lost or stolen airline tickets.

#### **EMERGENCY CARD REPLACEMENT**

NATIONWIDE STUDENT TRAVEL ASSISTANCE can assist you with emergency card replacement if you should experience a loss, theft, or damage to your credit card or membership card.

#### **NATIONWIDE STUDENT TRAVEL ASSISTANCE EXCLUSIONS AND LIMITATIONS**

1. NATIONWIDE STUDENT TRAVEL ASSISTANCE shall not provide services enumerated if the coverage is sought as a result of: involvement in any act of war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, and insurrection, military or usurped power; traveling against the advice of a Physician; traveling for the purpose of obtaining medical treatment; traveling in any country in which the U.S. State Department issued travel restrictions; the commission of or attempt to commit an unlawful act; mental or emotional disorders, unless hospitalized; participation as a professional in athletics; services provided for you for which no charge is normally made; travel within 100 miles of your Primary Residence, unless in a foreign country.
2. The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, NATIONWIDE STUDENT TRAVEL ASSISTANCE may not be able to respond in the usual manner. It is your responsibility to inquire whether a country is "open" for assistance prior to your departure and during your stay. NATIONWIDE STUDENT TRAVEL ASSISTANCE also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit NATIONWIDE STUDENT TRAVEL ASSISTANCE to fully provide services.
3. If you request a transport related to a condition that has not been deemed medically necessary by a physician designated by NATIONWIDE STUDENT TRAVEL ASSISTANCE in consultation with a local attending physician or to any condition excluded hereunder, and you agree to be financially responsible for all expenses related to that transport, NATIONWIDE STUDENT TRAVEL ASSISTANCE will arrange but not pay for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if NATIONWIDE STUDENT TRAVEL ASSISTANCE was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation services.
4. NATIONWIDE STUDENT TRAVEL ASSISTANCE shall not be responsible for any claim, damage, loss, costs, liability or expense which arises in whole or in part as a result of NATIONWIDE STUDENT TRAVEL ASSISTANCE'S inability to verify the Participant's eligibility.

**NATIONWIDE STUDENT TRAVEL ASSISTANCE– GENERAL INFORMATION**

All transportation benefits provided hereunder must be by the most direct and economical route possible.

For the purposes of this Description of Covered Services, the following definitions shall apply; “Injury” means identifiable injury caused by an Accident. “Accident” means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place. “Sickness” means a sickness of the Participant declares itself during the period when services are available under this Agreement.

**NATIONWIDE STUDENT TRAVEL ASSISTANCE** is not responsible and cannot be held liable for any malpractice performed by a local physician or attorney who is not an employee of **NATIONWIDE STUDENT TRAVEL ASSISTANCE**, or for any loss or damage to your vehicle during the return of vehicle, or for any loss or damage to any personal belongings.

**IMPORTANT:** The individual or their representative must contact **NATIONWIDE STUDENT TRAVEL ASSISTANCE** to arrange for any services provided herein. Failure to contact **NATIONWIDE STUDENT TRAVEL ASSISTANCE** and failure to utilize **NATIONWIDE STUDENT TRAVEL ASSISTANCE** to make arrangements for services shall render the expenses ineligible.