Student Accident
And Sickness
Insurance Program

Designed for the
Students of

EXPLORATION SUMMER PROGRAMS

Underwritten by:
Commercial Travelers Mutual
Insurance Company
Utica, NY

Policy Number: 2017I5A14

Effective from June 25, 2017 - August 5, 2017

IMPORTANT NOTICE
This brochure provides a brief description of the important features of this Insurance Program. It is not a contract. Terms and conditions of the coverage are set forth in Policy Number 2017I5A14 under form number CTSH-I5A14 et al. A copy of the policy is provided to the camp. If there is a conflict between the Policy and the brochure, the Policy language will prevail. Please keep this brochure with Your important papers.

This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance. Please see page #2 for additional information.
MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at: 1-877-MA-ENROLL or visit the Connector website: (www.mahealthconnector.org).

This health plan, alone, does not meet Minimum Creditable Coverage standards that are effective during the term of this coverage as part of the Massachusetts Health Care Reform Law because: The health plan does not provide preventive or primary care; and The health plan imposes and over all maximum benefit per sickness or injury for covered core services.

If you purchase this health plan only, you will not satisfy the statutory requirement that you have health insurance meeting these standards. If this health plan is offered to you through your place of employment, contact your employer or other plan sponsor to determine if it offers other health plan options that meet Minimum Creditable Coverage.

If this health plan is not offered to you through a place of employment and you want to learn about other health plan options available to individuals, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at www.mass.gov/dpi, or the Connector by calling 1-877-MA-ENROLL or visiting its website at www.mahealthconnector.org.

THIS DISCLOSURE IS FOR MINIMUM CREDITABLE COVERAGE STANDARDS THAT ARE EFFECTIVE DURING THE TERMS OF THIS COVERAGE. BECAUSE THESE STANDARDS MAY CHANGE, REVIEW YOUR HEALTH PLAN MATERIAL EACH YEAR TO DETERMINE WHETHER YOUR PLAN MEETS THE LATEST STANDARDS.

ELIGIBILITY

Only an Eligible Person may be covered as an Insured. Employees and administrators of the Policyholder are not eligible for coverage under the Policy. Registered campers or students that have paid the required fees are insured from the time they become registered guests on the premises of the Policyholder.

EFFECTIVE & TERMINATION DATES

The Policy on file at the school becomes effective at 12:01 a.m., on the following dates:

Session 1:
- June 25, 2017 – July 15, 2017

Session 2:
- July 16, 2017 – August 5, 2017

One (1) Week Sessions:
- June 26, 2017 – June 30, 2017
- July 3, 2017 - July 7, 2017
- July 10, 2017 – July 14, 2017
- July 17, 2017 - July 21, 2017
- July 24, 2017 – July 28, 2017
- July 31, 2017 - August 4, 2017

An Eligible Person shall become an Insured on:
1. Effective date of this Policy;
2. First day of the Session for which enrolled, or
3. Day the camper or student pays required attendance fees to the Policyholder.

The insurance for any Insured shall terminate at 12:01 a.m. on the earliest of the following dates:
1. The date the Policy terminates;
2. The premium due date if You fail to pay the required premium for the Insured;
3. The date the student or camper is no longer an Eligible Person;
4. As of the date the Insured enters military service in any country, in which case a pro-rata refund of premium will be made upon Our receipt of written notice within 90 days of such entrance date; or
5. The end of the Coverage Period for which premium for Insured’s coverage was paid.

Termination of insurance for an Insured shall be without prejudice to any claim that starts prior thereto.

**GRACE PERIOD**

This Policy has a 31-day Grace Period. If the premium is not paid by the due date, it may be paid during the 31 days immediately following the due date. The Policy will remain in force during the Grace Period. Coverage ends if the premium is not paid by the end of the Grace Period. The Policyholder shall be liable to us for the payment of premium for the period this Policy continues in force. The Grace Period does not apply to:

1. The first premium due; or
2. Premiums due thereafter if We have given the Policyholder 60 days prior notice that We will not renew the Policy.

**PREMIUM REFUNDS**

Premium refunds are only made if an Insured leaves camp to enter into the Armed Forces of any country. We must receive written notice within 90 days of such entrance date in order to refund premium. Premium refunds for any other reason are not available.

**DEFINITIONS**

“**You**”, “**Your**” or “**Yours**” means the Insured, for purposes of this brochure.

“**We**”, “**Us**” or “**Our**” means Commercial Travelers Mutual Insurance Company.

“**Physician**” means:

1. a Doctor of Medicine (M.D.); or
2. a Doctor of Osteopathy (D.O.); or
3. a Doctor of Dentistry (D.M.D. or D.D.S); or
4. a Doctor of Chiropractic (D.C.); or
5. a Doctor of Optometry (O.D.); or
6. a 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.

“**Loss**” means medical Expense caused by Injury or Sickness which is covered by the Policy.

“**Covered Injury**” means bodily harm caused by an accident which occurs while the Policy is in force as to the Insured Person. All injuries sustained in any one Accident, including related conditions will be considered one injury.

“**Covered Sickness**,” means illness or disease which causes loss while insurance under the Policy is in force as to the Insured Person. Sickness includes normal pregnancy and Complications of Pregnancy. All related conditions and recurring symptoms of a Sickness will be considered one Sickness.
“Covered Expense,” means the Reasonable and Customary charges for treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

“Eligible Person” means a camper or student who meets the Eligibility described in the Policy. It shall include each enrolled camper of the Policyholder program who is eligible for coverage under the Policy.

“Insured Person” means a person, enrolled in and attending the Policyholder’s program, who is eligible and for whom insurance is in force under the Policy. The Insured’s coverage takes effect and terminates as stated in the Policy. Insured does not include any employee or administrator of the Policyholder.

“Other Valid and Collectible Insurance” means coverage subject to regulation by insurance law or by insurance authorities of this or any state of the United States or any province of Canada and provided by: Organizations, Union Welfare Plans, hospital or medical service organization, employer/employee benefit organizations, group insurance, HMO (Health Maintenance Organization), automobile medical payment insurance, and PPO (Preferred Provider Organization).

The Company will pay benefits in excess of coverage provided by the Insured Person’s HMO or PPO. If the Insured Person chooses not to use an authorized medical vendor (under HMO or PPO), we will pay the expenses incurred that we would have honored had they used the proper medical vendor.

If the Insured Person is insured under any other valid and collectible insurance or plan which is also excess to other coverage, the Company will pay a maximum of fifty percent (50%) of the benefits otherwise payable.

“Reasonable and Customary (R&C) Expense” means fees and prices generally charged within the locality where the treatment or service was performed, for services and supplies required for treatment of cases of comparable severity and nature. Whether a fee is a Reasonable and Customary Charge is determined by Us through utilization of the current nationally recognized payment system. The treatment, services and supplies must be recommended and approved by a Physician. In no event shall the Reasonable and Customary Expense be greater than the normal or actual charge made for a service by the provider for a similar service or supply.

“Surgery” or “Surgical Procedure” means (1) a cutting procedure; (2) suturing a wound; (3) treatment of a fracture; (4) reduction of a dislocation; (5) electrocauterization; (6) diagnostic and therapeutic endoscopic procedures; and (7) an operation by means of laser beam. Surgery does not mean dental work or oral surgery except for an excision of partially or completely unerupted impacted wisdom teeth.

**COVERAGE OF INDIVIDUAL INSUREDs**

Registered campers that have paid the required camp fees are insured from the time they become registered guests or campers on the premises of the Policyholder:

1. While in regular attendance on camp premises,
2. While taking part in regularly scheduled and approved camp activities,
3. While traveling to and from camp activities in properly supervised groups, for the period of time it takes for them to travel to and from the Policyholder’s campground, but travel time will not exceed forty-eight (48) hours in each direction.

If an Insured sustains an Injury or Sickness and incurs expenses while insured under the Policy, We will pay the benefits stated for the services, treatments, and supplies described in the Covered Medical Expenses section below.
Covered Medical Expenses

When you suffer a loss, we will pay 100% of the expense incurred, up to a maximum of $3,000 per injury or sickness. Benefits are allocated as follows:

1. For reasonable and customary expenses;
2. Per injury or sickness per policy period;
3. Where treatment is sought within 30 days after the accident that causes the injury or the first manifestation of sickness;
4. Where provided by a legally qualified physician or physician’s assistant unless otherwise indicated;
5. Subject to maximum benefits and limits as stated in the schedule of benefits; and
6. Subject to the terms and conditions of the policy and any exclusions and other insurance and recovery limitations.

BASIC ACCIDENT AND SICKNESS EXPENSE BENEFITS

Hospital Confinement Expenses:

Hospital Room and Board Expense: When you require hospital confinement, we will pay 100% of the R&C expenses for hospital room and board up to the semi-private room rate, or 100% of the intensive care unit rate, if applicable.

Miscellaneous Hospital Expense: We will pay 100% of the R&C expenses incurred by you during a hospital confinement or as an outpatient for day surgery. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen tent, prescription drugs, medicines, dressings, licensed nurse, physical therapy and other non-room and board expenses.

Inpatient Physician’s Fees Expense: When you require the services of a physician, we will pay 100% of the R&C expense for such services.

Surgical Expense: When you require surgery, whether on an inpatient or outpatient basis, we will pay 100% of the R&C expenses.

If the surgery requires the services of an anesthetist, who is not employed or retained by the hospital in which the operation is performed, we will pay 100% of the R&C expense, not to exceed 30% of the amount paid to the surgeon.

If the surgery requires the services of an assistant surgeon, we will pay 100% of the R&C expense, not to exceed 30% of the amount paid to the surgeon.

Second Surgical Opinion Consultation Benefit Expense: We will pay 100% of the R&C expense for a second opinion consultation by a board-certified specialist in the medical field relating to the surgical procedure to be performed. Expenses include x-rays and diagnostic tests when necessary to confirm diagnosis. This benefit shall not exceed 5% of the amount paid to the surgeon.

Outpatient Expense: When you require outpatient services including physician visits, outpatient clinic facility charges, laboratory tests and diagnostic x-rays, emergency room care, prescription medications and temporary surgical appliances and equipment, prescribed by a doctor, we will pay 100% of the R&C expense up to a maximum of $3,000.

Prosthetic Device: We will pay 80% of U&C for the prosthetic device that is the most appropriate model that is medically necessary to meet the insured person’s medical needs. We will also provide coverage for the medically necessary repair or replacement of a prosthetic device.

Prosthetic Device means an artificial limb device to replace, in whole or in part, an arm or leg.

Outpatient Prescription Drug Expense includes:

- Off-label uses of prescription drugs for treatment of cancer, HIV and AIDS.
- Glucose monitoring strips for home use for which a physician has written an order and which are for treatment of insulin-dependent diabetes.
Physical Therapy Care: 100% of the R&C Expenses for Physical Therapy, provided that therapy is prescribed by a licensed Physician, and such prescription is for a stated number of treatments. For any additional treatment, the referring Physician must issue a new prescription following medical re-evaluation of the Insured's condition.

Sickness Dental Expense: When You require the services of a Physician for the removal of impacted wisdom teeth, we will pay 100% of the R&C Expenses to a maximum of $350 per tooth. No other dental expenses are payable under this benefit.

MISCELLANEOUS BENEFITS

Ambulance Expense: When You require the use of an Ambulance, We will pay 100% of the R&C Expense.

MANDATED BENEFITS

The following benefits are mandated in the state of Massachusetts. They will be included in all plans issued under the policy. Unless specified otherwise, all such coverage will be subject to any deductibles, co-payment and coinsurance conditions of the Policy as well as all other terms and conditions applicable to any other Covered Sickness.

Mandated benefits as required by the state in which the Policy is issued include: Autism Spectrum Disorder; Cytologic Screening and Mammogram Examination; Hospice; Home Health Care; Cardiac Rehabilitation; Cleft Palate and Cleft Lip; Infertility; Mental Illness; Telemedicine Consultation; Non-prescription Enteral Formulas and Low Protein Food Formulas; Emergency Medical Services; Mastectomy Surgery and Rehabilitation; Cancer Treatment; AIDS Drug Coverage (Off-Label use); Diabetes Equipment, Supplies and Service; Speech, Hearing and Language Disorders; Maternity Coverage; Hormone Replacement Therapy and Contraceptives, including Outpatient Contraceptive Services; and Prosthetic Devices. See the Policy on file with the school for further details on these benefits

OTHER INSURANCE

The Company will not duplicate benefits that are paid or payable by Other Valid and Collectible Hospital medical insurance plan or to the extent that benefits are provided and paid for by or through a managed care program. This provision does NOT apply to emergencies.

EXCLUSIONS

The Policy does not cover Loss of, nor provide benefits for:

1. Expenses for dental treatment, except for treatment resulting from Injury to sound and natural teeth, or for removal of impacted wisdom teeth, to the extent provided;
2. Services normally provided without charge by Your Health Service, infirmary or hospital, or Policyholder employees;
3. Replacement of eyeglasses, contact lenses, hearing aids, or prescriptions therefore;
4. Injury due to participation in a felony, riot, civil commotion;
5. Elective or cosmetic surgery; this does not apply to reconstructive surgery which results from trauma occurring while the insured is covered under the Policy;
6. Loss resulting from air travel, except as a fare-paying passenger on a commercial airline; parachuting, bungee-cord jumping, or hang-gliding;
7. Injury or Sickness resulting from declared or undeclared war;
8. Injury or Sickness while serving in the Armed Forces of any country. Upon entry into the Armed Forces, We will refund any unearned pro-rata premium, but only if We receive written notice within 90 days of such entry;
9. Injury or Sickness covered by any Workers Compensation or Occupational Disease Law;
10. Treatment provided in a Government Hospital, unless the Insured is legally obligated to pay such charges;
11. Outpatient Expense incurred for treatment of drug, alcohol, mental or nervous disorders, except as specifically provided by the Policy;
12. Expenses incurred for treatment of Injuries resulting from any motor vehicle accident to the extent that they are covered by other valid and collectible insurance, or third party action;
13. Preventive testing, treatment, or medicines; vaccines, and serums; routine physical examinations and testing; custodial care. This exclusion does not apply to annual cytological and mammographic screenings;
14. Expenses incurred before Your coverage begins or after it terminates;
15. Services, supplies and treatments not for the care and treatment of the Injury or Sickness;
16. Treatment or services provided by a member of the Insured’s Immediate Family or by anyone who lives with the Insured;
17. Charges in excess of Reasonable and Customary Expenses;
18. Services and supplies which are not recommended by the attending Physician;
19. Suicide, attempted suicide, intentionally self-inflicted Injury or attempted self-inflicted Injury, while sane or insane;
20. Injury or Sickness resulting from the use of, or from being under the influence of, alcohol or drugs, unless taken on a doctor’s advice;
21. Treatment and services related to organ transplant;
22. Treatment of mental or nervous disorders except as specifically provided;
23. Weak, strained, or flat feet, corns, calluses and toe nail problems;
24. Diagnosis and treatment of acne;
25. Deviated nasal septum, including submucous resection and or other surgical correction thereof.

CLAIM PROCEDURE

In the event of Accident or Sickness:

1. Claim forms are available at Exploration Summer Program Health Services or through the website at: www.chpstudent.com.
2. Notification of claim should be made within 30 days after the date of accident or commencement of a covered Sickness.
3. Written Proof of Loss should be submitted within 90 days. This should include a claim form and itemized billings.
4. All claims and inquiries should be directed to:

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

We may pay benefits directly to the organization or person rendering treatment, service, or supplies considered a Covered Medical Expense, unless a written request is received no later than the time required for filing Proof of Loss. All Policy benefits must be paid to the Insured if said written request is made. If the Insured is a minor or is otherwise not legally competent to give a valid release, We may pay any benefit then payable to the parent, parents, or legal guardian of the Insured, or other person primarily supporting the Insured. If the Insured dies, then any benefits are payable to the estate of the Insured, or, at Our option, if the Insured is a minor, to a relative We deem entitled to the payment. Our liability shall be fully discharged to the extent of payment made under this provision. We do not assume any responsibility for the validity of any assignment.

How to File an Appeal: 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 why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, such as medical bills confirming service was received for a covered benefit.

Information should be provided to:

Consolidated Health Plans
2077 Roosevelt Avenue
Springfield, MA 01104

We will resolve the grievance within thirty (30) calendar days of receiving it. If we are unable to resolve the grievance within that period, the time period may be extended another thirty (30) calendar days if We notify in writing the person who filed the grievance. The notice will include advice as to when resolution of the grievance can be expected and the reason why additional time is needed.

The Plan is Underwritten by:
Commercial Travelers Mutual Insurance Company
Policy Form: CTSH-I5A14 et al
For a copy of the 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:
Commercial Travelers Mutual Insurance Company
C/O Privacy Office
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.