WHERE TO FIND HELP

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

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

AM I ELIGIBLE?

All students attending Alabama College of Osteopathic Medicine are required to participate in this Student Health Insurance Plan on a waiver participation basis and the premium for coverage is added to the tuition billing unless proof of comparable coverage is furnished. A Full-time or Part-time Student enrolled in a degree-granting program who is not enrolled exclusively in online courses and whose enrollment does not consist entirely of Short-Term Courses. Students must actively attend classes for a least the first 31 days beginning with the first day of which coverage is purchased. Home study, correspondence, online, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend class.

COVERAGE FOR DEPENDENTS

Eligible individuals may also insure, on a Voluntary Participation Basis, their eligible Dependents. Individuals who enroll their dependents must enroll them within (31) days of the Insured Student’s enrollment in the plan with the exception of adopted children or newborn children (see the provision entitled Dependent Child Coverage in the Policy). They will be enrolled for the same term of coverage for which the Insured Student enrolls.

Dependents of an Eligible International Student must possess a valid passport and a proper visa (either an F-2, J-2 or M-2 visa).

Dependent’s coverage, under the Voluntary Participation Basis, becomes effective on the later of:
1. The day after the date of postmark when the Enrollment Form is mailed; or
2. The beginning date of the term for which premium has been paid; or
3. The day after the date the required individual Enrollment Form and premium payment are received by Us or Our authorized agent. This applies only when premium payment is made within 31 days of the student’s enrollment in the School’s insurance plan; or
4. The Policy effective date.

The last date for enrollment is shown in the Insurance Information Schedule. The Enrollment Period will run from the start of the quarter or semester for which coverage is desired.

HOW DO I WAIVE?

Eligible Students who DO NOT WANT to be enrolled in the Student Health Insurance Program must submit an online Waiver Form documenting proof of comparable coverage in another health insurance plan prior to the posted waiver date.

Recognizing that health insurance situations may change, students will be required to provide proof of comparable coverage each academic year in order to waive participation in the Student Health Insurance Program.

Please note: The Company issuing the policy used to waive inclusion in the Student Health Insurance Program must be wholly based in the United States

EFFECTIVE DATES AND COSTS

The Alabama College of Osteopathic Medicine Student Health Insurance Plan provides coverage to students for a twelve (12) month period - from 12:01 a.m. August 1, 2016, through 12:01 a.m. July 31, 2017.

<table>
<thead>
<tr>
<th></th>
<th>Annual*</th>
<th>Spring*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>8/1/16 – 7/31/17</td>
<td>1/01/16 – 7/31/17</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,897</td>
<td>$1,683</td>
</tr>
<tr>
<td>Each Child</td>
<td>$2,897</td>
<td>$1,683</td>
</tr>
<tr>
<td>3 or more Children</td>
<td>$8,691</td>
<td>$5,049</td>
</tr>
</tbody>
</table>

Dependent rates are in addition to the student rate.

*The above rates include an administrative fee.

Insurance under this 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; or
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.
TERMINATION OF BENEFITS

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

1. The date this 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.

EXTENSION OF BENEFITS

Coverage under this 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 Hospital confined 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 confinement continues.

PREMIUM REFUND POLICY

Refund of Premium: 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.

DEFINITIONS

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

Accident means a sudden, unforeseeable external event which results independently and directly 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 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, 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, preeclampsia, 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 from 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; and
3. 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. which results in Covered Medical Expenses.

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 [or lawful Domestic Partner];
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 a 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, 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.

**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 this 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, drug addicts or alcoholics.

**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 this Policy.

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

**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.

**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;
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.

**Student Health Center or Student Infirmary** means an on campus facility that provides:
1. Medical care and treatment to Sick or Injury students; and
2. Nursing services.

A Student Health Center or Student Infirmary does not include:
1. Medical, diagnostic and treatment facilities with major surgical facilities on its premises or available on a pre-arranged basis; or
2. Inpatient care.

**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 this 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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**PREFERRED PROVIDER ORGANIZATION**

If an Insured Person uses a Network Provider, this 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, this 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.

**PREFERRED PROVIDER ORGANIZATION:** To locate a PHCS Network Provider in Your area, consult Your Provider Directory or call toll free at 1-800-633-7867 or visit Our website at: [www.chpstudent.com](http://www.chpstudent.com).

**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: $500
Non-Network: $500

Out-of-Pocket Expense Limit:
Network: $6,850 Individual / $13,700 Family
Non-Network: $6,850 Individual / No Maximum - Family

Coinsurance:
Network: 80% of PPO Allowance for covered Medical Expenses unless otherwise stated below.
Non-Network: 60% of Usual and Reasonable charges for Covered Medical Expenses unless otherwise stated below.

Benefit Payment for Network Providers and Non-Network Providers
This policy provides benefits based on the type of health care provider selected. This 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.

Hospital Inpatient Facility Copayment:
Network: $150
Non-Network: $150

PREFERRED PROVIDER ORGANIZATION: To locate a PHCS Network Provider in Your area, consult Your Provider Directory or call toll free at 1-800-633-7867 or visit Our website at: www.chpstudent.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 DETERMINED BY WHETHER OR NOT THE SERVICE OR TREATMENT IS PROVIDED BY A NETWORK PROVIDER.

<table>
<thead>
<tr>
<th>BENEFITS PER COVERED INJURY/SICKNESS</th>
<th>IN-NETWORK</th>
<th>NON-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Room &amp; Board Expenses</td>
<td>80% of PPO Allowance for Covered Medical Expenses after $150 copayment</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses after $150 copayment</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>
</tr>
<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>25% of benefits payable for Surgeon Services</td>
<td>25% of benefits payable for Surgeon Services</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>25% of benefits payable for Surgeon Services</td>
<td>25% of benefits payable for Surgeon Services</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 Up to 30 days per Policy Year</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 Up to 30 days per Policy Year</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
</tbody>
</table>
### Nervous, Mental or Emotional Disorders

**Treatment**
Up to 30 days per year

**BENEFITS PER COVERED INJURY/SICKNESS**

<table>
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<tr>
<th>NETWORK</th>
<th>IN-NETWORK</th>
<th>NON-NETWORK</th>
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**OUTPATIENT BENEFITS**

**Outpatient Surgery:**

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK</th>
<th>NON-NETWORK</th>
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</table>

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<thead>
<tr>
<th>Surgeon Services</th>
<th>80% of PPO Allowance for Covered Medical Expenses</th>
<th>60% of Usual and Reasonable Charge for Covered Medical Expense</th>
</tr>
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<tr>
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<td>Assistant Surgeon</td>
<td>25% of benefits payable for Surgeon Services</td>
<td>25% of benefits payable for Surgeon Services</td>
</tr>
</tbody>
</table>

| Outpatient Surgery Miscellaneous, expenses for services & supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood & plasma | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expense |

| Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expense |

| Habilitative Services are covered to the extent that they are Medically Necessary | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expense |

| Up to 30 visits per Policy Year | Same as any other Covered Sickness | Same as any other Covered Sickness |

| Emergency Services Expenses (copayment waived if admitted) | Copayment: $150 80% of PPO Allowance for Covered Medical Expenses | Copayment: $150 80% of U&R for Covered Medical Expenses |

| In Office Physician’s Visits | Copayment: $25 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expense |

| Diagnostic X-ray Services | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expense |

| Laboratory Procedures (Outpatient) | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expense |

| Prescription Drugs Prescriptions should be filled at an Express Scripts participating pharmacy | 100% of PPO Allowance for Covered Medical Expenses | 100% of U&R for Covered Medical Expenses |

| 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 Expense |

| Home Health Care Expenses | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expense |

| Hospice Care Coverage | 80% of PPO Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expense |

<p>| Mental Illness Benefit Up to 20 visits per year | Same as any other Covered Sickness | Same as any other Covered Sickness |</p>
<table>
<thead>
<tr>
<th>OTHER BENEFITS</th>
<th>Chiropractic Care</th>
<th>MANDATED BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ambulance Service</strong></td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
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<tr>
<td></td>
<td>80% of Usual and Reasonable Charge for Covered Medical Expense</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expense</td>
</tr>
<tr>
<td><strong>Prosthesis and Orthotics</strong></td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
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</tr>
<tr>
<td></td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expense</td>
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</tr>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
</tr>
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<td></td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expense</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expense</td>
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<tr>
<td><strong>Maternity Benefit</strong></td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
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<tr>
<td><strong>Routine Newborn Care</strong></td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td><strong>Pediatric Vision Care Benefit</strong>, limited to 1 visit per Policy Year and 1 pair of prescribed lenses and frames</td>
<td>100% of PPO Allowance for Covered Medical Expenses for Preventive Services</td>
<td>100% of PPO Allowance for Covered Medical Expenses for Preventive Services</td>
</tr>
<tr>
<td></td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expense for Preventive Services</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expense for Preventive Services</td>
</tr>
<tr>
<td><strong>Pediatric Dental Care Benefit</strong></td>
<td>100% of U&amp;R</td>
<td>100% of PPO Allowance for Covered Medical Expenses</td>
</tr>
<tr>
<td>Preventive Dental Care, limited to 1 dental exam every 6 months</td>
<td></td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expense</td>
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<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>
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<tr>
<td>Emergency Dental</td>
<td>50% Usual and Reasonable</td>
<td></td>
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<tr>
<td>Clinical Oral Evaluations</td>
<td>50% Usual and Reasonable</td>
<td></td>
</tr>
<tr>
<td>Endodontic Services</td>
<td>50% Usual and Reasonable</td>
<td></td>
</tr>
<tr>
<td>Periodontal Services</td>
<td>50% Usual and Reasonable</td>
<td></td>
</tr>
<tr>
<td>Prosthodontic Services</td>
<td>50% Usual and Reasonable</td>
<td></td>
</tr>
<tr>
<td>Medically Necessary Orthodontic Care</td>
<td>50% Usual and Reasonable</td>
<td></td>
</tr>
<tr>
<td><strong>MANDATED BENEFITS FOR ALABAMA</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Mandate Disclaimer</strong>: If any Preventive Services Benefit is subject to the mandated benefits required by state law, they will be administered under the federal or state guideline, whichever is more favorable to the student.</td>
<td></td>
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</tr>
</tbody>
</table>
| **Mental Illness**: If the Insured Person incurs expenses as the result of treatment for a Mental Illness, We will pay the expenses incurred for Inpatient Services, Day Treatment Services, and Outpatient Services on the same basis as any other Covered Sickness. For purposes of this benefit: **Day Treatment Services** means physiological, psychological, and psychosocial.
concepts, techniques, and processes necessary to maintain or develop functional
skills of clients, provided to Insured Persons for periods of more than two hours
but less than 24 hours a day.

**Inpatient Services** means a range of physiological, psychological, and other
intervention concepts, techniques, and processes used in a community mental
health psychiatric inpatient unit, general hospital psychiatric unit or psychiatric
hospital licensed by the Department of Health, or in an accredited public hospital
to restore psychosocial functioning sufficient to allow maintenance and support
of the insured person in a less restrictive setting.

**Mental Illness** means the following mental illnesses diagnosed by an
appropriately licensed provider:
1. Schizophrenia, schizophrenia form disorder, schizoaffective disorder.
2. Bipolar disorder.
3. Panic disorder.
4. Obsessive-compulsive disorder.
5. Major depressive disorder.
6. Anxiety disorders.
7. Mood disorders.
8. Any condition or disorder involving mental illness, that falls under any of the
diagnostic categories listed in the mental disorders section of the
International Classification of Disease, as periodically revised.

**Outpatient Services** means screening, evaluation, consultations, diagnosis, and
treatment involving use of physiological, psychological and psychosocial
evaluative and interventive concepts, techniques, and processes provided to
Insured Persons.

**Alcoholism Treatment Expense Benefit:** If an Insured Person requires treatment
for Alcoholism, We will pay for such treatment as follows:

**Inpatient Confinement:** We will pay the expenses incurred on the same basis as
other Covered Sicknesses for Inpatient Treatment For Alcoholism in:
1. a Hospital; or
2. a short term residential alcoholism treatment facility or detoxification
   facility duly licensed or certified as such by the Alabama Board of Health or
   the Alabama Mental Health Board.

Benefits are payable for up to 30 days of Inpatient treatment or its equivalent
per Policy Year. Such equivalency shall be computed based on a formula which
equates two days of treatment in a short term residential alcoholism treatment
facility to one day of Inpatient treatment and which equates three sessions of
outpatient treatment by a Physician or an alcoholism treatment facility to one
day of inpatient treatment.

**Outpatient Treatment:** We will pay the expenses incurred on the same basis as
other Covered Sicknesses for Outpatient Treatment. Benefits include charges
for services rendered in a Physician’s office or by an outpatient treatment
department of a Hospital, or a short term residential alcoholism treatment
facility. The services must be legally performed by or under the clinical
supervision of a licensed Physician or a licensed psychologist who certifies every
three months that the Insured Person needs to continue such treatment.

For purposes of this benefit:

**Alcoholism** means chronic disorder or illness in which the individual is unable,
for psychological or physical reasons, or both, to refrain from the frequent
consumption of alcohol in quantities sufficient to produce intoxication and,
ultimately, injury to health and effective functioning.

**Detoxification** means supervised physical withdrawal from alcohol.

**Inpatient Treatment For Alcoholism** means care provided in a Hospital and
limited to detoxification where severe medical or psychiatric complications are
present or may be anticipated.

**Outpatient Treatment** means treatment rendered in a nonresidential setting
and using an intermittent, periodic schedule of visits.

**Short Term Residential Alcoholism Treatment Facility** means a state certified
facility which provides structured programs of intensive treatment services for
people addicted to alcohol. Services may include supervised withdrawal from
alcohol, backup emergency medical services for persons whose physical
condition necessitates medical care, psychological and social evaluation, and
nutritional stabilization through proper dietary service, individual counseling,
family counseling and referral to other providers who can provide additional
services for continuity of care, aftercare and follow-up.

**Substance Abuse Treatment Benefit:** If an Insured Person requires treatment for
substance abuse, We will pay for such treatment as follows:

**Inpatient Confinement:** We will pay the expenses incurred on the same basis as
other Covered Sicknesses for Inpatient Treatment For substance abuse in:
1. a Hospital; or
2. a short term residential substance abuse treatment facility or detoxification
   facility duly licensed or certified as such by the Alabama Board of Health or
   the Alabama Mental Health Board.

Benefits are payable for up to 30 days of Inpatient treatment or its equivalent
per Policy Year. Such equivalency shall be computed based on a formula which
equates two days of treatment in a short term residential substance abuse
abuse treatment facility to one day of Inpatient treatment and which equates three
sessions of outpatient treatment by a Physician or an substance abuse treatment
facility to one day of inpatient treatment.

**Outpatient Treatment:** We will pay the expenses incurred on the same basis as
other Covered Sicknesses for Outpatient Treatment. Benefits include charges
for services rendered in a Physician’s office or by an outpatient treatment
department of a Hospital, or a short term residential substance abuse treatment
facility. The services must be legally performed by or under the clinical
supervision of a licensed Physician or a licensed psychologist who certifies every
three months that the Insured Person needs to continue such treatment.
MEDICAL EVACUATION BENEFIT
To be eligible for this benefit, a 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.

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.

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 this 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.
e. 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;
f. Evacuation of the Insured Person to his or her Home Country terminates any further insurance under the Policy for the Insured Person; and
g. Transportation must be by the most direct and economical route.

REPATRIATION OF REMAINS BENEFIT
If the Insured Person dies while he or she is covered under this 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.

COORDINATION OF BENEFITS
The Coordination of Benefits ("COB") provision applies when a person has health care coverage under more than one Plan. Plan is defined below. The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary plan. The Primary plan must pay benefits in accordance with its policy terms without regard to the possibility that another Plan may cover some expenses. The Plan that pays after the Primary plan is the Secondary plan. The Secondary plan may reduce the benefits it pays so that payments from all Plans does not exceed 100% of the total Allowable expense.

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

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

1. 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.
2. Preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy.
3. Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person’s Sound, Natural Teeth.
4. Services or supplies not necessary for the medical care of the Insured Person’s Injury or Sickness.
5. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury.
6. Weak, strained or flat feet, corns, calluses or ingrown toenails.
7. Diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
8. Expenses covered under any Workers’ Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
9. 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.
10. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Schedule of Benefits.
11. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
12. 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.
13. 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.
14. Charges incurred for chiropractic care, acupuncture, physical therapy, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
15. Expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
16. Racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sailplaning, hang gliding, bungee jumping, travel in or on ATV’s (all terrain or similar type vehicles) or other hazardous sport or hobby.
17. Expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from Reconstructive Surgery.
   - 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.
   - 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).
18. An Insured Person’s:
   - committing or attempting to commit a felony,
   - being engaged in an illegal occupation, or
   - participation in a riot.
19. Custodial care service and supplies.

CLAIM PROCEDURES
In the event of either an Injury or a Sickness:
1. Contact your Student Health Services, if available. They will provide primary care and, if necessary, refer you to a Provider located nearby for treatment at reduced cost.
2. Submit to Consolidated Health Plans, at the address shown below, an itemized bill. Written Proof of Loss must be submitted by You or Your health care provider within ninety (90) days of treatment, or as soon as reasonably possible.

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

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

Group Number: S211513

Servicing Broker:
Parker Waller Insurance, LLC
401 Cedar Street
Greenville, AL 36037
(334) 382-4604 or Toll Free (877) 272-4532

This plan is underwritten by and offered by:
National Guardian Life Insurance Company
Madison, WI
As Policy form: NBH-280 (2015) 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
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 the 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. 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 1-800-633-7867. 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.