Student Health Insurance Plan

Plan Year 17/18

Designed Exclusively for the Students of:
Johnson University
Knoxville, TN
2017 - 2018

Underwritten by:
National Guardian Life Insurance Company
Madison, WI

Policy Number: 2017I5B36
Group Number: ST0859SH
Effective: 8/15/2017 - 8/15/2018

Administered by:
Consolidated Health Plans
2077 Roosevelt Ave | Springfield, MA
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WHERE TO FIND HELP

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

CONSOLIDATED HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
Toll Free (877) 657-5030
www.chpstudent.com

AM I ELIGIBLE?

All students enrolled for a minimum of 12 credit hours are included in this insurance plan and the premium for coverage is added to the tuition billing unless proof of comparable coverage is furnished.

International Students and/or Visiting Faculty Member - All such individuals are eligible for this plan on a Waiver Participation Basis. All eligible International Students and/or Visiting Faculty must have and maintain a current passport and a proper student Visa (either an F-1, J-1 or M-1 category Visa). Students must actively attend classes for at least the first 31 days beginning with the first day for which coverage is purchased. Home study, correspondence, online, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes.

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 and dependent children.

Students may also enroll their Dependents within thirty-one (31) days of an eligible qualifying event. Eligible qualifying events for a Dependent are defined as birth or marriage (to the Insured Student). Coverage will be effective as of the date of the qualifying event. Enrollment requests (including payments) received after the thirty-one (31) days following the qualifying event will not be accepted.

Dependent Child Coverage:

Newly Born Children - A newly born child of an Insured Person will be covered from the moment of birth. Such newborn child will be covered for Covered Injury or Covered Sickness for an initial period of 31 days. This includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities from the moment of birth. To continue coverage beyond this initial 31-day period, the Insured Person must:
1. Notify Us of the birth; and
2. Pay any additional premium

Adopted Children - Dependent Child Coverage also applies to any child adopted or placed for adoption irrespective of whether the adoption has become final.
We must receive:
1. Notification of a child’s placement for adoption within 31 days of the placement; and
2. Any premium required for the child.
We will provide coverage for the child placed for adoption as long as the Insured Person:
1. Has custody of the child;
2. The Insured Student’s coverage under the policy remains in effect; and
3. The required premiums are furnished to Us.
As it pertains to this provision:

Child means, in connection with an adoption or place for adoption, an individual who has not attained the age of 18 as of the date of the adoption or placement for adoption.

Placement for adoption means the assumption and retention by a person of a legal obligation for total or partial support of a child in anticipation of the adoption of a child. The child’s placement with a person terminates upon the termination of the legal obligation.
**Handicapped Children: If:**
1. There is dependent coverage; and
2. The Policy provides that coverage of a dependent child will terminate upon attainment of a specified age.

We will not terminate the coverage of such child due attainment of that age while the child is and continues to be both:
1. Incapable of self-sustaining employment by reason of developmental disability or physical handicap; and
2. Chiefly dependent upon the Insured Student for support and maintenance.

Proof of such incapacity and dependence shall be furnished to us within thirty-one days of the child’s attainment of the limiting age. Upon request, We may require proof satisfactory to it of the continuance of such incapacity and dependency. We may not request this more frequently than annually after the two-year period following the child’s attainment of the limiting age.

**HOW DO I WAIVE/ENROLL?**

If You are eligible to be covered under this Insurance Program, You are automatically enrolled, unless You waive coverage. To document proof of comparable coverage, students need to complete the online Waiver Form and submit it prior to the start of the school year.

To submit the online Waiver Form:
1. Log into the “Portal” (my.JohnsonU.edu)
2. Click the Student Life tab
3. Select the campus you are attending
4. Select the Student Health Insurance Waiver or Enrollment form in the Student Life Registration Link section

You may enroll in this Insurance Program or waive the Insurance prior to August 25, 2017.

If you are eligible for coverage and wish to enroll in this Insurance Program outside of these enrollment opportunities, You must present documentation from your former insurance company that it is no longer providing you with personal Health insurance coverage and complete a Qualifying Event Notification Form.

Your effective date of coverage under this Insurance Program will be the date that your former insurance expired, but only if you make the request for coverage within thirty-one (31) days from the date that your previous plan expired. The appropriate premium must accompany your application for coverage.

**QUALIFYING LIFE EVENT**

No changes of any type may be made during the plan year unless a qualified family or employment status change occurs. In all cases, the change in coverage must be consistent with the change in the person’s family or employment status. If you do have a qualifying change in status, you have 31 days from the event to make changes to your elections by completing a Qualifying Event Notification Form and paying any applicable premium.

**EFFECTIVE DATES AND COSTS**

<table>
<thead>
<tr>
<th></th>
<th>Annual 8/15/17-8/15/18</th>
<th>Spring 01/06/18 – 08/15/18</th>
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<tbody>
<tr>
<td>Student</td>
<td>$1,805*</td>
<td>$1,093*</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,705</td>
<td>$1,032</td>
</tr>
<tr>
<td>Each Child</td>
<td>$1,705</td>
<td>$1,032</td>
</tr>
<tr>
<td>3 or more Children</td>
<td>$5,115</td>
<td>$3,096</td>
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*Dependent rates are in addition to the student rate.*

*The above rates include an administrative fee.*
Effective Dates: Insurance under the policy will become effective on the later of:

1. The Policy effective date;
2. The beginning date of the term for which premium has been paid;
3. The day after the Enrollment Form (if applicable) and premium payment is received by the Company, its authorized agent or the School;
4. The day after the date of postmark if the Enrollment Form is mailed;
5. For International Students or scholars, the date the Insured Person departs his or her Home Country to travel to the Country of Assignment. The scheduled arrival in the Country of Assignment must be no more than 48 hours later than the departure from the Home Country.

The Policy is renewed as a new policy for the term August 15, 2017 to August 15, 2018 as Policy Number 2017I5836. All time periods begin and end at 12:01 A.M., local time, at the Policyholder’s address.

TERMINATION OF BENEFITS
An Insured Person’s insurance will terminate on the earliest of:

1. The date the policy terminates for all insured persons; or
2. The end of the period of coverage for which premium has been paid; or
3. The date an Insured Person ceases to be eligible for the insurance; or
4. The date an Insured Person enters military service; or
5. For International Students, the date Insured Person departs the Country of Assignment for his/her Home Country (except for scheduled school breaks);
6. For International Students, the date the student ceases to meet Visa requirements;
7. On any premium due date the Policyholder fails to pay the required premium for an Insured Person except as the result of an inadvertent error and subject to the Grace Period provision.

PREMIUM REFUND POLICY
Premiums received by Us are fully earned upon receipt. Refund of premium will be considered only:

1. For any student who does not attend school during the first thirty-one (31) days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a full refund of the premium will be made.
2. For Insured Persons entering the Armed Forces of any country. Such persons will not be covered under the Policy as of the date of his/her entry into the service. A pro rata refund of premium will be made for such person upon written request received by Us within ninety (90) days of withdrawal from school.
3. For International Students, Scholars, Visiting Faculty member and/or their covered Dependents. We will refund a pro rata portion of the premium actually paid for any individual who:
   a. Withdraws from School during his/her first semester; and
   b. Returns to his/her Home Country.

A written request must be sent to us within 60 days of such departure.

No other refunds will be allowed.

EXTENSION OF BENEFITS
Coverage under the policy ceases on the Termination Date shown in the Insurance Information Schedule. However, coverage for an Insured Person will be extended as follows:

If an Insured Person is receiving treatment for Covered Injury or Covered Sickness on the date his or her insurance terminates, we will continue to pay benefits for up to 90 days from the Termination Date while such treatment continues.

DEFINITIONS
Accident means a sudden, unforeseeable external event which results independently of disease, bodily infirmity, or any other cause that causes Injury to an Insured Person.
Ambulance Service means transportation to a Hospital by an Ambulance Service.
**Anesthetist** means a Physician or nurse who administers anesthesia during a surgical procedure. He or she may not be an employee of the Hospital where the surgical procedure is performed.

**Brand Name Drugs** means drugs for which the drug manufacturer’s trademark registration is still valid and where the trademarked or proprietary name of the drug still appears on the packaged label.

**Coinsurance** means the ratio by which We and the Insured Person share in the payment of Usual and Reasonable expenses for treatment. The Coinsurance percentage that We will pay is stated in the Schedule of Benefits.

**Complications of Pregnancy** means conditions that require Hospital confinements before the pregnancy ends and whose diagnoses are distinct from but caused or affected by pregnancy. These conditions are acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar conditions as severe as these. Complications of Pregnancy also include non-elective cesarean section non-elective caesarean section including when a fetus is not viable as well as treatment when the mother’s life is endangered, termination of an ectopic pregnancy, and spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.) Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, and similar conditions not medically distinct from a difficult pregnancy.

**Copayment** means the amount of Usual and Reasonable expenses for treatment that We do not pay. The Insured Person is responsible for paying this portion of the expenses incurred. Any Copayment amounts are shown in the Schedule of Benefits.

**Country of Assignment** means the country in which an Eligible International Student, scholar or visiting faculty member is:
1. Temporarily residing; and
2. Actively engaged in education or educational research related activities sponsored by the National Association for Foreign Student Affairs or its Member Organizations.

**Covered Injury** means a bodily injury that is caused by the Accident directly and independently of all other causes. Coverage under the School's policies must be in force on the date the services and supplies are received for them to be considered as a Covered Medical Expense.

**Covered Medical Expense** means those charges for any treatment, service, or supplies that are:
1. Not in excess of the Usual and Reasonable charges therefore;
2. Not in excess of the charges that would have been made in the absence of this insurance;
3. Not in excess of the PPO Allowance;
4. Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

**Covered Sickness** means Sickness, disease or trauma related disorder due to Injury which:
1. causes a loss while the Policy is in force; and
2. results in Covered Medical Expenses.

Covered Sickness includes Mental Health Disorders and Substance Use Disorders.

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

**Dependent** means:
1. An Insured Student’s lawful spouse;
2. An Insured Student’s dependent biological or adopted child or stepchild under age 26; and
3. An Insured Student’s unmarried biological or adopted child or stepchild who has reached age 26 and who is:
   a. primarily dependent upon the Insured Student for support and maintenance; and
   b. incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap.

Proof of the child’s incapacity or dependency must be furnished to Us for an already enrolled child who reaches the age limitation, or when an Insured Student enrolls a new disabled child under the plan.

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

**Elective Treatment** includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, infertility (not including diagnosis of infertility), learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, preventive medicines or vaccines except when required for the treatment of Covered Injury or Covered Sickness to the extent coverage is not required by state or federal law. **Elective Surgery** includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual
reassignment surgery, submucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include Plastic or Cosmetic Surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

**Eligible Student** means a student who meets all enrollment requirements of the School named as the Policyholder in the Insurance Information Schedule.

**Emergency Medical Condition** means a medical condition which:
1. manifests itself by acute symptoms of sufficient severity (including severe pain); and
2. causes a prudent layperson, who possesses an average knowledge of health and medicine, to reasonably expect that the absence of immediate medical attention might result in:
   a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
   b. Serious impairment to bodily functions; or
   c. Serious dysfunction of any bodily organ or part.

**Emergency Services** means, with respect to an Emergency Medical Condition: transportation services, including but not limited to ambulance services, and covered inpatient and outpatient Hospital services furnished by a Hospital or Physician qualified to furnish those services that are needed to evaluate or Stabilize an Emergency Medical Condition.

**Essential Health Benefits** mean benefits that are defined as such by the Secretary of Labor and are to be provided in a manner that is equal to the scope of benefits provided under a typical employer plan. This applies to the following general categories and the items and services covered within the categories:
1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

**Extended Care Facility** means a licensed institution devoted to providing medical, nursing, or custodial care for an Insured Person over a prolonged period, such as during the course of a chronic disease or the rehabilitation phase after an acute sickness or injury.

**Formulary** means a list of medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. The Formulary includes Generic, Brand, and Preferred Brand Drugs.

**Generic Drugs** means a drug that is identical or bioequivalent to a Brand Named drug in dosage form, safety, strength, route of administration, quality, performance characteristics, intended use and is not protected by a patent.

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

**Home Country** means the Insured Student’s country of citizenship. If the Insured Student has dual citizenship, his or her Home Country is the country of the passport he or she used to enter the United States. The Insured Student’s Home Country is considered the Home Country for any dependent of an Insured Student while insured under the policy.

**Hospital** means an institution that:
1. Operates as a Hospital pursuant to law;
2. Operates primarily for the reception, care and treatment of sick or injured persons as inpatients;
3. Provides 24-hour nursing service by Registered Nurses on duty or call;
4. Has a staff of one or more Physicians available at all times; and
5. Provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis.

Hospital does not include the following:
1. Convalescent homes or convalescent, rest or nursing facilities;
2. Facilities primarily affording custodial, educational, or rehabilitory care; or
3. Facilities for the aged.

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

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

**Insured Person** means an Insured Student or dependent of an Insured Student while insured under the policy.

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

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

In so far as the policy is concerned, permanent residents or those who have applied for Permanent Residency Status are not considered to be an International Student.

**Loss** means medical expense caused by an Injury or Sickness which is covered by the policy.

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

**Mental Health Disorder** means a condition or disorder that substantially limits the life activities of the Insured Person with the disorder. Mental Health Disorders must be listed in the most recent version of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

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

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

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

**Physician** means a:
1. Doctor of Medicine (M.D.); or
2. Doctor of Osteopathy (D.O.); or
3. Doctor of Dentistry (D.M.D. or D.D.S.); or
4. Doctor of Chiropractic (D.C.); or
5. Doctor of Optometry (O.D.); or
6. Doctor of Podiatry (D.P.M.);
who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered.

A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a Health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

**Physician** will also mean any licensed practitioner of the healing arts who We are required by law to recognize as a “Physician.” This includes an acupuncturist, a certified nurse practitioner, a certified nurse-midwife, a Physician’s assistant, social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician.

The term Physician does not mean any person who is an Immediate Family Member.

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

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

**School or College** means the college or university attended by the Insured Student.

**Skilled Nursing Facility** – a facility, licensed, and operated as set forth in applicable state law, which:
1. mainly provides inpatient care and treatment for persons who are recovering from an illness or injury;
2. provides care supervised by a Physician;
3. provides 24 hour per day nursing care supervised by a full-time Registered Nurse;
4. is not a place primarily for the care of the aged, Custodial or Domiciliary Care, or treatment of alcohol or drug dependency; and
5. is not a rest, educational, or custodial facility or similar place.

**Sound, Natural Teeth** means natural teeth. The major portion of a tooth must be present, regardless of fillings, and not carious, abscessed or defective. Sound, Natural Teeth will not include capped teeth.

**Stabilize** means, with respect to an Emergency Medical Condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

**Substance Use Disorder** means any condition or disorder that substantially limits the life activities of the Insured Person with the disorder. Substance Use Disorders must be listed in the most recent version of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

**Treatment** means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

**Usual and Reasonable** means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for a:

1. Like service by a provider with similar training or experience; or
2. Supply that is identical or substantially equivalent.

**Visa**, in so far as the policy is concerned, means the document issued by the United States Government that permits an individual to participate in the educational activities of a college, university or other institution of higher learning either as a student or in another academic capacity. An International Student must have and maintain a valid visa, either an F-1 (Academic), J-1 (Exchange) or M-1(Vocational) in order to continue as a student in the United States.

**We, Us, or Our** means National Guardian Life Insurance Company or its authorized agent.

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**PPO PLAN - PREFERRED PROVIDER INFORMATION**

If an Insured Person uses a Network Provider, the policy will pay the Coinsurance percentage of the PPO Allowance shown in the Schedule of Benefits for Covered Medical Expenses.

If a Non-Network Provider is used, the policy will pay the percentage of the Usual and Reasonable Covered Medical Expense shown in the Schedule of Benefits. The difference between the provider fee and the Coinsurance amount paid by Us will be the responsibility of the Insured Person.

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

1. there is no Network Provider available to treat the Insured Person for a specific Covered Injury or Covered Sickness; or
2. there is an Emergency Medical Condition and the Insured Person cannot reasonably reach a Network Provider. This benefit will continue to be paid for the Emergency Services until the Insured Person can reasonably be expected to safely transfer to a Network Provider. If the transfer does not occur at that time, benefits will then be reduced and paid at the lower percentage applicable to a Non-Network Provider.

An Insured Person should be aware that Network Provider Hospitals may be staffed with Non-Network Providers. Receiving services from a Network Provider does not guarantee that all charges will be paid at the Network Provider level of benefits. It is important that the Insured Person verify that his or her Physicians are Network Providers each time he or she calls for an appointment or at the time of service. An Insured Person has the right to see any Provider of his or her choosing. However, if a Network Provider utilizes or refers the Insured Person to a Non-Network Provider and the Insured Person has no choice but to use that Non-Network Provider, benefits are payable as if provided by a Network Provider.

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**SCHEDULE OF BENEFITS**

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

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

**Preventive Services:**

Network Provider: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of the Usual and Reasonable charge when services are provided through a Network Provider.
Non-Network: Deductible, Coinsurance, and any Copayment are applicable to Preventive Services provided through a Non-Network Provider. Any Deductible, Coinsurance, and Copayment for services provided by a Non-Network Provider are not applied toward the annual Out-of-Pocket Maximum.

**Deductible:**
- Network: $250
- Non-Network: $500

**Out-of-Pocket Expense Limit:**
- Network Provider: Individual $6,600 maximum allowed under federal law
  - Family $13,200/maximum allowed under federal law
- Non-Network Provider: No maximum

**Coinsurance Amount:**
- Network Provider: 80% of PPO Allowance for Covered Medical Expenses unless otherwise stated below.
- Non-Network Provider: 60% of Usual and Reasonable Charge for Covered Medical Expenses unless otherwise stated below.

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

**PREFERRED PROVIDER ORGANIZATION:**
To locate a Cigna Provider in Your area, consult Your Provider Directory or call toll free **877-657-5030** or visit our website at [www.cigna.com](http://www.cigna.com).

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

### BENEFITS FOR COVERED INJURY/SICKNESS

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<tr>
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<th>IN-NETWORK</th>
<th>NON-NETWORK</th>
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<tbody>
<tr>
<td><strong>Inpatient Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Room &amp; Board Expenses</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Hospital Intensive Care Unit Expense - in lieu of normal Hospital Room &amp; Board Expenses</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expenses for services &amp; supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts &amp; temporary surgical appliances, oxygen, blood &amp; plasma, misc. supplies</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
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<tr>
<td>BENEFITS FOR COVERED INJURY/SICKNESS</td>
<td>IN-NETWORK</td>
<td>NON-NETWORK</td>
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<tr>
<td>Preadmission Testing</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Physician’s Visits while Confined</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Inpatient Surgery:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgeon Services</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Anesthetist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapy (inpatient)</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Skilled Nursing Facility Expense Benefit</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Extended Care Benefit</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td><strong>Outpatient Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgery:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgeon Services</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Anesthetist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BENEFITS FOR COVERED INJURY/SICKNESS</td>
<td>IN-NETWORK</td>
<td>NON-NETWORK</td>
</tr>
<tr>
<td>--------------------------------------</td>
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</tr>
<tr>
<td>Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services &amp; supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood &amp; plasma</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy Habilitative Services are covered to the extent that they are Medically Necessary</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Emergency Services Expenses</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
</tr>
<tr>
<td>In Office Physician’s Visits</td>
<td>100% of PPO Allowance for Covered Medical Expenses Copayment: $25</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Copayment: $25</td>
</tr>
<tr>
<td>Private Duty Nursing by a Registered Nurse</td>
<td>The Coinsurance Amount Shown Above</td>
<td></td>
</tr>
<tr>
<td>Urgent Care Centers or Facilities</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Diagnostic X-ray Services</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Laboratory Procedures (Outpatient)</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>BENEFITS FOR COVERED INJURY/SICKNESS</td>
<td>IN-NETWORK</td>
<td>NON-NETWORK</td>
</tr>
<tr>
<td>-------------------------------------</td>
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<td>-------------</td>
</tr>
</tbody>
</table>
| Prescription Drugs                 | 100% of PPO Allowance for Covered Medical Expenses  
Copayment: $20 Generic  
Copayment: $40 Preferred Brand  
Copayment: $40 Brand | N/A |
<p>| Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expenses |
| Home Health Care Expenses           | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expenses |
| Hospice Care Coverage               | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expenses |
| <strong>Other Benefits</strong>                  |            |             |
| Ambulance Service                   | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expenses |
| Braces and Appliances               | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expenses |
| Durable Medical Equipment           | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expenses |
| Maternity Benefit                   | Same as any other Covered Sickness |             |
| Routine Newborn Care                | Same as any other Covered Sickness |             |
| Consultant Physician Services       | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expenses |
| Accidental Injury Dental Treatment for Insured Persons over age 19 | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expenses |</p>
<table>
<thead>
<tr>
<th>BENEFITS FOR COVERED INJURY/SICKNESS</th>
<th>IN-NETWORK</th>
<th>NON-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports Accident Expense - incurred as the result of the play or practice of Intercollegiate, intramural or club sports</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Bedside Visits (International Students and/or their Dependents Only)</td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses Subject to $5,000 maximum per Policy Year</td>
<td></td>
</tr>
<tr>
<td>Medical Evacuation Expense – (International Students and/or their Dependents and Domestic Student participating in a study abroad program)</td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses</td>
<td></td>
</tr>
<tr>
<td>Repatriation Expense – (International Students and/or their Dependents and Domestic Student participating in a study abroad program)</td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses</td>
<td></td>
</tr>
<tr>
<td>Pediatric Dental Care Benefit Preventive Dental Care limited to 1 dental exam every 6 months</td>
<td>See Benefit for limitations 100% of PPO Allowance for Preventive Services</td>
<td>See Benefit for limitations 60% of the Usual and Reasonable Charge for Preventive Services</td>
</tr>
<tr>
<td>The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Dental</td>
<td>50% Usual and Reasonable</td>
<td>50% Usual and Reasonable</td>
</tr>
<tr>
<td>Routine Dental</td>
<td>50% Usual and Reasonable</td>
<td>50% Usual and Reasonable</td>
</tr>
<tr>
<td>Endodontic Services</td>
<td>50% Usual and Reasonable</td>
<td>50% Usual and Reasonable</td>
</tr>
<tr>
<td>Prosthodontic Services</td>
<td>50% Usual and Reasonable</td>
<td>50% Usual and Reasonable</td>
</tr>
<tr>
<td>Medically Necessary Orthodontic Care</td>
<td>50% Usual and Reasonable</td>
<td>50% Usual and Reasonable</td>
</tr>
<tr>
<td>BENEFITS FOR COVERED INJURY/SICKNESS</td>
<td>IN-NETWORK</td>
<td>NON-NETWORK</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Pediatric Vision Care Benefit Limited to 1 visit per Policy Year and 1 pair of prescribed lenses and frames per Policy Year</td>
<td>100% of PPO Allowance for Preventive Services</td>
<td>60% of Usual and Reasonable Charge for Preventive Services</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Non-emergency care when traveling outside of U.S.</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
<td></td>
</tr>
</tbody>
</table>

**Mandated Benefits**

<table>
<thead>
<tr>
<th>Reimbursement for Hospital Dental Procedure</th>
<th>Same as any other Covered Sickness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Counseling</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Autism</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Bone Marrow Transplant</td>
<td>Same as any other Covered Surgery</td>
</tr>
<tr>
<td>Phenylketonuria Coverage</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Reconstructive Breast Surgery</td>
<td>Same as any other Covered Surgery</td>
</tr>
<tr>
<td>Diabetes Self-Management</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Chlamydia Screening Coverage</td>
<td>Same as any other Preventive Service</td>
</tr>
<tr>
<td>Coverage for Children’s Hearing Aid</td>
<td>Same as any other Preventive Service</td>
</tr>
</tbody>
</table>

Subject to $1,000 maximum per ear every 3 years

Please visit [www.healthcare.gov/prevention](http://www.healthcare.gov/prevention) for more information

**MEDICAL EVACUATION & REPATRIATION**

**Medical Evacuation and Repatriation** to be eligible for this benefit, an Insured Student must: a) be an International Student enrolled in the authorized college or school during the period for which coverage is purchased. or b) be an Eligible Domestic Student participating in a study abroad program sponsored by the College or School.

An eligible **International Student** must meet the definition of same. An International Student may also enroll his or her Dependent under this Section by payment of additional premium.

As used in this Section, an **Eligible Domestic Student** means a permanent resident of the United States who is enrolled at the college or school and who is temporarily participating in international educational activities outside their Home Country.

The maximum combined benefit for Medical Evacuation and Repatriation is shown in the Schedule of Benefits.
**Medical Evacuation Expense** – If:

a. an Insured Person is unable to continue his or her academic program as the result of a Covered Injury or Covered Sickness;

b. that occurs while he or she is covered under the policy,

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

Payment of this benefit is subject to the following conditions:

a. The Insured Person must have been in a Hospital due to a Covered Injury or Covered Sickness for a confinement of five or more consecutive days immediately prior to medical evacuation;

b. Prior to the medical evacuation occurring, the attending Physician must have recommended and We must have approved the medical evacuation;

c. We must approve the Usual and Reasonable Expenses incurred prior to the medical evacuation occurring, if applicable;

d. No benefits are payable for Usual and Reasonable Expenses after the date the Insured Person’s insurance terminates. However, if on the date of termination, the Insured Person is in the Hospital, this benefit continues in force until the earlier of the date the confinement ends or 31 days after the date of termination;

e. Evacuation of the Insured Person to his or her Home Country terminates any further insurance under the Policy for the Insured Person; and

f. Transportation must be by the most direct and economical route.

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

**THIRD PARTY REFUND**

When:

1. an Insured Person is injured through the negligent act or omission of another person (the “third party”); and

2. benefits are paid under the Policy as a result of that Injury,

We are entitled to a refund by the Insured Person of all Policy benefits paid as a result of the Injury.

The refund must be made to the extent that the Insured Person receives payment for the Injury from the third party or that third party's insurance carrier. We may file a lien against that third-party payment. Reasonable pro rata charges, such as legal fees and court costs, may be deducted from the refund made to Us. The Insured Person must complete and return the required forms to Us upon request.

**COORDINATION OF BENEFITS**

The Policy will coordinate benefits for expense covered by any other valid and collectible medical, health or accident insurance or pre-payment plan as stated in the Policy. Payments from such coverage from the plan will not be in excess of the total eligible expenses incurred.

**EXCLUSIONS**

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

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

- International Students Only - Eligible expenses within the Insured Person’s Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
• preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy or considered a Preventive Service under the Description of Benefits.
• routine physical or examinations where there are no objective indications of impairment of normal health or except as specifically covered under the Policy.
• dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person’s Sound, Natural Teeth unless covered under the Pediatric Dental Benefit.
• professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
• services or supplies not necessary for the medical care of the Insured Person’s Injury or Sickness.
• services or supplies in connection with eye examinations, eyeglasses or contact lenses, except those resulting from a covered accidental Injury unless covered under the Pediatric Vision Care Benefit.
• weak, strained or flat feet, corns, calluses or ingrown toenails.
• diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
• treatment or removal of nonmalignant moles, warts, boils, acne, actinic or seborrheic keratoses, dermatofibrosis or nevus of any description or form or sleep disorders including the testing for same.
• expenses covered under any Workers’ Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
• any expenses in excess of Usual and Reasonable charges.
• loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
• loss resulting from war or any act of war, whether declared or not when serving in the military or an auxiliary unit thereto, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Schedule of Benefits.
• Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
• treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
• Injury sustained as the result of the Insured Person’s operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
• expenses incurred after:
  o The date insurance terminates as to the Insured Person;
  o The Maximum Benefit for each Covered Injury or Covered Sickness has been attained; and
  o The end of the Benefit Period specified in the Benefit Schedule.
• Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
• charges incurred for acupuncture in any form, except to the extent provided in the Schedule of Benefits.
• expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
• expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses, except as required for repair caused by a Covered Injury unless covered under the Pediatric Vision Care Benefit.
• racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), or other hazardous sport or hobby.
• expenses incurred for Plastic or Cosmetic Surgery, unless needed to repair conditions resulting from an accidental injury or for the improvement of the physiological functioning of a malformed body member, except for services related to orthognathic surgery, osteotomy or any other form of oral surgery, dentistry, or dental processed to the teeth and surrounding tissue.
  o For the purposes of this provision, Reconstructive Surgery means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
  o For the purposes of this provision, Plastic or Cosmetic Surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient’s appearance) In no event will any care and services for breast reconstruction or implantation or removal of breast prostheses be covered
unless such care and services are performed solely and directly as a result of a Medically Necessary mastectomy.

- treatment to the teeth, including surgical extractions of teeth. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits or to services specifically covered under the Policy.
- an Insured Person’s:
  - committing or attempting to commit a felony,
  - being engaged in an illegal occupation, or
  - participation in a riot.
- custodial care, service and supplies.
- expenses that are not recommended and approved by a Physician.
- conditions due to accidental bodily injury occurring prior to the Insured Person’s effective date of coverage.

**CLAIM PROCEDURES**

1. When you require treatment/service by a hospital or physician please present your CHP ID card.
2. The provider of treatment/service can contact CHP directly to verify benefits and/or eligibility.
3. An itemized bill for treatment/services should be sent to Cigna within ninety (90) days from the date of first treatment/service, or as soon as reasonably possible. Bills submitted after one year will not be considered for payment except in the absence of legal capacity. The provider can submit the itemized bill on behalf of the student. If the student is submitting the itemized bill, please retain a copy for your records.
4. Itemized medical bills must include the provider’s name, address and tax identification number as well as the procedure and diagnoses codes. The Student’s name and identification number should be included on the bill.

**SUBMIT ALL MEDICAL CLAIMS TO:**

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

For information about the Cigna Prescription Drug Program please visit www.cigna.com.

5. **Customer Service, verification of benefits, claim correspondence, and ID card requests should be directed to the Claims Administrator listed below:**

**Claims Administrator:**
Consolidated Health Plans
2077 Roosevelt Avenue
Springfield, MA 01104
877-657-5030
www.chpstudent.com
Group Number: ST0859SH

**Servicing Agent:**
Specialty Insurance, LLC- Scott MacAdam
17443 Level Drive, Doswell, VA 23047
804-690-1563
specialtyinsurance@hughes.net
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 may request first an internal then external appeal in writing within 30 days for a Prospective Review Request or 60 days for a Retrospective Review Request of the date appearing on the EOB, then 180 days for an External Review. 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:
CONSORTIUM HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
www.chpstudent.com
Toll Free (877) 657-5030
Group Number: ST0859SH
Email: customerservice@consolidatedhealthplan.com
www.chpstudent.com

This plan is underwritten by:
National Guardian Life Insurance Company
Madison, WI
As Policy form NBH-280 (2015) TN et al

National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka The Guardian or Guardian Life.

For a copy of the Company’s privacy notice you may go to:
www.consolidatedhealthplan.com/about/hipaa

Or

Request one from the Health Office at your School

Or

Request one from:
National Guardian Life Insurance Company
C/O Privacy Officer
70 Genesee Street
Utica, NY 13502

(Please indicate the school you attend with your written request)

Representations of this plan must be approved by the Company.

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary State approvals. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state’s laws, including those relating to mandated benefits.
VALUE ADDED SERVICES
The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company. These value added options are provided by Consolidated Health Plans.

VISION DISCOUNT PROGRAM
For Vision Discount Benefits please go to:
www.chpstudent.com

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE
Consolidated Health Plans provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-877-657-5030. If you are traveling and need assistance in North America, call the Assistance Center toll-free at: 877.305.1966 or if you are in a foreign country, call collect at: 715.295.9311. When you call, please provide your name, school name, the group number shown on your ID card, and a description of your situation. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.

Your out-of-pocket costs may be lower when you utilize Cigna PPO Providers. For a listing of Cigna PPO Providers, go to www.cigna.com or contact Consolidated Health Plans, toll-free at (877) 657-5030, or www.chpstudent.com for assistance.