

Student Health Insurance Plan

Designed especially for the
Students
of

HUSSON UNIVERSITY

2015-2016

Underwritten by:
NATIONWIDE LIFE INSURANCE COMPANY
Columbus, Ohio

Policy Number: 302-144-1813

Effective August 1, 2015 through July 31, 2016
Group Number: S210213

Serviced by:
Cross Insurance
150 Mill Street, Suite 4
Lewiston, ME 04240
www.crossagency.com
1-800-537-6444
207-783-8591



To the Students and their Parents,

For many years now Husson University has made available to its students a health insurance plan. We are pleased to announce that coverage will again be available for the current school year.

All students enrolled in 9 or more credits at Husson University are eligible and are automatically enrolled in this insurance.

We strongly encourage you to consider this program as a supplement to the Student Health Services. Husson University requires all students to have some form of health insurance coverage.

Payment of \$1,653 automatically provides coverage beginning August 1, 2015. This charge will be included as part the University charges unless such coverage is waived by the student prior to September 6, 2015. For new second semester students, the charge is \$962 unless such coverage is waived by the student prior to January 17, 2016. If you have insurance coverage and wish to waive the Husson University Student Health Insurance Plan, go to www.crossagency.com/husson, and click on the "Waive Insurance" link. You will be given instructions on how to complete a waiver form that will be submitted to the University electronically. This form will request the name and policy number of your current insurance plan, so have that information available. A successful waiver will generate an electronic confirmation which should be kept for your records. You have only one opportunity to waive the insurance via the website. If you need to make any change in your election to waive the coverage prior to September 6, 2015, for the annual plan or by January 17, 2016 for new second semester students, you will need to contact the Student Accounts Office at the University. Those students who do not waive the insurance plan by the deadline, (September 6, 2015 for the annual plan or by January 17, 2016 for new second semester students), will be automatically enrolled in and charged for the Husson University Student Health Insurance Plan. Once enrolled, a student may not cancel the insurance and no refund is available.

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PRIVACY POLICY

We are required by HIPAA and certain state laws to maintain the privacy of Our members' protected health information and to provide members with notice of Our legal duties and privacy practices with respect to Your protected health information. For more details please refer to the Consolidated Health Plans, Inc. online website at: www.chpstudent.com.

ELIGIBILITY AND ENROLLMENT

Student Eligibility:

All registered students enrolled in 9 or more credit hours are eligible and are automatically enrolled in the Husson University Student Health Insurance Plan, unless a waiver providing proof of other qualifying insurance is received by September 6, 2015 for the annual term, and January 17, 2016 for the spring term.

For those students who have insurance coverage and want to waive the Husson University Student Health Insurance, go to: www.crossagency.com/husson and click on the "Waive Insurance" link. A successful waiver will generate an electronic confirmation, which should be kept for your records. You have only one opportunity to waive the insurance via the website. Those students who do not waive the insurance plan by the deadlines, will be automatically enrolled in and charged for the Husson University Student Health Insurance Plan. Once enrolled, a student may not cancel the insurance and no refund is available. Coverage continues until the policy expires.

Credits from online courses taken by Maine resident students are applicable toward satisfying student eligibility only if some credits are from on-campus courses. Credits from online courses taken by non-Maine resident students can be applicable toward satisfying student eligibility only if a majority of the credits are from on-campus courses. Students must attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (TV) courses do not fulfill the Eligibility requirements. The Company maintains its right to investigate 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.

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective at 12:01 a.m., August 1, 2015. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 11:59 p.m. July 31, 2016. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One Year Term Policy. Except for medical withdrawal, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of premiums, less any claims paid, will be made. Students withdrawing after such 31 days will remain covered under the Policy for the period for which premium has been paid. No refund will be allowed.

PREMIUM RATES

	Annual 8/1/15 -7/31/16	Spring Term 1/1/15 – 7/31/15
*Student Only	\$1,653	\$962

*The above rates include an administrative service fee.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this policy ceases on the Termination Date shown on the face page. 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, Covered Expenses for such Injury or Sickness will continue to be paid for a period of thirty one (31) days or until date of discharge, whichever is earlier.

Totally Disabled on the Termination Date from a covered Injury or Sickness for which Benefits were paid before the Termination Date, Covered Expenses for such Injury or Sickness will continue to be paid for a period of six (6) months or until the date the disability ends, whichever is earlier.

Totally Disabled means, with respect to the Insured, the inability to attend classes at the location where he is enrolled. With respect to a Dependent, or the Insured if such classes are not in session, disability means the inability to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Covered Person immediately prior to the Injury or Sickness.

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

This Extension of Benefits provision is applicable only to the extent the Covered Person will not be covered under this or any other similar health insurance policy in the ensuing term of Coverage.

COORDINATION OF BENEFITS

The Policy Year is the basis for consideration of claims. This provision will be used when the Benefits the Covered Person would receive under this Policy plus those received under all other Plans would exceed the total Allowable expense. If the Benefits provided under all Plans exceed the Allowable expense, We will reduce Our Benefits so that the total benefit received from all plans does not exceed 100% of Allowable expenses. When Benefits are reduced under the primary plan because the Covered Person did not comply with the plan provisions, the amount of such reduction will not be considered an Allowable expense.

PREFERRED PROVIDER NETWORK

By enrolling in this Insurance Program, you have the **Cigna PPO Network of Participating Providers**, providing access to quality health care at discounted fees. To find a complete listing of Cigna PPO Network of Participating Providers, go to www.cigna.com, or contact Consolidated Health Plans at (413) 733-4540, toll-free at (800) 633-7867, or www.chpstudent.com for assistance.

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.

If a Preferred Provider is not available in the Network Area, or an Insured is out of the Country and needs Emergency treatment, benefits will be paid at the level of benefits shown on the Schedule of Benefits as a Preferred Provider.

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

Husson University - 2015-2016 SCHEDULE OF BENEFITS

	In-Network	Out-of-Network
Policy Year Maximum Benefit	Unlimited	
Policy Year Deductible (Applies unless otherwise stated; additional deductibles & co-pays may apply).	Individual - \$350	Individual - \$700
Out-of-Pocket Maximum (includes Coinsurance and Copayments; does not include non-covered medical expenses or elective treatment)	\$6,350	
Insured Percent	80% of Preferred Allowance (PA)	60% of Reasonable & Customary (R&C)
Preventive/Wellness & Immunization Services (For more information, please visit: www.healthcare.gov/preventive-care-benefits/adults/)	100% of PA (deductible does not apply)	80% of R&C
Outpatient Services		
Office Visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery or physiotherapy.	100% of PA after \$25 per visit copay (deductible does not apply)	80% of R&C
Diagnostic X-ray and Laboratory Services	80% of PA (deductible does not apply)	60% of R&C
Diagnostic Imaging, including CT Scan, MRI, and/or PET Scans	80% of PA	60% of R&C
Inpatient Services – All Inpatient Hospitalizations require Pre-certification		
Miscellaneous Hospital Services	80% of PA	60% of R&C
Room and Board expense, at the semi-private room, general nursing care, and ICU	80% of PA After \$150 per admission copay	60% of R&C After \$150 per admission co-pay
Physician visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.	80% of PA	60% of R&C
Skilled Nursing and Sub-Acute Care Facilities	80% of PA	60% of R&C
Inpatient rehabilitation, which includes physical, occupational and speech therapy (Maximum of 30 days per Policy Year).	80% of PA	60% of R&C
Surgical Services (Inpatient & Outpatient) - When multiple surgeries are performed through the same incision at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed. When multiple surgeries are performed through one or more incisions at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed. The Benefit for the primary or most expensive procedure or less expensive procedure 50% of the Benefit otherwise payable for each subsequent procedure.		
Surgeon's Fee	80% of PA	60% of R&C
Assistant Surgeon, subject to a maximum of 25% of the Surgeon's Fee	80% of PA	60% of R&C
Anesthetist Services, subject to a maximum of 25% of the Surgeon's Fee	80% of PA	60% of R&C
Hospital Miscellaneous includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.	80% of PA	60% of R&C
Obesity Surgery, limited to surgery for intestinal bypass, gastric bypass, or gastroplasty for an Insured who has been diagnosed with Morbid Obesity for more than five (5) consecutive years.	80% of PA	60% of R&C
Maternity Care – 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.		
Maternity care and pre-natal services	Paid the same as any other Sickness	
Mental Conditions & Substance Abuse		
Inpatient Services	Paid the same as any other Sickness	
Outpatient Office Visits	Paid the same as any other Sickness	
Urgent Care and Emergency Services		
Urgent Care	80% of PA after \$50 co-pay per visit	60% of R&C
Medical Emergency Expenses , use of the emergency room and supplies. (Note: The In-Network deductible applies to Out-of-Network Emergency Expenses).	80% of PA after \$150 co-pay per visit (co-pay waived if admitted)	80% of R&C after \$150 co-pay per visit (co-pay waived if admitted)
Emergency Medical Transportation services	80% of R&C	
Other Services		
Allergy Services (testing/injections/treatment)	80% of PA	60% of R&C
Rehabilitative/Habilitative therapies – including Inpatient physical, occupational, speech, and respiratory therapy and cardiac rehabilitation up to thirty (30) days per Policy Year. Includes Outpatient physical, occupational, and speech therapies combined, up to sixty (60) visits per Policy Year.	80% of PA	60% of R&C
Chiropractic (up to a maximum of 40 visits per Policy Year)	80% of PA	60% of R&C
Prescription Drug Expense (deductible does not apply): <ul style="list-style-type: none"> • Only a thirty (30) day supply can be dispensed at any time • One (1) copayment per thirty (30) day supply • Copayments apply to the out-of-pocket • Prescriptions should be filled at a "Cigna" participating pharmacy. 	Plan pays 100% after: <ul style="list-style-type: none"> • \$0 copay for generic contraceptives and wellness prescriptions; or • \$10 copay for other generic prescriptions; or • \$30 copay for any brand name prescription; or • \$45 copay for any non-preferred brand name drugs 	
Routine Vision for Covered Persons under age nineteen (19) – limited to one (1) exam/fitting per Policy Year. Includes prescription eye glasses (lenses & frames), or contact lenses in lieu of eyeglasses, limited to one (1) set every two (2) years. 100% up to \$150, then 50% thereafter.	80% of R&C	
Dental Expenses, Injury to sound, natural teeth only	Preventive: 100% of R&C Basic Restorative: 70% of R&C Major Services: 50% of R&C Medically Necessary Orthodontia: 50% of R&C	
Pediatric Dental for Covered Persons under age nineteen (19)	100% up to \$500, then 50% thereafter	
Sickness Dental Expense, for removal of impacted or infected wisdom teeth.	100% up to \$500, then 50% thereafter	
Elective Services (Non-Essential Health Benefits) – Does not count towards out-of-pocket maximum		
Club and Intramural Sports, up to \$10,000 per Injury	80% of PA	60% of R&C
Intercollegiate Sports, up to \$15,000 per Policy Year	80% of PA	60% of R&C
Medical Evacuation/Repatriation	100% of charges	
Travel Family Benefit	Up to a maximum of \$5,000 per Policy Year	
Non-Emergency care when traveling outside of the U.S.	60% of R&C	

“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 pre-arranged 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.

PRE-CERTIFICATION PROCESS

The Schedule of Benefits identifies medical Covered Services which must be Pre-Certified by the Review Organization. Advising the Review Organization before You receive such medical Covered Services allows the Review Organization to determine Medical Necessity and Medical Appropriateness. Medical care that is not necessary and appropriate adds to the cost of care and exposes You to unnecessary risk.

You are responsible for calling the Review Organization at the phone number found on the back of Your ID card and starting the Pre-Certification process. For Inpatient services, the call should be made prior to Hospital Confinement. In the case of an Emergency, the call should take place as soon as reasonably possible.

Pre-Certification is not required for Medical Emergency, Urgent Care, or Hospital Confinement for maternity care.

Pre-certification is not a guarantee that Benefits will be paid. Your Physician will be notified of the Review Organization's decision as follows:

- For elective (*non-Emergency*) admissions to a Health Care Facility, the Review Organization will notify Your Physician and the Health Care Facility by telephone and/or in writing of the number of Inpatient days, if any, approved;
- For Confinement in a Health Care Facility *longer than* the originally approved number of days, Your treating Physician or the Health Care Facility must contact the Review Organization before the last approved day. The Review Organization will review the request for continued stay to determine Medical Necessity and notify the Physician or the Health Care Facility of its decision in writing or by telephone.

Our Review Organization agent will make this determination within seventy-two (72) hours for an urgent request and four

(4) business days for non-urgent requests following receipt of all necessary information for review. Notice of an adverse determination made by the Review Organization agent will be in writing and will include:

- The reasons for the adverse determination including the clinical rationale, if any.
- Instructions on how to initiate standard or urgent appeal.
- Notice of the availability, upon request of the Covered Person, or the Covered Person’s designee, of the clinical review criteria relied upon to make the adverse determination. This notice will specify what, if any additional necessary information must be provided to, or obtained by, the Review Organization Agent in order to render a decision on any requested appeal.

Failure by the Review Organization agent to make a determination within the time periods prescribed shall be deemed to be an adverse determination subject to appeal.

If You have questions about Your Pre-Certification status, You should contact Your Provider.

STATE OF MAINE MANDATED BENEFITS

Insured Students are also entitled to any mandated benefits required by the State of Maine, which include coverage for 1) Autism Spectrum Disorder; 2) Breast Cancer Treatment and Reconstructive Surgery; 3) Breast Reduction and Symptomatic Varicose Vein Surgery; 4) Cardiac Rehabilitation; 5) Chiropractic Services; 6) Cancer Clinical Trials; 7) Colorectal Screenings; 8) Prescription Contraceptives; 9) Diabetic Supplies; 10) Domestic Partners; 11) Early Intervention; 12) General Anesthesia for Dentistry; 13) Children’s Hearing Aid Benefit; 14) Home Health Care Services; 15) Hospice Care; 16) Infant Formula (amino acid-based); 17) Leukocyte Antigen Testing; 18) Maternity; 19) Maternity benefits for unmarried women; 20) Mental Illness (including Alcoholism and Drug Dependency); 21) Medical Food (Modified Low-Protein Food Products); 22) Nurse Practitioner, Nurse Midwife Coverage; 23) Off-label Use of Prescriptions Drugs for Cancer, HIV/AIDS; 24) Orally Administered Cancer Therapy; 25) Prostate Cancer Screening; 26) Prosthetic Devices; 27) Screening Mammograms and Pap tests.

Please see the Master Policy on file with the College for more information or call Customer Service.

DEFINITIONS

ACCIDENT means an event that is sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms or an injury.

COINSURANCE means 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.

COPAYMENT means the dollar amount of Reasonable Expenses for Medical services, treatments and supplies which the Covered Person is responsible for paying. The dollar amount, which the Covered Person must pay, is stated in the Schedule of Benefits.

COVERED CHARGE(S) OR COVERED EXPENSES 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; and
- incurred while this Policy is in force as to the Covered Person.

COVERED PERSON means a person:

- who is eligible for Coverage as the Insured;
- 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 means the amount of expenses for Covered Services and supplies which must be incurred by the Covered Person before specified Benefits become payable.

ELECTIVE SURGERY OR ELECTIVE TREATMENT means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective Surgery or Elective Treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or Experimental; or 2) are not recognized and generally accepted medical practices in the United States.

EMERGENCY means an Illness, 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 that a reasonable person would seek care right away to avoid severe harm.

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).

INJURY means bodily Injury due to a sudden, unforeseeable, external event which results independently of disease, bodily infirmity or any other causes.

INSURED PERCENT means the part of the Covered Charge that is payable by the Company after the Deductible and/or Copayment has been paid, and subject to the Policy Year Maximum or Maximum Benefit, as applicable.

OUT-OF-POCKET EXPENSES means the most You will pay during a Policy Year before your coverage pays at 100%. This includes deductibles, copayments (medical and prescription) and any coinsurance paid by You. This does not include non-covered medical expenses and elective services.

PHYSICIAN means a health care professional practicing within the scope of his or her license and is duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy, and who is not:

1. the Insured Person;
2. a Family Member of the Insured Person; or
3. a person employed or retained by the Policyholder.

REASONABLE AND CUSTOMARY (R&C) means 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.

The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 80th percentile of Fair Health Inc. schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

For a Provider who has a reimbursement agreement, the Reasonable Charge is equal to the Preferred Allowance under any reimbursement agreement with Us, either directly or indirectly through a third party, as described in the Preferred Provider Benefit provision. If a Provider accepts as full payment an amount less than the rate negotiated under the reimbursement agreement, the lesser amount will be the maximum Reasonable Charge.

SICKNESS (Sick) means Illness, disease or condition, including pregnancy and Complications of Pregnancy that impairs a Covered Person's normal functioning of mind or body and which is not the direct result of an Injury or Accident. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

WE, OUR, or US means Nationwide Life Insurance Company.

YOU, YOUR, YOURS means the Insured Student.

MEDICAL EVACUATION BENEFIT

If the Covered Person cannot continue his academic program because he sustains an Accidental Injury or Emergency Sickness while Insured under the Policy or if a Covered Dependent sustains an Accidental Injury or Emergency Sickness and is more than a 100 mile radius from his current place of primary residence or outside of his Home Country, We will pay for the actual charges Incurred for an emergency medical evacuation of the Covered Person

to or back to the Covered Person's home state, country, or country of regular domicile up to the benefit amount shown in the Schedule of Benefits. No payment will be made under this provision unless the evacuation follows a Hospital Confinement of at least five (5) consecutive days. Before We make any payment, We require written certification by the Attending Physician that the evacuation is necessary. Any expense for medical evacuation requires Our prior approval and coordination. For international students, once evacuation is made outside the country, Coverage terminates. This Benefit does not include the transportation expense of anyone accompanying the Covered Person or visitation expenses.

REPATRIATION BENEFIT

If the Covered Person dies while Insured under the Policy and is more than 100 miles from his permanent residence or outside of his Home Country, We will pay for the actual charge incurred for embalming, and/or cremation and returning the body to his place of permanent residence in his home state, country or country of regular domicile, up to the benefit amount shown in the Schedule of Benefits. Expenses for repatriation of remains require the Policyholder's and Our prior approval. If You are a United States citizen, Your Home Country is the United States. This Benefit does not include the transportation expense of anyone accompanying the body, visitation or lodging expenses or funeral expenses.

FAMILY TRAVEL BENEFIT

If a Covered Person is Hospital Confined due to an Accidental Injury or Emergency Sickness for more than 5 consecutive days, is likely to be hospitalized for more than 5 days or is in critical condition, We will pay for expenses reasonably Incurred:

1. to bring one person designated by the Covered Person to and from the Hospital or other medical facility where the Covered Person is Confined if the Covered Person is alone and if the place of Confinement is outside a 100 mile radius from the Covered Person's primary place of residence. Expenses will be limited to the actual cost for one economy round-trip airfare ticket to the place of the Hospital Confinement. Payment for meals, ground transportation and other incidentals are the responsibility of the Family Member or friend. With

respect to any one (1) trip, this benefit is payable only once for that trip, regardless of the number of Covered Persons on that trip. No more than one (1) visit may be made during any 12 month period. No benefits are payable unless the trip is approved in advance by the Administrator.

2. to return to their current place of primary residence, with an attendant if necessary, any of the Insured's Children who were accompanying the Insured when the Injury or Emergency Sickness occurred.

EXCLUSIONS AND LIMITATIONS

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:

1. Eyeglasses, contact lenses, including but not limited to routine eye refractions, eye exams except as in the case of Injury or as specifically provided. Orthoptic Therapy, visual training or radial keratotomy or similar surgical procedures to correct vision, except as provided herein;
2. Hearing Screenings or hearing examinations or hearing aids and the fitting or repairing or replacement of hearing aids, except as specifically provided in the Policy or in the case of Accident or Injury;
3. Vaccinations, inoculations and preventive shots: a) required for travel; and b) required for employment;
4. Treatment (other than surgery) of chronic Conditions of the foot including, but not limited to, weak or fallen arches, flat or pronated foot, subluxations of the foot, foot strain, care of corns, calluses, toenails or bunions, any type of massage procedure on or to the foot, corrective shoes, shoe inserts and orthotics;
5. Cosmetic surgery, Plastic surgery, resulting complications, consequences and after effects or other services and supplies that We determine to be furnished primarily to improve appearance rather than a physical function or control of organic disease except as provided herein or for treatment of an Injury that is covered under the Policy. Improvements of physical function does not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not

covered include, but are not limited to: face lifts, rhinoplasty, sagging eyelids, prominent ears, skin scars, baldness, and correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants (except for correction or deformity resulting from mastectomies or lymph node dissections);

6. Sexual/gender reassignment surgery; any treatment of gender identity disorders, including hormone replacement therapy except as provided herein. This exclusion does not include related mental health counseling;
7. Treatment, service, or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the Student Health Center or by the person's Attending Doctor or dentist, except as provided;
8. Treatments which are considered to be unsafe, Experimental, or Investigational by the American Medical Association (AMA), and resulting complications. Upon written request, claims denied under this provision may be reviewed by an independent medical review entity if You have a terminal Condition that, according to the health care Provider's current diagnosis, has a high probability of causing death within two years from the date of the request for medical review;
9. Custodial Care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment of substance abuse facilities for domiciliary or custodial care;
10. Injury sustained while (a) participating in any intercollegiate, professional, semi-professional or club sport, contest, or competition; (b) traveling to or from such sport, contest, or competition as a participant; or (c) while participating in any practice or Conditioning program for such sport, contest, or competition, except as provided in the Schedule of Benefits;
11. For an Injury sustained by reason of a motor vehicle accident to the extent that Benefits are paid or payable

by any other valid and collectible insurance whether or not claim is made for such Benefits;

12. For Injury resulting from participation in any hazardous activity, including: travel in or upon a parachuting, hang gliding, skydiving, parasailing, scuba diving, skin diving, speed contests, bungee jumping, (except as specifically provided in this Policy);
13. Injury occurring in consequence of riding or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline;
14. Reproductive/Infertility services including but not limited to: fertility tests, infertility (male or female) including any services or supplies rendered for the purpose or with the intent of inducing conception except as specifically provided in this Policy. Examples of fertilization procedures are ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproductive ability; artificial insemination; premarital examination; impotence, organic or otherwise; sterilization (except as provided herein) or sterilization reversal; vasectomy;
15. Elective termination of pregnancy;
16. Hospital Confinement or any other services or treatment that You are not legally obligated to pay; or for which no charge is made;
17. Services provided normally without charge by the health service of the Policyholder, or services covered or provided by a Student health fee;
18. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment;
19. Any services of a Doctor, Nurse, or Health Care Practitioner who lives with You or Your Dependent(s) or who is related to You or Your Dependent(s) by blood or marriage;
20. Expense covered by any other valid and collectible insurance to the extent that Benefits are payable under any other valid and collectible insurance whether or not a claim is made for such Benefits;

21. Services received after the Insured's Coverage ends, except as specifically provided under the Extension of Benefits provision;
22. Under the Prescription Drug Benefit, when included, any drug or medicine:
 - a. Obtainable Over the Counter (OTC);
 - b. For the treatment of alopecia (hair Loss) or hirsutism (hair removal);
 - c. For the purpose of weight control;
 - d. Anabolic steroids used for body building;
 - e. For the treatment of infertility;
 - f. Sexual enhancement Drugs;
 - g. Cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or treatment of acne except as specifically provided in this Policy;
 - h. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 - i. For an amount that exceeds a 31 day supply;
 - j. Drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - k. Purchased after Coverage under the Policy terminates;
 - l. Consumed or administered at the place where it is dispensed;
 - m. If the FDA determines that the drug is:
 - Contraindicated for the treatment of the Condition for which the drug was prescribed; or
 - Experimental for any reason.
23. Services for the treatment of any Injury or Illness incurred while committing or attempting to commit a felony; or while taking part in an insurrection or riot; or fighting, except in self-defense;
24. Modifications made to dwellings, property, or automobiles such as ramps, elevators, stair lifts, swimming pools, spas, air Conditioners or air- filtering systems, equipment that may increase the value of the residence, or car hand controls, whether or not their installation is for purposes of providing therapy or easy access, or are portable to other locations;

25. Surgery for removal of excess skin or fat;
26. Injury or Sickness for which Benefits are paid or payable under any workers' compensation or occupation disease law or act, or similar legislation;
27. War or any act of war, declared or undeclared; or while in the armed forces of any country;
28. General fitness, exercise programs, health club memberships and weight loss programs. Exercise machinery or equipment, including but not limited to treadmill, stair steps, trampolines, weights, sports equipment, support braces used primarily for use during any sport or in the course of employment, any equipment obtainable without a Doctor's prescription;
29. Services of a private duty Nurse; and
30. Dental care or treatment of the teeth, gums or structures directly supporting the teeth, (except as specified herein).

CLAIMS PROCEDURE

In the event of Injury or Sickness, students should:

1. Report to the student health center or when not in school log on to www.crossagency.com/husson to find the nearest participating hospital or doctor.
2. **All itemized medical and hospital bills should be mailed promptly to Cigna** at the address listed below within 30 days of Injury or first treatment of a Sickness. All bills should include the patient's name and insured student's name, address, member identification number and name of the university under which the student is insured.

SUBMIT ALL MEDICAL CLAIMS TO:

Cigna
PO Box 188061
Chattanooga, TN 37422-8061

3. A company claim form is not required, however, after review; Consolidated Health Plans may contact the student and ask them to complete a claim form or a questionnaire to get further information about the claim.
4. Claims for all dental expenses, as listed in the brochure should be mailed to:

SUBMIT ALL DENTAL CLAIMS TO:

Consolidated Health Plans
2077 Roosevelt Avenue
Springfield, MA 01104

5. All Prescriptions must be filled at a Cigna Participating Pharmacy. Present your ID card to the pharmacist when purchasing your prescription. If a prescription needs to be filled prior to receiving an ID card, reimbursement will be made upon receipt of a completed prescription drug claim form. Claim Forms can be found online at www.crossagency.com/husson or at www.cigna.com or by calling the claims administrator below.

For Questions Concerning

- Plan Benefits
- Enrollment / ID Cards
- Common Questions and Concerns

Contact:

Cross Insurance

150 Mill Street, Suite 4
Lewiston, ME 04240
800-537-6444

www.crossagency.com/husson



For Questions Concerning

- Insurance Benefits
- Claims Processing
- Inpatient Admission Pre-Certification
- In-Network Providers

Contact the Claims Administrator:

Consolidated Health Plans

2077 Roosevelt Avenue
Springfield, MA 01104
800-633-7867

www.chpstudent.com

Group Number: S210213

This Plan is underwritten by:
NATIONWIDE LIFE INSURANCE COMPANY
POLICY NUMBER: 302-144-1813

ONLINE SERVICES

Cross Insurance: Please Visit our Website at www.crossagency.com/husson to view and print Brochures, enrollment forms, request ID Cards, and for FAQ's.

Please Visit Consolidated Health Plans Website at www.chpstudent.com to view and print Brochures, (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services.

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control payment of benefits.

VALUE ADDED SERVICES

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:

www.chpstudent.com

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

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

FrontierMEDEX ACCESS 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. FrontierMEDEX 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 FrontierMEDEX 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: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330.

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. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

This is your Temporary ID card

**Detach and Retain for your Records
The Permanent ID Card Will Follow.
2015-2016 Identification Card
Consolidated Health Plans**

Insured (Name of Student)

If a premium has been paid, the Student whose name appears above has been insured under a Policy issued to:

Husson University
Policy Number: 302-144-1813
Group Number: S210213

**Submit all medical claims to:
CIGNA**

PO Box 188061
Chattanooga, TN 37422-8061



The Plan is underwritten by:
Nationwide Life Insurance Company