Student Health Insurance
Designed for the
Graduate Assistant Students of
Marquette University

2015-2016

Underwritten by:
Nationwide Life Insurance Company
Columbus, OH

Policy Number: 302-002-4813
Effective: 8/1/2015 to 7/31/2016

Group Number: S210214

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

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

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INTRODUCTION

Marquette University is making available a Student Health Insurance program (hereinafter called “plan”) underwritten by Nationwide Life Insurance Company and administered by Consolidated Health Plans. This brochure provides a general summary of the insurance coverage; the Schedule of Benefits is not all inclusive of eligible benefits payable under this plan. Keep this brochure as no individual policy will be issued. This summary is not a contract; however, the Master Policy will be available for review upon request. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this brochure and the Master Policy.

Students are automatically enrolled in the insurance plan by the University. The insurance plan provides continuous protection, 24 hours a day, anywhere in the world during the period of coverage for which the proper premium has been paid. Coverage is not automatically renewed. Students must re-enroll when coverage terminates to maintain continuous coverage.

WHERE TO FIND HELP?

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

<table>
<thead>
<tr>
<th>For Questions About:</th>
<th>Please Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Process</td>
<td>American Management Advisors</td>
</tr>
<tr>
<td></td>
<td>1-888-533-7654</td>
</tr>
<tr>
<td>Enrollment</td>
<td>American Management Advisors</td>
</tr>
<tr>
<td>Dependent Enrollment</td>
<td>1-888-533-7654</td>
</tr>
<tr>
<td>Insurance Benefits</td>
<td>Consolidated Health Plans</td>
</tr>
<tr>
<td>Preferred Provider Listings</td>
<td>Springfield, Massachusetts 01104</td>
</tr>
<tr>
<td>Claims Processing</td>
<td>(800) 633-7867</td>
</tr>
<tr>
<td>Preferred Provider Listings</td>
<td><a href="http://www.chpstudent.com">www.chpstudent.com</a></td>
</tr>
<tr>
<td>Prescription Drug Benefit &amp; Providers</td>
<td>Cigna PBM</td>
</tr>
</tbody>
</table>

AM I ELIGIBLE?

The following graduate assistant students are eligible to enroll in the insurance plan:

- Full Assistantship Recipients
- Full Fellowship Recipients
- Less than Full Assistantship Recipients

Students who are qualified recipients should have received a letter from the Marquette University Graduate School.

Students must actively attend classes for at least the first thirty-one (31) days after the date for which coverage is purchased.

Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium, minus any claims paid.

COVERAGE FOR DEPENDENTS

Insured Students who are enrolled in the Student Health Insurance Plan may also enroll their eligible Dependents. Eligible dependents under the plan include the Insured person’s spouse, domestic partner, and dependent children under age twenty-six (26). Dependent Eligibility expires concurrently with that of the Insured Student. Students may also enroll their Dependents within thirty-one (31) days of an eligible qualifying event. Eligible qualifying events for a Dependent are defined in the Master Policy. Enrollment requests (including payments) received after the thirty-one (31) days following the qualifying event will not be accepted. Coverage will be effective as of the date of the qualifying event.

Students who wish to enroll for dependent coverage may enroll as follows:

1. Complete the enrollment form or download and print an enrollment form on the website: http://www.marquette.edu/riskunit/riskmanagement/student_healthinsurance.shtml
2. Print all information legibly and indicate the coverage and options desired.
3. Enclose a check or money order payable to American Management Advisors, Inc. or complete all credit card information.
4. Send the form and payment to: American Management Advisors, Inc. 333 North Oxford Valley Rd., Suite 606 Fairless Hills, PA 19030

ID CARDS

An ID card will be mailed to the student’s address on file approximately 2 weeks after the enrollment form and premium payment are received. Students do not need an ID card to be eligible to receive benefits under the Policy. For lost ID cards, request an ID card from the website: http://www.marquette.edu/riskunit/riskmanagement/student_health_insurance.shtml. Students will receive an ID card for the pharmacy drug program directly from Express Scripts approximately 2 weeks after the enrollment period deadline date for the coverage period the student is enrolling.
The Marquette University International Student Health Insurance Plan provides coverage to students for a twelve (12) month period - from 12:01 a.m. August 1, 2015, through July 31, 2016.

### EFFECTIVE DATES AND COSTS

<table>
<thead>
<tr>
<th></th>
<th>Annual* 8/1/15-7/31/16</th>
<th>Fall* 8/1/15-12/31/15</th>
<th>Spring/Summer* 1/1/16-7/31/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,798</td>
<td>$752</td>
<td>$1,046</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,798</td>
<td>$752</td>
<td>$1,046</td>
</tr>
<tr>
<td>Child(ren)**</td>
<td>$1,798</td>
<td>$752</td>
<td>$1,046</td>
</tr>
</tbody>
</table>

*All costs above include a fee retained by the Servicing Agent and administrative fees. *If more than 3 children are to be covered as a Dependent on the plan, the rate will reflect a maximum of (3) children.

### PERIODS OF COVERAGE AND ENROLLMENT PERIOD DEADLINE DATES

*Spring/Summer may be purchased by a new student not previously eligible to enroll in the fall coverage or a student who purchased fall coverage and wishes to continue coverage.

<table>
<thead>
<tr>
<th>Date Coverage Begins</th>
<th>Date Coverage Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Annual</em></td>
<td>08/01/2015</td>
</tr>
<tr>
<td><em>Fall</em></td>
<td>08/01/2015</td>
</tr>
<tr>
<td><em>Spring/Summer</em></td>
<td>01/14/2016</td>
</tr>
</tbody>
</table>

### EXTENSION OF BENEFITS

The Coverage provided under this Policy ceases on the termination date, shown on the face page. However, if a Covered Person is Hospital Confined on the Termination Date for an Injury or Sickness for which Benefits were paid under this Policy prior to the Termination Date, Covered Expenses for such Injury or Sickness will continue to be paid for a period of thirty (30) days or until date of discharge, whichever is earlier.

The total payments made in respect of the Insured for such Condition both before and after the Termination Date will never exceed the Maximum Benefit. After this Extension of Benefits provision has been exhausted, all Benefits cease to exist and under no circumstances will further Benefits be made.

This Extension of Benefits provision is applicable only to the extent the Covered Person will not be covered under this or any similar health insurance policy in the ensuing term of Coverage.

### SCHEDULE OF BENEFITS

Your Coverage provides for the utilization of Preferred Providers in a Preferred Provider Organization (PPO). The student health center is considered an In-Network provider. The Preferred Provider Organization(s) for your Coverage is: CIGNA

<table>
<thead>
<tr>
<th>Policy Year Aggregate Maximum Benefit</th>
<th>In-Network Benefit</th>
<th>Out-of-Network Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible per Policy Year</strong> (except as specified herein) Benefits are subject to Deductible unless otherwise indicated.</td>
<td>$250</td>
<td>$500</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum</strong> (includes Coinsurance, Deductible and Copayments; does not include non-covered medical expenses or elective treatment)</td>
<td>$6,350 (Insured) $12,700 (Family)</td>
<td>None</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% of the Preferred Allowance</td>
<td>60% of the Reasonable and Customary Charges</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Preventive Care (see Definitions for additional information)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Services</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Outpatient Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.</strong></td>
</tr>
<tr>
<td><strong>Diagnostic X-ray and Laboratory services</strong></td>
</tr>
<tr>
<td><strong>Diagnostic Imaging, including CT Scan, MRI, and/or PET Scans</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Inpatient Services – Precertification applies)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Miscellaneous Hospital Services</strong> Includes meals and prescribed diets, Diagnostic Imaging, Laboratory, pharmaceuticals administered while an Inpatient, use of operating room, anesthesia, therapeutic services, supplies, dressings, blood and blood plasma, oxygen, radiation therapy, chemotherapy, miscellaneous items used in association with a surgical event, Pre-Admission Testing and Inpatient Rehabilitation.</td>
</tr>
<tr>
<td><strong>Room and Board expense, daily semi-private room rate and general nursing care provided by the hospital</strong></td>
</tr>
<tr>
<td><strong>Intensive Care Room</strong></td>
</tr>
<tr>
<td><strong>Physician visit (includes Specialists/Consultants) during Confinement in a Hospital, limited to one (1) visit per day and does not apply when related to surgery.</strong></td>
</tr>
</tbody>
</table>

| **Skilled Nursing Facility and Sub-Acute Care Facilities** | 80% of PA | 60% R&C |

<table>
<thead>
<tr>
<th><strong>Surgical Services (Inpatient and Outpatient)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>When multiple surgeries are performed through the same incision at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed.</td>
</tr>
<tr>
<td>When multiple surgeries are performed through one or more incisions at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed. The Benefit for the less expensive procedure will be 50% of the Benefit otherwise payable for each subsequent procedure.</td>
</tr>
</tbody>
</table>

<p>| <strong>Surgeon’s Fee</strong> | 80% of PA | 60% R&amp;C |
| <strong>Assistant Surgeon</strong> | 25% of Surgeon’s payment | 25% of Surgeon’s payment |
| <strong>Anesthetist Services</strong> | 25% of Surgeon’s payment | 25% of Surgeon’s payment |
| <strong>Hospital Outpatient Miscellaneous –</strong> Includes supplies, drugs, facility fee, and miscellaneous items used in association with the outpatient surgical event. | 80% of PA | 60% R&amp;C |
| <strong>Maternity Care –</strong> Includes forty-eight (48) hours of Inpatient care following a normal delivery and ninety-six (96) hours of Inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the Attending Physician or a certified nurse-midwife who consults with a Physician, decides to discharge the mother or newborn child sooner. In the event of early discharge, Home Health Care visits will be provided. | Paid the same as any other Sickness |
| <strong>Maternity care and pre-post natal services</strong> | Paid the same as any other Sickness |
| <strong>Mental Conditions and Substance Abuse</strong> | Paid the same as any other Sickness |
| <strong>Inpatient services</strong> | Paid the same as any other Sickness |
| <strong>Outpatient Office Visits</strong> | Paid the same as any other Sickness |
| <strong>Urgent Care and Emergency Services</strong> | 80% of PA | 60% R&amp;C |
| <strong>Emergency Services – visits to an Emergency room for stabilization or the initiation of treatment for an Emergency Condition. Includes Physician’s fees, Diagnostic Imaging, Laboratory, Injections, use of Emergency Room and supplies and facility charges. (In-Network Deductible applies to Out-of-network services)</strong> | After a $150 copay (copay waived if admitted) 80% of PA | After a $150 copay (copay waived if admitted) 80% of R&amp;C |</p>
<table>
<thead>
<tr>
<th>Emergency Medical Transportation services</th>
<th>80% of PA</th>
<th>80% R&amp;C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy Services (testing/injections/treatment)</td>
<td>80% of PA</td>
<td>60% R&amp;C</td>
</tr>
<tr>
<td>Rehabilitative Physical Therapy, limited to 30 visits per Policy Year</td>
<td>80% of PA</td>
<td>60% R&amp;C</td>
</tr>
<tr>
<td>Rehabilitative Speech and Occupational Therapy</td>
<td>80% of PA</td>
<td>60% R&amp;C</td>
</tr>
<tr>
<td>Habilitative Speech, Occupational, and Physical Therapy</td>
<td>80% of PA</td>
<td>60% R&amp;C</td>
</tr>
<tr>
<td>Chiropractic care – limited to 30 visits</td>
<td>80% of PA</td>
<td>60% R&amp;C</td>
</tr>
<tr>
<td>Home Health Care services</td>
<td>80% of PA</td>
<td>60% R&amp;C</td>
</tr>
<tr>
<td>Hospice</td>
<td>80% of PA</td>
<td>60% R&amp;C</td>
</tr>
<tr>
<td>Diabetic treatment and education</td>
<td>80% of PA</td>
<td>60% R&amp;C</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME) - Includes Prosthetic and Orthotic Devices;</td>
<td>After a $50 copay per prescription, 80% of PA</td>
<td>After a $50 copay per prescription, 80% R&amp;C</td>
</tr>
<tr>
<td>Hearing aids for under age 19 – One (1) hearing aid per Policy Year.</td>
<td>80% of PA</td>
<td>60% R&amp;C</td>
</tr>
<tr>
<td>TMJ – Limited to one (1) procedure per Policy Year.</td>
<td>80% of PA</td>
<td>60% R&amp;C</td>
</tr>
<tr>
<td>Dental Treatment for Injuries to Sound Natural Teeth, coverage is limited to three (3) individual teeth per lifetime; does not include biting or chewing injuries.</td>
<td>80% of PA</td>
<td>80% R&amp;C</td>
</tr>
</tbody>
</table>

### Preventive Dental for under age nineteen (19)
- Preventive/diagnostic services – 100% of R&C
- Basic restorative services – 70% of R&C
- Major services – 50% of R&C
- Medically Necessary orthodontia services– 50% of R&C* *prior authorization required

### Routine Vision Exam for Covered Persons under nineteen (19) – limited to one (1) exam per Policy Year. Includes prescription eye glasses (lenses & frames), or contact lenses (in lieu of eyeglasses,) limited to once per Policy Year. 100% of R&C up to $150, 50% thereafter.

### Prescription Drug Expense
- Only a thirty (30) day supply can be dispensed at any time.
- Policy deductible does not apply.
- $0 Co-pay for generic contraceptives
- $15 Co-pay for other generic prescriptions; or
- $35 Co-pay for any brand name prescription

### Elective Treatment – (does not count toward the out of pocket Maximum)

<table>
<thead>
<tr>
<th>Non-Emergency Care when traveling outside of the U.S.</th>
<th>60% of R&amp;C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Evacuation and Repatriation</td>
<td>100% of actual charge – no cost sharing</td>
</tr>
<tr>
<td>Hearing aids over the age of 19 – limited to single purchase every three years (including repair and replacement) up to $2,500</td>
<td>80% of PA</td>
</tr>
<tr>
<td>Private Duty Nurse – when Medically Necessary for Inpatient confinement and requested by a physician.</td>
<td>80% of PA</td>
</tr>
<tr>
<td>Family Travel Benefit</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

### MARQUETTE UNIVERSITY MEDICAL CLINIC BENEFITS

When non-emergency care is needed, students are strongly encouraged to use the Marquette University Medical Clinic (formerly the Student Health Services) first. If the clinic does not provide the care needed, they can provide the student with information to make informed health care decisions. The following benefits are available when a student receives covered services at the Marquette University Medical Clinic and Sports Rehab Center:

- The covered percentage for payment of covered services is 100% of charges incurred, including lab tests; prescription drugs dispensed; allergy injections; and physical therapy.
- The deductible and copay are waived.
- Benefits for preventive services are payable at 100% of charges incurred, includes routine exam, pap smear, and routine lab services; age appropriate immunizations; immunizations for travel and vaccinations for influenza and meningitis; counseling services provided by dietitian; and counseling services for nicotine addiction.
- Hearing examinations are covered if related to a sickness or symptom, benefits are payable at 100% of charges incurred.
NOTE: The Marquette University Medical Clinic is not available to dependents.

MANDATED BENEFITS

If You are enrolled in this Insurance Program, Policy coverage also includes the following benefits, all subject to the Policy Aggregate Limit, unless provided otherwise, and is subject to Policy Deductibles, limitations and exclusions where applicable.

(Note: Wellness/preventive benefits under the Affordable Care Act (ACA) are required to meet federal regulations. Under ACA, states retain the ability to mandate benefits beyond those established by the federal mandate. Please see the Schedule of Benefits for coverage details.)

The Policy pays benefits in accordance with any applicable Wisconsin law. State-mandated benefits are listed below. Description of the mandates can be found in the Master Policy on the website:

- Autism Spectrum Disorders
- Breast Reconstruction
- Cancer Clinical Trial
- Colorectal Cancer Screening
- Contraceptives and Services
- Facility Charges and Anesthesia for Certain Dental Care
- Diabetes Self-Management, Equipment and Supplies
- Hearing Aids, Cochlear Implants, Related Treatment for Infants and Children
- HIV Drugs
- Home Health Care
- Immunizations
- Kidney Disease
- Mammogram
- Skilled Nursing Facility
- Temporomandibular Disorder, up to $1,250 per Policy Year
- Lead Poisoning

EXCESS COVERAGE

No benefits are provided by the Policy for expenses which are paid or payable by any other valid and collectible hospital or insurance plan, or to the extent that benefits are provided and paid for by or through a managed care program. This provision does not apply to emergencies.

COORDINATION OF BENEFITS

This section applies to all benefits except Prescription Drugs. The Policy Year is the basis for consideration of claims. This provision will be used when the Benefits the Covered Person would receive under this Policy plus those received under all other Plans would exceed the total Allowable expense. If the Benefits provided under all Plans exceed the Allowable expense, We will reduce Our Benefits so that the total benefit received from all plans does not exceed 100% of Allowable expenses. When Benefits are reduced under the primary plan because the Covered Person did not comply with the plan provisions, the amount of such reduction will not be considered an Allowable expense.

SUBROGATION AND RECOVERY RIGHTS

If We pay Covered Expenses for an Accident or Injury You incur as a result of any act or omission of a third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our reimbursement rights are limited by the amount You recover. Our reimbursement and subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

EXCLUSIONS

Unless specifically included, no Benefits will be paid for: a) Loss or expense caused by, contributed to, or resulting from; b) treatment, services, or supplies for, at, or related to:

1. Eyeglasses, contact lenses, routine eye refractions, eye examinations (except as in the case of Injury or as specifically provided); prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery, Orthoptic Therapy, visual training, radial keratotomy or similar surgical procedures to correct vision (except as provided herein or when due to a disease process). Eye refractions performed by a Physician or optometrist unless used as a diagnostic tool in conjunction with a

PREFERRED PROVIDER INFORMATION

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) 633-7667, or www.chpstudent.com for assistance.

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. If care is received within the Network from a Preferred Provider, all Covered Medical Expenses will be paid at the Preferred Provider level of benefits found on the Schedule of Benefits.
chronic or acute medical Condition. Repair or replacement of eye glasses or contact lens except when required as a direct result of an Injury. This exclusion does not apply to diabetic eye exams.

2. Hearing Screenings (except as specifically provided in the Policy).
3. Vaccines and immunizations (except as specifically provided in the Policy): a) required for travel; and b) required for employment;
4. Treatment (other than surgery) of chronic Conditions of the foot including weak feet, fallen arches, flat foot, pronated foot, subluxations of the foot, foot strain, care of corns, calluses, toenails or bunions (except capsular or bone surgery), any type of massage procedure on or to the foot, corrective shoes, shoe inserts and Orthotic Device; except for treatment of Injury, infection or disease except as provided herein.
5. Cosmetic treatment cosmetic surgery, plastic surgery, resulting complications, consequences and after effects or other services and supplies that We determine to be furnished primarily to improve appearance rather than a physical function or control of organic disease except as provided herein or for treatment of an Injury that is covered under the Policy. Improvements of physical function does not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include, but are not limited to: face lifts; sagging eyelids; prominent ears; skin scars; warts, non-malignant moles and lesions; hair growth hair removal; correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants including gynecomastia (except for correction or deformity resulting from mastectomies or lymph node dissections); lipectomy services and supplies related to surgical suction assisted lipectomy; rhinoplasty; nasal and sinus surgery; and deviated nasal septum, including submucous resection except when Medically Necessary treatment of acute purulent sinusitis. This exclusion does not include Reconstructive Surgery when the service is incidental to or follows surgery resulting from trauma, Injury, infection or other diseases of the involved part.
6. Circumcision, except as provided herein
7. Sexual reassignment surgery; or any treatment of gender identity disorders, including hormone replacement therapy except as provided herein. This exclusion does not include related mental health counseling;
8. Treatment, service, or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the Student Health Center or by the person’s Attending Physician or dentist. Treatments which are considered to be unsafe, Experimental, or Investigational by the American Medical Association (AMA), and resulting complications. Upon written request, claims denied under this provision may be reviewed by an independent medical review entity if You or Your Dependent has a terminal Condition that, according to the Physician’s current
diagnosis, has a high probability of causing death within 1, 2 years from the date of the request for medical review.
9. Custodial Care; Care provided in a: rest home, home for the aged, halfway house health resort college infirmary or any similar facility for domiciliary or Custodial Care, or that provides twenty-four (24) hour non- medical residential care or day care (except as provided for Hospice care).
10. Dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth, (except as specified herein).
11. Injury sustained while (a) participating in any intramural, collegiate, professional, semi-professional or club sport, contest, or competition; (b) traveling to or from such sport, contest, or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest, or competition.
12. Injury sustained by reason of a motor vehicle Accident to the extent that Benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such Benefits or if the Insured is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place. This exclusion will not apply to passengers if they are insured under the Policy.
13. Injury resulting from participation in any hazardous activity, including: travel in or upon a snowmobile, ATV (all terrain or similar type two or three wheeled motorized vehicles motor vehicles not primarily designed and licensed for use on public streets or highways or personal watercraft, parachuting, hang gliding, skydiving, parasailing, scuba diving, skin diving, glider flying, sailplaning, racing or speed contests, mountaineering (where ropes or guides are customarily used), rock wall climbing, rodeo or bungee jumping; (except as specifically provided in this Policy).
14. Injury occurring in consequence of riding as a passenger or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline or as a passenger in a Policyholder owned leased chartered or operated aircraft or as a passenger on an official flight of the Military Airlift Command of the United States or similar air transport services of other countries.
15. Reproductive/Infertility services, unless caused by Injury or Sickness, including but not limited to: family planning treatment of infertility (male or female) including diagnosis, diagnostic tests, medication, surgery, supplies, and fertilization procedures rendered for the purpose or with the intent of inducing conception premarital examination; impotence, organic or otherwise; sterilization (except as specifically provided in the Policy) sterilization reversal; vasectomy; vasectomy reversal except as specifically provided in this Policy. Examples of fertilization procedures are ovulation induction procedures, in vitro fertilization, artificial insemination, embryo transfer or similar procedures that augment or enhance Your reproductive ability.
16. Elective termination of pregnancy
17. Services provided normally without charge by the health service of the Policyholder or services covered or provided by a student health fee; Services rendered by employees or Physicians or other persons or retained by the University or for the use of the Universities facilities.
18. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
19. Expenses that would be payable, or medical treatment that is available, under any governmental or national health plan for which the Covered Person could be eligible.
20. Any services of a Physician or Nurse who lives with You or Your Dependent(s) or who is related to You or Your Dependent(s) by blood or marriage.
21. Services received before the Covered Person’s Effective Date or during an Inpatient stay that began before the Insured’s Effective Date; Services received after the Covered Person’s Coverage ends, except as specifically provided under the Extension of Benefits provision.
22. Services of an Outpatient private duty Nurse.
23. Under the Prescription Drug Benefit, any drug or medicine:
   • Obtainable Over the Counter (OTC);
   • for the treatment of alopecia (hair loss) or hirsutism (hair removal)
   • for the purpose of weight control;
   • anabolic steroids used for body building;
   • growth hormones;
   • for the treatment of infertility;
   • sexual enhancement drugs;
   • cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or treatment of acne except as specifically provided in this Policy;
   • treatment of nail (toe or finger) fungus;
   • refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
   • for an amount that exceeds a 30 day supply
   • drugs labeled, “Caution – limited by federal law to Investigational use” or Experimental Drugs;
   • purchased after Coverage under the Policy terminates;
   • consumed or administered at the place where it is dispensed
   • if the FDA determines that the drug is:
     o contraindicated for the treatment of the Condition for which the drug was prescribed;
     o or Experimental for any reason.
25. Vitamins, minerals, food supplements, herbs, herbal formulas, or home remedies; except as prescribed.
26. Addictions, such as, caffeine addiction and non-chemicals addictions such as gambling, sexual, spending, shopping, working and religious; codependency; except as specifically provided in the Policy.
27. Injuries sustained as a result of intentional/unintentional self-inflicted Injury or any attempt at intentional/unintentional self-inflicted Injury.
28. Services for the treatment of any Injury or Sickness incurred while committing or attempting to commit a felony; or while taking part in an insurrection or riot; or fighting, except in self-defense.
29. Injury or Sickness for which Benefits are paid or payable under any workers’ compensation or occupation disease law or act, or similar legislation.
30. War or any act of war, declared or undeclared; or while in the armed forces of any country.
31. Obesity treatment: Services and associated expenses for the treatment of obesity, except nutrition counseling specifically provided in the Policy, and any resulting complications, consequences and after effects of treatment that involves surgery and any other associated expenses, including, but not limited to:
   • Gastric or intestinal bypass;
   • Gastric balloons;
   • Stomach stapling;
   • Wiring of the jaw;
   • Pancreatectomy;
   • Appetite suppressants;
   • Surgery for removal of excess skin or fat.
32. Nutrition counseling services (except as specifically provided in the Policy), including services by a Physician for general nutrition, weight increase or reduction services, except as specifically provided in the Policy; general fitness, exercise programs, health club memberships and weight management programs; exercise machinery or equipment, including but not limited to treadmill, stair steps, trampolines, weights, sports equipment, support braces used primarily for use during any sport or in the course of employment, any equipment obtainable without a Physician’s prescription. This exclusion does not apply to nutrition counseling as part of a diabetic self-management educational course.
33. Acupuncture and acupressure, aroma therapy, hypnosis, rolling, Hyperhidrosis, Psychosurgery, and biofeedback (except as specifically provided).
34. Diagnosis and treatment of sleep disorders including but not limited to apnea monitoring, sleep studies, and oral appliances used for snoring, except treatment and appliances for documented obstructive sleep apnea.
35. Elective surgery or treatment.

**DEFINITIONS**

The terms listed below, if used, have the meaning stated.

**Accident:** An event that is sudden, unexpected, and unintended, and over which the Covered Person has no control.
Accidental Injury: A specific unforeseen event, which directly, and from no other cause, results in an Injury.

Anesthetist: A Physician duly licensed according to state law, who administers the anesthesia agent during a surgical procedure.

Assistant Surgeon: A Physician who assists the Surgeon who actually performs a surgical procedure.

Biologically Based Mental Illness: A mental, nervous, or emotional condition that is caused by a biological disorder of the brain and results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the Illness. Such biologically based mental illnesses are defined as schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorders, bulimia, and anorexia.

Coinsurance: The percentage of the expense for which the Company is responsible for a Covered Service. The Coinsurance is separate and not a part of the Deductible and Copayment.

Company: Nationwide Life Insurance Company. Also hereinafter referred to as We, Our and Us.

Copayment: A specified dollar amount a Covered Person must pay for specified Covered Charges.

Covered Charge(s) or Covered Expense: As used herein means those charges for any treatment, services or supplies:

- for Preferred Providers, not in excess of the Preferred Allowance;
- for Out-of-Network Providers not in excess of the Reasonable and Customary expense; and
- not in excess of the charges that would have been made in the absence of this insurance; and
- not otherwise excluded under this Policy; and
- incurred while this Policy is in force as to the Covered Person.

Covered Person: A person:

- who is eligible for Coverage as the Insured or as a Dependent;
- who has been accepted for Coverage or has been automatically added;
- for whom the required Premium has been paid; and
- whose Coverage has become effective and has not terminated.

Deductible: The amount of expenses for Covered Services and supplies which must be incurred by the Covered Person before specified Benefits become payable.

Dependent: A person who is the Insured’s:

- Legally married spouse, who is not legally separated from the Insured and resides with the Insured.
- Domestic/Civil Union Partner who resides with the Insured
- Child who is under the age of 26.

Coverage is provided for an adult child of the Insured as a Dependent if the child satisfies all the following criteria:

1. The child is 26 through 27 years of age.
2. Is not married.
3. Has no Dependents.
4. Is a resident of this Commonwealth or is enrolled as a full-time student at an institution of higher education.
5. Is not provided coverage as a named subscriber, insured, enrollee or covered person under any other group or individual health insurance policy or enrolled in or entitled to benefits under any government health care benefits program, including under Title XVIII of the Social Security Act.

The term child refers to the Insured’s:

- Natural child;
- Grandchild, until that child is eighteen (18) years of age;
- Stepchild or foster child; A stepchild is a Dependent on the date the Insured marries the child’s parent.
- Adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.
- Foster child is a Dependent from the moment of placement with the Insured as certified by the agency making the placement.

Elective Treatment: Those services that do not fall under the definition of Essential Health Benefits. Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person’s Effective Date of Coverage.

Emergency: An Illness, Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The Condition must be one which manifests itself by acute symptoms which are sufficiently severe that a reasonable person would seek care right away to avoid severe harm.

Essential Health Benefits: Has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services, and includes the following categories of Covered Services: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care (in accordance with the applicable state or federal benchmark plan).

Hospital: A facility which provides diagnosis, treatment, and care of persons who need acute Inpatient Hospital care under the supervision of Physicians. It must be licensed as a general acute care Hospital according to state and local laws.
Necessary: Bodily Injury due to a sudden, unforeseeable, external event which results independently of disease, bodily infirmity or any other causes.

Insured: The Covered Person who is enrolled at and meets the eligibility requirements of the Policyholder’s school.

Medically Necessary/Medical Necessity: We reserve the right to review claims and establish standards and criteria to determine if a Covered Service is Medically Necessary and/or Medically Appropriate. Benefits will be denied by Us for Covered Services that are not Medically Necessary and/or Medically Appropriate. In the event of such a denial, You will be liable for the entire amount billed by that Provider. You do have the right to appeal any adverse decision as outlined in the Appeals and Complaint Section of this Policy.

Covered Services are Medically Necessary if they are:

- Required to meet the health care needs of the Covered Person; and
- Consistent (in scope, duration, intensity and frequency of treatment) with current scientifically based guidelines of national medical or research organizations or governmental agencies; and
- Consistent with the diagnosis of the Condition; and
- Required for reasons other than the comfort or convenience of the Covered Person or Provider; and
- Of demonstrated medical value and medical effectiveness.

A Covered Service is Medically Appropriate if it is rendered in the most cost-effective manner and type of setting appropriate for the care and treatment of the Condition. When specifically applied to Hospital Confinement, it means that the diagnosis or treatment of symptoms or a Condition cannot be safely provided on an Outpatient basis.

Mental Condition(s): Nervous, emotional, and mental disease, Illness, syndrome or dysfunction classified in the most recent addition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) or its successor, as a Mental Condition on the date of medical care or treatment is rendered to a Covered Person.

Out-of-Pocket: means the most You will pay during a Policy Year before your coverage pays at 100%. This includes deductibles, copayments (medical and prescription) and any coinsurance paid by You. This does not include non-covered medical expenses and elective services.

Physician: A health care professional practicing within the scope of his or her license and is duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy, and who is not:

1. the Insured Person;
2. a Family Member of the Insured Person; or
3. a person employed or retained by the Policyholder.

Reasonable and Customary (R&C): The most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the Provider;
- The negotiated rate, if any; or
- The fee often charged for in the geographical area where the service was performed.

The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 80th percentile of Fair Health Inc. schedules.

The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

For a Provider who has a reimbursement agreement, the Reasonable Charge is equal to the Preferred Allowance under any reimbursement agreement with Us, either directly or indirectly through a third party, as described in the Preferred Provider Benefit provision.

If a Provider accepts as full payment an amount less than the rate negotiated under the reimbursement agreement, the lesser amount will be the maximum Reasonable Charge.

Sickness (Sick): means Illness, disease or condition, including pregnancy and Complications of Pregnancy that impairs a Covered Person’s normal functioning of mind or body and which is not the direct result of an Injury or Accident. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

We, Our and Us: Nationwide Life Insurance Company.

You and Your: The Covered Person or Eligible Person as applicable. Male pronouns whenever used include female pronouns.

MEDICAL EVACUATION BENEFIT

If the Insured cannot continue his academic program because he sustains an Accidental Injury or Emergency Sickness while Insured under the Policy or if a Covered Dependent sustains an Accidental Injury or Emergency Sickness and is more than a 100 mile radius from his current place of primary residence or outside of his Home Country, We will pay for the actual charge Incurred for an emergency medical evacuation of the Covered Person to or back to the Insured’s home state, country, or country of regular domicile. No payment will be made under this provision unless the evacuation follows a Hospital Confinement of at least five (5) consecutive days. Before We make any payment, We require written certification by the Attending Physician that the evacuation is necessary. Any expense for medical evacuation requires Our prior approval and coordination. For international students, once evacuation is made outside the country, Coverage terminates. This Benefit does not include the transportation expense of anyone accompanying the Covered Person or visitation expenses.

REPATRIATION OF REMAINS BENEFIT

If the Covered Person dies while Insured under the Policy and is more than 100 miles from his permanent residence or outside of his Home Country, We will pay for the actual charge incurred for embalming, and/or cremation and returning the body to his place of permanent residence in his home state, country or country of regular domicile. Expenses for repatriation of remains require the Policyholder’s and Our prior approval. If You are a United States citizen, Your Home Country is the United States. This Benefit does not include the transportation expense of anyone accompanying the body, visitation or lodging expenses or funeral expenses.
CLAIM PROCEDURES

In the event of Injury or Sickness, students should:

1. Report to their Physician, Hospital or Student Health Center.
2. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, Social Security number or student ID number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
3. File claim within ninety (90) days of Injury or first treatment for a Sickness. Bills should be received by the Company within ninety (90) days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
4. Itemized medical bills should be mailed promptly to Cigna at the address listed.

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

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
Local: (413) 733-4540 or Out of area: (800) 633-7867
www.chpstudent.com
Group Number: S210214

Your out-of-pocket costs may be lower when you utilize Cigna PPO Providers. For a listing of Cigna PPO Providers, go to www.cigna.com or contact Consolidated Health Plans at (413) 773-4540, toll-free at (800) 633-7867, or www.chpstudent.com for assistance.

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 must request an appeal in writing within 180 days of the date appearing on the EOB. The appeal request must include any additional information to support the request for appeal, e.g. medical records, physician records, etc. Please submit all requests to the Claims Administrator at the address below.

Claims Administrator:
CONSOLIDATED HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
www.chpstudent.com
(413) 733-4540

Servicing Agent:
American Management Advisors, Inc.
333 North Oxford Valley Rd, Suite 606
Fairless Hills, PA 19030
888-533-7654
www.amastudentplans.com

This plan is underwritten by and offered by:
NATIONWIDE LIFE INSURANCE COMPANY
Columbus, OH
Policy Number: 302-003-4813

For a copy of the privacy notice you may go to:
www.consolidatedhealthplan.com/about/hipaa
### VALUE ADDED SERVICES

#### NURSE HOTLINE FOR STUDENTS
For quick, sound medical advice from specially trained Nurses
24 hours a day, 365 days per year
Call toll free at 800-557-0309

#### EMERGENCY MEDICAL AND TRAVEL ASSISTANCE
FrontierMEDEX ACCESS services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. FrontierMEDEX is your key to travel security.

For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.

If you have a medical, security, or travel problem, simply call FrontierMEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330.

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. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.