



## Student Health Insurance Plan

Plan Year  
17/18

*Designed Exclusively for the International  
Students and Scholars of:*

### **Rice University**

Houston, TX

2017 - 2018

***Underwritten by:***

National Guardian Life Insurance Company  
Madison, WI

Policy Number: 2017I5B22

Group Number: ST0895SH

Effective: 8/15/2017 - 8/14/2018



***Administered by:***

Consolidated Health Plans  
2077 Roosevelt Ave | Springfield, MA



ST0895SH-1718(Bro.)

**TABLE OF CONTENTS**

Where to find help? ..... 3

Am I eligible? ..... 3

Coverage for dependents ..... 3

Qualifying Life Event ..... 4

Effective dates and cost ..... 4

Termination of Benefits ..... 4

Premium Refund Policy ..... 5

Extension of Benefits ..... 5

Definitions ..... 5

Accident and Sickness Expense Benefits ..... 9

Mandated Benefits ..... 12

Medical Evacuation Benefit ..... 16

Repatriation Benefit ..... 16

Third Party Refund ..... 16

Coordination of Benefits ..... 16

Exclusions ..... 16

Claim Procedures ..... 18

Claim Appeal Process ..... 18

Value Added Services ..... 19

## WHERE TO FIND HELP

For Questions About:	Please Contact:
Insurance Benefits Preferred Provider Listings Claims Processing Id Card Requests	<b>Consolidated Health Plans</b> 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (877) 647-5030 <a href="http://www.chpstudent.com">www.chpstudent.com</a>
Enrollment	<b>Student Assurance Services</b> <a href="http://www.sas-mn.com">www.sas-mn.com</a>
Preferred Provider Listings	<b>Consolidated Health Plans or PHCS</b> <a href="http://www.phcs.com">www.phcs.com</a>
Prescription Drug Providers	<b>OptumRx</b> <a href="http://www.optumrx.com">www.optumrx.com</a>

## AM I ELIGIBLE?

All full time International Students and Scholars are required to have insurance by either enrolling in this plan or providing proof of comparable insurance to the International Business Office. Eligible students and scholars must be engaged in full-time international education or educational activities, temporarily living outside their home country or country of regular domicile as a non-resident alien in the United States, and possess a current passport or student visa. Students and Scholars have two (2) options for enrolling in this plan.

The First Option is to enroll online and pay the premium via credit card.

- Go to [www.sas-mn.com](http://www.sas-mn.com) and download the form for Rice University.

The Second Option is to mail the enrollment form and premium.

1. Download and print an enrollment form on the website **www.sas-mn.com**.
2. Print all information legibly and indicate the coverage and options desired.
3. Enclose a check or money order payable to Student Assurance Services, Inc. or complete credit card information.
4. Send the form and payment to:

Student Assurance Services, Inc.  
**P.O. Box 196 • Stillwater, MN 55082-0196**

Students must actively attend classes within the first 31 days after the date for which coverage is purchased. Any student withdrawing from the University during the first 31 days after the effective date of coverage shall not be covered under the insurance plan and a full refund of premium will be made, minus the cost of any claim benefits paid by us. Students who graduate or withdraw from the University after 31 days, whether involuntarily or voluntarily, will remain covered under the Policy for the term purchased and no refund will be allowed.

Students who are enrolled exclusively in online courses or whose enrollment consists entirely of short-term courses; students taking distance learning, home study, correspondence, television courses, or courses taken for audit do not fulfill the eligibility requirements that the student be full time and actively attend classes. The online restriction does not apply to students who are completing their degree requirements while engaged in practical training.

## COVERAGE FOR DEPENDENTS

Eligible individuals may also insure, on a Voluntary Participation Basis, their eligible Dependents. Individuals who enroll their dependents must do so within thirty-one (31) days of the Insured Student's enrollment in the plan. Adopted children, newborn children, or children who the Insured Student is required to provide coverage under a court order (see the policy for details), will be enrolled for the same term of coverage for which the Insured Student enrolls provided they are enrolled within thirty-one (31) days of the qualifying event.

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

- 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
- The Policy effective date.

#### 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

	Annual 08/15/17 – 08/14/18	Fall 08/15/17 – 01/01/18	Spring 01/01/18 – 08/14/18
<b>Student*</b>	\$1,312	\$500	\$812
<i>Dependent rates are in addition to the student rate</i>			
<b>1 Dependent*</b>	\$1,312	\$500	\$812
<b>2 Dependents*</b>	\$2,624	\$1,000	\$1,624
<b>3 or more Dependents*</b>	\$3,936	\$1,500	\$2,436

*\*The above rates include an administrative fee.*

<b>2017-2018 Monthly Premium Schedule for Visiting Scholars Only</b>	
<b>Scholar*</b>	\$130
<i>Dependent rates are in addition to the student rate</i>	
<b>1 Dependent*</b>	\$130
<b>2 Dependents*</b>	\$260
<b>3 or more Dependents*</b>	\$390

*\*The above rates include an administrative fee.*

**Effective Dates:** Insurance under the policy will become effective on the later of:

- The Policy effective date;
- The beginning date of the term for which premium has been paid;
- The day after the Enrollment Form (if applicable) and premium payment is received by the Company, its authorized agent or the School;
- The day after the date of postmark if the Enrollment Form is mailed; or
- 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 201715B22. All time periods begin and end at 12:01 A.M., local time, at the Policyholder's address.

#### TERMINATION OF BENEFITS

**Termination Dates:** An Insured Person's insurance will terminate on the earliest of:

- The date the policy terminates for all insured persons; or
- The end of the period of coverage for which premium has been paid; or
- The date an Insured Person ceases to be eligible for the insurance; or
- The date an Insured Person enters military service; or
- For International Students, the date Insured Person departs the Country of Assignment for his/her Home Country (except for scheduled school breaks);
- For International Students, the date the student ceases to meet Visa requirements;
- 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.

## 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.

## EXTENSION OF BENEFITS

**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:

1. 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 ninety (90) days from the Termination Date while such confinement continues; or
2. If an Insured Person is Totally Disabled due to Covered Injury or Covered Sickness, the coverage for that condition will be extended for up to a maximum of three (3) months from the Termination Date.

## DEFINITIONS

These are key words used in the policy. They are used to describe the Policyholder's rights as well as Ours. Reference should be made to these words as the Policy is read.

**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, 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 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; 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 child, adopted child or child pending adoption, child under a medical support order under an order issued under Chapter 154, Family Code, or enforceable by a court in this state, stepchild under age 26; and
3. An Insured Student's grandchild who unmarried, under age 25 and dependent on the Insured Student for federal income tax purposes at the time application for coverage of the grandchild is made; and
4. An Insured Student's covered dependent child 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 (unless otherwise covered under the In Vitro Fertilization Benefit), learning disabilities (unless otherwise covered under the Developmental Delays in Children Benefit), 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.

**Heritable Disease** means an inherited disease that may result in mental or physical retardation or death.

**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 rehabilitatory 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 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.

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

**Nervous, Mental or Emotional Disorder** means any neurosis, psychoneurosis, psychopathy, psychosis or mental or emotional disease or disorder of any kind.

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

**Orthotic Device** means a custom-fitted or custom-fabricated medical device that is applied to a part of the human body to correct a deformity, improve function, or relieve symptoms of a disease.

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

**Phenylketonuria** means an inherited condition that, if not treated, may cause severe mental retardation.

**Physician** means a:

1. Physician of Medicine (M.D.); or
2. Physician of Osteopathy (D.O.); or
3. Physician of Dentistry (D.M.D. or D.D.S.); or
4. Physician of Chiropractic (D.C.); or
5. Physician of Optometry (O.D.); or
6. Physician 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 Physician in the state where the service is rendered.

A Physician 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 Physician of Psychology must be prescribed by a Physician 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.

**Prosthetic Device** means an artificial device designed to replace, wholly or partly, an arm or leg.

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

**Skilled Nursing Facility** means a facility constituted, 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 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.

**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.

**Total Disability or Totally Disabled**, as it applies to the Extension of Benefits provision, means:

1. With respect to an Insured Person, who otherwise would be employed:
  - a. His or her complete inability to perform all the substantial and material duties of his or her regular occupation;
  - b. With care and treatment by a Physician for the Covered Injury or Covered Sickness caused the inability.
2. With respect to an Insured Person who is not otherwise employed:
  - a. His or her inability to engage in the normal activities of a person of like age and sex; with
  - b. Care and treatment by a Physician for the Covered Injury or Covered Sickness causing the inability; or
  - c. His or her Hospital confinement or home confinement at the direction of his or her Physician due to a Covered Injury or a Covered Sickness, except for visits to receive medical treatment.



**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.

**ACCIDENT AND SICKNESS EXPENSE BENEFITS**

**Preventive Services:** The Deductible is not applicable to Preventive Services. Benefits for services provided by a Network Provider are paid at 100% of the PPO Allowance of Covered Medical Expenses. Benefits for services provided by a Non-Network Provider are provided at the Coinsurance Amount shown below.

**Deductible:**

- Network:** \$100
- Non-Network:** \$100

**Out-of-Pocket Expense Limit:**

- Network:** \$2,500 per Individual / \$5,000 per Family
- Non-Network:** \$3,500 per Individual

**Coinsurance:**

- Network:** 90% of PPO Allowance of Covered Medical Expenses
- Non-Network:** 70% of Usual and Reasonable Charge for Covered Medical Expenses

**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 Network Provider in Your area, consult Your PHCS Provider Directory. You may call toll-free 800-922-4362 or visit our website at [www.PHCS.com](http://www.PHCS.com).

**THE COVERED MEDICAL EXPENSE FOR AN ISSUED POLICY WILL BE:**

1. THOSE LISTED IN THE COVERED MEDICAL EXPENSES PROVISION; AND
2. ACCORDING TO THE FOLLOWING SCHEDULE OF BENEFITS; AND
3. DETERMINED BY WHETHER OR NOT THE SERVICE OR TREATMENT IS PROVIDED BY A NETWORK PROVIDER OR NON-NETWORK PROVIDER.

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
<b>Inpatient Benefits</b>	
Hospital Room & Board Expenses	The Coinsurance Amount shown above
Hospital Intensive Care Unit Expense - <i>in lieu of normal Hospital Room &amp; Board Expenses</i>	The Coinsurance Amount shown above
Hospital Miscellaneous Expenses for services & supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts & temporary surgical appliances, oxygen, blood & plasma, misc. supplies	The Coinsurance Amount shown above
Preadmission Testing	The Coinsurance Amount shown above

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Physician's Visits while Confined:	The Coinsurance Amount shown above; Visit limited to one per day of Confinement
Inpatient Surgery: Surgeon Services  Anesthetist  Assistant Surgeon	The Coinsurance Amount shown above  The Coinsurance Amount shown above  The Coinsurance Amount shown above
Registered Nurse Services for private duty nursing while confined	The Coinsurance Amount shown above
Physical Therapy (inpatient)	The Coinsurance Amount shown above \$20 Copay per visit
Nervous, Mental or Emotional Disorders Treatment (Inpatient)	The Coinsurance Amount shown above
Extended Care Facility Expense Benefit	The Coinsurance Amount shown above
Skilled Nursing Facility Benefit	The Coinsurance Amount shown above
<b>Outpatient Benefits</b>	
Outpatient Surgery: Surgeon Services  Anesthetist  Assistant Surgeon	The Coinsurance Amount shown above  The Coinsurance Amount shown above  The Coinsurance Amount shown above
Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services & supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood & plasma	The Coinsurance Amount shown above
Outpatient Rehabilitation Therapy Services	The Coinsurance Amount shown above subject to \$20 Copay per visit subject to a maximum of 35 visits per Policy Year
Emergency Services Expenses	The Network Coinsurance Amount shown above
In Office Physician's Fees:	The Coinsurance Amount shown above subject to \$20 Copay per visit
Diagnostic X-ray Services	The Coinsurance Amount shown above
Laboratory Procedures (Outpatient)	The Coinsurance Amount shown above
Shots and Injections unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit	The Coinsurance Amount shown above
Prescription Drugs	<b>Network: See Prescription Card</b> subject to Generic Copay \$10; subject to Preferred Brand Copay \$25; subject to Brand Copay \$50 subject to Specialty Copay \$50  <b>Non-network:</b> The Coinsurance Amount shown above
Nervous, Mental or Emotional Disorders Treatment (Outpatient)	The Coinsurance Amount shown above
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	The Coinsurance Amount shown above
Home Health Care Expenses	The Coinsurance Amount shown above
Hospice Care Coverage	The Coinsurance Amount shown above

<b>BENEFITS FOR COVERED INJURY/SICKNESS</b>	<b>BENEFIT AMOUNT PAYABLE</b>
Routine Eye Exam (Adults)	The Coinsurance Amount shown above; limited to 1 Eye Exam per Policy Year.
<b>Other Benefits</b>	
Ambulance	The Coinsurance Amount shown above
Substance Abuse Disorder Benefit	The Coinsurance Amount shown above, subject to 3 series of treatment per lifetime.
Braces and Appliances	The Coinsurance Amount shown above
Durable Medical Equipment	The Coinsurance Amount shown above
Hearing Aid Benefit	The Coinsurance Amount shown above up to the limits shown in the Benefit
Maternity Benefit	Same as any other Covered Sickness
Routine Newborn Care	Same as any other Covered Sickness
Consultant Physician Services – when requested by the attending physician	The Coinsurance Amount shown above subject to a \$20 Copay
Pediatric Vision Care Benefit	The Coinsurance Amount shown above, Subject to the limits shown in the Benefit; No cost sharing for Network preventive services
Pediatric Dental Exam Benefit	The Coinsurance Amount shown above, Subject to the limits shown in the Benefit; No cost sharing for Network preventive services
Accidental Injury Dental Treatment	The Coinsurance Amount shown above subject to \$100 per tooth per Policy Year
Sports Accident Expense - incurred as the result of the play or practice of Intercollegiate, intramural or club sports	The Coinsurance Amount shown above
Medical Evacuation Expense - (International Students and/or their Dependents)	U&R
Repatriation Expense - (International Students and/or their Dependents)	U&R
Non-Emergency Treatment for care while traveling outside of the U.S.	The Non-network coinsurance amount shown above
<b>Mandated Benefits</b>	
Temporomandibular Benefit	The Coinsurance Amount shown above on the same basis as diagnostic or surgical treatment of conditions affecting other skeletal joints
Amino Acid-based Elemental Formulas Benefit	Payable on the same basis as other outpatient prescription drugs
Acquired Brain Injury Benefit	The Coinsurance Amount shown above
Early Detection of Cardiovascular Diseases	The Coinsurance Amount shown above subject to \$200 every 5 years
Clinical Trials Benefit	The Coinsurance Amount shown above
Reconstructive Surgery for Craniofacial Abnormalities Benefit	The Coinsurance Amount shown above
Dental Anesthesia Benefit	The Coinsurance Amount shown above
Diabetes Expense Benefit	The Coinsurance Amount shown above
Phenylketonuria Treatment Benefit	Payable on the same basis as other outpatient prescription drugs
Prosthetic and Orthotic Devices Benefit	The Coinsurance Amount shown above
Telehealth Services and Telemedicine Service Benefit	The Coinsurance Amount shown above

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Inpatient Mastectomy and Reconstructive Surgery Benefit	The Coinsurance Amount shown above
Child Immunizations Benefit	100% of U&R
Hearing Test Benefit	The Coinsurance Amount shown above
Developmental Delays in Children Benefit	The Coinsurance Amount shown above
Loss or Impairment of Speech and Hearing Benefit	The Coinsurance Amount shown above
Invitro Fertilization Benefit	Payable on the same basis as other pregnancy benefits

#### TEXAS MANDATED BENEFITS

**Mandate Disclaimer:** 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.

**Temporomandibular Benefit:** We will pay the Usual and Reasonable expenses incurred for Medically Necessary diagnostic or surgical treatment of conditions affecting the temporomandibular joint if the treatment is as a result of an Accident, a trauma, a congenital defect, a developmental defect, or a pathology.

**Amino Acid-based Elemental Formulas Benefit:** We will pay the Usual and Reasonable expenses incurred for the treatment of an Insured Person who is diagnosed with;

1. immunoglobulin E and non-immunoglobulin E mediated allergies to multiple food proteins;
2. severe food protein-induced enterocolitis syndrome;
3. eosinophilic disorders, as evidenced by the results of a biopsy; and
4. impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, and motility of the gastrointestinal tract.

The treating Physician must have issued a written order stating that the amino acid-based elemental formula is Medically Necessary. Coverage of any Medically Necessary services associated with the administration of the formula is also provided. This benefit is covered on the same basis as other outpatient prescription drugs.

**Acquired Brain Injury:** We will pay the Usual and Reasonable expenses incurred for Medically Necessary treatment of an Acquired Brain Injury including:

1. Cognitive rehabilitation therapy which includes services designed to address therapeutic cognitive activities, based on an assessment and understanding of the individual's brain-behavioral deficits.
2. Cognitive communication therapy, which includes services designed to address modalities of comprehension and expression, including understanding, reading, writing, and verbal expression of information.
3. Neurocognitive therapy which includes services designed to address neurological deficits in informational processing and to facilitate the development of higher level cognitive abilities.
4. Neurocognitive rehabilitation which includes services designed to assist cognitively impaired individuals to compensate for deficits in cognitive functioning by rebuilding cognitive skills and/or developing compensatory strategies and techniques.
5. neurofeedback therapy including services that utilize operant conditioning learning procedure based on electroencephalography (EEG) parameters, and which are designed to result in improved mental performance and behavior, and stabilized mood.
6. Neurophysiological testing which is an evaluation of the functions of the nervous system.
7. Neurophysiological treatment which consists of interventions that focus on the functions of the nervous system.
8. Neuropsychological testing which is the administering of a comprehensive battery of tests to evaluate neurocognitive, behavioral, and emotional strengths and weaknesses and their relationship to normal and abnormal central nervous system functioning.
9. Neuropsychological treatment which consists of interventions designed to improve or minimize deficits in behavioral and cognitive processes.
10. Neurobehavioral treatment which consists of interventions that focus on behavior and the variables that control behavior.
11. Psychophysiological treatment which includes interventions designed to alleviate or decrease abnormal physiological responses of the nervous system due to behavioral or emotional factors.
12. Remediation which is the process(es) of restoring or improving a specific function.
13. Post-acute care treatment services which are services provided after acute care confinement and/or treatment that are based on an assessment of the individual's physical, behavioral, or cognitive functional deficits, which include a treatment goal of achieving functional changes by reinforcing, strengthening, or re-establishing

previously learned patterns of behavior and/or establishing new patterns of cognitive activity or compensatory mechanisms.

14. Post-acute transition services which are services that facilitate the continuum of care beyond the initial neurological insult through rehabilitation and community reintegration.
15. Community reintegration services which are services that facilitate the continuum of care as an affected individual transitions into the community.

**Early Detection of Cardiovascular Diseases:** We will pay up to \$200 of the Usual and Reasonable expenses incurred for one of the following noninvasive screening tests for atherosclerosis and abnormal artery structure and function every five (5) years as long as the Insured Person is covered under the Policy and the test is performed by a laboratory that is certified by a national organization recognized by the Texas Commissioner of Insurance:

1. Computed tomography (CT) scanning measuring coronary artery calcification; or
2. Ultrasonography measuring carotid intima-media thickness and plaque.

Coverage is limited to an Insured Person who is:

- a. A male between 46 and 75 years of age; or
- b. A female between 56 and 75; and
- c. who is diabetic or has a risk of developing coronary heart disease, based on a score derived using the Framingham Heart Study coronary prediction algorithm, that is intermediate or higher.

**Clinical Trials Benefit:** We will pay the Usual and Reasonable expenses incurred for routine patient care costs to an Insured Person in connection with a phase I, phase II, phase III, or phase IV clinical trial if the clinical trial is conducted in relation to the prevention, detection, or treatment of a life-threatening disease or condition and is approved by:

1. the Centers for Disease Control and Prevention of the United States Department of Health and Human Services;
2. the National Institutes of Health;
3. the United States Food and Drug Administration;
4. the United States Department of Defense;
5. the United States Department of Veterans Affairs; or
6. an institutional review board of an institution in this state that has an agreement with the Office for Human Research Protections of the United States Department of Health and Human Services

Routine patient care costs includes the costs of any Medically Necessary health care service for which benefits are provided under the Policy, without regard to whether the Insured Person is participating in a clinical trial. Routine patient care costs do not include:

1. the cost of an investigational new drug or device that is not approved for any indication by the United States Food and Drug Administration, including a drug or device that is the subject of the clinical trial;
2. the cost of a service that is not a health care service, regardless of whether the service is required in connection with participation in a clinical trial;
3. the cost of a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis;
4. a cost associated with managing a clinical trial; or
5. the cost of a health care service that is specifically excluded from coverage under a health benefit plan.

**Reconstructive Surgery for Craniofacial Abnormalities Benefit:** We will pay the Usual and Reasonable expenses incurred for a Covered Dependent child who is younger than 18 years of age for reconstructive surgery for craniofacial abnormalities Medically Necessary to improve the function of, or to attempt to create a normal appearance of, an abnormal structure caused by congenital defects, developmental deformities, trauma, tumors, infections, or disease.

**Dental Anesthesia Benefit:** We will pay the Usual and Reasonable expenses incurred for an Insured Person who is unable to undergo dental treatment in an office setting or under local anesthesia due to a documented physical, mental, or medical reason as determined by the individual's Physician or by the dentist providing the dental care. Coverage is provided for facility charges and anesthesia only and on the same basis as any other Covered Sickness. Coverage is not provided for the procedure unless otherwise covered under the Policy.

**Diabetes Expense Benefit:** We will pay the Usual and Reasonable expenses incurred by an Insured Person who has been diagnosed with:

1. Insulin dependent or noninsulin dependent diabetes; or
2. Elevated blood glucose levels induced by pregnancy or another medical condition;  
for diabetes equipment, supplies and self-management training programs and for immunizations for influenza and pneumococcus.

Diabetes equipment and supplies include:

1. blood glucose monitors, including those designed to be used by or adapted for the legally blind and non-invasive glucose monitors;
2. test strips specified for use with a corresponding glucose monitor;
3. lancets and lancet devices;
4. visual reading strips and urine testing strips and tablets which test for glucose, ketones and protein;
5. insulin and insulin analog preparations;
6. injection aids, including devices used to assist with insulin injection and needleless systems;
7. insulin syringes;
8. biohazard disposal containers;
9. insulin pumps, both external and implantable, and associated appurtenances, which include insulin infusion devices, batteries, skin preparation items, adhesive supplies, infusion sets, insulin cartridges, durable and disposable devices to assist in the injection of insulin, and other required disposable supplies;
10. repairs and necessary maintenance of insulin pumps not otherwise provided for under a manufacturer's warranty or purchase agreement, and rental fees for pumps during the repair and necessary maintenance of insulin pumps, neither of which shall exceed the purchase price of a similar replacement pump;
11. prescription medications and medications available without a prescription for controlling the blood sugar level;
12. podiatric appliances, including up to two pairs of therapeutic footwear per year, for the prevention of complications associated with diabetes; and
13. glucagon emergency kits.

Diabetes self-management training must be provided by a health care practitioner or provider who is licensed, registered, or certified in Texas to provide appropriate health care services and who is acting within the scope of practice authorized by the practitioner's or provider's license, registration, or certification. Self-management training includes:

1. training provided to an Insured Person after the initial diagnosis of diabetes in the care and management of that condition, including nutrition counseling and proper use of diabetes equipment and supplies;
2. additional training authorized on the diagnosis of a Physician or other health care practitioner of a significant change in the Insured Person's symptoms or condition that requires changes in the self-management regime;
3. periodic or episodic continuing education training when prescribed by an appropriate health care practitioner as warranted by the development of new techniques and treatments for diabetes; and
4. when provided on the written order of a Physician or health care practitioner, including the written order of a health care practitioner practicing under protocols jointly developed with a Physician:
  - a. a diabetes self-management training program recognized by the American Diabetes Association;
  - b. diabetes self-management training given by a multidisciplinary team:
    - (1) the non-physician members of which are coordinated by:
      - (i) a diabetes educator who is certified by the National Certification Board for Diabetes Educators; or
      - (ii) a person who has completed at least 24 hours of continuing education that meets guidelines established by the Texas Board of Health and that includes a combination of diabetes-related educational principles and behavioral strategies;
    - (2) that consists of at least a licensed dietitian and a registered nurse and may include a pharmacist and a social worker; and
    - (3) each member of which, other than a social worker, has recent didactic and experimental preparation in diabetes clinical and educational issues as determined by the member's licensing agency, in consultation with the commissioner of public health, unless the member's licensing agency, in consultation with the commissioner of public health, determines that the core educational preparation for the member's license includes the skills the member needs to provide diabetes self-management training;
  - c. diabetes self-management training provided by a diabetes educator certified by the National Certification Board for Diabetes Educators; or
  - d. diabetes self-management training in which one or more of the following components are provided:
    - (1) the nutrition counseling component provided by a licensed dietitian, for which the licensed dietitian shall be paid;
    - (2) the pharmaceutical component provided by a pharmacist, for which the pharmacist shall be paid;
    - (3) any component of the training provided by a physician assistant or registered nurse, for which the physician assistant or registered nurse shall be paid, except that the physician assistant or registered

- nurse may not be paid for providing a nutrition counseling or pharmaceutical component unless a licensed dietitian or pharmacist is unavailable to provide that component; or
- (4) any component of the training provided by a Physician.

**Phenylketonuria Treatment Benefit:** We will pay the Usual and Reasonable expenses incurred for formulas necessary to treat Phenylketonuria or a Heritable Disease.

**Prosthetic and Orthotic Devices Benefit:** We will pay the Usual and Reasonable expenses incurred for the most appropriate model of Prosthetic Device or Orthotic Device that adequately meets the medical needs of the Insured Person as determined by the Insured Person's treating Physician or podiatrist and prosthetist or orthotist, as applicable. The repair and replacement of a Prosthetic Device or Orthotic Device is a covered benefit unless the repair or replacement is necessitated by misuse or loss by the Insured Person.

**Telehealth Services and Telemedicine Service Benefit:** We will pay the Usual and Reasonable expenses incurred for telehealth services and telemedicine medical services to the extent that they are Medically Necessary.

**Inpatient Mastectomy and Reconstructive Surgery Benefit:** We will pay the Usual and Reasonable expenses incurred for a mastectomy for inpatient care for a minimum of:

1. 48 hours following a mastectomy; and
2. 24 hours following a lymph node dissection for the treatment of breast cancer.

Related to the mastectomy, We will also pay the Usual and Reasonable expenses incurred for:

1. reconstruction of the breast on which the mastectomy has been performed;
2. surgery and reconstruction of the other breast to achieve a symmetrical appearance; and
3. prostheses and treatment of physical complications, including lymphedemas, at all stages of mastectomy.

**Child Immunizations Benefit:** When Dependent coverage is a part of the policy. We will pay the expenses incurred for childhood immunizations against:

1. diphtheria;
2. haernophilus influenza type b;
3. hepatitis B;
4. measles;
5. mumps;
6. pertussis: by law.
7. polio.
8. rubella;
9. tetanus;
10. varicella: and
11. any other immunization that is required for the child by law.

Benefits for such immunizations are not subject to any Deductible, Copayment, or Coinsurance requirements.

**Hearing Test Benefit:** When Dependent coverage is a part of the policy, we will pay the Usual and Reasonable expenses for the following, for each covered dependent child:

1. a screening test for hearing loss from birth through the date the child is 30 days of age; and
2. necessary diagnostic follow-up care related to the screening test from birth through the date the child is 24 months of age.

**Developmental Delays in Children Benefit:** We will pay the Usual and Reasonable expenses incurred for rehabilitative and habilitative therapies to a child who is an Insured Person and developmentally delayed when such therapies are Medically Necessary and provided in accordance with an individualized family service plan issued by the Interagency Council on Early Childhood Intervention. Rehabilitative and habilitative therapies include occupational therapy evaluations and services; physical therapy evaluations and services; speech therapy evaluations and services; and dietary or nutritional evaluations.

Benefits payable under the Preventive Services Benefit are paid under that Benefit and not this Benefit.

**Loss or Impairment of Speech and Hearing:** We will pay the Usual and Reasonable expenses incurred for the Medically Necessary care and treatment of loss or impairment of speech or hearing. Benefits are provided on the same basis as any other Covered Sickness.

**In Vitro Fertilization:** Coverage includes Outpatient expenses for invitro fertilization to the same extent benefits are provided for pregnancy-related procedures. Benefits payable are subject to the following conditions:

1. The fertilization or attempted fertilization of the Insured Person's oocytes is made only with the sperm of the Insured Person's spouse;

2. The Insured Person and the Insured Person's spouse have a history of infertility of at least five continuous years' duration or the infertility is associated with endometriosis, exposure in utero to diethylstilbestrol (DES), blockage of or surgical removal of one or both fallopian tubes, or (D) oligospermia;
3. The Insured Person has been unable to attain a successful pregnancy through any less costly applicable infertility treatments for which coverage is available under the group health benefit plan; and
4. The in vitro fertilization procedures are performed at a medical facility that conforms to the minimal standards for programs of in vitro fertilization adopted by the American Society for Reproductive Medicine.

### MEDICAL EVACUATION AND REPATRIATION

**Medical Evacuation and Repatriation** - To be eligible for this benefit, a Student must: be an International Student enrolled in the authorized college or school during the period for which coverage is purchased.

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.

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 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.

### 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.

- 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 or considered a Preventive Service under Description of Benefits.
- 3) medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits.
- 4) dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's Sound, Natural Teeth or as provided for Pediatric Dental Care.
- 5) professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
- 6) services or supplies in connection with eye examinations, eyeglasses or contact lenses except as specifically provided in the Schedule of Benefits.
- 7) weak, strained or flat feet.
- 8) surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
- 9) treatment or removal of nonmalignant moles, warts, or sleep disorders including the testing for same.
- 10) expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
- 11) charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
- 12) any expenses in excess of Usual and Reasonable charges.
- 13) 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.
- 14) loss resulting from participation in 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.
- 15) Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
- 16) 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.
- 17) expenses payable under any prior Policy which was in force for the person making the claim.
- 18) expenses incurred during a Hospital emergency room visit which is not of an emergency nature.
- 19) 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.
- 20) expenses incurred after the date insurance terminates as to the Insured Person;
- 21) Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
- 22) charges incurred for, acupuncture, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
- 23) expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
- 24) expenses for radial keratotomy.
- 25) 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.
  - a) 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.
  - b) 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). Plastic or Cosmetic Surgery does not include newborn congenital defects, reconstructive surgery incident to craniofacial abnormalities or a mastectomy.
- 26) 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.

- 27) an Insured Person's:
- a) committing or attempting to commit a felony,
  - b) being engaged in an illegal occupation, or
  - c) participation in a riot.
- 28) custodial care service and supplies.

#### CLAIM PROCEDURES

In the event of Accident or Sickness the student should:

1. If at the College, report to University Health Services so that proper treatment can be prescribed.
2. If away from the school, consult a doctor and follow his or her advice. Notify Rice University within 90 days after the date of the Covered Injury or commencement of the Covered Sickness or as soon thereafter as is reasonably possible.
3. If requested by Consolidated Health Plans, secure a claim form from Consolidated Health Plans' website at: [www.chpstudent.com](http://www.chpstudent.com).

#### CLAIM APPEAL PROCESS

You have the right to appeal any decision or action taken by Us to deny, reduce, or terminate the provision of or payment for health care services requested or received under this Certificate of Insurance. You have the right to have Our decision reviewed by an independent review organization. We must provide you with certain written information, including the specific reason for Our decision and a description of Your appeals rights and procedures every time We make a determination to deny, reduce, or terminate the provision of or payment for health care services requested or received under the Certificate of Insurance.

Service Representative:  
**Consolidated Health Plans**  
2077 Roosevelt Avenue  
Springfield, MA 01104  
877-647-5030  
[www.chpstudent.com](http://www.chpstudent.com)

**This plan is underwritten by:**  
**National Guardian Life Insurance Company**  
**As Policy Form No.: NBH-280 (2014) PPO TX et al**

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

Administered by:  
**Consolidated Health Plans**  
2077 Roosevelt Avenue  
Springfield, MA 01104  
877-647-5030  
[www.chpstudent.com](http://www.chpstudent.com)  
**Group Number: ST0895SH**

***For a copy of the Company's privacy notice you may go to:***  
[www.consolidatedhealthplan.com/about/hipaa](http://www.consolidatedhealthplan.com/about/hipaa)

or

**National Guardian Life Insurance Company**  
C/O Privacy Officer  
70 Genesee Street  
Utica, NY 13502

or

***Request one from the Health office at your school***  
**(Please indicate what school you attend with your written request)**

***Representations of this plan must be approved by Us.***

## IMPORTANT

**THIS BROCHURE IS INTENDED ONLY FOR QUICK REFERENCE AND DOES NOT LIMIT OR AMPLIFY THE COVERAGE AS DESCRIBED IN THE MASTER POLICY WHICH CONTAINS COMPLETE TERMS AND PROVISIONS. THE MASTER POLICY IS ON FILE AT THE COLLEGE.**

### 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 Plan.

#### \*ASK MAYO CLINIC

Students who enroll and maintain medical coverage in this insurance plan have access to a 24-hour nurse line administered by *Ask Mayo Clinic*. This program provides:

- Phone-based, reliable health information in response to health concerns and questions; and
- Assistance in decisions on the appropriate level of care for an injury or sickness.

Appropriate care may include self-care at home, a call to a physician, or a visit to the emergency room.

Calls are answered 24 hours a day, 365 days a year by experienced registered nurses who have been specifically trained to handle telephone health inquiries.

This program is not a substitute for doctor visits or emergency response systems. *Ask Mayo Clinic* does not answer health plan benefit questions. Health benefit questions should be referred to the Plan Administrator. The *Ask Mayo Clinic* 24-hour nurse line toll free number will be on the ID card.

#### VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:

[www.consolidatedhealthplan.com/products/davisvision](http://www.consolidatedhealthplan.com/products/davisvision)

#### 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. **If you are traveling and need assistance in North America, call the Assistance Center toll-free at: 1.877.488.9833 or if you are in a foreign country, call +1.609.452.8570.** 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.