Student Health Insurance Plan
Designed for the Students of
West Virginia School of Osteopathic Medicine

Underwritten by:
National Guardian Life Insurance Company
Policy Number: 2016I5B35
Group Number: S210715
Effective: 7/1/2016-6/30/2017

Administered by:
Consolidated Health Plans
2077 Roosevelt Ave.
Springfield, MA 01104

Please read the brochure carefully for information on coverage, limitations, etc. Questions should be directed to the local agent, HSA Consulting Inc. or the Administrative Agency Consolidated Health Plans, Inc.

COVERAGE
1. Accident and Sickness coverage begins on July 1, 2016, or the date of enrollment in the plan, whichever is later and ends June 30, 2017.
2. Benefits are payable during the Policy Term, subject to any Extension of Benefits.
3. Should a student graduate or leave College for any reason, except to enter military service, the coverage will continue in effect to the end of the Policy Term for which premium has been paid. If the student enters military service, coverage will terminate immediately and a prorated premium refund will be made on request.

CERTIFICATE OF
STUDENT GROUP HEALTH INSURANCE
issued by
NATIONAL GUARDIAN LIFE INSURANCE COMPANY, PO BOX
1191, Madison, WI
53701-1191
(Herein referred to as ‘We’, ‘Us’ or ‘Our’)

We hereby certify that the eligible student of the Policyholder is insured for losses resulting from accident or sickness, to the extent stated herein, under the provisions of policy form NBH-280 (2014) WV (“the Policy”).

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Section 1 — Definitions
The terms listed below, if used in this Certificate, have the meanings stated.

**Accident** means a sudden, unforeseeable external event that causes Injury to an Insured Person. The Accident must occur while an Insured Person’s coverage is in effect.

**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.

**Applied Behavior Analysis** means the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

**Autism Spectrum Disorder** means any pervasive developmental disorder, including autistic disorder, Asperger’s Syndrome, Rett syndrome, childhood disintegrative disorder, or Pervasive Development Disorder as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

**Certified Behavior Analyst** means an individual who is certified by the Behavior Analyst Certification Board or certified by a similarly nationally recognized organization.

**Clinical Trial** means a study that determines whether new drugs, treatments or medical procedures are safe and effective on humans. To determine the efficacy of experimental drugs, treatments or procedures, a study is conducted in four phases including the following: 1) Phase II: The experimental drug or treatment is given to, or a procedure is performed on, a larger group of people to further measure its effectiveness and safety. 2) Phase III: Further research is conducted to confirm the effectiveness of the drug, treatment or procedure, to monitor the side effects, to compare commonly used treatments and to collect information on safe use. 3) Phase IV: After the drug, treatment or medical procedure is marketed, investigators continue testing to determine the effects on various populations and to determine whether there are side effects associated with long-term use.

**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.

**Cooperative Group** means a formal network of facilities that collaborate on research projects and have an established National Institutes of Health (NIH)-approved peer review program operating within the group. Cooperative Group includes: The national cancer institute clinical Cooperative Group; The national cancer institute community clinical oncology program; The AIDS Clinical Trial group; and The community programs for clinical research in AIDS.

**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: 1) Sustained by an Insured Person while he/she is insured under the policy or the School’s prior policies; and 2) Caused by an accident directly and independently of all other causes. Coverage under the School’s policies must have remained continuously in force: 1) From the date of Injury; and 2) Until the date services or supplies are received; for them to be considered as a Covered Medical Expense under the policy.

**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.

Craniomandibular Disorder(s) means problems of the stomatognathic system and include disorders of the temporomandibular joint, muscles of mastication and the related occlusion.

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.

Dental Anesthesia Services means general anesthesia for dental procedures and associated outpatient hospital or ambulatory facility charges provided by appropriately licensed health care individuals in conjunction with dental care provided to an Insured Person if he or she is: 1. Seven (7) years of age or younger or is developmentally disabled and is an individual for whom a successful result cannot be expected from dental care provided under local anesthesia because of a physical, intellectual or other medically compromising condition of Insured Person and for whom a superior result can be expected from dental care provided under general anesthesia; or 2. A child who is twelve (12) years of age or younger with documented phobias, or with documented mental illness, and with dental needs of such magnitude that treatment should not be delayed or deferred and for whom lack of treatment can be expected to result in infection, loss of teeth or other increased oral or dental morbidity and for whom a successful result cannot be expected from dental care provided under local anesthesia because of such condition and for whom a superior result can be expected from dental care provided under general anesthesia.

Dependent means: 1) Your lawful spouse or lawful Domestic Partner; 2) Your dependent biological or adopted child or stepchild under age 26; and 3) Your unmarried biological or adopted child or stepchild who has reached age 26 and who is: (a) primarily dependent upon You 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 You enroll a new disabled child under the plan.

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

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

Habilitative Services means Medically Necessary services that help an Insured Person gain, keep, or improve skills for daily living including physical and occupational therapy, speech-language pathology, and other required services.

Home Country Your country of citizenship. If You have dual citizenship, Your Home Country is the country of the passport You used to enter the United States. Your Home Country is considered the Home Country for any dependent of Yours while insured under the policy.

Hospice Care means a coordinated program of home and inpatient care provided directly or under the direction of a properly licensed Hospice. Such services will include palliative and supportive physical, psychological, psychosocial and other health services to individuals with a terminal illness utilizing a medical directed interdisciplinary team.

Hospital means an institution that: 1) Operates as a Hospital pursuant to law; 2) Operates primarily for the reception, care and treatment of sick or injured persons as inpatients; 3) Provides 24-hour nursing service by Registered Nurses on duty or call; 4) Has a staff of one or more Physicians available at all times; and 5) Provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis. Hospital does not include the following: 1) Convalescent homes or convalescent, rest or nursing facilities; 2) Facilities primarily affording custodial, educational, or rehabilitory care; or 3) Facilities for the aged, drug addicts or alcoholics.

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

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

Insured Person means You or Your dependent while insured 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.

Life-threatening Condition means that the Insured Person has a terminal condition or illness that according to current diagnosis has a high probability of death within two (2) years, even with treatment with an existing generally accepted treatment protocol.

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.

Multiple Project Assurance Contract means a contract between an institution and the federal department of health and human services that defines the relationship of the institution to the federal department of health and human services and sets out the responsibilities of the institution and the procedures that will be used by the institution to protect human subjects.

Objective Evidence means standardized patient assessment instruments, outcome measurements tools or measurable assessments of functional outcome. Use of objective measures at the beginning of treatment, during and after treatment is recommended to quantify progress and support justifications for continued treatment. The tools are not required, but their use will enhance the justification for continued treatment.

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

Palliative care means treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient as he or she experiences the stress of the dying process, rather than at treatment aimed at investigation and intervention for the purpose of cure or prolongation of life.

Patient Cost as they related to Clinical Trials means the routine costs of a Medically Necessary health care service that is incurred by an Insured Person as a result of the treatment being provided pursuant to the protocols of the Clinical Trial. Routine costs of a Clinical Trial include all items or services that are otherwise generally available to beneficiaries of the insurance policies. Patient Cost does not include: 1. The cost of the investigational drug or device; 2. The cost of non-health care services that an Insured Person may be required to receive as a result of the treatment being provided to the member for purposes of the Clinical Trial; 3. Services customarily provided by the research sponsor free of charge for any participant in the trial; 4. Costs associated with managing the research associated with the Clinical Trial including, but not limited to, services furnished to satisfy data collection and analysis needs that are not used in the direct clinical management of the participant; or 5. Costs that would not be covered under the participant’s policy, plan, or contract for non-investigational treatments. Adverse events during treatment are divided into
those that reflect the natural history of the disease, or its progression, and those that are unique in the experimental treatment. Costs for the former are the responsibility of the Insured Person and costs for the latter are the responsibility of the sponsor. The sponsor shall hold harmless any payor for any losses and injuries sustained by any Insured Person as a result of his or her participation in the Clinical Trial.

**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

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

**Rehabilitation Services** means those services which are designed to remediate an Insured Person’s condition or restore an Insured Person to his or her optimal physical, medical, psychological, social, emotional, vocational and economic status. Rehabilitation Services include by illustration and not limitation diagnostic testing, assessment, monitoring or treatment of the following conditions individually or in a combination: Stroke; Spinal cord injury; Congenital deformity; Amputation; Major multiple trauma; Fracture of femur; Brain injury; Polyarthritides, including rheumatoid arthritis; Neurological disorders, including, but not limited to, multiple sclerosis, motor neuron diseases, polyneuropathy, muscular dystrophy and Parkinson’s disease; Cardiac disorders, including, but not limited to, acute myocardial infarction, angina pectoris, coronary arterial insufficiency, angioplasty, heart transplantation, chronic arrhythmias, congestive heart failure, valvular heart disease; Burns. Rehabilitation Services do not include services for mental health, chemical dependency, vocational rehabilitation, long-term maintenance or custodial services.

**School or College** means the college or university attended by You.

**Serious Mental Illness** means an illness included in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, as periodically revised, under the diagnostic categories or sub-classifications of: Schizophrenia and other psychotic disorders; Bipolar disorders; Depressive disorders; Substance-related disorders with the exception of caffeine-related disorders and nicotine-related disorders; Anxiety disorders; and Anorexia and bulimia.

**Skilled Nursing 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.

**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.

**Temporomandibular Disorder(s)** means a group of musculoskeletal conditions, often overlapping, that involve the temporomandibular joint (TMJ) or joints, the masticatory musculature, or both. These conditions are typically characterized by pain in the preauricular area which is usually aggravated by chewing or jaw function, and are frequently accompanied, either singly or in combination, by limitation of jaw movement, joint sounds, palpable muscle tenderness or joint soreness. Although pain and dysfunction in the orofacial or craniofacial regions have multiple sources and etiologies that may coexist with temporomandibular disorders or show signs similar to those of temporomandibular disorders; temporomandibular disorders are limited to pain and dysfunction arising in and from the masticatory musculoskeletal system.

**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 (U & R)** 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 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.

You, Your means a student of the Policyholder who is eligible and insured for coverage under the policy.

Section 2 – Eligibility, Enrollment and Termination
West Virginia School of Osteopathic Medicine requires all full-time students to maintain health insurance coverage. If You are eligible to be covered under this Program, You are automatically enrolled unless You can certify that You have comparable coverage. Student must be enrolled within the Student Health Insurance Plan in order for Dependents to obtain coverage.

The Company maintains its right to investigate eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Termination Dates: An Insured Person’s insurance will terminate on the earliest of: 1) The date this Policy terminates for all insured persons; or 2) The end of the period of coverage for which premium has been paid; or 3) The date an Insured Person ceases to be eligible for the insurance; or 4) The date an Insured Person enters military service. Or 5) for International Students, the date Insured Person departs the Country of Assignment for his/her Home Country (except for scheduled school breaks); 6) For International Students, the date the student ceases to meet Visa requirements; 7) On any premium due date the Policyholder fails to pay the required premium for an Insured Person except as a result of an inadvertent error.

Extension of Benefits: Coverage under the Policy ceases on the Termination Date. 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 90 days from the Termination Date while such confinement continues.

Section 3—BENEFITS
Benefits are payable under the policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Insured Person. The Covered Medical Expenses for an issued Policy will be only those listed in the Schedule of Benefits. No benefits are payable for expenses incurred after the date the insurance terminates for the Insured Person, except as may be provided under Extension of Benefits. Subject to payment of any required Deductible, when you suffer a Loss from Covered Accident or Covered Sickness, we will pay benefits as follows:

Preventive Services: The following services shall be covered without regard to any Deductible, or Coinsurance requirement that would otherwise apply: 1) Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force; 2) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Insured Person involved; 3) With respect to Insured Persons who are infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; 4) With respect to Insured Persons who are women, such additional preventive care and screenings not described in paragraph 1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Essential Health Benefits: Essential Health Benefits are not subject to annual or lifetime dollar limits. If additional specific care, treatment or services are added to the list of Essential Health Benefits by a governing authority, the policy benefits will be amended to comply with such changes.

Treatments of Covered Injury or Covered Sickness: We will pay benefits for the Usual and Reasonable Charges for Covered Medical Expenses that are incurred by the Insured Person due to a Covered Injury or Covered Sickness. Benefits payable are subject to: 1) Any specified benefit maximum amounts; 2) Any Deductible amounts; 3) Any Coinsurance amount; 4) Any Copayments; 5) The Maximum Out-of-Pocket Expense Limit.; 6) the Exclusions and Limitations provision.

Benefit Period: The first treatment of a Covered Injury or Covered Sickness must begin within the time stated in the Benefit Period shown in the Schedule of Benefits. A Benefit Period begins when the Insured Person experiences a Loss due to Covered Injury or Covered Sickness. The Benefit Period terminates at the end of the period defined in the Schedule of Benefits. Any extension of a Benefit Period, if provided elsewhere in this Policy, is limited to medical treatment of the Covered Injury or Covered Sickness that is ongoing on the termination date of the
Insured Person’s coverage. The Insured Person’s termination date of coverage as it would apply to any other Covered Injury or Covered Sickness will not be affected by such extension.

**Out-of-Pocket Expense Limit:** The Out-of-Pocket Expense Limit is shown in the Schedule of Benefits. It provides a cap on the amount of Covered Medical Expenses an Insured Person has to pay. The Insured Person’s Deductibles, Copayments, and Coinsurance amounts will apply toward the Out-of-Pocket Expense Limit.

See NPPO(2014)WV at the end of this Certificate.

**Inpatient Benefits**

**Hospital Room and Board Expense,** including general nursing care. Benefit may not exceed the lesser of the daily semi-private room rate or the amount listed.

**Intensive Care Unit,** including 24-hour nursing care. This benefit is NOT payable in addition to room and board charges incurred on the same date.

**Hospital Miscellaneous Expenses,** while Hospital Confinement or as a precondition for being Hospital Confined. Benefits will be paid for services and supplies such as: 1. the cost for use of an operating room; 2. Prescribed medicines; 3. Laboratory tests; 4. Therapeutic services; 5. X-ray examinations; 6. Casts and temporary surgical appliances; 7 Oxygen, oxygen tent; 8. Blood and blood plasma; and 9. Miscellaneous supplies.

**Preadmission Testing** - We will pay the charges for routine tests performed as a preliminary to the Insured Person's being admitted to a Hospital. These tests must be performed within three working days prior to admission. This benefit is limited to routine tests such as complete blood count, urinalysis, and chest x-rays. Unless otherwise payable under the policy, We will pay for major diagnostic procedures under the Hospital Miscellaneous Expense Benefit. This includes tests such as CAT scans, cardiac catheterization, MRI’s, NMR’s, and blood chemistries.

**Physician’s Visits while Confinement** – We will pay the expenses incurred for Physician’s visits not to exceed one visit per day. Physician’s visits will be paid for either inpatient or outpatient visits when incurred on the same day, but not both. Surgeon’s fees are not payable under this benefit.

**Inpatient Surgery including Surgeon, Anesthetist, and Assistance Surgeon Services** – We will pay benefits for inpatient surgery (including pre- and post-operative visits) as specified in the Schedule of Benefits. Human Organ Transplants are covered as any other surgical procedure. Covered surgical expenses will be paid under either the inpatient surgery benefit or the Outpatient Surgery Benefit. They will not be paid under both. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with highest benefit value. This benefit is not payable in addition to Physician’s visits. If the surgical procedure is for a Medically Necessary human to human organ transplant or a bone marrow procedure, We will also pay for transportation, lodging, and meal expenses for the Insured Person and one Immediate Family Member $150 per day for up to $10,000 per episode (time from initial evaluation until the sooner of discharge or cleared to return home).

**Physical Therapy while Confined** - We will pay the expenses incurred for physical therapy when prescribed by the attending Physician.

**Skilled Nursing Facility Expense Benefit** - the expenses incurred for the services, supplies and treatments rendered to an Insured Person by an Extended Care Facility. The Insured Person must enter an Extended Care Facility: 1. Within seven (7) days after his/her discharge from a Hospital confinement; 2. Such confinement must be of at least three (3) consecutive days that began while coverage was in force under this Policy; and 3. Was for the same or related Injury or Accident. Services, supplies and treatments by an Skilled Nursing Facility include: 1. Charges for room, board and general nursing services; 2. Charges for physical, occupational or speech therapy; 3. Charges for drugs, biologicals, supplies, appliances and equipment for use in such facility, which are ordinarily furnished by the Skilled Nursing Facility for the care and treatment of a confined person; and 4. Charges for medical services of interns, in training, under a teaching program of a Hospital with which the facility has an agreement for such services.

**Outpatient Benefits**

**Outpatient Surgery including Surgeon, Anesthetist, and Assistance Surgeon Services** - We will pay benefits for outpatient surgery (including fees for pre- and post-operative visits) as specified in the Schedule of Benefits. Covered surgical expenses will be paid under either the outpatient surgery benefit or the inpatient Surgery Benefit. They will not be paid under both. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with highest benefit value. This benefit is not payable in addition to Physician’s visits. If the surgical procedure is for a Medically Necessary human to human organ transplant or a bone marrow procedure, We will also pay for transportation, lodging, and meal expenses for the Insured Person and one Immediate Family Member $150 per day for up to $10,000 per episode (time from initial evaluation until the sooner of discharge or cleared to return home).

**Outpatient Surgery Miscellaneous** - (excluding non-scheduled surgery) surgery performed in a hospital emergency room, trauma center, physician’s office, outpatient surgical center or clinic. Benefits will be paid for services and supplies, including: Operating room; Therapeutic services; Oxygen, oxygen tent; Blood and blood plasma; and Miscellaneous supplies.

**Physical Therapy** - When prescribed by the attending Physician, limited to one visit per day.

**Emergency Services Expenses** - Only in connection with care for an Emergency Medical Condition as defined and incurred in a Hospital emergency room, surgical
In Office Physician’s Visits – We will pay the expenses incurred for Physician’s office visits. We will not pay for more than one visit per day. Physician’s Visit benefits will be paid for either outpatient or inpatient visits on the same day, but not both. Surgeon fees are NOT payable under this benefit.

Second Surgical Opinion – We will pay the expenses for a second opinion consultation by a board certified specialist on the need for non-emergency surgery which has been recommended by the Insured Person’s Physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Benefits will also be provided for any required x-rays and diagnostic tests done in connection with that consultation.

Occupational Therapy, Physical Therapy, and Chiropractic Manipulations - When prescribed by the attending Physician, limited to one visit per day.

Respiratory, Hyperbaric, and Pulmonary Therapy - When prescribed by the attending Physician, limited to one visit per day.

Speech Therapy - When prescribed by the attending Physician, limited to one visit per day.

Emergency Services Expenses - Only in connection with care for an Emergency Medical Condition as defined and incurred in a Hospital emergency room, surgical center or clinic. Payment of this benefit will not be denied based on the final diagnosis following stabilization.

In Office Physician’s Visits – We will pay the expenses incurred for Physician’s office visits. We will not pay for more than one visit per day. Physician’s Visit benefits will be paid for either outpatient or inpatient visits on the same day, but not both. Surgeon fees are NOT payable under this benefit.

Diagnostic X-ray Services – We will provide coverage for diagnostic X-ray services as shown in the Schedule of Benefits when prescribed by a physician.

Laboratory Procedures (Outpatient) – We will provide coverage for laboratory procedures as shown in the Schedule of Benefits when prescribed by a physician, including allergy testing.

Prescription Drugs - 1. We will pay the expenses incurred for medication for which a Physician’s written prescription is required up to the amount shown in the Schedule of Benefits. This benefit is limited to medication necessary for the treatment of the Covered Injury or Covered Sickness for which a claim is made. 2. Off-Label Drug Treatments - When prescription drugs are provided as a benefit of the issued Policy, they will include a drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration (FDA), provided that all of the following conditions have been met: a. The drug is approved by the FDA; b. The drug is prescribed for the treatment of a life-threatening condition; c. The drug has been recognized for treatment of that condition by one of the following: The American Medical Association Drug Evaluations; The American Hospital Formulary Service Drug Information; The United States Pharmacopeia Dispensing Information, volume 1, “Drug Information for Health Care Professionals”; or Two articles from major peer reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is a clear and convincing contradictory evidence presented in a major peer reviewed medical journal. When this portion of the prescription benefit is used, it will be the responsibility of the prescriber to submit to Us documentation supporting compliance with the requirements in items a., b., and c. of this benefit. As it pertains to this benefit, life threatening means either or both of the following: 1. Disease or conditions where the likelihood of death is high unless the course of the disease is interrupted; or 2. Disease or conditions with a potentially fatal outcome and where the end point of clinical intervention is survival.

Outpatient Miscellaneous Expenses (Excluding surgery) - We will pay the charges actually incurred for miscellaneous outpatient expenses (excluding surgery) incurred for the treatment and care of a Covered Injury or Covered Sickness. Expenses must be incurred on the advice of a Physician. Miscellaneous outpatient expenses include other reasonable expenses for services and supplies that have been prescribed by the attending Physician.

Home Health Care Expense - We will pay the charges incurred for Home Health Care for an Insured Person when, otherwise, Hospitalization or confinement in a skilled nursing facility would have been necessary.

Hospice Care Coverage - When, as the result of a Covered Injury or Covered Sickness, an Insured Person requires Hospice Care, we will pay the expenses incurred for such care. The Insured Person must have been diagnosed with a terminal illness by a licensed Physician. Their medical prognosis must be death within six months. The Insured Person must have elected to receive palliative rather than curative care. Any required documentation will be no greater than that required for the same services under Medicare.

Other Benefits

Ambulance Service – We will pay the expenses incurred for transportation to or from a Hospital by ground and air ambulance.

Braces and Appliances - When prescribed by the attending Physician as being necessary for the treatment of a Covered Injury or Covered Sickness. Dental braces, except when necessitated by an Injury, are not covered. We will also not pay for braces and appliances used as protective devices during a student’s participation in sports. Replacement braces and appliances are not covered.
Durable Medical Equipment - We will pay the expense incurred for the rental or purchase of durable medical equipment, including, but not limited to, Hospital beds, wheel chairs, and walkers. We will pay the lesser of either the rental or purchase charges, but not both. Such equipment must be prescribed by a Physician and a copy of the written prescription must accompany the claim. Durable medical equipment must: 1. Be primarily and customarily used to serve a medical, rehabilitative purpose; 2. Be able to withstand repeated use; and 3. Generally not be useful to a person in the absence of Injury or Sickness.

Maternity Benefit - We will pay the expenses incurred for maternity charges as follows: 1. Hospital stays for mother and newly born child will be provided for up to 48 hours for normal vaginal delivery and 96 hours (not including the day of surgery) for a caesarean section delivery unless the caesarean section delivery is the result of Complications of Pregnancy. If the delivery is the result of Complications of Pregnancy, the Hospital stay will be covered the same as for any other Covered Sickness. Services covered as inpatient care will include medical, educational, and any other services that are consistent with the inpatient care recommended in the protocols and guidelines developed by national organizations that represent pediatric, obstetric and nursing professionals.

Inpatient Physician charges or surgeon charges will be covered the same as for any other Covered Sickness for both mother and newborn child. 3. Physician-directed Follow-up Care including: a. Physician assessment of the mother and newborn; b. Parent education; c. Assistance and training in breast or bottle feeding; d. Assessment of the home support system; e. Performance of any prescribed clinical tests; and f. Any other services that are consistent with the follow-up care recommended in the protocols and guidelines developed by national organizations that represent pediatric obstetrical and nursing professionals. This benefit will apply to services provided in a medical setting or through home health care visits. Any home health care visit must be provided by an individual knowledgeable and experienced in maternity and newborn care. All home health care visits that are made necessary by early discharge from the Hospital must be performed within 72 hours after discharge. When a mother or a newborn receives at least the number of hours of inpatient care shown in item “a”, the home health care visit benefit will apply to follow-up care that is determined to be necessary by the health care professionals responsible for discharging the mother or newborn. 4. Outpatient Physician’s visits will be covered the same as for any other Covered Sickness.

Routine Newborn Care - If expenses are incurred for routine newborn care during the first 31 days immediately following the birth of an Insured Person, We will pay the expenses incurred not to exceed the benefit specified in the Schedule of Benefits. Such expenses include, but are not limited to: 1. Charges made by a Hospital for routine well baby nursery care when there is a distinct charge separate from the charges for the mother; 2. Inpatient Physician visits for routine examinations and evaluations; 3. Charges made by a Physician in connection with a circumcision; 4. Routine laboratory tests; 5. Postpartum home visits prescribed for a newborn; or 6. Follow-up office visits for the newborn subsequent to discharge from a Hospital, and 7. Transportation for the newborn to and from the nearest appropriately staffed and equipped facility for the treatment of such newly-born child.

Habilitation Services - We will pay the expenses incurred for Habilitative Services on the same basis as Rehabilitation Therapy Benefit.

Consultant Physician Services - When requested and approved by the attending Physician.

Accidental Injury Dental Treatment for Insured Persons over Age 18 - As the result of Injury. Routine dental care and treatment are not payable under this benefit.

Sickness Dental Expense Benefit for Insured Persons over Age 18 - If, by reason of Sickness, an Insured Person requires treatment for impacted wisdom teeth or dental abscesses, We will pay the Covered Percentage of the Covered Charges incurred for the treatment.

Sports Accident Expense Benefit – We will pay the expenses incurred by an Insured Student as the result of covered sports accident while at play or practice of intramural or club sports as shown in the Schedule of Benefits.

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

An eligible International Student must meet the definition of same. An International Student may also enroll his or her Dependent under this Section by payment of additional premium. As used in this Section, an Eligible Domestic Student means a permanent resident of the United States who is enrolled at the college or school and who is temporarily participating in international educational activities outside their Home Country. The maximum combined benefit for Medical Evacuation and Repatriation is shown in the Schedule of Benefits.

Medical Evacuation Expense – If: 1. an Insured Person is unable to continue his or her academic program as the result of a Covered Injury or Covered Sickness; 2. that occurs while he or she is covered under this Policy, We will pay the necessary Usual and Reasonable charges for evacuation to another medical facility or the Insured Person’s Home Country. Benefits will not exceed the specified benefit shown in the Schedule of Benefits. Payment of this benefit is subject to the following conditions: 1. 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; 2. Prior to the medical evacuation occurring, the attending Physician must have recommended and We must have approved the medical evacuation; 3. We must approve the Usual and Reasonable Expenses incurred prior to the medical evacuation occurring, if applicable; 4. 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; 5. Evacuation of the Insured Person to his or her Home Country terminates any further insurance under the Policy for the Insured Person; and 6. Transportation must be by the most direct and economical route.

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

Mandated Benefits

Serious Mental Disorders Benefit: We will pay the Usual and Reasonable expenses incurred for treatment of an Insured Person’s Serious Mental Illness. Benefits payable do not include custodial care, residential care or schooling.

Home Health Care Services Benefit: We will pay the Usual and Reasonable expense incurred for Home Health Care for an Insured Person when, otherwise, Hospitalization or confinement in a skilled nursing facility would have been necessary. Home Health Care services must be provided by a home health agency certified in the state in which the home health services are delivered or under Title XVIII of the Social Security Act and includes: 1. Services provided by a registered nurse or a licensed practical nurse; 2. Health services provided by physical, occupational, respiratory and speech therapists; 3. Health services provided by a home health aide to the extent that such services would be covered if provided to the insured on an inpatient basis; and 4 Medical supplies, drugs, medicines and laboratory services to the extent that they would be covered if provided to the insured on an inpatient basis. Home Health Care related to Maternity is payable under the Maternity benefit and not this benefit. Home health care benefits are limited to: 1. Services provided on the written order of a Physician, provided such order is renewed at least every sixty days; 2. Services provided, directly or through contractual agreements, by a home health agency certified in the state in which the home health services are rendered or under Title XVIII of the Social Security Act; and 3. one hundred home (100) visits per Insured Person per Policy Year, with each home visit by an Insured Person of a home health care team to be considered as one home health care visit including up to four hours of home health care services.

Temporomandibular Disorders and Craniomandibular Disorders Benefit: We will pay the Usual and Reasonable expense incurred by an Insured person for diagnosis and treatment of Temporomandibular Disorders and Craniomandibular Disorders including: 1. Benefits for the following procedures: Health history (medical and/or dental) pertinent to symptoms; Clinical examination related to the presenting symptoms; Imaging procedures; provided radiographs must be diagnostic for Temporomandibular Disorders and Craniomandibular Disorders; Conventional diagnostic and therapeutic injections; Temporary orthotics; provided that splints or appliances may be limited to one every three years, and that all adjustments to the appliance performed during the first six months of its installation are considered part of the total appliance fee. Those appliances designed for orthodontic purposes such as bionators, functional regulators, Frankel devices, and similar devices are not covered. 2. Physical medicine and physiotherapy including ultrasound, diathermy, high voltage galvanic stimulation, and transcutaneous nerve stimulation; and 3. Surgery on the Temporomandibular Joint which includes, but is not limited to arthotomy and diagnostic arthroscopy.

Rehabilitation Therapy Benefit: We will pay the Usual and Reasonable expense incurred for Rehabilitation Services provided in a Hospital, a rehabilitation unit of a Hospital, or a licensed cardiac rehabilitation Hospital.

Mastectomy; Reconstructive Surgery Benefit: We will pay the Usual and Reasonable expense incurred for: 1. All stages of reconstruction of the breast on which the mastectomy has been performed; 2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3. Prostheses and physical complications of mastectomy, including lymphedemas in a manner determined in consultation with the attending Physician and the Insured Person. Coverage shall be provided for a minimum Medically Necessary stay in the hospital of not less than forty hours for an Insured Person following a radical or modified mastectomy and not less than twenty-four hours of inpatient care following a total mastectomy or partial mastectomy with lymph node dissection for the treatment of breast cancer unless the Physician and Insured Person agree that a shorter period is acceptable.

Treatment of Autism Spectrum Disorders: We will pay the Usual and Reasonable expense incurred for diagnosis, evaluation and treatment of Autism Spectrum Disorder in Insured Persons ages eighteen (18) months to eighteen (18) years. To be eligible for benefits the Insured Person must be diagnosed with Autism Spectrum Disorder at age eight (8) or younger. Such treatment must be Medically Necessary, ordered or prescribed by a Physician or licensed psychologist, and provided in accordance with a treatment plan developed from a comprehensive
evaluation by a Certified Behavior Analyst for an Insured Person diagnosed with Autism Spectrum Disorder. Coverage shall include, but not be limited to, Applied Behavior Analysis. Applied behavior analysis shall be provided or supervised by a Certified Behavior Analyst. The annual maximum benefit for Applied Behavior Analysis shall be in an amount not to exceed $30,000 per Insured Person, for three (3) consecutive years from the date treatment commences. At the conclusion of the third year, required coverage shall be in an amount not to exceed $2,000 per month, until the Insured Person reaches eighteen (18) years of age, as long as the treatment is Medically Necessary and in accordance with a treatment plan developed by a Certified Behavior Analyst pursuant to a comprehensive evaluation or reevaluation of the Insured Person. Nothing in this Benefit shall be construed as requiring reimbursement for services provided by public school personnel. The Certified Behavior Analyst shall file progress reports with the insurer semiannually. In order for treatment to continue, We must receive Objective Evidence or a clinically supportable statement of expectation that: 1. The Insured Person’s condition is improving in response to treatment; and 2. A maximum improvement is yet to be attained; and 3. There is an expectation that the anticipated improvement is attainable in a reasonable and generally predictable period of time.

**Diabetes Diagnosis and Self-Management Benefit:** We will pay the Usual and Reasonable expense incurred the following equipment and supplies for the treatment and/or management of diabetes for both insulin dependent and noninsulin dependent persons with diabetes and those with gestational diabetes, if Medically Necessary and prescribed by a licensed Physician: Blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar, orthotics a. Urine ketone testing strips; Urine microalbumin test; Blood pressure monitoring device; Podiatric appliances and therapeutic footwear; and Orthopedic appliances including canes, crutches and walkers. We will pay the Usual and Reasonable expense incurred for diabetes self-management education to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets. Coverage for self-management education and education relating to diet and prescribed by a licensed Physician shall be limited to: (1) Visits Medically Necessary upon the diagnosis of diabetes; (2) visits under circumstances whereby a Physician identifies or diagnoses a significant change in the Insured Person’s symptoms or conditions that necessitates changes in an Insured Person’s self-management; and (3) where a new medication or therapeutic process relating to the person’s treatment and/or management of diabetes has been identified as Medically Necessary by a licensed Physician: Provided, That coverage for reeducation or refresher education shall be limited to one hundred dollars annually. The education may be provided by the Physician as part of an office visit for diabetes diagnosis or treatment, or by a certified diabetes educator certified by a national diabetes educator certification program, or registered dietitian registered by a nationally recognized professional association of dietitians upon the referral of a Physician: Provided, that such national diabetes education certification program or nationally recognized professional association of dietitians has been certified to the commissioner of insurance by the commissioner of the bureau of public health.

**Clinical Trials Benefit:** We will pay the Usual and Reasonable expense incurred for Patient Cost to an Insured Person in a Clinical Trial, as a result of: 1. Treatment provided for a Life-threatening Condition; or 2. Prevention of, early detection of or treatment studies on cancer. Benefits are provided if: 1. a. The treatment is being provided or the studies are being conducted in a Phase II, Phase III or Phase IV Clinical Trial for cancer and has therapeutic intent; or b. The treatment is being provided in a Phase II, Phase III or Phase IV Clinical Trial for any other Life-threatening Condition and has therapeutic intent; 2. The treatment is being provided in a Clinical Trial approved by: One of the national institutes of health; An NIH Cooperative Group or an NIH center; The FDA in the form of an investigational new drug application or investigational device exemption; The federal department of veterans affairs; Or an institutional review board of an institution in the state which has a Multiple Project Assurance Contract approved by the office of protection from research risks of the national institutes of health. The facility and personnel providing the treatment must be capable of doing so by virtue of their experience, training and volume of patients treated to maintain expertise. There must be no clearly superior, non-investigational treatment alternative. The available clinical or preclinical data provide a reasonable expectation that the treatment will be more effective than the non-investigational treatment alternative. The treatment is provided in West Virginia. Payment for Patient Costs for a Clinical Trial is not provided if: 1. The purpose of the Clinical Trial is designed to extend the patent of any existing drug, to gain approval or coverage of a metabolite of an existing drug, or to gain approval or coverage relating to additional clinical indications for an existing drug; or 2. The purpose of the Clinical Trial is designed to keep a generic version of a drug from becoming available on the market; or 3. The purpose of the Clinical Trial is to gain approval or coverage for a reformulated or repackaged version of an existing drug. Coverage is not provided for Phase I of any Clinical Trial.

**Dental Anesthesia Services Benefit:** We will pay the Usual and Reasonable expense incurred for Dental Anesthesia Services as described in this Benefit. The dental care must be provided by: 1. A fully accredited specialist in pediatric dentistry; 2. A fully accredited specialist in oral and maxillofacial surgery; and 3. A dentist to whom hospital privileges have been granted. Dental care or treatment coverage is not provided under this Benefit.
**Pediatric Dental Care** - We will pay the Usual and Reasonable expenses incurred for the following dental care services for Insured Persons up to age 19.

Emergency dental care, which includes emergency treatment required to alleviate pain and suffering caused by dental disease or trauma.

Preventive dental care, that includes procedures which help to prevent oral disease from occurring, including:
1. Prophylaxis (scaling and polishing the teeth at six (6) month intervals;)
2. Topical fluoride application at six (6) month intervals where the local water supply is not fluoridated;
3. Sealants on unrestored permanent molar teeth; and
4. Unilateral or bilateral space maintainers for placement in a restored deciduous and/or mixed dentition to maintain space for normally developing permanent teeth.

Routine Dental Care: We Cover routine dental care provided in the office of a dentist, including:
1. Dental examinations, visits and consultations once within a six (6) month consecutive period (when primary teeth erupt);
2. X-ray, full mouth x-rays at thirty-six (36) month intervals, bitewing x-rays at six (6) to twelve (12) month intervals, or panoramic x-rays at thirty-six (36) month intervals, and other x-rays if Medically Necessary (once primary teeth erupt);
3. Procedures for simple extractions and other routine dental surgery not requiring Hospitalization, including preoperative care and postoperative care;
4. In-office conscious sedation;
5. Amalgam, composite restorations and stainless steel crowns; and
6. Other restorative materials appropriate for children.

Endodontic services, including procedures for treatment of diseased pulp chambers and pulp canals, where Hospitalization is not required.

Prosthodontic services as follows:
1. Removable complete or partial dentures, including six (6) months follow-up care; and
2. Additional services include insertion of identification slips, repairs, relines and rebases and treatment of cleft palate.

Fixed bridges are not Covered unless they are required:
1. For replacement of a single upper anterior (central/lateral incisor or cuspid) in a patient with an otherwise full complement of natural, functional and/or restored teeth;
2. For cleft palate stabilization; or
3. Due to the presence of any neurologic or physiologic condition that would preclude the placement of a removable prosthesis, as demonstrated by medical documentation.

Orthodontics used to help restore oral structures to health and function and to treat serious medical conditions such as: cleft palate and cleft lip; maxillary/ mandibular micrognathia (underdeveloped upper or lower jaw); extreme mandibular prognathism; severe asymmetry (craniofacial anomalies); ankylosis of the temporomandibular joint; and other significant skeletal dysplasias.

Procedures include but are not limited to:
1. Rapid Palatal Expansion (RPE);
2. Placement of component parts (e.g. brackets, bands);
3. Interceptive orthodontic treatment;
4. Comprehensive orthodontic treatment (during which orthodontic appliances are placed for active treatment and periodically adjusted);
5. Removable appliance therapy; and

**Pediatric Vision Care** - We will pay the Usual and Reasonable expenses incurred for emergency, preventive and routine vision care for Insured Persons up to age 19.

Vision examinations for the purpose of determining the need for corrective lenses, and if needed, to provide a prescription for corrective lenses. We Cover one vision examination in any twelve (12) month period, unless more frequent examinations are Medically Necessary as evidenced by appropriate documentation. The vision examination may include, but is not limited to:
1. Case history;
2. External examination of the eye or internal examination of the eye;
3. Ophthalmoscopic exam;
4. Determination of refractive status;
5. Binocular distance;
6. Tonometry tests for glaucoma;
7. Gross visual fields and color vision testing; and
8. Summary findings and recommendation for corrective lenses.

Prescription lenses or contact lenses once in any twelve (12) month period, unless it is Medically Necessary for an Insured Person to have new lenses or contact lenses more frequently, as evidenced by appropriate documentation. Prescription lenses may be constructed of either glass or plastic. We also cover standard frames adequate to hold lenses once in any twelve (12) month period, unless it is Medically Necessary for an Insured Person to have new frames more frequently, as evidenced by appropriate documentation.
Section 4 – Exclusions and Limitations

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

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 as Preventive Services.
3. Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental injury to the Insured Person’s Sound, Natural Teeth or if payable 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. Expenses for radial keratotomy and services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental injury or if payable under the Pediatric Vision Benefit.
7. Weak, strained or flat feet, corns, calluses or ingrown toenails.
8. Treatment or removal of nonmalignant moles, warts, acne, or sleep disorders including the testing for same.
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 Student Health Fees.
11. Loss incurred as the result of riding (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.
12. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Schedule of Benefits.
13. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate sports.
14. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
15. 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.
16. 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.
17. Expenses incurred after:
   a. The date insurance terminates as to the Insured Person;
   b. The maximum benefit for each covered injury or covered sickness has been attained; and
   c. The end of the Benefit Period specified in the Benefit Schedule.
18. Elective surgery or treatment unless such coverage is otherwise specifically covered under the policy.
19. Charges incurred for acupuncture, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
20. Expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
21. Racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), parasailing, sail planing, bungee jumping or other hazardous sport or hobby.
22. 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.
23. 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.
24. elective abortions.
25. custodial care service and supplies.
26. expenses that are not recommended and approved by a Physician.

Section 5 – CLAIM PROCEDURE
In the event of Accident or Sickness the student should:
1. If at the College, report immediately to so that proper treatment can be prescribed or approved.
2. If away from the College, consult a doctor and follow his or her advice. Notify College 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. Secure a claim form from, the Student Accounts Office, or the Administrator’s website: www.chpstudent.com
4. Complete the form.
5. Submit the claim form, complete with bills and receipts, to the Consolidated Health Plans, 2077 Roosevelt Avenue, Springfield, MA
6. Submit only one claim form for each Accident or Sickness.

Section 6 – Coordination of Benefits
If the Insured Person is insured under more than one group health plan, the benefits of the plan that covers the Insured Student will be used before those of a plan that provides coverage as a dependent Insured Person. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the Covered Person under any auto insurance, Workers’ Compensation, Medicare, or other coverage. The Plan pays in accordance with the rules set forth in the Policy on file with the Policyholder.

Section 7 - Appeals Procedure
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 an determination to deny, reduce, or terminate the provision of or payment for health care services requested or received under the Certificate of Insurance.

Underwritten by:
National Guardian Life Insurance Company
as policy form # NBH-280 (2014) WV

Administered by:
CONSOLIDATED HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
(413) 733-4540 or Toll Free (800) 633-7867
www.chpstudent.com
Group Number: S210715

For a copy of the Company’s privacy notice you may go to:
www.consolidatedhealthplan.com/about/hipaa
or
Request one from the Health Office at your School
or
Request one from:
National Guardian Life Insurance Company
C/O Privacy Officer
70 Genesee Street
Utica, NY 13502

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

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary State approvals. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state’s laws, including those relating to mandated benefits.

Representations of the Plan must be approved by Us.

IMPORTANT
THIS CERTIFICATE 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.
The Policy to which this rider is attached is amended as follows:

**BENEFIT PAYMENT FOR NETWORK PROVIDERS AND NON-NETWORK PROVIDERS RIDER**
This Policy provides benefits based on the type of health care provider the Insured Student and his or her Covered Dependent selects. This Policy provides access to both Network Providers and Non-Network Providers. Different benefits may be payable for Covered Medical Expenses rendered by Network Providers versus Non-Network Providers, as shown in the Schedule of Benefits included in this Rider.

**SECTION IV – DEFINITIONS** is amended by the addition of the following definitions:
- **Network Providers** are Physicians, Hospitals and other healthcare providers who have contracted with Us to provide specific medical care at negotiated prices.
- **Non-Network Providers** have not agreed to any pre-arranged fee schedules.
- **PPO Allowance** means the amount a Network Provider will accept as payment in full for Covered Medical Expenses.

**SECTION VI - DESCRIPTION OF BENEFITS** is amended as follows:
The provision entitled **Treatment of Covered Injury or Covered Sickness** is amended to read:

- **Treatment of Covered Injury or Covered Sickness**
We will pay benefits for Covered Medical Expenses that are incurred by the Insured Person for Loss due to a Covered Injury or Covered Sickness. Benefits payable are subject to:
  1. Any specified benefit maximum amounts;
  2. Any Deductible amounts;
  3. Any Coinsurance amount;
  4. Any Copayments;
  5. The Maximum Out-of-Pocket Expense Limit; and
  6. Use of a Network Provider, if any.

The following provision is added:

**Preferred Provider Organization**
If an Insured Person uses a Network Provider, this Policy will pay the Coinsurance percentage of the PPO Allowance shown in the Schedule of Benefits for Covered Medical Expenses.
If a Non-Network Provider is used, this Policy will pay the percentage of the Usual and Reasonable Covered Medical Expense shown in the Schedule of Benefits. The difference between the provider fee and the Coinsurance amount paid by Us will be the responsibility of the Insured Person.

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

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

An Insured Person should be aware that Network Provider Hospitals may be staffed with Non-Network Providers. Receiving services from a Network Provider does not guarantee that all charges will be paid at the Network Provider level of benefits. It is important that the Insured Person verify that his or her Physicians are Network Providers each time he or she calls for an appointment or at the time of service.

There are no other changes to the Policy.

This Rider is executed for the Company by its President and Secretary.

Kimberly A. Shaul
Secretary

Mark L. Solverud
President
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: 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:
Non-Network: $700 Individual/$1,400 Family
Network: $350 Individual/$700 Family

Hospital Inpatient Facility Copay: $150

Out-of-Pocket Expense Limit:
Non-Network: $10,000 Individual/No Family Maximum
Network: $5,000 Individual/$10,000 Family

Coinsurance:
Non-Network: 60% of U & R of Covered Medical Expenses
Network: 80% of PPO Allowance of Covered Medical Expenses

PREFERRED PROVIDER ORGANIZATION:

To locate a PHCS Provider in Your area, consult Your Provider Directory or visit the website at www.phcs.com.

THE COVERED MEDICAL EXPENSE FOR AN ISSUED POLICY WILL BE:
1. THOSE LISTED IN THE COVERED MEDICAL EXPENSES PROVISION;
2. ACCORDING TO THE FOLLOWING SCHEDULE OF BENEFITS; AND
3. DETERMINED BY WHETHER OR NOT THE SERVICE OR TREATMENT IS PROVIDED BY A NETWORK PROVIDER

<table>
<thead>
<tr>
<th>BENEFITS FOR COVERED INJURY/SICKNESS</th>
<th>BENEFIT AMOUNT PAYABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Room &amp; Board Expenses</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Hospital Intensive Care Unit Expense - in lieu of normal Hospital Room &amp; Board Expenses</td>
<td>The Coinsurance Amount shown 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 Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Preadmission Testing</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Physician’s Visits while Confined</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Inpatient Surgery:</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Surgeon Services</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Physical Therapy (inpatient)</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Skilled Nursing Facility Expense Benefit</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Outpatient Benefits</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Outpatient Surgery:</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Surgeon Services</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Benefit Description</td>
<td>Coinsurance Amount</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services &amp; supplies, such as cost of operating room, therapeutic services, oxygen, oxygen tent, and blood &amp; plasma.</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Second Surgical Opinion</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Occupational Therapy, Physical Therapy, and Chiropractic Manipulations</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Respiratory, Hyperbaric, and Pulmonary Therapy</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Emergency Services Expenses (not subject to the Deductible)</td>
<td>First $500 paid at 100% Coinsurance; The Network Coinsurance Amount shown above thereafter</td>
</tr>
<tr>
<td>In Office Physician’s Fees, including Diabetes Education and Control (not subject to the Deductible)</td>
<td>100% of PA subject to $25 Copay per visit for non-Preventive Services</td>
</tr>
<tr>
<td>Diagnostic X-ray Services</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Laboratory Procedures (Outpatient)</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>100% of U&amp;R subject to Generic Copay $15.00, subject to Preferred Brand Copay $35.00, subject to Brand Copay $75.00</td>
</tr>
<tr>
<td>Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Hospice Care Coverage</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Other Benefits</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Ambulance Service - Ground and/or Air Transportation</td>
<td>The Network Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Braces and Appliances</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Routine Newborn Care</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Habilitative Services</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Consultant Physician Services – when requested by the attending physician</td>
<td>The Coinsurance Amount shown above subject to a $25 Copay</td>
</tr>
<tr>
<td>Accidental Injury Dental Treatment for Insured Persons over Age 18</td>
<td>The Network Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Sickness Dental Expense for Insured Persons over Age 18</td>
<td>The Network Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Sports Accident Expense, incurred as the result of the play or practice of intramural or club sports</td>
<td>The Network Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Medical Evacuation Expense - (International Students and/or their Dependents and Domestic Student participating in a study abroad program)</td>
<td>100% U&amp;R</td>
</tr>
<tr>
<td>Repatriation Expense - (International Students and/or their Dependents and Domestic Student participating in a study abroad program)</td>
<td>100% U&amp;R</td>
</tr>
<tr>
<td>Medication outside the United States</td>
<td>60% U&amp;R</td>
</tr>
</tbody>
</table>

**Mandated Benefits**

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Coinsurance Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious Mental Disorders Benefit</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Home Health Care Services Benefit</td>
<td>The Coinsurance Amount shown above for up to 100 visits per Policy Year</td>
</tr>
<tr>
<td>Temporomandibular Disorders and Craniomandibular Disorders Benefit</td>
<td>The Coinsurance Amount shown above subject to the limits described in the Benefit</td>
</tr>
<tr>
<td>Rehabilitation Therapy Benefit</td>
<td>The Coinsurance Amount shown above subject to the limits described in the Benefit</td>
</tr>
<tr>
<td>Benefit</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mastectomy; Reconstructive Surgery Benefit</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Treatment of Autism Spectrum Disorders</td>
<td>The Coinsurance Amount shown above; subject to the limits described in the Benefit</td>
</tr>
<tr>
<td>Diabetes Diagnosis and Self-Management Benefit</td>
<td>The Coinsurance Amount shown above; subject to the limits described in the Benefit</td>
</tr>
<tr>
<td>Clinical Trials Benefit</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Dental Anesthesia Services Benefit</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Pediatric Dental Care Benefit</td>
<td>The Coinsurance Amount shown above; Limited to one dental exam every 6 months</td>
</tr>
<tr>
<td>Pediatric Vision Care Benefit</td>
<td>The Coinsurance Amount shown above; Limited to 1 visit per policy year and 1 pair of prescribed lenses/frames</td>
</tr>
</tbody>
</table>

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**AMENDMENT TO DEFINITIONS AMENDMENT**

This Amendment makes the revisions listed below to the Policy and Certificate to which it is attached.

The definition of Accident is deleted in its entirety and replaced with the following:

**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.

The definition of Covered Injury is deleted in its entirety and replaced with the following:

**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.

This Amendment is subject to all terms, conditions and provisions of the Policy/Certificate that are not inconsistent with it. Except as stated in this Amendment, it does not change or affect any other terms of the Policy and Certificate.


Kimberly A. Shaul  
Secretary

Mark L. Solverud  
President

NBH Amend Def  
Subject to Insurance Department Approval
VALUE ADDED SERVICES

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

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

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE
Consolidated Health Plans provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867. If you are traveling and need assistance in North America, call the Assistance Center toll-free at: 877.305.1966 or if you are in a foreign country, call collect at: 715.295.9311. When you call, please provide your name, school name, the group number shown on your ID card, and a description of your situation. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.

EFFECTIVE DATES AND COSTS

<table>
<thead>
<tr>
<th></th>
<th>Annual* 7/1/16 – 6/30/17</th>
<th>Spring* 01/04/17 – 06/30/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$3,562</td>
<td>$1,782</td>
</tr>
<tr>
<td>Spouse</td>
<td>$3,562</td>
<td>$1,782</td>
</tr>
<tr>
<td>Each Child</td>
<td>$3,562</td>
<td>$1,782</td>
</tr>
<tr>
<td>3 or more Children</td>
<td>$10,686</td>
<td>$5,346</td>
</tr>
</tbody>
</table>

Dependent rates are in addition to the student rate.

*The above rates include an administrative fee.