Student Health Insurance

Designed for the Students of

University of Bridgeport

Bridgeport, CT

2015-2016

Underwritten by:
Nationwide Life Insurance Company
Columbus, OH
Policy Number: 302-121-0613

Effective August 1, 2015 through July 31, 2016

Group Number: S210407

TABLE OF CONTENTS

Where To Find Help? .......................................................... 3
Am I Eligible? ................................................................. 3
Coverage for Dependents .................................................. 4
How to Enroll or Waive .................................................... 4
Effective Dates and Cost .................................................. 4
Termination ....................................................................... 4
Extension of Benefits ....................................................... 5
Continuation of Coverage ............................................... 5
Premium Refund Policy ..................................................... 5
Pre-Certification Process ................................................. 5-6
Schedule of Benefits ....................................................... 7-11
Mandated Benefits ......................................................... 11
Preferred Provider Information ....................................... 11-12
Subrogation and Recovery Rights .................................. 12
Exclusions ....................................................................... 12-15
Definitions ............................................................... 15-18
Medical Evacuation Benefit .......................................... 19
Repatriation of Remains Benefit .................................. 19
Claim Procedures ......................................................... 19
Claim Appeal Process ................................................... 20
Value Added Services ................................................... 21

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.
WHERE TO FIND HELP
For questions about claims status, eligibility, enrollment and benefits please contact:

<table>
<thead>
<tr>
<th>For Questions About:</th>
<th>Please Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Waivers</td>
<td>Servicing Agent:</td>
</tr>
<tr>
<td></td>
<td>Risk Strategies</td>
</tr>
<tr>
<td></td>
<td>10 Dorrance Street</td>
</tr>
<tr>
<td></td>
<td>Providence, RI 02903</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:ubstudentinsurance@risk-strategies.com">ubstudentinsurance@risk-strategies.com</a></td>
</tr>
<tr>
<td>Insurance Benefits</td>
<td>Consolidated Health Plans</td>
</tr>
<tr>
<td>Preferred Provider Listings</td>
<td>2077 Roosevelt Avenue</td>
</tr>
<tr>
<td>Claims Processing</td>
<td>Springfield, Massachusetts 01104</td>
</tr>
<tr>
<td>ID Cards</td>
<td>(800) 633-7867</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.chpstudent.com">www.chpstudent.com</a></td>
</tr>
<tr>
<td>Preferred PPO Provider Listings</td>
<td><a href="http://www.phcs.com">www.phcs.com</a></td>
</tr>
<tr>
<td>Prescription Drug Providers</td>
<td><a href="http://www.mycatamaranrx.com">www.mycatamaranrx.com</a></td>
</tr>
</tbody>
</table>

AM I ELIGIBLE?
The University of Bridgeport 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 undergraduate students and all students in campus housing are required to participate and are automatically enrolled in the Injury and Sickness plan at registration and charges are added to their account, unless proof of comparable coverage is provided by completing an online waiver. The deadline to waive and/or enroll in coverage for the Annual Term is September 1, 2015 and February 15, 2016 for, new Students entering for spring.

All international students are required to participate and are automatically enrolled in the Injury and Sickness plan at registration and charges are added to their account. Coverage for international students cannot be waived.

Part-time students and Graduate students (not living in campus housing) may participate in the Injury and Sickness plan on a voluntary basis. Distance Learning students are not eligible.

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.

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, 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 Dependent newborn child within sixty-one (61) days (spouse within thirty-one (31)) of an eligible qualifying event. Eligible qualifying events for a Dependent are defined in the Master Policy. Enrollment requests (including payments) received after the required number of days following the qualifying event will not be accepted. Coverage will be effective as of the date of the qualifying event.

HOW TO ENROLL OR WAIVE
Eligible students who wish to enroll and/or waive the Student Health Insurance Plan should go online to: www.chpstudent.com.

EFFECTIVE DATES AND COSTS
The University of Bridgeport Student Health Insurance Plan provides coverage to students for a twelve (12) month period - from 12:01 a.m. August 1, 2015, through 11:59 p.m. July 31, 2016.

<table>
<thead>
<tr>
<th></th>
<th>Annual* 8/1/15 – 7/31/16</th>
<th>Spring/Summer* 1/4/16 – 7/31/16</th>
<th>Summer Only* 5/1/16 – 7/31/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,660</td>
<td>$970</td>
<td>$420</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,660</td>
<td>$970</td>
<td>$420</td>
</tr>
<tr>
<td>Child*</td>
<td>$1,660</td>
<td>$970</td>
<td>$420</td>
</tr>
</tbody>
</table>

*If more than 3 children are to be covered as a Dependent on the plan, the rate will reflect a maximum of (3) children.

* All costs above include an administration fee retained by the Servicing Agent and the University.

TERMINATION
Coverage will terminate at 11:59 pm 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 with respect to such person upon written 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.

Termination is subject to the Extension of Benefits provision.
EXTENSION OF BENEFITS
The Coverage provided under this Policy ceases on the termination date, shown on the face page. However, if a Covered Person is:
- Hospital Confinement 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.

The total payments made in respect of the Covered Person 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.

CONTINUATION OF COVERAGE
The right to continue this Coverage is available to an Insured who is no longer an Eligible Person as outlined in the Schedule of Benefits. Application for continued Coverage for the Insured must be made within thirty (30) days prior to termination of Coverage. If continuous Coverage is maintained, Coverage may be continued for an additional 90 days.

Continuation of Coverage ends when the Policy terminates. Continuation will be subject to the terms of the Policy and any limitations as noted in the Schedule of Benefits.

PREMIUM REFUND POLICY
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 made available.

This is true for students on leave for medical or academic reasons, graduating students, and students electing to enroll in a separate comparable plan during the Policy Year. Premiums received by the Company are non-refundable except as specifically provided.

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.

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.

Failure to comply with the Pre-Certification process requirements will result in a Pre-Certification penalty. Such penalty amount is payable even though Deductible and Out-of-Pocket Maximum amounts have been met. The Pre-Certification penalty is listed in the Schedule of Benefits.

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 must be made at least five (5) working days prior to Hospital Confinement. In the case of an Emergency, the call must take place as soon as reasonably possible.

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

The following Inpatient and Outpatient services or supplies require Pre-Certification:
- All Inpatient admissions, including length of stay, to a Hospital, convalescent facility, Skilled Nursing Facility, a facility established primarily for the treatment of substance abuse, or a residential treatment facility;
- All Inpatient maternity care after the initial 48/96 hours;
- 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.
### SCHEDULE OF BENEFITS

Your Coverage provides for the utilization of Preferred Providers in a Preferred Provider Organization (PPO). The Preferred Provider Organization(s) for your Coverage is: PHCS. Go to www.phcs.com for a list of participating providers.

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Year Maximum Benefit</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (includes Coinsurance and Copayments; does not include Pre-certification penalty non-covered medical expenses or elective treatment)</td>
<td>$4,500 per Covered person $9,000 per family</td>
</tr>
<tr>
<td>Pre-certification penalty</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Insured percent per Sickness</td>
<td>80% of PA</td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>In-Network</td>
</tr>
<tr>
<td>Miscellaneous Hospital Services (includes meals, prescribed diets, Diagnostic Imaging, Laboratory, pharmaceuticals administered while an Inpatient, use of operating room, anesthesia, therapeutic services, supplies, dressings, blood and blood plasma, oxygen, radiation therapy, chemotherapy, miscellaneous items used in association with a surgical event, Pre-Admission Testing and Inpatient Rehabilitation)</td>
<td>$10 copay then 80% of Surgeon’s fees $10 copay then 80% of Surgeon’s fees</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>Injury or Sickness</td>
</tr>
<tr>
<td>Office Visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery or physiotherapy</td>
<td>100% of PA</td>
</tr>
<tr>
<td>Diagnostic Imaging, X-ray and Laboratory Services</td>
<td>100% of PA</td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>Injury or Sickness</td>
</tr>
<tr>
<td>Skilled Nursing and Sub-Acute Care Facilities</td>
<td>100% of PA</td>
</tr>
</tbody>
</table>

### Surgical Services (Inpatient & Outpatient)

- **Surgeon’s Fee**
  - Sickness: 80% of PA
  - Injury: 80% of R&C
- **Assistant Surgeon**
  - Sickness: 80% of PA
  - Injury: 80% of R&C
- **Anesthesiologist**
  - Sickness: 100% of PA
  - Injury: 80% of R&C

### Other Surgical Services

- **Reconstructive Surgery**
  - Sickness: 80% of PA
  - Injury: 80% 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. Pre-Certification required for Inpatient care after the initial 48/96 hours.

### Mental Conditions & Substance Abuse

- Inpatient Services: Paid the same as any other Sickness
- Outpatient Office Visits: 100% of PA

### Urgent Care and Emergency Services

- **Urgent Care**
  - Sickness: 80% of PA
  - Injury: 80% of R&C
- **Emergency Services**
  - Sickness: $25 copay then 100% of billed charges per visit
  - Injury: $25 copay then 100% of billed charges per visit
<table>
<thead>
<tr>
<th>Service</th>
<th>Injury</th>
<th>Sickness</th>
<th>R&amp;C</th>
</tr>
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<tbody>
<tr>
<td><strong>Other Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive/Wellness &amp; Immunization Services (No Deductible)</td>
<td>100% of PA</td>
<td>80% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>Allergy Services (testing/injections/treatment)</td>
<td>80% of PA</td>
<td>80% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>Testing Required after Needle stick Injury</td>
<td>100% of PA</td>
<td>100% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>Diabetic treatment and Education</td>
<td>80% of PA</td>
<td>80% of R&amp;C</td>
<td></td>
</tr>
</tbody>
</table>
| Habilitative therapy – including Physical, Speech, and Occupational | Injury 100% of PA  
Sickness 80% of PA | Injury 80% R&C  
Sickness 80% of R&C | |
| Rehabilitative therapy – including Physical, Speech, and Occupational | Injury 100% of PA  
Sickness 80% of PA | Injury 80% R&C  
Sickness 80% of R&C | |
| Chiropractic care | Injury $10 copay then 100% of PA  
Sickness $10 copay then 100% of PA | Injury 80% R&C  
Sickness 100% of R&C | |
| Home Health Care (up to 100 visits per 12 month period) | $50 Deductible then 75% of PA | $50 Deductible then 75% of R&C | |
| Hospice | 80% of PA  
Sickness 80% of R&C | | |
| Hearing Aids Maximum Benefit: One (1) hearing aid, every twenty-four (24) month period. Coverage is also provided for cochlear implants. | 80% of PA  
Sickness 80% of R&C | | |
| TMJ – oral surgical services for the treatment of tumors, cysts, injuries of the facial bones and for the treatment of fractures and dislocations involving the face and jaw, including TMJ dysfunction surgery (for demonstrable joint disease only), or temporomandibular disease (TMD) syndrome. | 100% of PA | Paid the same as any other Sickness | |
| Sleep studies (limited to one (1) study per Lifetime) | 80% of PA | | |

**Genetic Testing**<sup>[1]</sup> - Provided only when a Covered Person is suspected of having a clinical genetic disorder and provided when a Covered Person is undergoing IVF, GIFT, or ZIFT if the embryos are at risk for known genetic mutations. Paid the same as any other Sickness

<table>
<thead>
<tr>
<th>Service</th>
<th>Injury</th>
<th>Sickness</th>
<th>R&amp;C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices</td>
<td>100% of PA</td>
<td>80% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>Prescription Drug Expense</td>
<td>100% after a:</td>
<td></td>
<td>80% of R&amp;C</td>
</tr>
</tbody>
</table>
| 1. $5 Copay for Generic  
2. $25 Copay for Preferred Brand | | | |
| Prescription Drug Expense | Only a thirty (30) day supply can be dispenses at any time  
One (1) copayment per thirty (30) day supply; Copay does not apply to generic contraceptives  
Copayments apply to the out-of-pocket  
Prescriptions must be filled at a Catamaran participating pharmacy. Go to www.mycatamaranrx.com for a list of participating pharmacies. | | |
| Routine Vision Exam for Covered Persons under nineteen (19) – limited to one (1) exam per Policy Year. Includes prescription eye glasses (lenses & frames) limited to once per Policy Year. 100% of R&C up to $150, 50% thereafter. | | | |
| Pediatric Dental for under age nineteen (19) | 1. Preventive/diagnostic services – 100% of R&C  
2. Basic restorative services – 70% of R&C  
3. Major services – 50% of R&C  
4. Medically Necessary orthodontia services– 50% of R&C* | | |
| *prior authorization required | | | |
| **Elective Services (do not apply to the Out of Pocket maximum)** | | | |
| TMJ - For non-surgical treatment of temporomandibular joint (TMJ) dysfunction or temporomandibular disease (TMD) syndrome, including but not limited to appliances, behavior modification, physiotherapy, and prostodontic therapy. Up to a Maximum Benefit: $5,000 per Policy Year. | 80% of PA | 80% of R&C | |
| Dental treatment due to Injury to a Sound Natural Tooth – up to a maximum benefit of $1,000 per Policy Year. | 100% of PA | 80% of R&C | |
MANDATED BENEFITS
If You are enrolled in this Insurance Program, Policy coverage also includes the following benefits. (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).

Accidental Ingestion of Controlled Drugs, Ambulance Services Benefit, Amino Acid Modified Preparation and Low Protein Modified Food Products, Antigen testing, Autism Spectrum Disorder, Cancer drugs, Chiropractic Care, Clinical Trials, Colorectal Cancer Screening, Contraceptives, Coverage for Newborns, Craniofacial Disorders, Cytological Screening, Diabetes Outpatient Self-Management training and treatment, Diagnosis and Treatment of Infertility, Early Intervention, Elevated Blood Alcohol Content, Epidermolysis Bullosa, Experimental Treatments, Home Health Care, Hypodermic Needles or Syringes, In-hospital dental services, Isolation Care and Emergency Services, Lyme Disease Treatment, Mammography Examination, Mastectomy or Lymph Node Dissection, Maternity Benefits and Postpartum Care, Medical Complications of Alcoholism, Mental or Nervous Disorder/Drug Abuse/Alcoholism, Neuropsychological Testing, Off Label Drugs, Occupational Therapy, Ostomy Appliances and Supplies, Obstetric and Gynecological Services, Pain Management, Pediatric Preventive, Prescription Eye Drop, Prostate Cancer Screening, Psychotropic Drug Availability, and Treatment of Leukemia and Removal of Tumors.

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

SUBROGATION AND RECOVERY RIGHTS
If we pay Covered Expenses for an Accident or Injury You incur as a result of any act or omission of a third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our reimbursement rights are limited by the amount You recover. Our reimbursement and subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

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:

1. Eyeglasses, contact lenses, routine eye refractions, eye examinations except as in the case of Injury, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery or Orthoptic Therapy, visual training or radial keratotomy or similar surgical procedures to correct vision, except as provided herein.

2. Hearing Screenings (except as specifically provided in the Policy) or hearing examinations or hearing aids (except as provided herein) and the fitting or repairing or replacement of hearing aids, except in the case of Accident or Injury.

3. Vaccines and immunizations (except as specifically provided in the Policy)

4. Treatment (other than surgery) of chronic Conditions of the foot including weak feet, flat foot, pronated foot, subluxations of the foot, foot strain, care of corns, calluses, toenails or bunions (except capsular or bone surgery), except as provided herein.

5. Cosmetic treatment, 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; sagging eyelids; prominent ears; skin scars; warts, non-malignant moles and lesions; hair growth, hair removal; correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants including gynecomastia (except for correction or deformity resulting from mastectomies or lymph node
dissections; lipectomy services and supplies related to surgical suction assisted
lipectomy; rhinoplasty; deviated nasal septum, including submucous resection.
This exclusion does not include Reconstructive Surgery when the service is
incidental to or follows surgery resulting from trauma, Injury, infection or other
diseases of the involved part.
6. Sexual reassignment surgery, when Medically necessary or 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 person’s
Attending Physician or dentist.
8. Custodial Care; Care provided in a: rest home, home for the aged, or any
similar facility for domiciliary or Custodial Care.
9. Dental care or treatment of the teeth, gums or structures directly supporting
the teeth, (except as specified herein).
10. Non-surgical treatment of temporomandibular joint (TMJ) dysfunction or
temporomandibular disease (TMD) syndrome, including but not limited to
appliances, behavior modification, physiotherapy, and prosthodontic therapy.
11. Injury sustained while (a) participating in any intramural, 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.
12. Injury sustained by reason of a motor vehicle Accident to the extent that
Benefits are paid or payable by any other valid automobile insurance policy
whether or not claim is made for such Benefits.
13. Injury occurring in consequence of riding as a passenger 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 or as a passenger in a
Policyholder owned, leased, chartered or operated aircraft or as a passenger on
an official flight of the Military Airlift Command of the United States or similar air
transport services of other countries.
14. Reproductive services except as specifically provided in this Policy.
15. Elective termination of pregnancy.
16. Services provided normally without charge by the health service of the
Policyholder or services covered or provided by a student health fee.
17. Treatment in a government Hospital, unless there is a legal obligation for the
Covered Person to pay for such treatment.
18. Services received before the Covered Person’s Effective Date; Services
received after the Covered Person’s Effective Date, except as specifically
provided under the Extension of Benefits provision.
19. Services of a private duty Nurse.
20. Under the Prescription Drug Benefit, any drug or medicine:
   - Obtainable Over the Counter (OTC), except as provided under
     Preventive care services;
   - For the treatment of alopecia (hair loss) or hirsutism (hair removal)
   - For the purpose of weight control;
   - Sexual enhancement drugs;
   - Refills in excess of the number specified or dispensed after one (1) year
     of date of the prescription;
   - For an amount that exceeds a 30 day supply;
   - Drugs labeled, “Caution – limited by federal law to Investigational use” or
     Experimental Drugs;
   - Purchased after Coverage under the Policy terminates;
   - Consumed or administered at the place where it is dispensed; if the FDA
determines that the drug is:
     o contraindicated for the treatment of the Condition for which the
drug was prescribed; or
     o Experimental for any reason.
21. Services for the treatment of any Injury or Sickness incurred while committing or
   attempting to commit a felony; or while taking part in an insurrection or riot (a
   noisy, violent public disorder caused by a group or crowd of persons); or fighting,
   except in self-defense.
22. Injury or Sickness for which Benefits are paid or payable under any workers’
   compensation or occupation disease law or act, or similar legislation except for a
   Covered Person who is: (1) A sole proprietor or business partner who is not
   covered by the provisions of chapter 568 or who accepts the provisions of chapter
   568 pursuant to subdivision (10) of section 31-275; or (2) an employee of a
   corporation and who is a corporate officer, regardless of any election by such
   individual to be excluded from coverage under chapter 568 pursuant to
   subparagraph (B)(v) of subdivision (9) of section 31-275.
23. War or any act of war, declared or undeclared; or while in the armed forces of any
country.
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. Obesity treatment: Services and associated expenses for the treatment of obesity, except nutrition counseling specifically provided in the Policy, and any resulting complications, consequences and after effects of treatment that involves surgery and any other associated expenses, including, but not limited to: Gastric or intestinal bypasses; Gastric balloons; Stomach stapling; Wiring of the jaw; Panniculectomy; Appetite suppressants; Surgery for removal of excess skin or fat.

26. Weight increase or reduction services, except as specifically provided in the Policy.

27. Acne.

28. Acupuncture and biofeedback.

29. Diagnosis and treatment of sleep disorders (except as provided).

30. Elective surgery or treatment.

31. Long term care.

DEFINITIONS

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

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

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.

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; and
- Incurred while this Policy is in force as to the Covered Person.

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 and resides with the Insured.
- Domestic Partner, Civil Union Partner.
- Child who is under the age of twenty-six (26) or becomes covered under a group health plan through the dependent's own employment.

The term child refers to the Insured's:

- Natural child;
- Stepchild; A stepchild is a Dependent on the date the Insured marries the child’s parent.
- Adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.
- Foster child is a Dependent from the moment of placement with the Insured as certified by the agency making the placement.

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: 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).

Hospital: A facility which provides diagnosis, treatment, and care of persons who need acute Inpatient Hospital care under the supervision of Physicians. It must be licensed as a general acute care Hospital according to state and local laws.

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

In-Network Benefit: The level of payment made by Us for Covered Services received by a Preferred Provider under the terms of the Policy. Payment is based on the Preferred Allowance unless otherwise indicated.

Insured Percent: That part of the Covered Charge that is payable by the Company after the Deductible and/or Copayment has been paid.
Medically Necessary/Medical Necessity: We reserve the right to review claims and establish standards and criteria to determine if a Covered Service is Medically Necessary and/or Medically Appropriate. Benefits will be denied by Us for Covered Services that are not Medically Necessary and/or Medically Appropriate. In the event of such a denial, You will be liable for the entire amount billed by that Provider. You do have the right to appeal any adverse decision as outlined in the Appeals and Complaint Section of this Policy.

Covered Services are Medically Necessary if they are health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an Illness, Injury, disease or its symptoms, and that are:
1. In accordance with generally accepted standards of medical practice;
2. Clinically appropriate, in terms of type, frequency, extent, site and duration and considered effective for the patient's Illness, Injury or disease; and
3. Not primarily for the convenience of the patient, Physician or other health care Provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's Illness, Injury or disease.

A Covered Service is Medically Appropriate if it is rendered in the most cost-effective manner and type of setting appropriate for the care and treatment of the Condition.

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.

Out-of-Network Benefit Level: The lowest level of payment made by Us for Covered Services under the terms of the Policy. Payment is based on Reasonable and Customary charges unless otherwise indicated.

Out-of-Network Provider: Physicians, Hospitals and other Providers who have not agreed to any pre-arranged fee schedules. See the definition of Out-of-Network Benefit Level.

Out-of-Pocket: 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: 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.

Preferred Allowance (PA): The amount a Preferred Provider has agreed to accept as payment in full for Covered Charges.

Preferred Providers: Physicians, Hospitals and other healthcare Providers who have contracted to provide specific medical care at negotiated prices.

Preventive Care: Provides for periodic health evaluations, immunizations and laboratory services in connection with periodic health evaluations, as specified in the Schedule of Benefits. Well Baby and Child Care, and Well Adult Care benefits will be considered based on the following:
(a) Evidenced-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 except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009;
(b) 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 individual involved;
(c) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
(d) With respect to women, such additional preventive care and screenings, not described in paragraph (a) above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

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.

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 and Us: Nationwide Life Insurance Company.
You and Your: The Covered Person or Eligible Person as applicable.
Male pronouns wherever used include female pronouns.
MEDICAL EVACUATION BENEFIT

If the Insured 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 charge Incurred for an emergency medical evacuation of the Covered Person to or back to the Insured's home state, country, or country of regular domicile. 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 OF REMAINS 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. 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.

CLAIM PROCEDURES

In the event of Injury or Sickness, students should:
1. Report to their Physician, Hospital or Student Health Center.
2. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, Social Security number or student ID number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
3. File claim within ninety (90) days of Injury or first treatment for a Sickness. Bills should be received by the Company within ninety (90) days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

There is no utilization review performed on this Policy.

Claims Administrator:
CONSOLIDATED HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
(413) 733-4540 or Toll Free (800) 633-7867
www.chpstudent.com
Group Number: S210407

CLAIMS APPEAL PROCESS

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an Insured Person who disagrees with how a claim was processed may appeal that decision. The Insured Person must request an appeal in writing within 180 days of the date appearing on the EOB. The appeal request must include any additional information to support the request for appeal, e.g. medical records, physician records, etc. Please submit all requests to the Claims Administrator at the address below.

Claims Administrator:
CONSOLIDATED HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
www.chpstudent.com
(413) 733-4540

Servicing Agent:
Risk Strategies
10 Dorrance Street, Suite 505
Providence, RI 02903
401-831-1463
ubstudentinsurance@risk-strategies.com

This plan is underwritten by and offered by:
NATIONWIDE LIFE INSURANCE COMPANY
Columbus, OH
Policy Number: 302-121-0614

For a copy of the privacy notice you may go to:
wwwCONSOLIDATEDHEALTHPLAN.com/about/hipaa

Policy Number: 302-121-0614
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.