

Student Health Insurance Plan

Designed for the Students of

HUSSON UNIVERSITY

2016-2017

Underwritten by:

**National Guardian Life Insurance Company
Madison, WI**

Policy Number: 2016I5B41

Group Number: S210213

Effective: 8/1/2016 – 7/31/2017

Administered by:



**Consolidated Health Plans
2077 Roosevelt Ave.
Springfield, MA 01104**

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WHERE TO FIND HELP

| | |
|---|--|
| For Questions About: | Please Contact: |
| Waiver Process | https://estudent.husson.edu/login.asp |
| <ul style="list-style-type: none"> Plan Benefits Enrollment / ID Cards Insurance Questions  | Agent : Cross Insurance 150 Mill Street, Suite 4 Lewiston, ME 04240 1-800-537-6444 www.crossagency.com/husson |
| <ul style="list-style-type: none"> Insurance Benefits In-Network Providers Inpatient Admission Pre-Certification Claims Processing ID Card Requests | Consolidated Health Plans 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (800) 633-7867 www.chpstudent.com |
| Preferred PPO Provider | Cigna www.cigna.com |
| Prescription Drug Providers | Cigna Pharmacy Network www.cigna.com |

AM I ELIGIBLE?

All full-time Graduate students enrolled in 6 or more credit hours and all full-time Undergraduate students enrolled in 9 or more credit hours are eligible and are automatically enrolled in the Husson University Student Health Insurance Plan, unless a waiver providing proof of other qualifying insurance is received. See instructions on page 4 for waiver instructions.

The Student Health Insurance Plan is not available to dependents, Extended Learning students, non-Bangor campuses or students enrolled in online courses. Any Insured voluntarily withdrawing from school during the first thirty-one (31) days of the period for which Coverage is purchased, will not be covered under this Policy and a full refund of Premium will be made. Insureds withdrawing after such thirty-one (31) days will remain covered under the Policy for the term purchased and no refund will be allowed except as otherwise specified herein. We maintain the right to investigate eligibility status and attendance records to verify that the Policy eligibility requirements have been met. If We discover that the Policy eligibility requirements have not been met, Our only obligation is refund of Premium less any claims paid.

Eligibility requirements must be met each time Premium is paid to renew Coverage.

HOW DO I WAIVE/ENROLL?

All eligible students who want to waive the Husson University Student Health Plan must confirm that their current insurance is usable in the State of Maine before completing the waiver. To waive the Husson University Student Health Insurance, go to: <https://estudent.husson.edu/login.asp>.

Those students who do not waive the insurance plan by the deadline, will be automatically enrolled in and charged for the Husson University Student Health Insurance Plan. Once enrolled, a student may not cancel the insurance and no refund is available. Coverage continues until the policy expires. **The deadline to waive is September 13, 2016 for the annual term and January 17, 2017 for the spring term.**

QUALIFYING LIFE EVENT (QLE)

No changes of any type may be made during the plan year unless a qualified family or employment status change occurs. In all cases, the change in coverage must be consistent with the change in the person's family or employment status. If you do have a qualifying change in status, you have 31 days from the event to make changes to your elections by completing a Qualifying Event Notification form and paying any applicable premium.

EFFECTIVE DATES AND COSTS

| | Annual* | Spring* |
|---------------------|----------------------|----------------------|
| | 8/1/2016 – 7/31/2017 | 1/1/2017 – 7/31/2017 |
| Student Only | \$1,943 | \$1,131 |

**The above rates include an administrative fee.*

Effective Dates: Insurance under this Policy will become effective on the later of:

1. The Policy effective date;
2. The beginning date of the term for which premium has been paid;
3. The day after the Enrollment Form (if applicable) and premium payment is received by the Company, its authorized agent or the School;
4. The day after the date of postmark if the Enrollment Form is mailed;
5. For International Students or scholars, the date the Insured Person departs his or her Home Country to travel to the Country of Assignment. The scheduled arrival in the Country of Assignment must be no more than 48 hours later than the departure from the Home Country.

TERMINATION OF BENEFITS

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

PREMIUM REFUND POLICY

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

1. For any student who does not attend school during the first thirty-one (31) days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a full refund of the premium will be made.
2. For Insured Persons entering the Armed Forces of any country. Such persons will not be covered under the Policy as of the date of his/her entry into the service. A pro rata refund of premium will be made for such person upon written request received by Us within ninety (90) days of withdrawal from school.
3. For International Students, Scholars, Visiting Faculty member and/or their covered Dependents. We will refund a pro rata portion of the premium actually paid for any individual who:
 - a. Withdraws from School during his/her first semester; and
 - b. Returns to his/her Home Country.

A written request must be sent to us within 60 days of such departure.

No other refunds will be allowed.

EXTENSION OF BENEFITS

Coverage under this Policy ceases on the Termination Date shown in the Insurance Information Schedule. However, coverage for an Insured Person will be extended as follows:

1. If an Insured Person is Hospital confined for Covered Injury or Covered Sickness on the date his or her insurance terminates, we will continue to pay benefits for up to a minimum of 31 days from the Termination Date while such confinement continues.

2. If an Insured Person is Totally Disabled due to Covered Injury or Covered Sickness, the coverage for that condition will be extended for up to a minimum of six (6) months from the Termination date.

DEFINITIONS

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

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

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

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

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

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

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

Complications of Pregnancy also include non-elective cesarean section, termination of an ectopic pregnancy, and spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.)

Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, preeclampsia, and similar conditions not medically distinct from a difficult pregnancy.

Copayment means the amount of Usual and Reasonable expenses for treatment that We do not pay. The Insured Person is responsible for paying this portion of the expenses incurred. Any Copayment amounts are shown in the Schedule of Benefits.

Country of Assignment means the country in which an Eligible International Student, scholar or visiting faculty member is:

1. Temporarily residing; and
2. Actively engaged in education or educational research related activities sponsored by the National Association for Foreign Student Affairs or its Member Organizations.

Covered Injury means a bodily injury that is caused by an accident directly and independently of all other causes. Coverage under the School's policies must be in force on the date services and supplies are received for them to be considered as a Covered Medical Expense under this 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.

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.

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, submucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include Plastic or Cosmetic Surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

Eligible Student means a student who meets all enrollment requirements of the School named as the Policyholder in the Insurance Information Schedule.

Emergency Medical Condition means a medical condition which:

1. manifests itself by acute symptoms of sufficient severity (including severe pain); and
2. causes a prudent layperson, who possesses an average knowledge of health and medicine, to reasonably expect that the absence of immediate medical attention might result in:
 - a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
 - b. Serious impairment to bodily functions; or

- c. Serious dysfunction of any bodily organ or part.

Emergency Services means, with respect to an Emergency Medical Condition: transportation services, including but not limited to ambulance services, and covered inpatient and outpatient Hospital services furnished by a Hospital or Physician qualified to furnish those services that are needed to evaluate or Stabilize an Emergency Medical Condition.

Essential Health Benefits mean benefits that are defined as such by the Secretary of Labor and are to be provided in a manner that is equal to the scope of benefits provided under a typical employer plan. This applies to the following general categories and the items and services covered within the categories:

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

Extended Care Facility means a licensed institution devoted to providing medical, nursing, or custodial care for an Insured Person over a prolonged period, such as during the course of a chronic disease or the rehabilitation phase after an acute sickness or injury.

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

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

Home Country means the Insured Student's country of citizenship. If the Insured Student has dual citizenship, his or her Home Country is the country of the passport he or she used to enter the United States. The Insured Student's Home Country is considered the Home Country for any dependent of an Insured Student while insured under this Policy.

Hospital means an institution that:

1. Operates as a Hospital pursuant to law;
2. Operates primarily for the reception, care and treatment of sick or injured persons as inpatients;
3. Provides 24-hour nursing service by Registered Nurses on duty or call;
4. Has a staff of one or more Physicians available at all times; and
5. Provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis.

Hospital does not include the following:

1. Convalescent homes or convalescent, rest or nursing facilities;
2. Facilities primarily affording custodial, educational, or rehabilitative 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 Student means a student of the Policyholder who is eligible and insured for coverage under this 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 this is concerned, permanent residents or those who have applied for Permanent Residency Status are not considered to be an International Student.

Loss means medical expense caused by an Injury or Sickness which is covered by this Policy.

Medically Necessary or Medical Necessity means health care services or products provided to Insured Person for the purpose of preventing, diagnosing or treating an illness, injury or disease or the symptoms of an illness, injury or disease in a manner that is:

1. Consistent with generally accepted standards of medical practice;
2. Clinically appropriate in terms of type, frequency, extent, site and duration;
3. Demonstrated through scientific evidence to be effective in improving health outcomes;
4. Representative of "best practices" in the medical profession; and
5. Not primarily for the convenience of the Insured Person or Physician or other health care practitioner.

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.

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

Physician means a:

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

who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered.

A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a Health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

Physician will also mean any licensed practitioner of the healing arts who We are required by law to recognize as a "Physician." This includes an acupuncturist, a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant, pastoral counselors, marriage and family counselors, social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician.

The term Physician does not mean any person who is an Immediate Family Member.

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

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

Skilled Nursing Facility – a facility, licensed, and operated as set forth in applicable state law, which:

1. mainly provides inpatient care and treatment for persons who are recovering from an illness or injury;
2. provides care supervised by a Physician.
3. provides 24 hour per day nursing care supervised by a full-time Registered Nurse;
4. is not a place primarily for the care of the aged, Custodial or Domiciliary Care, or treatment of alcohol or drug dependency;
5. is not a rest, educational, or custodial facility or similar place.

Sound, Natural Teeth means natural teeth. The major portion of a tooth must be present, regardless of fillings, and not carious, abscessed or defective. Sound, Natural Teeth will not include capped teeth.

Stabilize means, with respect to an Emergency Medical Condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

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

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

Treatment means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

Usual and Reasonable means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for a:

1. Like service by a provider with similar training or experience; or
2. Supply that is identical or substantially equivalent.

Visa, in so far as this Policy is concerned, means the document issued by the United States Government that permits an individual to participate in the educational activities of a college, university or other institution of higher learning either as a student or in another academic capacity. An International Student must have and maintain a valid visa, either an F-1 (Academic), J-1 (Exchange) or M-1(Vocational) in order to continue as a student in the United States.

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

PPO PLAN - PREFERRED PROVIDER INFORMATION

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.

By enrolling in this Insurance Program, you have the Cigna PPO Network of Participating Providers, providing access to quality health care at discounted fees. To find a complete listing of Cigna PPO Network of Participating Providers, go to www.cigna.com, or contact Consolidated Health Plans at (413) 733-4540, toll-free at (800) 633-7867, or www.chpstudent.com for assistance.

SCHEDULE OF BENEFITS

Benefit Period: When an Insured Person receives initial medical treatment within 90 days of the occurrence of a Covered Injury or at the onset of a Covered Sickness, eligible benefits will be provided for a continuous Benefit Period. The Benefit Period begins:

1. On the date of occurrence of such Covered Injury; or
2. From the first day of treatment of a Covered Sickness. The Benefit Period terminates at the end of the Policy Term (+ Extension of Benefits - when appropriate).

Preventive Services:

Network Provider: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of the Usual and Reasonable charge when services are provided through a Network Provider.

Non-Network: Deductible, Coinsurance, and any Copayment are applicable to Preventive Services provided through a Non-Network Provider. Any Deductible, Coinsurance, and Copayment for services provided by a Non-Network Provider are not applied toward the annual Out-of-Pocket Maximum.

Deductible

Network: \$250
Non-Network: \$250

Out-of-Pocket Expense Limit

Network: \$6,850
Non-Network: No Maximum

Coinsurance

Network: 80% of PPO Allowance for Covered Medical Expenses unless otherwise stated below.
Non-Network: 60% of Usual and Reasonable charges for Covered Medical Expenses unless otherwise stated below.

Hospital Inpatient Facility Copayment

Network: \$150
Non-Network: \$150

| BENEFITS PER COVERED INJURY/SICKNESS | IN-NETWORK | NON-NETWORK |
|---|--------------------------------|--|
| Inpatient Benefits | | |
| Hospital Room & Board Expenses | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Hospital Intensive Care Unit Expense - in lieu of normal Hospital Room & Board Expenses | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |

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|---|--------------------------------|--|
| Hospital Miscellaneous Expenses for services & supplies, such as cost of operating room, lab tests, prescribe d medicines, X-ray exams, therapeutic services, casts & temporary surgical appliances, oxygen, blood & plasma, misc. supplies | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Preadmission Testing | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Physician's Visits while Confined | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Inpatient Surgery: | | |
| Surgeon Services | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Anesthetist | 25% of the Surgeon's Fee | 25% of the Surgeon's Fee |
| Assistant Surgeon | 25% of the Surgeon's Fee | 25% of the Surgeon's Fee |
| Physical Therapy (inpatient) | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Skilled Nursing Facility Expense Benefit | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Extended Care Benefit | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |

| Outpatient Benefits | | |
|--|--|--|
| Outpatient Surgery: | | |
| Surgeon Services | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Anesthetist | 25% of the Surgeon's Fee | 25% of the Surgeon's Fee |
| Assistant Surgeon | 25% of the Surgeon's Fee | 25% of the Surgeon's Fee |
| Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services & supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood & plasma | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy Habilitative Services are covered to the extent that they are Medically Necessary Up to 60 visits per Policy Year | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Emergency Services Expenses (copayment waived if admitted) | Copayment: \$200 then 80% of PPO Allowance Covered Medical Expense | Copayment: \$200 then 80% of PPO Allowance for Covered Medical Expenses |
| In Office Physician's Visits | Copayment: \$25 then 80% of PPO Allowance for Covered Medical Expenses (Deductible Waived) | Copayment: \$25 then 60% of Usual and Reasonable Charge for Covered Medical Expenses |

| Urgent Care | Copayment: \$50 then 80% of PPO Allowance for Covered Medical Expenses | The Usual and Reasonable Charge stated above |
|---|--|---|
| Diagnostic X-ray Services | The PPO Allowance stated above (Deductible Waived) | The Usual and Reasonable Charge stated above |
| Laboratory Procedures (Outpatient) | The PPO Allowance stated above (Deductible Waived) | The Usual and Reasonable Charge stated above |
| Prescription Drugs | 100% of PPO Allowance for Covered Medical Expenses after copayment of: \$20 Generic \$40 Preferred Brand \$60 Brand | N/A |
| Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Home Health Care Expenses | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Hospice Care Coverage | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Other Benefits | | |
| Ambulance Service | 80% of PPO Allowance for Covered Medical Expenses | 80% of Usual and Reasonable Charge for Covered Medical Expenses |
| Prosthesis and Orthotics | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Durable Medical Equipment | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |

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| Maternity Benefit | Same as any other Covered Sickness | Same as any other Covered Sickness |
| Routine Newborn Care | Same as any other Covered Sickness | Same as any other Covered Sickness |
| Pediatric Dental Care Benefit | See Benefit for limitations | |
| Preventive Dental Care, limited to 1 dental exam every 6 months for age 18 or younger | 100% of U&R | |
| <i>The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care:</i> | | |
| Emergency Dental | 50% of U&R | |
| Clinical Oral Evaluations | 50% of U&R | |
| Endodontic Services | 50% of U&R | |
| Periodontal Services | 50% of U&R | |
| Prosthodontic Services | 50% of U&R | |
| Medically Necessary Orthodontic Care | 50% of U&R | |
| Pediatric Vision Care Benefit, Limited to 1 visit(s) per Policy Year and 1 pair of prescribed lenses and frames | 100% of PPO Allowance for Covered Medical Expenses for Preventive Services | The Usual and Reasonable Charge stated above for Preventive Services |
| Chiropractic Care, Subject to a maximum number of visits of 30 per Policy Year | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Mental Illness Benefit | Same as any other Covered Sickness | Same as any other Covered Sickness |
| Accidental Injury Dental Treatment for Insured Person's over age 18 | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Sickness Dental Expense for Insured Person's over age 18 | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Sports Accident Expense - incurred as the result of the play or practice of intramural sports | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |

| | | |
|---|--|--|
| Sports Accident Expense - incurred as the result of the play or practice of Intercollegiate and Club Sports, Up to \$5,000 per Accident | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Abortion Expense | No Benefit | No Benefit |
| Bedside Visits (International Students and/or their Dependents Only) | 100% of Usual and Reasonable Charge for Covered Medical Expenses, Subject to \$5,000 maximum per Policy Year | |
| Medical Evacuation Expense | 100% of Usual and Reasonable Charge for Covered Medical Expenses | |
| Repatriation Expense | 100% of Usual and Reasonable Charge for Covered Medical Expenses | |
| Mandated Benefits | | |
| The following benefits are mandated coverages in the State of Maine and will be included in all School plans issued under this Policy. Unless specified otherwise, all such coverage will be subject to any Deductible, Copayment and Coinsurance conditions of this Policy. Coverage is also subject to all other terms and conditions applicable to any other Covered Injury or Covered Sickness. | | |
| Mental and Nervous Disorders Treatment | Same as any other Covered Sickness | Same as any other Covered Sickness |
| Bariatric Surgery | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Anesthesia and Facility Charges for Dental Procedures | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Breast Cancer Treatment | Same as any other Covered Sickness | Same as any other Covered Sickness |
| Colorectal Cancer Screening | Same as any other Preventive Service | Same as any other Preventive Service |
| Diabetes Equipment, Supplies and Service | Same as any other Covered Sickness | Same as any other Covered Sickness |

| | | |
|--|--|--|
| Treatment for Inborn Error of Metabolism | Same as any other Covered Sickness | Same as any other Covered Sickness |
| Autism Spectrum Disorders Benefit | Same as any other Mental and Nervous Disorders treatment | Same as any other Mental and Nervous Disorders treatment |
| Applied Behavior Analysis | | |
| Children's Early Intervention Services Benefit, up to 30 visits per Policy Year, Up to 90 visits by the child's 3rd birthday | Same as any other Covered Sickness | Same as any other Covered Sickness |
| Hearing Aid Expense, One hearing aid per affected ear every 36 months for an insured age 18 years or under | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Prostate Cancer Screening | The PPO Allowance stated above | The Usual and Reasonable Charge stated above |
| Prosthetic Devices Benefit | Same as any other Covered Sickness | Same as any other Covered Sickness |
| Telemedicine Services | Payable on the same basis as other Physician in-person consultations | Payable on the same basis as other Physician in-person consultations |
| Clinical Trials | Same as any other Covered Sickness | Same as any other Covered Sickness |

MEDICAL EVACUATION and REPATRIATION

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:

- a. an Insured Person is unable to continue his or her academic program as the result of a Covered Injury or Covered Sickness;
- b. that occurs while he or she is covered under 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:

- a. The Insured Person must have been in a Hospital due to a Covered Injury or Covered Sickness for a confinement of five or more consecutive days immediately prior to medical evacuation;
- b. Prior to the medical evacuation occurring, the attending Physician must have recommended and We must have approved the medical evacuation;
- c. We must approve the Usual and Reasonable Expenses incurred prior to the medical evacuation occurring, if applicable;
- d. No benefits are payable for Usual and Reasonable Expenses after the date the Insured Person's insurance terminates. However, if on the date of termination, the Insured Person is in the Hospital, this benefit continues in force until the earlier of the date the confinement ends or 31 days after the date of termination;
- e. Evacuation of the Insured Person to his or her Home Country terminates any further insurance under the Policy for the Insured Person; and
- f. Transportation must be by the most direct and economical route.

Repatriation Expense- If the Insured Person dies while he or she is covered under 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.

Beside Visits (International Students and/or their Dependents Only) - If the Insured Person is Hospital Confined for more than seven (7) continuous days as the result of a Covered Injury or Covered Sickness, We will pay a benefit. We will pay for the cost of an economy round-trip airfare for an individual to travel to the Hospital bedside of the Insured Person. The benefit will not to exceed the amount shown in the Schedule of Benefits. This individual must be designated by the Insured Person and the trip must be approved by Us. No more than one trip may be made during any one Policy Year.

COORDINATION OF BENEFITS

The Policy will coordinate benefits for expense covered by any other valid and collectible medical, health or accident insurance or pre-payment plan as stated in the Policy. Payments from such coverage from the plan will not be in excess of the total eligible expenses incurred.

THIRD PARTY REFUND

When:

1. an Insured Person is injured through the negligent act or omission of another person (the "third party"); and
2. benefits are paid under the Policy as a result of that Injury,

We are entitled to a refund by the Insured Person of all Policy benefits paid as a result of the Injury.

The refund must be made to the extent that the Insured Person receives payment for the Injury from the third party or that third party's insurance carrier. We may file a lien against that third-party payment. Reasonable pro rata charges, such as legal fees and court costs, may be deducted from the refund made to Us. The Insured Person must complete and return the required forms to Us upon request.

EXCLUSIONS

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

This Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of this Policy and as shown in the Schedule of Benefits.

1. International Students Only - Eligible expenses within the Insured Person's Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
2. preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy or considered a Preventive Service under the Description of Benefits.
3. dental treatment for an insured person who is over age 18, except as specifically provided in the Schedule of Benefits.
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. services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury or as specifically provided in the Schedule of Benefits.
7. weak, strained or flat feet, corns, calluses or ingrown toenails.
8. diagnostic or surgical procedures in connection with infertility unless such

infertility is a result of a Covered Injury or Covered Sickness.

9. expenses covered under any Workers' Compensation (unless the Insured Person is exempt from state Workers' Compensation or has filed an exemption from the state Workers' Compensation laws), 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. any expenses in excess of Usual and Reasonable charges.
12. loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
13. loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Schedule of Benefits.
14. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate, or club sports in excess of \$5,000 per Accident;
15. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
16. treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
17. 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.
18. expenses incurred after:
 - o The date insurance terminates as to the Insured Person; and
 - o The end of the Benefit Period specified in the Benefit Schedule.
19. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
20. expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
21. expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury.
22. racing or speed contests, skin diving, or sky diving, parasailing, hang gliding, bungee jumping, or other hazardous sport or hobby.
23. 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.

- 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.
 - 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).
24. an Insured Person's:
- committing or attempting to commit a felony,
 - being engaged in an illegal occupation, or
 - participation in a riot.
25. elective abortions in excess of the amount shown in the Schedule of Benefits.
26. custodial care service and supplies.
27. outpatient rehabilitation and habilitation services – health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any charges for activities or equipment or facilities used for developing or maintaining physical fitness, even if ordered by a Physician; health spas; maintenance services, treatments or therapy; speech therapy for deficiencies resulting from mental retardation and/or dysfunctions that are self-correcting; and vision therapy.

CLAIM PROCEDURES

In the event of Injury or Sickness, students should:

1. Report to the student health center or when not in school log on to www.crossagency.com/husson to find the nearest participating hospital or doctor.
2. **All itemized medical and hospital bills should be mailed promptly to Cigna** at the address listed below within 30 days of Injury or first treatment of a Sickness. All bills should include the patient's name and insured student's name, address, member identification number and name of the university under which the student is insured.

SUBMIT ALL MEDICAL CLAIMS TO:

Cigna

PO Box 188061

Chattanooga, TN 37422-8061

3. A company claim form is not required, however, after review; Consolidated Health Plans may contact the student and ask them to complete a claim form or a questionnaire to get further information about the claim.
4. Claims for all dental expenses, as listed in the brochure should be mailed to:

SUBMIT ALL DENTAL CLAIMS TO:

Consolidated Health Plans
2077 Roosevelt Avenue
Springfield, MA 01104

5. All Prescriptions must be filled at a Cigna Participating Pharmacy. Present your ID card to the pharmacist when purchasing your prescription. If a prescription needs to be filled prior to receiving an ID card, reimbursement will be made upon receipt of a completed prescription drug claim form. Claim Forms can be found online at www.crossagency.com/husson or at www.cigna.com or by calling the claims administrator below

Claims Administrator:

CONSOLIDATED HEALTH PLANS

2077 Roosevelt Avenue

Springfield, MA 01104

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

www.chpstudent.com

Group Number: S210213

Servicing Agent:

Cross Insurance

150 Mill Street, Suite 4

Lewiston, ME 04240

800-537-6444

www.crossagency.com/husson



CLAIMS APPEAL PROCESS

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an Insured Person who disagrees with how a claim was processed may appeal that decision. The Insured Person may request an appeal in writing within one hundred eighty (180) days of the date appearing on the EOB. The appeal request must include why the Insured Person disagrees with the way the claim was processed. The request must include any additional information he/she feels supports the request for appeal, e.g. medical records, physician records, etc. Please submit all requests to the Claims Administrator, Consolidated Health Plans.

Claims Administrator:

CONSOLIDATED HEALTH PLANS

2077 Roosevelt Avenue

Springfield, MA 01104

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

www.chpstudent.com

This plan is underwritten by:

National Guardian Life Insurance Company

Madison, WI

As Policy form: NBH-280 (2014) ME

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

For a copy of the Company's privacy notice you may go to:

www.consolidatedhealthplan.com/about/hipaa

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)

Representations of the Plan must be approved by the Company.

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.

VALUE ADDED SERVICES

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

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:

www.chpstudent.com

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.