STUDENT HEALTH INSURANCE PROGRAM
Designed for the Students of Antioch College 2016-2017

Underwritten by:
National Guardian Life Insurance Company
Madison, WI

Policy Number: 2016I5A88

National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka the Guardian or Guardian Life

Effective: September 24, 2016 to September 23, 2017

Group Number: S211111

Administered by:

CHP Student
Consolidated Health Plans
2077 Roosevelt Ave.
Springfield, MA 01104

GENERAL INFORMATION
The Plan is underwritten by National Guardian Life Insurance Company. The Local Representative is McGohan Brabender, 3931 South Dixie Drive, Dayton, OH 45439. All claims are paid by the Claims Administrator, Consolidated Health Plans, 2077 Roosevelt Avenue, Springfield, MA 01020.

ELIGIBILITY AND COST
All full-time undergraduate students attending Antioch College are included in the plan, unless coverage has been specifically waived. Any student who does not want the insurance plan must complete the on-line waiver at: www.chpstudent.com click on Antioch College, then Waiver. Once you have completed the form you will then receive a confirmation email. Please print this confirmation for your records for this is the only documentation that the form was submitted. This option will not be available after October 8, 2016. The charge which appears on your first term bill will not be removed after that date.

Students who lose insurance coverage anytime during the academic year may be eligible to enroll in the plan and should contact Consolidated Health Plans (CHP) for enrollment information.

COST

<table>
<thead>
<tr>
<th></th>
<th>Annual 9/24/16-9/23/17</th>
<th>Spring Only 1/1/17 – 9/23/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Only</td>
<td>$2,054</td>
<td>$1,497</td>
</tr>
</tbody>
</table>

The above rates include an administrative service fee

WAIVER PROCESS
If You are eligible to be covered under this Insurance Program, You are automatically enrolled, unless You waive coverage. To document proof of comparable coverage, students need to complete the online Waiver Form. The deadline for students to complete and submit the Waiver Form is October 8, 2016. Students who do not complete and submit the Waiver Form by the printed deadline will be automatically enrolled in the Student Health Insurance Plan and the fee will remain on their student account.

To submit the online Waiver Form:
2. Choose “Antioch College” from the drop down menu.
3. Choose the tab labeled “Waiver” and complete the form.

If You are eligible for coverage and wish to enroll in this Insurance Program outside of these enrollment opportunities, You must present documentation from Your former insurance company that it is no longer providing You with personal Accident and Sickness insurance coverage. Your Effective Date of coverage under
this Insurance Program will be the date that Your former insurance expired, but only if You make the request for coverage within thirty-one (31) days from the date that Your previous plan expired. Otherwise, the Effective Date of coverage will be the first (1st) of the month following Our receipt of Your written request for coverage. The appropriate premium must accompany Your application for coverage.

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Section 1 – Definitions

If a word or phrase in this document have special meaning, or is a title, it will start with a capital letter. If the word or phrase is not explained in the text where it appears, it will be defined in this section. If an Insured Person needs additional clarification on any of these definitions, please contact the customer service number located on the back of an Insured Person’s ID card or submit an Insured Person’s questions online at: www.chpstudent.com.

Behavior Health Conditions

- **Mental Health Conditions** - A display of mental or nervous symptoms that are not a result of any physical or biological cause(s) or disorder(s).
- **Substance Abuse** - A condition that develops when an individual uses alcohol or other drug(s) in a way that damages their health and/or causes them to lose control of their actions.

Benefit Period – The length of time that We will pay benefits for Covered Services. The Benefit Period is listed in the Schedule of Benefits. If an Insured Person’s coverage ends before this length of time, then the Benefit Period also ends.

Benefit Period Maximum – The maximum that We will pay for specific Covered Services during a Benefit Period.

Brand Name Drug – The first version of a particular medication to be developed or a medication that is sold under a pharmaceutical manufacturer’s own registered trade name or trademark. The original manufacturer is granted a patent, which allows it to be the only company to make and sell the new drug for a certain number of years.

Certificate – The document providing a summary of the terms of an Insured Person’s benefits. It is attached to, and is part of, the Policy. It is also subject to the terms of the Policy.

Copayment – A specific dollar amount of the Maximum Allowable Amount for Covered Services that is indicated in the Schedule of Benefits, which An Insured Person must pay. The Copayment does not apply to any Deductible that an Insured Person is required to pay. An Insured Person’s Copayment will be the lesser of the amount shown in the Schedule of Benefits or the amount charged by the Provider.

Coinsurance - A specific percentage of the Maximum Allowable Amount for Covered Services, that is indicated in the Schedule of Benefits, which An Insured Person must pay. Coinsurance normally applies after the Deductible that an Insured Person is required to pay. See the Schedule of Benefits for any exceptions.

Compound Drugs - A drug, which requires a prescription from a Physician that is prepared by a pharmacist who mixes or adjusts drug ingredients to customize a medication to meet an Insured Person’s individual needs.

Covered Services - Services, supplies or treatment as described in this document which are performed, prescribed, directed or authorized by a Provider. To be a Covered Service the service, supply or treatment must be:

- Medically Necessary or otherwise specifically included as a benefit under this Certificate.
- Within the scope of the license of the Provider performing the service.
- Rendered while coverage under this document is in force.
- Not Experimental/Investigative or otherwise excluded or limited by this Certificate, or by any amendment or rider thereto.
- Authorized in advance by Us if such Prior Authorization is required in this Certificate.

A charge for a Covered Service is incurred on the date the service, supply or treatment was provided to an Insured Person. The incurred date (for determining application of Deductible and other cost share amounts) for an Inpatient admission is the date of admission except as otherwise specified in benefits after termination. Covered Services do not include any services or supplies that are not documented in Provider records.

Covered Transplant Procedure - Any Medically Necessary human organ and tissue transplant as determined by Us including necessary acquisition costs and preparatory myeloblatie therapy.

Covered Transplant Services - All Covered Transplant Procedures and all Covered Services directly related to the disease that has necessitated the Covered Transplant Procedure or that arises as a result of the Covered Transplant Procedure within a Covered Transplant Benefit Period, including any Diagnostic evaluation for the purpose of determining an Insured Person’s appropriateness for a Covered Transplant Procedure.
Custodial Service or Care - Care primarily for the purpose of assisting an Insured Person in the activities of daily living or in meeting personal rather than medical needs. Custodial Care is not specific treatment for an illness or injury. Care which cannot be expected to substantially improve a medical condition and has minimal therapeutic value. Such care includes, but is not limited to:

- Assistance with walking, bathing, or dressing
- Transfer or positioning in bed
- Normally self-administered medicine
- Meal preparation
- Feeding by utensil, tube, or gastrostomy
- Oral hygiene
- Ordinary skin and nail care
- Catheter care
- Suctioning
- Using the toilet
- Enemas
- Preparation of special diets and supervision over medical equipment or exercise or over self-administration of oral medications not requiring constant attention of trained medical personnel.

Care can be Custodial regardless of whether it is recommended by a professional or performed in a facility, such as a Hospital or Skilled Nursing Facility, or at home.

Deductible – The dollar amount of Covered Services, listed in the Schedule of Benefits, which an Insured Person must pay for before We will pay for those Covered Services in each Benefit Period.

Diagnostic (Service/Testing) – A test or procedure performed on an Insured Person, who is displaying specific symptoms, to detect or monitor a disease or condition. A Diagnostic Service also includes a Medically Necessary Preventive Care screening test that may be required for an Insured Person who is not displaying any symptoms. However, this must be ordered by a Provider. Examples of covered Diagnostic Services in the CoveredServicessection.

Domiciliary Care – Care provided in a residential institution, treatment center, halfway house, or school because an Insured Person’s own home arrangements are not available or are unsuitable, and consisting chiefly of room and board, even if therapy is included.

Effective Date – The date that an Insured Student’s coverage begins under this Certificate. A Dependent’s coverage also begins on the Insured Student’s Effective Date.

Eligible Person – A person who meets the School’s requirements and is entitled to apply to be an Insured Student.

Emergency (Emergency Medical Condition) – An accidental traumatic bodily injury or other medical condition that manifests itself by acute symptoms of such severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to:

- Place the health of an individual, or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;
- Result in serious impairment to the individual’s bodily functions; or
- Result in serious dysfunction of a bodily organ or part of the individual.

Emergency Care (Emergency Services) – A medical screening examination that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate an Emergency Condition; and within the capabilities of the staff and facilities available at the Hospital, such further medical examination and treatment as are required to Stabilize the patient.

Experimental/Investigative – Any Drug, biologic, device, Diagnostic, product, equipment, procedure, treatment, service, or supply used in or directly related to the diagnosis, evaluation, or treatment of a disease, injury, illness, or other health condition which We determine to be unproven. For how this is determined, see the “Non-Covered Services/Exclusions” section.

Formulary - The list of pharmaceutical products, developed in consultation with Physicians and pharmacists, approved for their quality and cost effectiveness.

Generic Drugs – Prescription Drugs that have been determined by the FDA to be equivalent to Brand Name Drugs, but are not made or sold under a registered trade name or trademark. Generic Drugs have the same active ingredients, meet the same FDA requirements for safety, purity, and potency and must be dispensed in the same dosage form (tablet, capsule, cream) as the Brand Name Drug.

Group – The School, or other organization, that has entered into a Policy with the Plan.

Identification Card / ID Card – A card issued by the Plan, showing the Insured Person’s name, membership number, and occasionally coverage information.

Inpatient – An Insured Person who receives care as a registered bed patient in a Hospital or other Provider where a room and board charge is made. This does not apply to an Insured Person who is placed under observation for fewer than 24 hours.
Insured Student – A student of the School who is eligible to receive benefits under the Policy. You or Your also means the Insured Student.

Maximum Allowable Amount (Maximum Allowed Amount) - The maximum amount that We will allow for Covered Services received based on Usual and Reasonable expenses. For more information, see the “Claims Payment” section.

Medically Necessary/ Medical Necessity - An intervention that is or will be provided for the diagnosis, evaluation and treatment of a condition, illness, disease or injury and that is determined by Us to be:

- Medically appropriate for and consistent with the symptoms and proper diagnosis or treatment of the Insured Person’s condition, illness, disease or injury;
- Obtained from a Provider;
- Provided in accordance with applicable medical and/or professional standards;
- Known to be effective, as proven by scientific evidence, in materially improving health outcomes;
- The most appropriate supply, setting or level of service that can safely be provided to the Insured Person and which cannot be omitted consistent with recognized professional standards of care (which, in the case of hospitalization, also means that safe and adequate care could not be obtained in a less comprehensive setting);
- Cost-effective compared to alternative interventions, including no intervention (“cost effective” does not mean lowest cost);
- Not Experimental/Investigative;
- Not primarily for the convenience of the Insured Person, the Insured Person’s family or the Provider.
- Not otherwise subject to an exclusion under this Certificate.
- The fact that a Provider may prescribe, order, recommend, or approve care, treatment, services or supplies does not, of itself, make such care, treatment, services or supplies Medically Necessary or a Covered Service and does not guarantee payment.

Medicare - The program of health care for the aged and disabled established by Title X VIII of the Social Security Act, as amended.

Insured Person – A Insured Student or Dependent who has satisfied the eligibility conditions, applied for coverage, been approved by the Plan and been covered by the required Premium payment.

New FDA Approved Drug Product or Technology - The first release of the brand name product or technology upon the initial FDA New Drug Approval. Other applicable FDA approval for its biochemical composition and initial availability in the marketplace for the indicated treatment and use.

New FDA Approved Drug Product or Technology does not include:

- New formulations: a new dosage form or new formulation of an active ingredient already on the market;
- Already marketed Drug product but new manufacturer: a product that duplicates another firm’s already marketed Drug product (same active ingredient, formulation, or combination);
- Already marketed Drug product, but new use: a new use for a Drug product already marketed by the same or a different firm; or
- Newly introduced generic medication: generic medications contain the same active ingredient as their counterpart brand-name medications.

Out of Pocket Limit - A specified dollar amount of expense incurred by an Insured Person and/or family for Covered Services in a Benefit Period as listed on the Schedule of Benefits. When the Out of Pocket Limit is reached for an Insured Person and/or family, then no additional Deductibles, Coinsurance, and Copayments are required for that person and/or family unless otherwise specified in this document and/or the Schedule of Benefits. Expenses that are not eligible or amounts above any Maximum Benefit do not apply toward the Out-of-Pocket Limit. However, the Insured Person’s Coinsurance amounts, Deductibles and Copays will apply toward the Out-of-Pocket Limit.

Outpatient - An Insured Person who receives services or supplies while not an Inpatient.

Pharmacy and Therapeutics (P&T) Committee – A committee consisting of health care professionals, including Nurses, Pharmacists, and Physicians. The purpose of this committee is to assist in determining clinical appropriateness of Drugs; determining the assignments of Drugs; determining whether a Drug will be included in any of the Formularies; and advising on programs to help improve care. Such programs may include, but are not limited to, drug utilization programs, prior authorization criteria, therapeutic conversion programs, cross-branded initiatives, drug profiling initiatives and the like.

Plan (or We, Us, Our) – National Guardian Life Insurance Company which provides benefits to Insured Persons for the Covered Services described in this Certificate.

Premium – The charges that must be paid by the Insured Student or the Group to maintain coverage. This may be based on an Insured Person’s age, depending on the School’s Contract with the Plan.

Prescription Order – A legal request, written by a Provider, for a Prescription Drug or medication and any subsequent refills.
Prescription Legend Drug, Prescription Drug, or Drug – A medicinal substance that is produced to treat illness or injury and is dispensed to Outpatients. Under the Federal Food, Drug & Cosmetic Act, such substances must bear a message on its original packing label that states, “Caution: Federal law prohibits dispensing without a prescription.” Compounded (combination) medications, which contain at least one such medicinal substance, are considered to be Prescription Legend Drugs. Insulin is considered a Prescription Legend Drug under this Certificate.

Prior Authorization – The process applied to certain Compound Drugs.

Provider – A duly licensed person or facility that provides services within the scope of an applicable license. This includes any Provider rendering services which are required by applicable state law to be covered when rendered by such Provider. Providers include, but are not limited to, the following persons and facilities listed below. If an Insured Person has a question about a Provider not shown below, please call the number on the back of an Insured Person’s ID card.

- Alcoholism Treatment Facility - A facility that mainly provides detoxification and/or rehabilitation treatment for alcoholism.

- Alternative Care Facility – A non-Hospital health care facility, or an attached facility designated as free standing by a Hospital that the Plan approves, which provides Outpatient Services primarily for but not limited to:
  1. Diagnostic Services such as Computerized Axial Tomography (CAT scan) or Magnetic Resonance Imaging (MRI).
  2. Surgery.
  3. Therapy Services or rehabilitation.

- Ambulatory Surgical Facility - A facility, with an organized staff of Physicians, that:
  1. Is licensed as such, where required;
  2. Has permanent facilities and equipment for the primary purpose of performing surgical procedures on an Outpatient basis;
  3. Provides treatment by or under the supervision of Physicians and nursing services whenever the patient is in the facility;
  4. Does not provide Inpatient accommodations; and
  5. Is not, other than incidentally, used as an office or clinic for the private practice of a Physician or other professional Provider.

- Clinical Nurse Specialists whose nursing specialty is Mental Health.

- Day Hospital - A facility that provides day rehabilitation services on an Outpatient basis.

- Dialysis Facility - A facility which mainly provides dialysis treatment, maintenance or training to patients as an Outpatient or at an Insured Person’s home. It is not a Hospital.

- Drug Abuse Treatment Facility - A facility which provides detoxification and/or rehabilitation treatment for drug abuse.

- Home Health Care Agency - A facility, licensed in the state in which it is located, which:
  1. Provides skilled nursing and other services on a visiting basis in the Insured Person’s home; and
  2. Is responsible for supervising the delivery of such services under a plan prescribed and approved in writing by the attending Physician.

- Home Infusion Facility - A facility which provides a combination of:
  1. Skilled nursing services
  2. Prescription Drugs
  3. Medical supplies and appliances.

Provided in the home as home infusion therapy for Total Parenteral Nutrition (TPN), Antibiotic therapy, Intravenous (IV) Chemotherapy, Enteral Nutrition Therapy, or IV pain management.

- Hospice - A coordinated plan of home, Inpatient and Outpatient care which provides palliative and supportive medical and other health services to terminally ill patients. An interdisciplinary team provides a program of planned and continuous care, of which the medical components are under the direction of a Physician. Care is available 24 hours a day, seven days a week. The Hospice must meet the licensing requirements of the state or locality in which it operates.

- Hospital - A Provider constituted, licensed, and operated as set forth in the laws that apply to Hospitals, which:
  1. Provides room and board and nursing care for its patients;
  2. Has a staff with one or more Physicians available at all times;
  3. Provides 24 hour nursing service;
  4. Maintains on its premises all the facilities needed for the diagnosis, medical care, and treatment of an illness or injury; and
  5. Is fully accredited by the Joint Commission on Accreditation of Health Care Organizations.

The term Hospital does not include a Provider, or that part of a Provider, used mainly for:

1. Nursing care
2. Rest care
3. Convalescent care
4. Care of the aged
5. Custodial Care
6. Educational care
7. Treatment of alcohol abuse
8. Treatment of drug abuse.

- **Independent Social Workers**
- **Outpatient Psychiatric Facility** - A facility which mainly provides Diagnostic and therapeutic services for the treatment of Behavioral Health Conditions on an Outpatient basis.
- **Pharmacy** - An establishment licensed to dispense Prescription Drugs and other medications through a duly licensed pharmacist upon a Physician’s order.
- **Physician** - A legally licensed doctor of medicine, doctor of osteopathy (bones and muscles), Chiropractor (spinal column and other body structures), dental surgeon (teeth), podiatrist (diseases of the foot) or surgical chiropodist (surgical foot specialist) or optometrist (eye and sight specialist).
- **Professional Clinical Counselors** – A licensed or certified clinical mental health counselor.
- **Professional Counselors** - A licensed professional mental health counselor. **Psychiatric Hospital** - A facility that, for compensation of its patients, is primarily engaged in providing Diagnostic and therapeutic services for the Inpatient treatment of Behavioral Health Conditions. Such services are provided, by or under the supervision of, an organized staff of Physicians. Continuous nursing services are provided under the supervision of a Registered Nurse.
- **Psychologist** - A licensed clinical Psychologist. In states where there is no licensure law, the Psychologist must be certified by the appropriate professional body.
- **Rehabilitation Hospital** - A facility that is primarily engaged in providing rehabilitation services on an Inpatient or Outpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by disease or injury to achieve some reasonable level of functional ability. Services are provided by or under the supervision of an organized staff of Physicians. Continuous nursing services are provided under the supervision of a Registered Nurse.
- **Retail Health Clinic** - A facility that provides limited basic medical care services to Insured Persons on a “walk-in” basis. These clinics normally operate in major pharmacies or retail stores. Medical services are typically provided by Physicians Assistants and Nurse Practitioners.
- **Skilled Nursing Facility** - A Provider constituted, licensed, and operated as set forth in applicable state law, which:

1. mainly provides Inpatient care and treatment for persons who are recovering from an illness or injury;
2. provides care supervised by a Physician;
3. provides 24 hour per day nursing care supervised by a full-time Registered Nurse;
4. is not a place primarily for care of the aged, Custodial or Domiciliary Care, or treatment of alcohol or drug dependency; and
5. is not a rest, educational, or custodial Provider or similar place.
- **Social Worker** - A licensed Clinical Social Worker. In states where there is no licensure law, the Social Worker must be certified by the appropriate professional body.
- **Supplier of Durable Medical Equipment, Prosthetic Appliances and/or Orthotic Devices.**
- **Urgent Care Center** - A licensed health care facility that is organizationally separate from a Hospital and whose primary purpose is the offering and provision of immediate, short-term medical care, without appointment, for Urgent Care.

**Recovery** – A Recovery is money an Insured Person receives from another, their insurer or from any “Uninsured Motorist”, “Underinsured Motorist”, “Medical- Payments”, “No-Fault”, or “Personal Injury Protection” or other insurance coverage provision as a result of injury or illness caused by another. Regardless of how an Insured Person or an Insured Person’s representative or any agreements characterize the money an Insured Person receives, it shall be subject to the Subrogation and Reimbursement provisions of this Plan.

**School or College** - the college or university attended by the Insured Student. The School or College is the Policyholder.

**Single Coverage** – Coverage that is limited to the Insured Student only.

**Stabilize** - The provision of medical treatment to an Insured Person in an Emergency as may be necessary to assure, within reasonable medical probability that material deterioration of an Insured Person’s condition is not likely to result from or during any of the following:

- an Insured Person’s discharge from an emergency department or other care setting where Emergency Care is provided to an Insured Person; or
- an Insured Person’s transfer from an emergency department or other care setting to another facility; or
- an Insured Person’s transfer from a Hospital emergency department or other Hospital care setting to the Hospital’s Inpatient setting.
Student Health Center or Student Infirmary - 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.

Therapy Services – Services and supplies that are used to help a person recover from an illness or injury. Covered Therapy Services are limited to services listed in the "Covered Services" section.

Usual and Reasonable (U & R) - 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:
- Like service by a provider with similar training or experience; or
- Supply that is identical or substantially equivalent.

You, Your – Insured Student

Section 2 – Eligibility, Enrollment and Termination

The Insurance Information Schedule in the policy will indicate who is eligible for coverage, on what basis and enrollment requirements.

All full-time undergraduate students attending Antioch College are included in the plan, unless coverage has been specifically waived.

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) On any premium due date the Policyholder fails to pay the required premium for an Insured Person except as the result of an inadvertent error.

Refund of Premium: Premiums received by Us are fully earned upon receipt. Refund of premium will be considered only:
1) For any student who does not attend school during the first thirty-one (31) days of the period for which coverage is purchased. Such 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.

No other refunds will be allowed.

<table>
<thead>
<tr>
<th>Benefit Period</th>
<th>Policy Year</th>
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</thead>
<tbody>
<tr>
<td>Preventive Care Services</td>
<td>Coinsurance, Copayment and Deductible are not applicable to Preventive Services. Benefits are paid at 100% of U&amp;R</td>
</tr>
<tr>
<td>Deductible (per person)</td>
<td>$250</td>
</tr>
<tr>
<td>Out-of-Pocket Expense Limit</td>
<td>$6,350</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>80% of Covered Medical Expenses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ambulance Services</th>
<th>The Coinsurance Amount shown above</th>
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</thead>
<tbody>
<tr>
<td>Behavioral Health Services – Biologically Based Mental Illness: Coverage for the Inpatient and Outpatient treatment including Physician Home Visits and Office services of Biologically Based Mental Illness conditions is provided to the same extent and degree as for the treatment of physical illness.</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Behavioral Health Services for other than Biologically Based Mental Illness</td>
<td>The Coinsurance Amount shown above subject to the following limitations per Policy Year:</td>
</tr>
<tr>
<td>- Inpatient and Outpatient substance abuse rehabilitation programs</td>
<td>Unlimited Programs</td>
</tr>
<tr>
<td>- Inpatient mental health and substance abuse days</td>
<td>Non-Biologically Based Mental Illness – unlimited days</td>
</tr>
<tr>
<td>- Non-alcoholism related substance abuse services – unlimited days</td>
<td>Alcoholism – unlimited days</td>
</tr>
<tr>
<td>- Outpatient mental health and substance abuse visits</td>
<td>Non-Biologically Based Mental Illness – unlimited visits</td>
</tr>
<tr>
<td>- Non-alcoholism related substance abuse services – unlimited visits</td>
<td>Alcoholism – unlimited visits</td>
</tr>
<tr>
<td>Dental Services</td>
<td>Outpatient Services: Dental Services related to an accidental Injury</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>Other Dental Services - facility charges and anesthesia only</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Pediatric Dental Services for covered persons under 19</td>
<td>100% of U&amp;R for Preventive Services; The Coinsurance rate shown above, except orthodontia will be paid at 50% Coinsurance</td>
</tr>
<tr>
<td>Diabetes, Equipment, Education and Supplies</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Home Care Services</td>
<td>The Coinsurance Amount shown above, subject to 100 visit limit within a Policy Year – home visits for home infusion therapy of private duty nursing rendered in the home to not apply to this visit maximum.</td>
</tr>
<tr>
<td>Private Duty Nursing in the home</td>
<td>The Coinsurance Amount shown above, subject to a maximum benefit of $50,000 per Insured Person per Policy Year.</td>
</tr>
<tr>
<td>Inpatient and Outpatient Professional Services</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Inpatient Facility Services</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Maximum days for Physician Medicine and Rehabilitation (includes day rehabilitation therapy services on an Outpatient basis.)</td>
<td>60 days per Policy Year.</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>90 days per Policy Year</td>
</tr>
<tr>
<td>Mammogram (outpatient)</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Diagnostic</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Routine</td>
<td>See Preventive Care Services</td>
</tr>
<tr>
<td>Maternity Services</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Medical Supplies, Durable Medical Equipment and Appliances (including certain diabetic and asthmatic supplies)</td>
<td>The Coinsurance Amount shown above</td>
</tr>
</tbody>
</table>
### Section 4 – NON-COVERED SERVICES/EXCLUSIONS

The following section indicates items which are excluded from benefit consideration, and are not considered Covered Services. Excluded items will not be covered even if the service, supply, or equipment would otherwise be considered Medically Necessary. This information is provided as an aid to identify certain common items which may be misconstrued as Covered Services, but is in no way a limitation upon, or a complete listing of, such items considered not to be Covered Services. We are the final authority for determining if services or supplies are Medically Necessary.

We do not provide benefits for procedures, equipment, services, supplies or charges:

1. Which We determine are not Medically Necessary or do not meet Our medical policy, clinical coverage guidelines, or benefit policy guidelines.
2. Received from an individual or entity that is not a Provider, as defined in this Certificate, or recognized by Us.
3. Which are Experimental/Investigative or related to such, whether incurred prior to, in connection with, or subsequent to the Experimental/ Investigative service or supply, as determined by Us. The fact that a service is the only available treatment for a condition will not make it eligible for coverage if We deem it to be Experimental/Investigative.
4. For any condition, disease, defect, ailment, or injury arising out of and in the course of employment if benefits are available under any Workers’ Compensation Act or other similar law. If Workers’ Compensation Act benefits are not available to an Insured Person, then this Exclusion does not apply. This exclusion applies if he or she receives the benefits in whole or in part. This exclusion also applies whether or not the Insured Person claims the benefits or compensation. It also applies whether or not the Insured Person recovers from any third party.
5. To the extent that they are provided as benefits by any governmental unit, unless otherwise required by law or regulation.
6. For any illness or injury that occurs while serving in the armed forces, including as a result of any act of war, declared or undeclared.
7. For a condition resulting from direct participation in a riot, civil disobedience, nuclear explosion, or nuclear accident.
8. For court ordered testing or care unless Medically Necessary.
9. For which an Insured Person has no legal obligation to pay in the absence of this or like coverage.
10. For the following:

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Copayment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary Rehabilitation</td>
<td>20 visits combined for Physician Home Visits, office visits and outpatient services.</td>
</tr>
<tr>
<td>Vision Care Services</td>
<td>To the extent considered a Preventive Service, will be paid as a Preventive Service. The Coinsurance Amount shown above, see benefit for limitations.</td>
</tr>
<tr>
<td>Pediatric Vision</td>
<td>The Coinsurance Amount shown above, after a $50 co-pay per visit.</td>
</tr>
<tr>
<td>Urgent Care Center Services Allergy Injections</td>
<td>The Coinsurance Amount shown above, up to $10,000 per transplant.</td>
</tr>
<tr>
<td>Human Organ and Tissue Transplant (Bone Marrow/Stem Cell) Services for services prior to and following the Transplant Benefit Period</td>
<td>The Coinsurance Amount shown above, if the service is performed as a Preventive Service.</td>
</tr>
<tr>
<td>Transplant Benefit Period</td>
<td>Starts one day prior to the Covered Transplant and continues to the date of discharge.</td>
</tr>
<tr>
<td>Transplant Procedure during Transplant Benefit Period</td>
<td>During the Transplant Benefit Period, Coinsurance Amount is 50%.</td>
</tr>
<tr>
<td>Transportation and Lodging</td>
<td>The Coinsurance Amount shown above, up to $10,000 per transplant.</td>
</tr>
<tr>
<td>Unrelated donor searches for bone marrow/stem cell transplants for a Covered Transplant Procedure</td>
<td>Coinsurance Amount is 50% of Medically Necessary expenses incurred.</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>The Coinsurance Amount shown above.</td>
</tr>
<tr>
<td>- Deductible does not apply</td>
<td>Tier 1 - $20 per prescription drug order</td>
</tr>
<tr>
<td>- Copayment per 30 day supply</td>
<td>Tier 2 - $40 per prescription drug order</td>
</tr>
<tr>
<td>- Should be filled at a Catamaran Participating Pharmacy</td>
<td>Tier 3 - $40 per prescription drug order</td>
</tr>
<tr>
<td>- Non-emergency care provided outside the US</td>
<td>Tier 4 - $40 per prescription drug order</td>
</tr>
<tr>
<td></td>
<td>Compound Drug - $40 per prescription drug order</td>
</tr>
</tbody>
</table>

*We do not provide benefits for procedures, equipment, services, supplies or charges.*

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1. Which We determine are not Medically Necessary or do not meet Our medical policy, clinical coverage guidelines, or benefit policy guidelines.
2. Received from an individual or entity that is not a Provider, as defined in this Certificate, or recognized by Us.
3. Which are Experimental/Investigative or related to such, whether incurred prior to, in connection with, or subsequent to the Experimental/Investigative service or supply, as determined by Us. The fact that a service is the only available treatment for a condition will not make it eligible for coverage if We deem it to be Experimental/Investigative.
4. For any condition, disease, defect, ailment, or injury arising out of and in the course of employment if benefits are available under any Workers’ Compensation Act or other similar law. If Workers’ Compensation Act benefits are not available to an Insured Person, then this Exclusion does not apply. This exclusion applies if he or she receives the benefits in whole or in part. This exclusion also applies whether or not the Insured Person claims the benefits or compensation. It also applies whether or not the Insured Person recovers from any third party.
5. To the extent that they are provided as benefits by any governmental unit, unless otherwise required by law or regulation.
6. For any illness or injury that occurs while serving in the armed forces, including as a result of any act of war, declared or undeclared.
7. For a condition resulting from direct participation in a riot, civil disobedience, nuclear explosion, or nuclear accident.
8. For court ordered testing or care unless Medically Necessary.
9. For which an Insured Person has no legal obligation to pay in the absence of this or like coverage.
10. For the following:

*Physician or Other Practitioners’ charges for consulting with Insured Persons by telephone, facsimile machine, electronic mail systems or other consultation or medical management service not involving*
direct (face-to-face) care with the Insured Person except as otherwise described in this Certificate.

- Surcharges for furnishing and/or receiving medical records and reports.
- Charges for doing research with Providers not directly responsible for an Insured Person’s care.
- Charges that are not documented in Provider records.
- Charges from an outside laboratory or shop for services in connection with an order involving devices (e.g., prosthetics, orthotics) which are manufactured by the laboratory or shop, but which are designed to be fitted and adjusted by the attending Physician.
- For membership, administrative, or access fees charged by Physicians or other Providers. Examples of administrative fees include, but are not limited to, fees charged for educational brochures or calling a patient to provide their test results.

11. Received from a dental or medical department maintained by or on behalf of a School, mutual benefit association, labor union, trust or similar person or group.

12. Prescribed, ordered or referred by or received from a member of an Insured Person’s immediate family, including an Insured Person’s spouse, child, brother, sister, parent, in-law, or self.

13. For completion of claim forms or charges for medical records or reports unless otherwise required by law.

14. For missed or canceled appointments.

15. For mileage, lodging and meals costs, and other Insured Person travel related expenses, except as authorized by Us or specifically stated as a Covered Service.

16. For which benefits are payable under Medicare Parts A, B, and/or D or would have been payable if an Insured Person had applied for Parts A, B and/or D, except as specified elsewhere in this document or as otherwise prohibited by federal law, as addressed in the section titled “Medicare” in General Provisions. For the purposes of the calculation of benefits, if the Insured Person has not enrolled in Medicare Part B, We will calculate benefits as if they had enrolled.


18. Incurred prior to an Insured Person’s Effective Date.

19. Incurred after the termination date of this coverage except as specified elsewhere in this Certificate.

20. For any procedures, services, equipment or supplies provided in connection with cosmetic services. Cosmetic services are primarily intended to preserve, change or improve an Insured Person’s appearance or are furnished for psychiatric or psychological reasons. No benefits are available for surgery or treatments to change the texture or appearance of an Insured Person’s skin or to change the size, shape or appearance of facial or body features (such as an Insured Person’s nose, eyes, ears, cheeks, chin, chest or breasts). Complications directly related to cosmetic services treatment or surgery, as determined by Us, are not covered. This exclusion applies even if the original cosmetic services treatment or surgery was performed while the Insured Person was covered by another carrier/self-funded plan prior to coverage under this Certificate. Directly related means that the treatment or surgery occurred as a direct result of the cosmetic services treatment or surgery and would not have taken place in the absence of the cosmetic services treatment or surgery. This exclusion does not apply to conditions including but not limited to: myocardial infarction; pulmonary embolism; thrombophlebitis; and exacerbation of co-morbid conditions.

21. For maintenance therapy, which is treatment given when no additional progress is apparent or expected to occur. Maintenance therapy includes treatment that preserves an Insured Person’s present level of functioning and prevents loss of that functioning, but which does not result in any additional improvement.

22. For the following:

- Custodial Care, convalescent care or rest cures.
- Domiciliary care provided in a residential institution, treatment center, halfway house, or school because an Insured Person’s own home arrangements are not available or are unsuitable, and consisting chiefly of room and board, even if therapy is included.
- Care provided or billed by a hotel, health resort, convalescent home, rest home, nursing home or other extended care facility home for the aged, infirmary, school infirmary, institution providing education in special environments, supervised living or halfway house, or any similar facility or institution.
- Care provided or billed by residential treatment centers or facilities, unless those centers or facilities are required to be covered under state law. This includes but is not limited to individualized and intensive treatment in a residential facility, including observation and assessment by a Provider weekly or more frequently, an individualized program of rehabilitation, therapy, education, and recreational or social activities.
- Services or care provided or billed by a school, Custodial Care center for the developmentally disabled, residential programs for drug and alcohol, or outward bound programs, even if psychotherapy is included.
- Wilderness camps.
23. For routine foot care (including the cutting or removal of corns and calluses); Nail trimming, cutting or debriding; Hygienic and preventive maintenance foot care, including but not limited to:
   • cleaning and soaking the feet.
   • applying skin creams in order to maintain skin tone.
   • other services that are performed when there is not a localized illness, injury or symptom involving the foot.
24. For surgical treatment of flat feet; subluxation of the foot; weak, strained, unstable feet; tarsalalgia; metatarsalgia; hyperkeratosis.
25. For dental treatment, regardless of origin or cause, except as specified elsewhere in this Certificate. “Dental treatment” includes but is not limited to: Preventive care, diagnosis, treatment of or related to the teeth, jawbones (except that TMJ is a Covered Service) or gums, including but not limited to:
   • extraction, restoration and replacement of teeth.
   • medical or surgical treatments of dental conditions.
   • services to improve dental clinical outcomes.
26. For treatment of the teeth, jawbone or gums that is required as a result of a medical condition except as expressly required by law or specifically stated as a Covered Service.
27. For Dental implants.
28. For Dental braces, except as specifically covered under the Pediatric Dental Services.
29. For Dental X-rays, supplies & appliances and all associated expenses, including hospitalization and anesthesia, except as required by law. The only exceptions to this are for any of the following:
   • transplant preparation.
   • initiation of immunosuppressives.
   • direct treatment of acute traumatic injury, cancer or cleft palate.
30. Treatment of congenitally missing, malpositioned, or supernumerary teeth, even if part of a congenital anomaly.
31. Weight loss programs, whether or not they are pursued under medical or Physician supervision, unless specifically listed as covered in this Certificate. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs.
32. For bariatric surgery, regardless of the purpose it is proposed or performed. This includes but is not limited to Roux-en-Y (RNY), Laparoscopic gastric bypass surgery or other gastric bypass surgery (surgical procedures that reduce stomach capacity and divert partially digested food from the duodenum to the jejunum, the section of the small intestine extending from the duodenum), or Gastroplasty, (surgical procedures that decrease the size of the stomach), or gastric banding procedures. Complications directly related to bariatric surgery that result in an Inpatient stay or an extended Inpatient stay for the bariatric surgery, as determined by Us, are not covered. This exclusion applies when the bariatric surgery was not a Covered Service under this Plan or any previous National Guardian Life plan, and it applies if the surgery was performed while the Insured Person was covered by a previous carrier/self-funded plan prior to coverage under this Certificate. Directly related means that the Inpatient stay or extended Inpatient stay occurred as a direct result of the bariatric procedure and would not have taken place in the absence of the bariatric procedure. This exclusion does not apply to conditions including but not limited to: myocardial infarction; excessive nausea/vomiting; pneumonia; and exacerbation of co-morbid medical conditions during the procedure or in the immediate post-operative time frame.
33. For marital counseling.
34. For prescription, fitting, or purchase of eyeglasses or contact lenses except as otherwise specifically stated as a Covered Service. This Exclusion does not apply for initial prosthetic lenses or sclera shells following intraocular surgery, or for soft contact lenses due to a medical condition.
35. For vision orthoptic training.
36. For hearing aids or examinations to prescribe/fit them, unless otherwise specified within this Certificate.
37. For services or supplies primarily for educational, vocational, or training purposes, except as otherwise specified herein.
38. For services to reverse voluntarily induced sterility.
39. For diagnostic testing or treatment related to infertility.
40. For personal hygiene, environmental control, or convenience items including but not limited to:
   • Air conditioners, humidifiers, air purifiers;
   • Personal comfort and convenience items during an Inpatient stay, including but not limited to daily television rental, telephone services, cots or visitor’s meals;
   • Charges for non-medical self-care except as otherwise stated;
   • Purchase or rental of supplies for common household use, such as water purifiers;
   • Allergenic pillows, cervical neck pillows, special mattresses, or waterbeds;
   • Infant helmets to treat positional plagiocephaly;
   • Safety helmets for Insured Persons with neuromuscular diseases; or
   • Sports helmets.
41. Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment, or facilities used for developing or maintaining physical fitness, even if ordered by a Physician. This exclusion also applies to health spas.

42. For telephone consultations or consultations via electronic mail or internet/web site, except as required by law, authorized by Us, or as otherwise described in this Certificate.

43. For care received in an emergency room which is not Emergency Care, except as specified in this Certificate. This includes, but is not limited to, suture removal in an emergency room.

44. For eye surgery to correct errors of refraction, such as near-sightedness, including without limitation LASIK, radial keratotomy or keratomileusis or excimer laser refractive keratectomy.

45. For self-help training and other forms of non-medical self-care, except as otherwise provided in this Certificate.

46. For examinations relating to research screenings.

47. For stand-by charges of a Physician.

48. Physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, for licensing, or for other purposes.

49. For Private Duty Nursing Services rendered in a Hospital or Skilled Nursing Facility; Private Duty Nursing Services are Covered Services only when provided through the Home Care Services benefit as specifically stated in the “Covered Services” section.

50. For Manipulation Therapy services rendered in the home as part of Home Care Services.

51. Services and supplies related to sex transformation and/or the reversal thereof, or male or female sexual or erectile dysfunctions or inadequacies, regardless of origin or cause. This Exclusion includes sexual therapy and counseling. This exclusion also includes penile prostheses or implants and vascular or artificial reconstruction, Prescription Drugs, and all other procedures and equipment developed for or used in the treatment of impotency, and all related Diagnostic Testing.

52. For (services or supplies related to) alternative or complementary medicine. Services in this category include, but are not limited to, acupuncture, holistic medicine, homeopathy, hypnosis, aroma therapy, massage and massage therapy, reiki therapy, herbal, vitamin or dietary products or therapies, naturopathy, thermograph, orthomolecular therapy, contact reflex analysis, bioenergial synchronization technique (BEST), iridology-study of the iris, auditory integration therapy (AIT), colonic irrigation, magnetic innervation therapy, electromagnetic therapy, and neurofeedback.

53. For any services or supplies provided to a person not covered under the document in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

54. For surgical treatment of gynecomastia.

55. For treatment of hyperhidrosis (excessive sweating).

56. Human Growth Hormone for children born small for gestational age. It is only a Covered Service in other situations when allowed by Us through Prior Authorization.

57. Complications directly related to a service or treatment that is a non-Covered Service under this document because it was determined by Us to be Experimental/Investigational or non-Medically Necessary. Directly related means that the service or treatment occurred as a direct result of the Experimental/Investigational or non-Medically Necessary service and would not have taken place in the absence of the Experimental/Investigational or non-Medically Necessary service.

58. For Drugs, devices, products, or supplies with over the counter equivalents and any Drugs, devices, products, or supplies that are therapeutically comparable to an over the counter Drug, device, product, or supply.

59. Sclerotherapy for the treatment of varicose veins of the lower extremities including ultrasonic guidance for needle and/or catheter placement and subsequent sequential ultrasound studies to assess the results of ongoing treatment of varicose veins of the lower extremities with sclerotherapy.

60. Treatment of telangiectatic dermal veins (spider veins) by any method.

61. Reconstructive services except as specifically stated in the Covered Services section of this Certificate, or as required by law.

62. Nutritional and/or dietary supplements, except as provided in this document or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written Prescription or dispensing by a licensed Pharmacist.

Section 5 – CLAIM PROCEDURES

In the event of Accident or Sickness the student should:

1. If at the College, report to Antioch Student Health Services so that proper treatment can be prescribed or approved. If off campus or if Student Health Services is closed you may use an urgent care facility. However, in the case of a medical emergency go to the nearest hospital.

2. If away from the College, consult a doctor and follow his or her advice.

3. Itemized medical bills should be mailed promptly to the Claims Administrator at the address listed below.
4. Complete and submit the form as directed.
5. 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.

CLAIMS ADMINISTRATOR:
Consolidated Health Plans
2077 Roosevelt Ave
Springfield, MA 01104
Group Number: S211111

Notice of Claim:
We are not liable unless We receive written notice that Covered Services have been given to an Insured Person. The notice must be given to Us within 90 days of receiving the Covered Services, and must have the data We need to determine benefits. If the notice submitted does not include sufficient data We need to process the claim, then the necessary data must be submitted to Us within the time frames specified in this provision or no benefits will be payable except as otherwise required by law. See the Certificate for additional information regarding this provision.

Section 6 – Coordination of Benefits
The Policy contains a coordination of benefits provision. It will coordinate benefits with any other valid and collectible insurance a student may have, including HMO’s and PPO’s.

Section 7 - Appeals Procedure
To appeal a claim, you may call the Claims Administrator or send a letter stating the issues of the appeal to the Claim Administrator, Attn: Appeal Department. Include your name, phone number, address, school attended and email address, if available.

Appeals will be acknowledged, reviewed and responded to once the investigation is complete. An Insured who has exhausted all applicable internal review procedures has the right to an independent external review of a decision to deny, reduce or terminate health care coverage or to deny payment for health care services.

Underwritten by:
National Guardian Life Insurance Company
As policy form # NBH-280 (2014) cb OH et al

Administered by:
Consolidated Health Plans
2077 Roosevelt Avenue
Springfield, MA 01104
800-633-7867
www.chpstudent.com

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:
Commercial Travelers Mutual Insurance Company
C/O Privacy Officer
70 Genesee Street
Utica, NY 13502
(Please indicate what school you attend with your written request)
Representations of this plan must be approved by Us.

IMPORTANT
THIS DOCUMENT 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.

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

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

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.