Student
Health
Insurance
Plan

Designed especially for the
International
Students & Scholars
of

THE UNIVERSITY OF
MAINE

2014-2015

Underwritten by:
NATIONWIDE LIFE INSURANCE COMPANY
Columbus, Ohio
Policy Number: 302-088-1812

Effective August 1, 2014 through July 31, 2015
Group Number: S211209

Serviced by:
Cross Insurance
217 Main Street
Lewiston, ME 04240
www.crossagency.com
1-800-537-6444
207-783-8591

TABLE OF CONTENTS

Privacy Policy .................................................. 2
Eligibility & Enrollment ........................................ 2
Effective and Termination Dates .......................... 3
Premium Rates .................................................. 3
Extension of Benefits ......................................... 3
Coordination of Benefits ...................................... 4
Accidental Death & Dismemberment ..................... 4
Preferred Provider Network ............................... 4-5
Schedule of Benefits ....................................... Center Fold
State of Maine Mandated Benefits ....................... 5
Definitions ....................................................... 5-9
Emergency Medical Evacuation Benefit ............... 9-10
Repatriation of Remains Benefit ......................... 9-10
Exclusions and Limitations ............................. 10-12
Claim Procedures .......................................... 12-13
For Questions Concerning ............................. 13
Online Services ................................................. 14
Value Added Services ....................................... 15
- Vision Discount Program
- Nurse Hotline for Students
- Emergency Medical and Travel Assistance

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

Students Eligibility:
All officially sponsored University of Maine international
students and scholars who are engaged in international educational
activities; and are temporarily located outside his/her Home
Country as a non-resident alien; and have not obtained
permanent residency status are eligible for enrollment in the
University of Maine Student Injury and Sickness Insurance Plan
for International Students and Scholars.

The University of Maine must be the official sponsor of the
student/scholar and have access to their SEVIS immigration
record for at least 31 days after the date for which coverage
begins. Students must actively attend classes for at least the
first 31 days after the date for which coverage is purchased. 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, less any claims paid.

Students Enrollment:
All officially sponsored University of Maine International
students and scholars will be automatically enrolled unless proof
of comparable medical insurance is provided.

Once enrolled, coverage cannot be cancelled and premium
is non-refundable.

Dependents:
Covered students may also enroll their lawful spouse/domestic
partner* and dependent children under age 26. The student
must be enrolled in the plan in order for Dependents to be
eligible for enrollment. Dependent eligibility expires concurrently
with that of the insured student.

Once enrolled, coverage cannot be cancelled and premium
is non-refundable.

*Domestic partners must also submit an “Affidavit of Domestic
Partnership” with the dependent enrollment form. The affidavit
is available at www.crossagency.com/umaineint.
EFFECTIVE AND TERMINATION DATES
The Master Policy becomes effective at 12:01 a.m., August 1, 2014. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form 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, 2015. 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 premium 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

<table>
<thead>
<tr>
<th></th>
<th>Annual</th>
<th>6-Months</th>
<th>8-Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/1/14 - 7/31/15</td>
<td>8/1/14-2/1/15 or 1/15-7/1/15</td>
<td>12/1/14 or 7/31/15</td>
</tr>
<tr>
<td>Student</td>
<td>$2,489</td>
<td>$1,262</td>
<td>$1,657</td>
</tr>
<tr>
<td>Spouse</td>
<td>$3,655</td>
<td>$1,852</td>
<td>$2,434</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$3,650</td>
<td>$1,850</td>
<td>$2,430</td>
</tr>
</tbody>
</table>

*The above rates include an administrative service fee.

EXTENSION OF BENEFITS AFTER TERMINATION
The coverage provided under this policy ceases on the Termination Date. However, if an Insured is Totally Disabled on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 6 months after the Termination Date.

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 payments be made.

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 BENEFIT

Loss of Life, Limb or Sight
If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the policy Maximum Benefit.

For Loss Of:
- Life .................................................. $10,000
- Two or More Members........................................ $10,000
- One Member ............................................... $5,000

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one injury will be paid.

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.

"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.

STATE OF MAINE MANDATED BENEFITS
Covered Persons are also entitled to any mandated benefits required by the State of Maine, which include coverage for 1) Amino Acid Based Elemental Formula 2) Breast Cancer Treatment and Reconstructive Surgery; 3) Chiropractic Services; 4) Cancer Clinical Trials; 5) Colorectal Screenings; 6) Prescription Contraceptives; 7) Diabetes Supplies; 8) Anesthesia and Facility Charges for Dental Procedures; 9) Children’s Hearing Aide Benefit; 10) Home Health Care Services; 11) Hospice Care; 12) Mental Illness (including Alcoholism and Drug Dependency); 13) Medical Food (Modified Low-Protein Food Products) 14) Off label Use of Prescriptions Drugs for Cancer, HIV/AIDS 15) Prostate Cancer Screening; 16) Prosthetic Devices; 17) Screening Mammograms and Pap tests and 18) Domestic Partners; and (19) Maternity benefits for unmarried women.

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

DEFINITIONS

Accident means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms or an injury.

Coinsurance is 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 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.

Dependent means a person who is the Insured’s spouse (husband or wife) or domestic partner of the Named Insured and their Dependent children. Children shall cease to be a Dependent at the end of the month in which they attain the age of twenty-six (26).

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

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).

Experimental or Investigational: Treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device, or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice; and any of those items requiring federal or other government agency approval not received at the time services are rendered. We will make the final determination as to what is experimental or investigational.

Health Care Practitioner includes but is not limited to: A Doctor of Dentistry (D.D.S. or D.M.D.), Doctor of Podiatry (D.P.M.), Doctor of Optometry (O.D.), Doctor of Chiropractic (D.C.), Doctor’s Assistant (P.A.), Psychologists (Ph. D.), Nurse (R.N. or L.P.N), which may include Nurse Midwife, Nurse Anesthetist, Psychiatric Nurse, Registered Nurse First Assistant and Nurse Practitioner, a Licensed Clinical Social Worker (L.C.S.W.), Physical Therapist (P.T. or R.P.T.), Occupational Therapist (O.T.R.), Speech Pathologist, Audiologist, Marriage and Family Therapist (M.F.T. or M.S.W.), Respiratory Care Practitioner, or Registered Dietitian (R.D.), and licensed pastoral counselors, all of whom are (a) properly licensed or certified to provide medical care under the laws of the state of practice; (b) provide medical services within the scope of the license or certificate; and (c) does not ordinarily reside in the Covered Person’s home or is not related to the Covered Person by blood or marriage.

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

Insured Person means: 1) the Named Insured; and, 2) Dependents of the Named Insured, if: 1) the Dependent is properly enrolled in the program; and 2) the appropriate Dependent premium has been paid. The term “Insured” also means Insured Person.

Medical Necessity means health care services or products provided to an Insured for the purpose of preventing, diagnosing or treating an Injury or Sickness or the Symptoms of an Injury or Sickness in a manner that is:

1) Consistent with generally accepted standards of medical practice;

2) Clinically appropriate in terms of type, frequency, extent, site and duration;

3) Demonstrated thru scientific evidence to be effective in improving health outcomes;

4) Representative of “best practices” in the medical profession; and

5) Not primarily for the convenience of the Insured, or the Insured’s Physician.

Named Insured means an eligible, registered student participant of the Policyholder, if: 1) the student participant is properly enrolled in the program; and 2) the appropriate premium for coverage has been paid.

Out-of-Pocket Limit 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 means the amount a Preferred Provider has agreed to accept as payment in full for Covered Charges.

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

Reasonable Expense: 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.

**EMERGENCY 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 subject to the Coinsurance, Deductible, Copayment, as stated in the Schedule of Benefits, and the Exclusions and Limitations provisions. 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.

**REPARTIATION 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, up to the benefit amount shown in the Schedule of Benefits, subject to the Coinsurance, Deductible, Copayment, as stated in the Schedule of Benefits, the maximum Benefit limit shown above, and the Exclusions and Limitations provisions. 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.

**EXCLUSIONS AND LIMITATIONS**

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy; removal of warts, non-malignant moles and lesions;
2. 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 or substance abuse facilities for domiciliary or custodial care;
3. Dental treatment, except as specifically provided in the Schedule of Benefits;
4. Elective Surgery or Elective Treatment;
5. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
6. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), callouses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet, except as specifically provided in the Policy;
7. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
8. Injury sustained by reason of motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
9. Injury sustained while a) participating in any professional 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;
10. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting, except for self-defense;
11. Prescription Drugs, services or supplies as follows, except as specifically provided in the Policy:
   a. Products used for cosmetic purposes;
   b. Drugs used to treat or cure baldness; anabolic steroids used for body building;
   c. Anorectics - drugs used for the purpose of weight control;
   d. Fertility agents or sexual enhancement drugs, such as: Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
   e. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
12. 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; premarital examinations; impotence, organic or otherwise; vasectomy; reversal of sterilization procedures;
13. 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;
14. Services provided normally without charge by the Health Service of the Policyholder;
15. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
16. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
17. Supplies, except as specifically provided in the policy;
18. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
19. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
20. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered);
21. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided in the Policy. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process;
22. Injuries sustained as a result of intentional/unintentional self-inflicted Injury or any attempt at intentional/unintentional self-inflicted injury;
23. For Intercollegiate sports Injuries, no benefits will be paid for: Infections, except pyogenic infections caused wholly by a covered Injury; Cysts, blisters, or boils; Overexertion; heat exhaustion; fainting; or Hernia, regardless of how caused; and

CLAIMS PROCEDURE

In the event of Injury or Sickness, students should:
1. Report to the Cutler Health Center or when not in school log on to www.chpstudent.com 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 CLAIMS TO:
Cigna
1000 Great West Drive
Kennett, MO 63857-3749

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. All Prescriptions must be filled at a RESTAT 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/umaineint or at www.restat.com or by calling the claims administrator below.

For Questions Concerning
- Plan Benefits
- Enrollment / ID Cards
- Independent Insurance
- Common Questions and Concerns
Contact:
Cross Insurance
217 Main Street
Lewiston, ME 04240
800-537-6444
www.crossagency.com/umaineint

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: S211209

This Plan is underwritten by:
NATIONAL LIFE INSURANCE COMPANY
POLICY NUMBER: 302-088-1812

ONLINE SERVICES
Cross Insurance: Please Visit our Website at www.crossagency.com/umaineint 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
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.
2014-2015 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:
The University of Maine – International
Policy Number: 302-088-1812
Group Number S211209

Submit all claims to:
Cigna
1000 Great West Drive
Kennett, MO 63857-3749

The Plan is underwritten by:
Nationwide Life Insurance Company
## 2014-2015 SCHEDULE OF BENEFITS

<table>
<thead>
<tr>
<th>Policy Year Maximum Benefit</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible, per Covered Person*</td>
<td>Unlimited</td>
<td>$250</td>
</tr>
<tr>
<td>*Covered Medical Expenses incurred at the Cutler Health Center will be paid at 100% of U&amp;C with no co-payment or Deductible. This includes coverage for non-malignant moles, warts and lesions, and treatment of allergic rhinitis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (includes Deductible, Coinsurance and Copayments; does not include non-covered medical expenses or elective treatment)</td>
<td>$5,000 Individual</td>
<td>$10,000 Individual</td>
</tr>
<tr>
<td>$10,000 Family</td>
<td>$20,000 Family</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>80% of Preferred Allowance (PA)</td>
<td>70% of Reasonable &amp; Customary (R&amp;C)</td>
</tr>
<tr>
<td>Non-Emergency treatment outside the United States</td>
<td>70% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>Preventive/Wellness &amp; Immunization Services</td>
<td>100% of PA (deductible does not apply)</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Outpatient Services (other than Surgery, Maternity, Mental Health/Drug or Alcohol)</td>
<td>80% of PA</td>
<td>70% of R&amp;C</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>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Diagnostic Imaging, X-ray and Laboratory Services</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Inpatient Services -- (other than Surgery, Maternity, Mental Health/Drug or Alcohol, except as specified)</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Miscellaneous Hospital Services</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Room and Board expense, at the semi-private room rate, general nursing care, and ICU</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Physician visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Skilled Nursing and Sub-Acute Care Facilities</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Registered Nurse’s Services, private duty nursing care.</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Surgical Services (Inpatient &amp; Outpatient) - If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Surgeon’s Fee / Assistant Surgeon / Anesthetist Services</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Hospital Miscellaneous includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Organ transplants</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Bariatric 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.</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>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.</td>
<td>Paid the same as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Maternity, pre- and postnatal services</td>
<td>Paid the same as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Mental Conditions &amp; Substance Abuse</td>
<td>Paid the same as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>Paid the same as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Outpatient Office Visits</td>
<td>Paid the same as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Urgent Care and Emergency Services</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Emergency services. (In-Network Deductible applies to Out-of-network services). (Copayment waived if admitted.)</td>
<td>80% of PA after a $50 copay per visit</td>
<td>80% of R&amp;C after a $50 copay per visit</td>
</tr>
<tr>
<td>Emergency Medical Transportation Services</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Other Services</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Allergy Services (testing/injections/treatment)</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Rehabilitative/Habilitative therapies – including Physical, Occupational, Speech, and respiratory therapy and cardiac rehabilitation.</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Cardiac Rehabilitation</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Home Health Care / Hospice</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Diabetic treatment and Education</td>
<td>Paid the same as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices</td>
<td>80% of PA after a $50 copay</td>
<td>70% of R&amp;C after a $50 copay</td>
</tr>
<tr>
<td>Child’s Hearing Aid Expense, maximum benefit of $1,400 per hearing aid, every 36 months</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Prescription Drug Expense</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>• Only a thirty (30) day supply can be dispensed at any time</td>
<td>$0 Co-pay for generic contraceptives</td>
<td></td>
</tr>
<tr>
<td>• One (1) copayment per thirty (30) day supply</td>
<td>$12 Co-pay for other generic prescriptions; or</td>
<td></td>
</tr>
<tr>
<td>• Copayments apply to the out-of-pocket</td>
<td>$25 Co-pay for any brand name prescription</td>
<td></td>
</tr>
<tr>
<td>• Prescriptions must be filled at a “Restart” participating pharmacy.</td>
<td>100% of up to $150, 50% thereafter</td>
<td></td>
</tr>
<tr>
<td>Routine Vision for Covered Persons under age nineteen (19) -- limited to one (1) exam/filling per Policy Year. Includes prescription eyeglasses (lenses &amp; frames), limited to one (1) set every two (2) years.</td>
<td>100% of R&amp;C up to a $500 maximum, 70% thereafter</td>
<td></td>
</tr>
<tr>
<td>Dental Expenses. Injury to sound, natural teeth only Treatment within six months of an accidental injury to repair or replace natural teeth or within six months of the effective date of coverage, whichever is later</td>
<td>100% of R&amp;C up to a $500 maximum, 70% thereafter</td>
<td></td>
</tr>
<tr>
<td>Elective benefits</td>
<td>80% of R&amp;C up to $500</td>
<td></td>
</tr>
<tr>
<td>Elective Abortions</td>
<td>80% of R&amp;C up to $500</td>
<td></td>
</tr>
<tr>
<td>Intercollegiate sports, up to a maximum of $10,000 per injury</td>
<td>$100 Deductible per Injury, then 90% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>Acupuncture</td>
<td>80% of PA</td>
<td>70% of R&amp;C</td>
</tr>
<tr>
<td>Travel Companion Benefit</td>
<td>100% of Actual Charges up to a maximum of $5,000</td>
<td></td>
</tr>
</tbody>
</table>