Student Health Insurance
Designed for the Students of
Ochsner Clinical School

2017
Underwritten by:
National Guardian Life Insurance Company
Madison, WI
Policy Number: 2017I5B14
Group Number: S213614

Effective: January 1, 2017 to December 31, 2017

IMPORTANT NOTICE
This brochure provides a brief description of the important features of the Policy. It is not a Policy. Terms and conditions of the coverage are set forth in the Policy. Please keep this material with your important papers.

NODISCRIMINATORY
Health care services and any other benefits to which a Covered Person is entitled are provided on a nondiscriminatory basis, including benefits mandated by state and federal law.

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WHERE TO FIND HELP

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

<table>
<thead>
<tr>
<th>For Questions About:</th>
<th>Please Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enrollment</td>
<td>Marsh &amp; McLennan Agency 3400 Croasdaile Dr., Suite 206 Durham, NC 27705 800-225-7174 <a href="mailto:Ochsnerstudentinsurance@mma-bpg.com">Ochsnerstudentinsurance@mma-bpg.com</a></td>
</tr>
<tr>
<td>• Eligibility</td>
<td></td>
</tr>
<tr>
<td>• Waiver Process</td>
<td>Consolidated Health Plans 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (800) 633-7867 <a href="http://www.chpstudent.com">www.chpstudent.com</a></td>
</tr>
<tr>
<td>• Dependent Enrollment</td>
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<tr>
<td>• Insurance Benefits</td>
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<tr>
<td>• Preferred Provider Listings</td>
<td>Cigna PPO - <a href="http://www.cigna.com">www.cigna.com</a> or <a href="http://www.chpstudent.com">www.chpstudent.com</a></td>
</tr>
<tr>
<td>• Claims Processing</td>
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<td>• Preferred Provider Listings</td>
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<tr>
<td>• Prescription Drug Vendor</td>
<td>Cigna - <a href="http://www.cigna.com">www.cigna.com</a></td>
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AM I ELIGIBLE?

Students enrolled as a 3rd or 4th year U.S. Medical Student and physically attending classes at the Louisiana campus are automatically enrolled in this health insurance plan on a waiver participation basis.

Students must actively attend class for at least the first thirty-one (31) days after the date for which coverage is purchased. Students attending classes at the University of Queensland and Brisbane Australia are not eligible to be enrolled in this Plan. Home study, correspondence, on-line classes, and television (TV) courses, do not fulfill the eligibility requirement that the student actively attend classes. If it is discovered the eligibility requirements have not been met, our only obligation is to refund premium, less any claims paid.

HOW DO I WAIVE?

Eligible students will be automatically enrolled and billed for the Plan unless you waive coverage. To document proof of comparable coverage students need to complete an online waiver form and submit to the college by December 10, 2016.

To submit the online Waiver Form:
- Go to www.chpstudent.com;
- Select Ochsner Clinical School from drop down box;
- Click on the “Waiver” Tab; and
- Complete the information as directed.

COVERAGE FOR DEPENDENTS

Insured Students who are enrolled in the Student Health Insurance Plan may also enroll their eligible Dependents. An eligible Dependent is a spouse or a child up to age 26. Dependent eligibility expires concurrently with that of the Insured Student.

Students may also enroll their Dependents within thirty-one (31) days of an eligible qualifying event. Eligible qualifying events for a Dependent are defined as birth or marriage (to the Insured Student). Students interested in enrolling their Dependents because of a qualifying event should contact Consolidated Health Plans for an enrollment form and premium information. Coverage will be effective as of the date of the qualifying event. Enrollment requests (including payments) received after the thirty-one (31) days following the qualifying event will not be accepted.

EFFECTIVE DATES AND COSTS

The Student Health Insurance Plan provides coverage to students for a twelve (12) month period – from 12:01 a.m. January 1, 2017, through 11:59 a.m. December 31, 2017.

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<thead>
<tr>
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<th>Annual</th>
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<tbody>
<tr>
<td></td>
<td>1/1/2017-12/31/2017</td>
</tr>
<tr>
<td>Student*</td>
<td>$1,742</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,742</td>
</tr>
<tr>
<td>Each Child</td>
<td>$1,742</td>
</tr>
<tr>
<td>3 or more Children</td>
<td>$5,226</td>
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</tbody>
</table>

*The above student 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;
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

The insurance for an Insured Person shall 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 the student ceases to meet Visa requirements;
6. For International Students, the date Insured Person departs the Country of Assignment for his/her Home Country (except for scheduled school breaks);
7. On any premium due date the Policyholder fails to pay the required premium for an Insured Person except as the result of an error.

**PREMIUM REFUND POLICY**

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

1. For any student who does not attend school during the first thirty-one (31) days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a full refund of the premium will be made.
2. For Insured Persons entering the Armed Forces of any country. Such persons will not be covered under the Policy as of the date of his/her entry into the service. A pro rata refund of premium will be made for such person upon written request received by Us within ninety (90) days of withdrawal from school.
3. For International Students, Scholars, 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.

**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 up to 90 days from the Termination Date while such confinement continues.

**DEFINITIONS**

**Accident** means a sudden, unforeseeable external event which results independently of disease, bodily infirmity, or any other cause that causes Injury to an Insured Person.

**Ambulance Service** means transportation to a Hospital by an Ambulance Service.

**Anesthetist** means a Physician or nurse who administers anesthesia during a surgical procedure. He or she may not be an employee of the Hospital where the surgical procedure is performed.

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

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

**Complications of Pregnancy** means conditions that require Hospital confinement before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are acute nephritis or nephrosis; cardiac decompensation, missed abortion, or similar conditions as severe as theses.

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.

**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.

1. Not in excess of the Usual and Reasonable charges therefor;
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: causes a loss while the Policy is in force; and which results in Covered Medical Expenses.

Covered Sickness includes Mental Health Disorders and Substance Use Disorders.

**Deductible** means the dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable under the Policy. The amount of the Deductible and the frequency (annual or per occurrence) will be shown in the Schedule of Benefits.
Dependent means:
1. An Insured Student’s lawful spouse;
2. An Insured Student’s dependent biological or adopted child, stepchild or grandchild, who is in the legal custody of and residing with the grandparent, under age 26; and
3. An Insured Student’s unmarried biological or adopted child, stepchild or grandchild, who is in the legal custody of and residing with the grandparent, 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 intellectual or physical disability.

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

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

Elective Surgery includes, but is not limited to, circumcision, tubal ligation (unless otherwise provided under the Policy), vasectomy (unless otherwise provided under the Policy), breast reduction, 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.

Elective Treatment includes, but is not limited to, Treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, infertility (not including diagnosis of infertility), learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, preventive medicines or vaccines except when required for the Treatment of Covered Injury or Covered Sickness to the extent coverage is not required by state or federal law.

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.

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

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

Habilitation/Habilitative Services means health care services that help the Insured Person keep, learn, or improve skills and functions for daily living. Examples include therapy for a child who is not walking or talking at the expected age. Habilitative Services may include such services as physical therapy, occupational therapy, and speech therapy and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Hospital means an institution that:
1. Operates as a Hospital pursuant to law;
2. Operates primarily for the reception, care and Treatment of sick or injured persons as inpatients;
3. Provides 24-hour nursing service by Registered Nurses on duty or call; 
4. Has a staff of one or more Physicians available at all times; and 
5. Provides organized facilities for diagnosis, Treatment and surgery either 
on its premises or in facilities available to it on a prearranged basis. 
Hospital does not include the following: 
1. Convalescent homes or convalescent, rest or nursing facilities; 
2. Facilities primarily affording custodial, educational, or rehabilitory care; 
or 
3. Facilities for the aged. 
Hospital Confinement means a stay of 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 and his or her covered Dependent(s) 
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 is a student classified as a Non-Immigrant. For example, 
students holding visa types: "F" (Student), "J" (Exchange Visitor), "B" (Tourist), or 
"A" (Diplomat). 
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. 
Mental Health Disorder means a condition or disorder that substantially limits 
the life activities of the Insured Person with the disorder. Mental Health 
Disorders must be listed in the most recent version of either the Diagnostic and 
Statistical Manual of Mental Disorders (DSM) published by the American 
Psychiatric Association or the International Classification of Disease Manual 
(ICD) published by the World Health Organization. 
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 means 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; and 
5. is not a rest, educational, or custodial facility or similar place. 
Sound, Natural Teeth means natural teeth. The major portion of a tooth must 
be present, regardless of fillings, and not carious, abscessed or defective. 
Sound, Natural Teeth will not include capped teeth. 
Stabilize means, with respect to an Emergency Medical Condition, to provide 
such medical Treatment of the condition as may be necessary to assure, within 
reasonable medical probability that no material deterioration of the condition 
is likely to result from or occur during the transfer of the individual from a 
facility. 
Substance Use Disorder means any condition or disorder that substantially 
limits the life activities of the Insured Person with the disorder. Substance Use 
Disorders must be listed in the most recent version of either the Diagnostic and 
Statistical Manual of Mental Disorders (DSM) published by the American 
Psychiatric Association or the International Classification of Disease Manual 
(ICD) published by the World Health Organization.
Treatment means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

Usual and Reasonable means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for:
1. Like service by a provider with similar training or experience; or
2. Supply that is identical or substantially equivalent.

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

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 actual 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. Benefits are paid at 50% of the Usual and Reasonable charge.

Deductible:
Network $2,000
Non-Network $2,000

Out-of-Pocket Expense Limit:
Network Provider: Individual: $6,850 / Family: $13,700
Non-Network Provider: Individual: $6,850 / Family: $13,700

Coinsurance Amount:
Network Provider: 70% of PPO Allowance for Covered Medical Expenses unless otherwise stated below.

Non-Network Provider: 50% of Usual and Reasonable Charge for Covered Medical Expenses unless otherwise stated below.

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

NOTICE: HEALTH CARE SERVICES MAY BE PROVIDED TO YOU AT A NETWORK HEALTH CARE FACILITY BY FACILITY-BASED PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF THE FEES FOR THOSE OUT-OF-NETWORK SERVICES, IN ADDITION TO APPLICABLE AMOUNTS DUE FOR COPAYMENTS, COINSURANCE, DEDUCTIBLES, AND NON-COVERED SERVICES. SPECIFIC INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK FACILITY-BASED PHYSICIANS CAN BE FOUND AT THE WEBSITE ADDRESS OF YOUR HEALTH PLAN OR BY CALLING THE CUSTOMER SERVICE TELEPHONE NUMBER OF YOUR HEALTH PLAN.

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

<table>
<thead>
<tr>
<th>BENEFITS PER COVERED INJURY/SICKNESS</th>
<th>IN-NETWORK</th>
<th>NON-NETWORK</th>
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<tbody>
<tr>
<td>Hospital Room &amp; Board Expenses</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Hospital Intensive Care Unit Expense - in lieu of normal Hospital Room &amp; Board Expenses</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</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>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
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<tr>
<td>Preadmission Testing</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Physician’s Visits while Confined</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Inpatient Surgery: Surgeon Services</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td></td>
<td>Anesthetist</td>
<td>The PPO Allowance stated above</td>
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<tr>
<td></td>
<td>Assistant Surgeon</td>
<td>The PPO Allowance stated above</td>
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<tr>
<td>Registered Nurse Services for private duty nursing while confined</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Physical Therapy (inpatient)</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Skilled Nursing Facility Expense Benefit</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td><strong>Outpatient Benefits</strong></td>
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<tr>
<td>Outpatient Surgery: Surgeon Services</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td></td>
<td>Anesthetist</td>
<td>The PPO Allowance stated above</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Miscellaneous (excluding non-scheduled surgery) – expenses for services &amp; supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood &amp; plasma</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Habilitative Services are covered to the extent that they are Medically Necessary</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td></td>
<td>Copayment:  $25.00</td>
<td>Copayment:  $25.00</td>
</tr>
<tr>
<td></td>
<td>Deductible waived</td>
<td>Deductible waived</td>
</tr>
<tr>
<td>Emergency Services Expenses</td>
<td>70% of the PPO Allowance</td>
<td>70% of the PPO Allowance</td>
</tr>
<tr>
<td></td>
<td>Copayment:  $100.00</td>
<td>Copayment:  $100.00</td>
</tr>
<tr>
<td></td>
<td>Copayment waived if admitted</td>
<td>Copayment waived if admitted</td>
</tr>
<tr>
<td>In Office Physician’s Visits</td>
<td>100% of the PPO Allowance</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td></td>
<td>Copayment:  $25.00</td>
<td>Copayment:  $25.00</td>
</tr>
<tr>
<td></td>
<td>Deductible waived</td>
<td>Deductible waived</td>
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<tr>
<td><strong>Urgent Care Centers or Facilities</strong></td>
<td><strong>The PPO Allowance stated above</strong></td>
<td><strong>The Usual and Reasonable Charge stated above</strong></td>
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<tr>
<td><strong>Private-Duty Nursing, up to $10,000.00 per Policy Year</strong></td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td><strong>Diagnostic X-ray Services</strong></td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td><strong>Laboratory Procedures (Outpatient)</strong></td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>100% of PPO Allowance for Covered Medical Expenses</td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td></td>
<td>Copayment: $50.00 Generic</td>
<td>Copayment: $50.00 Preferred</td>
</tr>
<tr>
<td></td>
<td>$75.00 Preferred Brand</td>
<td>$100.00 Brand</td>
</tr>
<tr>
<td></td>
<td>See Prescription Card</td>
<td>(paid on a reimbursement basis)</td>
</tr>
<tr>
<td><strong>Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery</strong></td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td><strong>Home Health Care Expenses</strong></td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td><strong>Hospice Care Coverage</strong></td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Other Benefits</strong></th>
<th><strong>The PPO Allowance stated above</strong></th>
<th><strong>The Usual and Reasonable Charge stated above</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ambulance Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Braces and Appliances</strong></td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment including Prosthesis and Orthotics</strong></td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td><strong>Maternity Benefit</strong></td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td><strong>Routine Newborn Care</strong></td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td><strong>Consultant Physician Services</strong></td>
<td>100% of the PPO Allowance</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td></td>
<td>Copayment: $25.00</td>
<td>Copayment stated above</td>
</tr>
<tr>
<td><strong>Sickness Dental Expense for Insured Persons</strong></td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td></td>
<td>up to $150.00 per tooth</td>
<td>(paid on a reimbursement basis)</td>
</tr>
<tr>
<td></td>
<td>maximum $500 per Policy Year</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Evacuation Expense</strong></td>
<td>The Usual and Reasonable Charge stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td></td>
<td>International Students and/or their Dependents</td>
<td>Subject to $50,000.00 maximum per Policy Year</td>
</tr>
<tr>
<td><strong>Repatriation Expense – International Students and/or their Dependents</strong></td>
<td>The Usual and Reasonable Charge stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td></td>
<td>Subject to $50,000.00 maximum per Policy Year</td>
<td></td>
</tr>
<tr>
<td><strong>Non-emergency Care While Traveling Outside the United States</strong></td>
<td>The Usual and Reasonable Charge stated above</td>
<td></td>
</tr>
<tr>
<td>Benefit Category</td>
<td>Details</td>
<td>Benefits</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Pediatric Dental Care Benefit</td>
<td>Preventive Dental Care limited to 1 dental exam every 6 months.</td>
<td>The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care:</td>
</tr>
<tr>
<td>Emergency Dental</td>
<td>50% Usual and Reasonable</td>
<td>50% Usual and Reasonable</td>
</tr>
<tr>
<td>Routine Dental</td>
<td>50% Usual and Reasonable</td>
<td>50% Usual and Reasonable</td>
</tr>
<tr>
<td>Endodontic Services</td>
<td>50% Usual and Reasonable</td>
<td>50% Usual and Reasonable</td>
</tr>
<tr>
<td>Prosthodontic Services</td>
<td>50% Usual and Reasonable</td>
<td>50% Usual and Reasonable</td>
</tr>
<tr>
<td>Medically Necessary Orthodontic Care</td>
<td>50% Usual and Reasonable</td>
<td>50% Usual and Reasonable</td>
</tr>
<tr>
<td>Pediatric Vision Care Benefit</td>
<td>Limited to 1 visit per Benefit Period and 1 pair of prescribed lenses and frames per Benefit Period</td>
<td>See Benefit for Limitations: 100% of Usual and Reasonable Charge for Preventive Services.</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>Same as any other Preventive Service</td>
<td>Same as any other Preventive Service</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Bone Mass Measurement</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Cancer Screening</td>
<td>Same as any other Preventive Service</td>
<td>Same as any other Preventive Service</td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Clinical Trials (Cancer)</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Dental Anesthesia</td>
<td>Same as any other Covered Condition</td>
<td>Same as any other Covered Condition</td>
</tr>
<tr>
<td>Diabetes Care and Management</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Inherited Metabolic Diseases</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>MANDATED BENEFITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>Same as any other Preventive Service</td>
<td>Same as any other Preventive Service</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Bone Mass Measurement</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
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<td>Dental Anesthesia</td>
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</tr>
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<td>Diabetes Care and Management</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Inherited Metabolic Diseases</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If, as the result of a covered Accident, an Insured Person sustains any of the following losses within the time shown in the Schedule of Benefits, We will pay the benefit shown.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of Life</td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>Loss of hand</td>
<td>2,500</td>
<td></td>
</tr>
<tr>
<td>Loss of Foot</td>
<td>2,500</td>
<td></td>
</tr>
<tr>
<td>Loss of either one hand, one foot or sight of one eye</td>
<td>2,500</td>
<td></td>
</tr>
<tr>
<td>Loss of more than one of the above losses due to one Accident</td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>Loss must occur with 365 days of the date of a covered Accident. Loss of hand or foot means the complete severance through or above the wrist or ankle joint. Loss of eye means the total permanent loss of sight in the eye. The principal sum is the largest amount payable under this benefit for all losses resulting from any one Accident.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREFERRED PROVIDER INFORMATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By enrolling in this Insurance Program, you have the Cigna PPO Network of Participating Providers, providing access to quality health care at discounted fees. To find a complete listing of Cigna PPO Network of Participating Providers, go to <a href="http://www.cigna.com">www.cigna.com</a> or contact Consolidated Health Plans at (413) 733-4540, toll-free at (800) 633-7867, or <a href="http://www.chpstudent.com">www.chpstudent.com</a> for assistance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Network Providers are Physicians, Hospitals and other healthcare providers who have contracted with Us to provide specific medical care at negotiated prices.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Non-Network Providers have not agreed to any pre-arranged fee schedules.

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

**MEDICAL EVACUATION**
This benefit applies only to International Students and their Dependents. This benefit will pay benefits for the Covered Percentage of the Covered Expenses incurred, if any Injury of Sickness results in the Emergency Medical Evacuation of the Insured Person. What we pay is shown in the Schedule of Benefits.

**REPATRIATION OF REMAINS COVERAGE**
This benefit applies only to International Students and their Dependents. In the event of the death of an Insured Person, We will pay the actual charges for the Covered Expenses for the preparation and transportation of the Insured Person’s remain to his or her Home County. This will be done in accord with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit.
What we pay is shown in the Schedule of Benefits.

**COORDINATION OF BENEFITS**
The Policy will coordinate benefits for expenses 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 and 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. 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. Preventative medicines, serums or vaccines of any kind, except as specifically provided under the Policy or considered a Preventive Service under the Description of Benefits.
3. Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person’s Sound, Natural Teeth or as specifically covered under the Pediatric Dental Benefit.
4. Professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
5. Services or supplies not necessary for the medical care of the Insured Person’s Injury or Sickness.
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. Treatment or removal of nonmalignant moles, warts, or acne.
9. Expenses covered under any Workers’ Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
10. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by the Student Health Fees.
11. Any expenses in excess of the Usual and Reasonable charges.
12. 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.
13. 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 in the Schedule of Benefits.
14. Loss resulting from playing, practicing, traveling to or from, or participating in, any Intercollegiate, or club sports.
15. Loss resulting from playing, 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. Expense incurred after the date insurance terminates as to the Insured Person; and the end of the Benefit Period specified in the Benefit Schedule.
19. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Policy.
20. Charges incurred for acupuncture, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
21. Expenses for weight increase or reduction and hair growth removal unless otherwise specifically covered under the Policy.
22. Expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury or as specifically covered under the Pediatric Vision Benefit.

23. Racing or speed contests, skin diving, or sky diving, mountain climbing (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV’s (all terrain or similar type vehicles) or other hazardous sport or hobby.

24. Expenses incurred for Plastic or Cosmetic surgery, unless needed to repair conditions resulting from an accidental injury or for the improvement of the physiological functioning of a malformed body member, except for services related to orthognathic surgery, osteotomy or any other form of oral surgery, dentistry, or dental processed to the teeth and surrounding tissue.
   o For the purposes of this provision, Plastic or Cosmetic Surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient’s appearance. In no event, will any care and services for breast reconstruction or implantation or removal of breast prostheses be covered unless such care and services are performed as a result of a Medically Necessary mastectomy.

25. An Insured Person’s:
   o Committing or attempting to commit a felony,
   o Being engaged in an illegal occupation, or
   o Participation in a riot


27. Congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.

28. Custodial Care, Services and supplies.

29. Expenses that are not recommended and approved by a Physician.

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**CLAIM PROCEDURES**

1. Itemized medical bills should be mailed promptly to Cigna at the address listed.

   **SUBMIT ALL CLAIMS TO:**
   
   Cigna  
   PO Box 188061  
   Chattanooga, TN 37422-8061  
   Electronic Payor ID: 62308

Direct all questions regarding benefits available under the Plan, claim procedures, status of a submitted claim or payment of a claim to Consolidated Health Plans.

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**CLAIMS ADMINISTRATOR:**

Consolidated Health Plans  
2077 Roosevelt Ave  
Springfield, MA 01104

Local: (413) 733-4540 or Out of area: (800) 633-7867  
www.chpstudent.com  
Group: S213614

Medical bills must be submitted within ninety (90) days from the date of treatment. We will pay benefits to you or a parent when a receipted bill is submitted for a covered claim. When benefits are assigned, they will be paid directly to the provider of hospital-medical care. Claim forms may be obtained from the college, if at college, or from the above when away from college.

**CLAIMS APPEAL PROCESS**

If a claim is wholly or partially denied, a written notice will be sent to the Insured Person containing the reason for the denial. The notice will include a reference to the provision in the Plan description and a description of any additional information which might be necessary for reconsideration of the claim. The notice will also describe the right to appeal. A written appeal, along with any additional information or comments, may be sent within 6 months after notice of denial. In preparing the appeal, the Insured Person, or his or her representative, may review all documents related to the claim and submit written comments and issues related to the denial. After the written notice is filed and all relevant information is present, the claim will be reviewed and a final decision sent within 60 days after receipt of the notice of the appeal. Under special circumstances, an extension for further review will be granted, but not for longer than 60 additional days.

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**Claims Administrator:**  
CONSOLIDATED HEALTH PLANS  
2077 Roosevelt Avenue  
Springfield, MA 01104

(413) 733-4540 or Toll Free (800) 633-7867

This plan is underwritten by:

NATIONAL GUARDIAN LIFE INSURANCE COMPANY  
MADISON, WI

As Policy Form No.: NBH-280 (2016) LA

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
VALUE ADDED SERVICES

The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company. These value added options are provided by Consolidated Health Plans.

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:

www.chpstudent.com

WELLNESS SERVICES

www.myfuturehealth.com

TELADOC

By phone or internet, Teladoc gives you 24/7 access to board-certified emergency room physicians. Whether you are at school, home or traveling, Teladoc can diagnose and treat most minor medical conditions wherever and whenever you need treatment.

Register your account today. Visit www.teladoc.com or call 1-800-Teladoc.

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.

Your out-of-pocket costs may be lower when you utilize Cigna PPO Providers. For a listing of Cigna PPO Providers, go to www.cigna.com or contact Consolidated Health Plans at (413) 733-4540, toll-free at (800) 633-7867, or www.chpstudent.com for assistance.