

2018–2019 Student Health Insurance Plan

Policy No. 2018K1A49
Effective 8/1/18–8/1/19



Emory & Henry College

Emory, VA

Underwritten by:



Claims Administered by:

COMMERCIAL TRAVELERS
LIFE INSURANCE COMPANY

70 Genesee Street
Utica, NY 13502
1.800.756.3702

Product underwritten by
National Guardian Life Insurance Company (NGL), Madison, WI.
National Guardian Life Insurance Company is not affiliated with
The Guardian Life Insurance Company of America a.k.a. The Guardian or Guardian Life.

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

18-K1A49 Cert.

Please read the brochure carefully for information on coverage, limitations, etc. If You need assistance resolving a complaint, please contact Us at: 1-800-756-3702.

COVERAGE

1. Accident and Sickness coverage begins on August 1, 2018, or the date of enrollment in the plan, whichever is later and ends August 1, 2019.
2. Benefits are payable during the Policy Term, subject to any Extension of Benefits. Benefits are payable during a Benefit Period as described in the Schedule of Benefits.
3. Should a student graduate or leave College for any reason, except to enter military service, the coverage will continue in effect to the end of the Policy Term for which premium has been paid. If the student enters military service, coverage will terminate immediately and a prorated premium refund will be made on request.

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions, you may contact the administrator issuing this insurance at the following address and telephone number:

Commercial Travelers Life Insurance Company
70 Genesee Street
Utica, NY 13502
1-800-756-3702

If you have been unable to contact or obtain satisfaction from the Company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218-1157
Phone: 804-371-9741 or 800-552-7945

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, Company or the Bureau of Insurance, have your Policy number available.

DISCLOSURE STATEMENT

THIS PLAN IS SUBJECT TO THE REGULATION IN THE COMMONWEALTH BY BOTH THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE PURSUANT TO TITLE 38.2 AND THE VIRGINIA DEPARTMENT OF HEALTH PURSUANT TO TITLE 32.1

CERTIFICATE OF
STUDENT BLANKET HEALTH INSURANCE POLICY

issued by

NATIONAL GUARDIAN LIFE INSURANCE COMPANY, PO BOX 1191, Madison, WI
53701-1191

(Herein referred to as 'We', 'Us' or 'Our')

We hereby certify that the eligible student of the Policyholder is insured for losses resulting from accident or sickness, to the extent stated herein, under the provisions of policy form NBH-280 (2016) VA ("the Policy").

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Section 1 — Definitions

The terms listed below, if used in this Certificate, have the meanings stated.

Accident means a sudden, unforeseeable external event 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.

Ambulatory Surgical Center, or mobile surgical facility, means a facility whose primary purpose is to provide elective surgical care, in which the Insured Person is admitted to and discharged from such facility within the same working day and is not permitted to stay overnight, and which is not part of a Hospital. A facility existing for the primary purpose of performing terminations of pregnancy, an office maintained by a Physician for the practice of medicine, or an office maintained for the practice of dentistry will not be considered an Ambulatory Surgical Center under the Policy. A structure or vehicle in which a Physician maintains an office and practices surgery, which can appear to the public to be a mobile office because the structure or vehicle operates at more than one address, will be considered an Ambulatory Surgical Center or mobile surgical facility.

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.

Coinurance means the ratio by which We and the Insured Person share in the payment of Usual and Reasonable expenses for treatment. The Coinurance 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 the services and supplies are received for them to be considered as a Covered Medical Expense.

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.

Covered Sickness includes Mental Health Disorders and Substance Abuse Disorders.

Deductible means the dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable under the Policy. The amount of the Deductible and the frequency (annual or per occurrence) will be shown in the Schedule of Benefits.

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

Elective Surgery includes, but is not limited to, circumcision, tubal ligation, 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 cosmetic surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

Elective Treatment includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, infertility, learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, preventive medicines or vaccines except when required for the treatment of Covered Injury or Covered Sickness to the extent coverage is not required by state or federal law. **Eligible Student** means a student who meets all enrollment requirements of the School named as the Policyholder in the Insurance Information Schedule.

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

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

Enrollment Date means the date of enrollment of the individual in the Policy or, if earlier, the first day of the waiting period of such enrollment.

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

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

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

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

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

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

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

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

Hospital does not include the following: 1) Convalescent homes or convalescent, rest or nursing facilities; 2) Facilities primarily affording custodial, educational, or rehabilitant care; or 3) Facilities for the aged.

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

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

Insured Person means You or Your dependent while insured under the policy.

Insured Student means a student of the Policyholder who is eligible and insured for coverage under the Policy.

International Student means an international student: 1) With a current passport and a student Visa; 2) Who is temporarily residing outside of his or her Home Country; and 3) Is actively engaged, on a full time basis, as a student or in educational research activities through the Policyholder. In so far as the policy is concerned, permanent residents or those who have applied for Permanent Residency Status are not considered to be an International Student.

Loss means medical expense caused by an Injury or Sickness which is covered by the policy.

Medically Necessary means medical treatment that is appropriate and rendered in accordance with generally accepted standards of medical practice. The Insured Person's health care provider determines if the medical treatment provided is medically necessary.

Mental Health Disorder means a condition that substantially limits the life activities of the Insured Person with the disorder. Mental Health disorders must be listed in the most recent version of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

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

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

Partial Hospitalization means a licensed or approved day or evening treatment program that includes the major diagnostic, medical, psychiatric and psychosocial rehabilitation treatment modalities designed for patients with mental, emotional, or nervous disorders, and alcohol or other drug dependence who require coordinated, intensive, comprehensive and multi-disciplinary treatment. Such a program shall provide treatment over a period of six or more continuous hours per day to individuals or groups of individuals who are not admitted as inpatients. Such term shall also include intensive outpatient programs for the treatment of alcohol or other drug dependence which provide treatment over a period of three or more continuous hours per day to individuals or groups of individuals who are not admitted as inpatients.

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, social workers, psychiatric nurses, optician, professional counselor, physical therapist, chiropodist, clinical nurse specialist, audiologist, speech pathologist, and marriage and family therapist 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 You.

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

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

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

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

Substance Use Disorder means any condition or disorder that substantially limits the activities of the Insured Person with the disorder. Substance Use Disorders must be listed in the most recent version of either the Diagnostic and Statistical Manual or Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

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

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

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

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

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

Section 2 – Eligibility, Enrollment and Termination

All eligible students and participants registered at an accredited institution of higher learning are automatically enrolled unless proof of comparable coverage is furnished. Specific eligibility requirements are set forth in each Institution of Higher Education's insurance plan materials.

The student (Named Insured, as defined in this Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. 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 and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

Termination Dates: An Insured Person's insurance will terminate on the earliest of: 1) The date the Policy terminates for all insured persons; or 2) The end of the period of coverage for which premium has been paid; or 3) The date an Insured Person ceases to be eligible for the insurance; or 4) The date an Insured Person enters military service; or 5) For International Students, the date Insured Person departs the Country of Assignment for his/her

Home Country (except for scheduled school breaks); 6) For International Students, the date the student ceases to meet Visa requirements; 7) On any premium due date the Policyholder fails to pay the required premium for an Insured Person except as the result of an inadvertent error and subject to the Grace Period provision.

Section 3 – BENEFITS

Benefits are payable under the policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Insured Person. **The Covered Medical Expenses for an issued Policy will be only those listed in the Schedule of Benefits with all applicable Deductibles, Coinsurance and Copayment amounts, and maximums for each benefit shown in the Schedule of Benefits.** No benefits are payable for expenses incurred after the date the insurance terminates for the Insured Person, except as may be provided under Extension of Benefits. Subject to payment of any required Deductible, when you suffer a Loss from Covered Accident or Covered Sickness, we will pay benefits as follows:

Preventive Services: The following services shall be covered without regard to any Deductible, or Coinsurance requirement that would otherwise apply: 1) Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force. Examples include screenings for: Breast cancer (includes mammograms); Cervical cancer; Colorectal cancer, specifically screening with an annual fecal occult blood test, flexible sigmoidoscopy or colonoscopy, or in appropriate circumstances radiologic imaging; High blood pressure; Type 2 Diabetes Mellitus; Cholesterol; Child and adult obesity; Abdominal aortic aneurysm; Alcohol misuse; Hepatitis B and C; Lung cancer; Syphilis; Tobacco use; See <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/> 2) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Insured Person involved; 3) With respect to Insured Persons who are infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. This includes assessments for alcohol and drug use, behavioral, oral health risk; medical history; BMI measurements; Screenings for autism (18 and 24 months), blood pressure, cervical dysplasia, depression, development, dyslipidemia, hematocrit or hemoglobin, Hepatitis B, HIV, lead, obesity, sexually transmitted infection (STI), tuberculin, and vision. Also includes counseling for obesity and STI, and supplements for fluoride chemoprevention and iron; 4) With respect to Insured Persons who are women, such additional preventive care and screenings not described in paragraph 1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration, including:

- a. Women’s contraceptives including all FDA-approved contraceptive methods, sterilization services, treatments, and counseling. Reversals of elective sterilizations are not covered. Contraceptive coverage includes Generic and single-source Brand Name Drugs as well as injectable contraceptives and patches. Contraceptive devices such as diaphragms, intra uterine devices, and implants are also covered. Multi-source Brand Name Drugs will be covered under the Prescription Drug benefit at a retail or mail order pharmacy.
 - b. Breastfeeding support, supplies, and counseling. Benefits for breast pumps are limited to one pump per pregnancy.
 - c. Screening for pregnant women for anemia, gestational diabetes, Hepatitis B, Rh incompatibility, and urinary tract or other infection.
 - d. Testing for Human Papillomavirus (HPV) every three years for women who are 30 or older and at high risk, regardless of Pap smear results.
 - e. Annual screening and counseling for STIs and HIV for sexually active women.
 - f. Screening and counseling for interpersonal and domestic violence.
 - g. Well woman visits.
 - h. Counseling and screenings for BRCA risk assessment, genetic testing and breast cancer chemoprevention.
- 5) Counseling services related to alcohol misuse, nutrition, obesity, STI prevention, and to smoking and tobacco use cessation products, including nicotine patches and gum when obtained with a prescription.

Essential Health Benefits

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

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

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

Out-of-Pocket Expense Limit: The Out-of-Pocket Expense Limit is shown in the Schedule of Benefits. It provides a cap on the amount of Covered Medical Expenses an Insured Person has to pay. Expenses that are not eligible or amounts above any Maximum Benefit do not apply toward the Out-of-Pocket Expense Limit. However, the Insured Person’s Coinsurance amounts, Deductibles, and Copayments will apply toward the Out-of-Pocket Expense Limit.

Basic Injury and Sickness Benefit

If:

1. an Insured Person incurs expenses as the result of Covered Injury or Covered Sickness, then
2. We will pay the benefits stated in the Schedule of Benefits for the services, treatments and supplies described in the Covered Medical Expenses provision below.

Payment will be made, Subject to the Coinsurance, Deductible, Copayment, maximums and limits as stated in the Schedule of Benefits:

1. For the Usual and Reasonable Charges for Covered Medical Expenses that are incurred as the result of a Covered Injury or Covered Sickness; and
2. Subject to the Exclusions and Limitations provision.

Covered Medical Expenses

We will pay the Covered Medical Expenses when they are incurred as the result of a Covered Injury or Covered Sickness. **The Covered Medical Expenses for an issued Policy will be only those listed below and as shown in the Schedule of Benefits.**

SCHEDULE OF BENEFITS	
Benefit Period	Policy Term
Preventive Services	The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of Usual and Reasonable charge.
Deductible	\$500
Out-of-Pocket Expense Limit	Individual - \$6,850/maximum allowed under federal law
Coinsurance	80% of the Usual and Reasonable charge for Covered Medical Expenses unless otherwise stated below
Inpatient Benefits	
BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Hospital Room & Board Expenses	The Coinsurance Amount Stated Above
Hospital Intensive Care Unit Expense, <i>in lieu of normal Hospital Room & Board Expenses</i>	The Coinsurance Amount Stated Above
Hospital Miscellaneous Expenses, for services & supplies such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts & temporary surgical appliances, oxygen, blood & plasma, misc. supplies	The Coinsurance Amount Stated Above
Preadmission Testing	The Coinsurance Amount Stated Above
Physician's Visits while Confined	The Coinsurance Amount Stated Above
Inpatient Surgery:	
Surgeon Services	The Coinsurance Amount Stated Above
Anesthetist	The Coinsurance Amount Stated Above
Assistant Surgeon	The Coinsurance Amount Stated Above
Registered Nurse Services for private duty nursing while confined	The Coinsurance Amount Stated Above
Physical Therapy (inpatient)	The Coinsurance Amount Stated Above
Skilled Nursing Facility Expense Benefit	The Coinsurance Amount Stated Above
Mental Health Disorder Benefit	Same as any other Covered Sickness
Substance Use Disorder Benefit	Same as any other Covered Sickness
Outpatient Benefits	
BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Outpatient Surgery:	
Surgeon Services	The Coinsurance Amount Stated Above
Anesthetist	The Coinsurance Amount Stated Above
Assistant Surgeon	The Coinsurance Amount Stated Above

Outpatient Surgery Miscellaneous (excluding non-scheduled surgery), expenses for services & supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood & plasma	The Coinsurance Amount Stated Above
Rehabilitation Therapy including cardiac rehabilitation (includes medical evaluation, training, supervised exercise and psychosocial support following a cardiac event), pulmonary rehabilitation (includes outpatient short-term respiratory care following an illness or injury), physical therapy to ease pain, restore health, and avoid disability after an illness, injury or loss of an arm or a leg (includes hydrotherapy, heat, physical agents, bio-mechanical and neuro-physiological principles and devices), occupational therapy to restore activities (such as walking, eating, drinking, dressing, toileting, transferring from wheelchair to bed, bathing) and job-related activities, and speech therapy (includes services to identify, assess, and treat speech, language, and swallowing disorders) Habilitative Services are covered to the extent that they are Medically Necessary	The Coinsurance Amount Stated Above
Emergency Services Expenses	The Coinsurance Amount Stated Above Copayment: \$150.00
In Office Physician's Fees	The Coinsurance Amount Stated Above Copayment: \$30.00
Private-Duty Nursing by a Registered Nurse	The Coinsurance Amount Stated Above
Urgent Care Centers or Facilities	The Coinsurance Amount Stated Above Copayment: \$50.00
Diagnostic X-ray Services Includes, but is not limited to: X-rays, mammograms, ultrasound, nuclear medicine, MRA, MRI, MRS, CTA, PET scans, CAT scans, CT scans, PET/CT Fusion scans, SPECT scans, QTC Bone Densitometry, diagnostic CT colonography, nuclear cardiology, EKG, EEG, echocardiograms, and the reading and interpretation of such tests.	The Coinsurance Amount Stated Above
Laboratory and Pathology Procedures (Outpatient) Includes, but is not limited to: Diagnostic tests (includes sleep, hearing and vision tests), and services and the reading and interpretation of such tests.	The Coinsurance Amount Stated Above
Shots and Injections unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit.	The Coinsurance Amount Stated Above
Prescription Drugs	100% of Usual and Reasonable Charge for Covered Medical Expenses Subject to \$25.00 Generic Copayment Subject to \$55.00 Preferred Brand Copayment Subject to \$60.00 Brand Copayment Deductible does not apply to Prescription Drugs
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	The Coinsurance Amount Stated Above

Home Health Care Expenses	The Coinsurance Amount Stated Above
Hospice Care Coverage	The Coinsurance Amount Stated Above
Mental Health Disorder Benefit	Same as any other Covered Sickness
Substance Use Disorder Benefit	Same as any other Covered Sickness
Other Benefits	
BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Ambulance Service	The Coinsurance Amount Stated Above
Braces and Appliances including Prosthesis and Orthotics	The Coinsurance Amount Stated Above
Durable Medical Equipment	The Coinsurance Amount Stated Above
Maternity Benefit	Same as any other Covered Sickness
Routine Newborn Care	Same as any other Covered Sickness.
Consultant Physician Services – when requested by the attending physician	100% of Usual and Reasonable Charge for Covered Medical Expenses Copayment: \$25.00 Deductible Waived
Accidental Injury Dental Treatment	The Coinsurance Amount Stated Above
Sickness Dental Expense	The Coinsurance Amount Stated Above
Student Health Center/Infirmary Expense	100% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived
Sports Accident Expense, incurred as the result of the play or practice of Intercollegiate, intramural or club sports	The Coinsurance Amount Stated Above
Infertility Treatment	The Coinsurance Amount Stated Above
Pediatric Dental Care Benefit Preventive Dental Care <i>The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:</i> Emergency Dental Clinical Oral Evaluations Endodontic Services Periodontal Services Prosthodontic Services Medically Necessary Orthodontic Care	See Benefit for limitations The Coinsurance Amount for Preventive Care is 100%, limited to 1 dental exam every 6 months 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable
Pediatric Vision Care Benefit	The Coinsurance Amount for Preventive Vision is 100% Usual and Reasonable, limited to 1 visit and 1 pair of prescribed lenses or contact lenses and frames per Policy Year
Routine Eye Exam (Adult)	100% of Usual and Reasonable Charge for Covered Medical Expenses Copayment: \$40.00 Deductible Waived Up to 1 visit per Policy Year
Chiropractic/Osteopathic/Man-ipulation Benefit	The Coinsurance Amount Stated Above
Transplant Surgery	The Coinsurance Amount Stated Above
Radiation Therapy	Same as any other Covered Sickness
Chemotherapy	Same as any other Covered Sickness
Respiratory Therapy	Same as any other Covered Sickness
Infusion Therapy	Same as any other Covered Sickness
End Stage Renal Disease (Dialysis)	Same as any other Covered Sickness
Vision Correction After Surgery or Accident	The Coinsurance Amount Stated Above
Allergy Testing and Treatment	The Coinsurance Amount Stated Above

Treatment for Temporomandibular Joint (TMJ) Disorders	The Coinsurance Amount Stated Above
Mandated Benefits	
Coverage of Treatments Involving Bones and Joints	Same as any other Covered Sickness
Home Treatment for Hemophilia	Same as any other Covered Sickness
Mastectomy and Reconstructive Breast Surgery	Same as any other Covered Sickness
General Anesthesia and Hospitalization for Dental Care	Same as any other Covered Sickness
Lymphedema	Same as any other Covered Sickness
Telemedicine	Same as any other Covered Sickness
Clinical Trials	Same as any other Covered Sickness
Prostate Cancer Screening	On the same basis as any other Preventive Services – up to 1 exam in a 12 month period
Hysterectomy	Same as any other Covered Sickness
Diabetes	Same as any other Covered Sickness
Early Intervention Services	Same as any other Covered Sickness, subject to the limitations described in the Benefit

Inpatient Benefits

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

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

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

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

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

Inpatient Surgery including Surgeon, Anesthetist, and Assistance Surgeon Services (including pre- and post-operative visits) as specified in the Schedule of Benefits. This includes: invasive procedures such as angiogram, arteriogram, amniocentesis, and tap or puncture of the brain or spine; endoscopic exams such as arthroscopy, bronchoscopy, colonoscopy and laparoscopy; and treatment of fractures and dislocations. Covered surgical expenses will be paid under either the inpatient surgery benefit or the Outpatient Surgery Benefit. They will not be paid under both. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with highest benefit value. This benefit is not payable in addition to Physician's visits.

Registered Nurse's Services when private duty nursing care is prescribed by the attending Physician. General nursing care provided by the Hospital is not covered under this benefit.

Physical Therapy while Confined when prescribed by the attending Physician.

Skilled Nursing Facility Expense Benefit for services received in a licensed Skilled Nursing Facility. Services must be Medically Necessary. This benefit includes room and board, skilled convalescent care and rehabilitative services, drugs, biologicals and supplies. Confinement for custodial care or residential care is not covered.

Mental Health Disorder Benefit for inpatient diagnosis and treatment of Mental Health Disorders on the same basis as any other Covered Sickness. Services include individual psychotherapy, group psychotherapy, psychological testing, counseling with family members to assist with the Insured Person's diagnosis and treatment, and convulsive therapy. Services must be provided in a Hospital or treatment facility that is licensed to provide a continuous, structured program of treatment and rehabilitation, including 24 hour a day nursing care. See Treatment of Covered Injury or Covered Sickness.

Substance Use Disorder Benefit for inpatient diagnosis and treatment of Substance Use Disorders on the same basis as any other Covered Sickness. Services include individual psychotherapy, group psychotherapy, psychological testing, and counseling with family members to assist with the Insured Person's diagnosis and treatment, detoxification and rehabilitation treatment. Services must be provided in a Hospital or treatment facility that is licensed to provide a continuous, structured program of treatment and rehabilitation, including 24 hour a day nursing care. See Treatment of Covered Injury or Covered Sickness.

Outpatient Benefits

Outpatient Surgery including Surgeon, Anesthetist, and Assistance Surgeon Services for outpatient surgery (including fees for pre- and post-operative visits) as specified in the Schedule of Benefits. This includes: invasive procedures such as angiogram, arteriogram, amniocentesis, and tap or puncture of the brain or spine; endoscopic exams such as arthroscopy, bronchoscopy, colonoscopy and laparoscopy; and treatment of fractures and dislocations. Covered surgical expenses will be paid under either the outpatient surgery benefit or the inpatient Surgery Benefit. They will not be paid under both. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with highest benefit value. Office surgeries are covered.

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

Rehabilitative and Habilitative Therapy when prescribed by the attending Physician. Limited to one visit per day.

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

In Office Physician's Visits for Physician's office visits. This benefit includes second surgical opinions, home visits and walk-ins for routine care and treatment of common illnesses. We will not pay for more than one visit per day. Physician's Visit benefits will be paid for either outpatient or inpatient visits on the same day, but not both. Surgeon fees are NOT payable under this benefit. See the Telemedicine Benefit for online Physician visits by a webcam, chat or voice.

Private-Duty Nursing by a Registered Nurse for expenses incurred by a licensed registered or practical nurse for private duty nursing in the home. We will not pay for more than one visit per day.

Urgent Care Centers or Facilities for services provided for urgent but non-emergent care at an Urgent Care Center or Facility, as shown in the Schedule of Benefits. We will not pay for more than one visit per day.

Diagnostic X-ray Services for diagnostic X-ray services as shown in the Schedule of Benefits when prescribed by a Physician.

Laboratory and Pathology Procedures (Outpatient) for laboratory and pathology procedures as shown in the Schedule of Benefits when prescribed by a Physician.

Shots and Injections administered in an emergency room or Physician's office and charged on the emergency room or Physician's statement.

Prescription Drugs for medication for which a Physician's written prescription is required up to the amount shown in the Schedule of Benefits. This benefit is limited to medication necessary for the treatment of the Covered Injury or Covered Sickness for which a claim is made and includes drugs delivered and administered by a Physician. This benefit includes special food products or supplements when prescribed by a Physician and Medically Necessary. It also includes self-administered and not self-administered injectable drugs (including insulin), flu shots (including administration) and related supplies and equipment.

a. Off-Label Drug Treatments when prescription drugs are provided as a benefit of the issued Policy, they will include a drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration (FDA), provided that all of the following conditions have been met:

1. The drug is approved by the FDA;
2. The drug is prescribed for the treatment of a life-threatening condition, including cancer, HIV, or AIDS;
3. The drug has been recognized as safe and effective for treatment of that condition by one of the following: National Comprehensive Cancer Network's Drug and Biologics Compendium; The American Hospital Formulary Service Drug Information; Elsevier Gold Standard's Clinical Pharmacology; or In substantially accepted peer reviewed medical literature. When this portion of the prescription benefit is used, it will be the responsibility of the prescriber to submit to Us documentation supporting compliance with the requirements in items 1., 2., and 3. of this benefit. Coverage will not be denied for any drug approved by the FDA for use in the treatment of cancer pain on the basis that the dosage is in excess of the recommended dosage of the pain-relieving agent, if the prescription in excess of the recommended dosage has been prescribed in compliance with state law for an Insured Person with intractable cancer pain.

b. Specialty Drugs are Prescription Drugs which:

1. Are only approved to treat limited patient populations, indications, or conditions; or
2. Are normally injected, infused, or require close monitoring by a Physician or clinically trained individual; or
3. Have limited availability, special dispensing and delivery requirements, and/or additional patient support – any or all of which make the Drug difficult to obtain through traditional pharmacies.

c. Prescription Drug Exception Request – The Insured Person, his or her Physician, or the Insured Person's designated representative ("representative") may request and gain access to clinically appropriate drugs that are not covered by this plan. If the exception is granted, We will treat the drug(s) as an Essential Health Benefit, subject to any Coinsurance, Copayment, and Deductible listed on the Schedule of Benefits for a Specialty Drug.

The Insured Person, Physician, or representative may contact Us to request the exception. There are three types of exception requests:

1. Standard Exception Request – We will make a determination within 72 hours following Our receipt of the request. If We grant the request, We will provide the benefit described above for the duration of the prescription, including refills.
2. Expedited Exception Request – In urgent circumstances, We will make a determination within 24 hours of Our receipt of the request. An urgent circumstance, as used in this Rider, means the Insured Person is suffering from a Covered Sickness or Injury that may seriously jeopardize his or her life, health, or ability to regain maximum function; or the Insured Person is undergoing a current course of treatment using a Non-formulary drug. We will provide the benefit described above for the duration of the urgent circumstance.

3. **External Exception Review Request** – if We deny a Standard Exception Request or an Expedited Exception Request, the Insured Person, Physician, or representative may request that the request and denial be reviewed by an independent review organization. We will respond to an External Exception Review Request of a Standard Exception Request within 72 hours of Our receipt of the request. We will respond to an Expedited Exception Request within 24 hours of Our receipt of the request.

If We agree to an External Exception Review Request, We will provide the benefit described above for the non-formulary drug for the duration of the prescription for a Standard Exception Request. For an Expedited Exception Request, we will provide the benefit described above for the duration of the urgent circumstance.

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

Home Health Care Expense for Home Health Care for an Insured Person when, otherwise, Hospitalization or confinement in a skilled nursing facility would have been necessary. Covered services include but are not limited to: Intermittent care provided in the home; Visits by a licensed health care professional (includes nurses, therapist, or home health aide); and physical, speech, and occupational therapy (services provided as part of home care are not subject to separate visit limits for therapy services). This also includes diagnostic and social services, nutritional guidance, training, medical supplies and durable medical equipment.

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

Mental Health Disorder Benefit for outpatient diagnosis and treatment of Mental Health Disorders on the same basis as any other Covered Sickness. Services include individual psychotherapy, group psychotherapy, psychological testing, medication management visits, and Partial Hospitalization if needed. See Treatment of Covered Injury or Covered Sickness.

Substance Use Disorder Benefit for outpatient diagnosis and treatment of Substance Use Disorders on the same basis as any other Covered Sickness. Services include individual psychotherapy, group psychotherapy, psychological testing, medication management visits, and Partial Hospitalization if needed. See Treatment of Covered Injury or Covered Sickness.

Other Benefits

Ambulance Service for transportation to or from a Hospital by ambulance. Air emergency transportation by fixed wing or rotary wing is covered when transport to an acute care Hospital is Medically Necessary, and ground or water transportation is not appropriate.

Braces and Appliances including Prosthesis and Orthotics (such as braces, boots, and splints, other than foot orthotics) when prescribed by the attending Physician as being necessary for the treatment of a Covered Injury or Covered Sickness. Prosthetic devices include artificial limbs and components that are Medically Necessary for daily living; colostomy and other related colostomy supplies; composite facial prostheses; and a wig needed following cancer treatment. This benefit includes the cost of fitting, adjustment, and repair. We will also cover devices and supplies, such as APAP, CPAP, BPAP, and oral devices for sleep treatment. Dental braces, except when necessitated by an Injury, are not covered. We will also not pay for braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.

Durable Medical Equipment for the rental or purchase (if less expensive) of durable medical equipment. This includes, but is not limited to, oxygen concentrator, ventilator, oxygen and equipment for administration, cochlear implants, negative pressure wound therapy devices, nebulizers, Hospital beds, wheelchairs, traction equipment, and walkers and crutches. We will also cover the delivery and administration of the equipment, maintenance and supplies needed for use of the equipment, such as a battery for a powered wheelchair as well as necessary repairs, except if damage is due to neglect. We will pay the lesser of either the rental or purchase charges, but not both. Such equipment must be prescribed by a Physician and a copy of the written prescription must accompany the claim. Durable medical equipment must: 1. Be primarily and customarily used to serve a medical, rehabilitative purpose; 2. Be able to withstand repeated use; and 3. Generally not be useful to a person in the absence of Injury or Sickness.

Maternity Benefit for Insured Persons and their covered Dependents for maternity charges as follows: 1. Routine prenatal and postnatal care services, including but not limited to pregnancy testing, fetal screenings and anatomical, biochemical, or biophysical tests to better define the likelihood of genetic and/or chromosomal anomalies. 2. **Hospital stays** for mother and newly born child will be provided for up to 48 hours for normal vaginal delivery and 96 hours (not including the day of surgery) for a caesarean section delivery unless the caesarean section delivery is the result of Complications of Pregnancy. If the delivery is the result of Complications of Pregnancy, the Hospital stay will be covered the same as for any other Covered Sickness. Services covered as inpatient care will include medical, educational, and any other services that are consistent with the inpatient care recommended in the protocols and guidelines developed by national organizations that represent pediatric, obstetric and nursing professionals. Services are also covered in the home by an appropriately licensed nurse midwife. 3. **Inpatient Physician charges, anesthesia or surgeon charges** will be covered the same as for any other Covered Sickness for both mother and newborn child. This includes use of the delivery room and care. 4. **Physician-directed Follow-up Care** including: a. Physician assessment of the mother and newborn; b. Parent education; c. Assistance and training in breast or bottle feeding; d. Assessment of the home support system; e. Performance of any prescribed clinical tests; and f. Any other services that are consistent with the follow-up care recommended in the protocols and guidelines developed by national organizations that represent pediatric obstetrical and nursing professionals. This benefit will apply to services provided in a medical setting or through home health care visits. Any home health care visit must be provided by an individual knowledgeable and experienced in maternity and newborn care. All home health care visits that are made necessary by early discharge from the Hospital must be performed within 72 hours after discharge. When a mother or a newborn receives at least the number of hours of inpatient care shown in item "2", the home health care visit benefit will apply to follow-up care that is determined to be necessary by the health care professionals responsible for discharging the mother or newborn. 5. **Outpatient Physician's visits**, including maternity-related checkups, will

be covered the same as for any other Covered Sickness. 6. Pregnancy benefit following an act of rape of an Insured Person or an eligible Dependent which was reported to the police within 7 days following its occurrence, to the same extent as any other covered Accident. The 7-day requirement shall be extended to 180 days in the case of an act of rape or incest of a female under 13 years of age.

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

Consultant Physician Services when requested and approved by the attending Physician.

Accidental Injury Dental Treatment as the result of Injury. Routine dental care and treatment are not payable under this benefit. Dental appliances required to diagnose or treat an accidental injury to the teeth, and the repair of dental appliances damages as a result of accidental Injury to the jaw, mouth or face, are also covered. Treatment must begin within 12 months of the Injury, or as soon after that as possible to be covered.

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

Student Health Center/Infirmary Expense Benefit if an Insured Student incurs expenses as the result of treatment at a Student Health Center/Infirmary, we will pay the expenses incurred. Benefits will not exceed the amount shown in the Schedule of Benefits.

Sports Accident Expense Benefit for an Insured Student as the result of covered sports accident while at play or practice of intercollegiate, intramural or club sports as shown in the Schedule of Benefits.

Infertility Treatment for Medically Necessary services and for expenses incurred to diagnose and treat conditions resulting in infertility. This excludes artificial insemination, in vitro fertilization, other types of artificial or surgical means of conception including drugs administered in connection with these procedures.

Pediatric Dental Care Benefit for the following dental care services for Insured Persons up to age 19.

1. Emergency dental care, which includes emergency treatment to alleviate pain and suffering caused by dental disease or trauma.
2. Preventive dental care, that includes procedures which help to prevent oral disease from occurring, including:
 - a. Prophylaxis (scaling and polishing teeth at six (6) month intervals;
 - b. Topical fluoride application at six (6) month intervals;
 - c. Sealants on unrestored permanent molar teeth; and
 - d. Unilateral or bilateral space maintainers for placement in a restored deciduous and/or mixed dentition to maintain space for normally developing permanent teeth.
3. Routine Dental Care: We cover routine dental care provided in the office of a dentist including:
 - a. Dental examinations, visits and consultations once within a six (6) month consecutive period (when primary teeth erupt);
 - b. X-ray, full mouth x-rays at thirty-six (36) month intervals, bitewing x-rays at six (6) to twelve (12) month intervals, or panoramic x-rays at thirty-six (36) month intervals, and other x-rays if Medically Necessary (once primary teeth erupt);
 - c. Procedures for simple extractions and other routine dental surgery not requiring Hospitalization, including preoperative care and postoperative care;
 - d. In-office conscious sedation;
 - e. Diagnostic casts;
 - f. Occlusal guard (for grinding and clenching of teeth);
 - g. Amalgam, composite restorations and stainless steel crowns; and
 - h. Other restorative materials appropriate for children.

Dental services, including x-ray, extractions, and anesthesia to prepare the mouth for medical treatments, such as radiation therapy to treat cancer and prepare for transplants will be covered for insured adults.

Benefits are limited to certain oral surgeries for insured adults including:

 - a. Maxillary or mandibular frenectomy when not related to a dental procedure.
 - b. Alveolectomy when related to tooth extraction.
 - c. Orthognathic surgery because of a medical condition or Injury or for a physical abnormality that prevents normal function of the joint or bone and is Medically Necessary to attain functional capacity of the affected part.
 - d. Oral/surgical correction of accidental Injuries as covered under the Accidental Injury Dental Treatment benefit.
 - e. Surgical services on the hard or soft tissue in the mouth when the main purpose is not to treat or help the teeth and their supporting structures.
 - f. Treatment of non-dental lesions, such as removal of tumors and biopsies.
 - g. Incision and drainage of infection of soft tissue not including odontogenic cysts or abscesses.
4. Endodontic services, including procedures for treatment of root canal, diseased pulp canals, where Hospitalization is not required. Retreatment of a previous root canal and an apicoectomy/periradicular surgery, retrograde fillings are limited to one per tooth per Insured Person's lifetime.
5. Periodontal services as follows:
 - a. Gingivectomy or gingivoplasty at one per two years per quadrant;
 - b. Scaling and root planning at one per two years per quadrant;

- c. Full mouth debridement at one per year;
 - d. Osseous surgery at one per five years per quadrant;
 - e. Provision splinting; and
 - f. Grafting.
6. Prosthodontic services as follows:
- a. Removable complete or partial dentures, including six (6) months follow-up care; and
 - b. Additional services include tissue conditioning, insertion of identification slips, repairs, relines and rebases and treatment of cleft palate. Fixed bridges are not covered unless they are required:
 - a. For replacement of a single upper anterior (central/lateral incisor or cuspid) in a patient with an otherwise full complement of natural, functional and/or restored teeth;
 - b. For cleft palate stabilization; or
 - c. Due to the presence of any neurologic or physiologic condition that would preclude the placement of a removable prosthesis, as demonstrated by medical documentation.
7. Orthodontics (up to the end of the month the Insured Person turns age 19), and other Medically Necessary dental services used to help restore oral structures to health and function and to treat serious medical conditions such as: cleft palate and cleft lip; ectodermal dysplasia; maxillary/mandibular micrognathia (underdeveloped upper or lower jaw); extreme mandibular prognathism; severe asymmetry (craniofacial anomalies); ankylosis of the temporomandibular joint; and other significant skeletal dysplasias.
- Procedures include but are not limited to:
- a. Rapid Palatal Expansion (RPE);
 - b. Placement of component parts (e.g. brackets, bands);
 - c. Interceptive orthodontic treatment;
 - d. Comprehensive orthodontic treatment (during which orthodontic are placed for active treatment and periodically adjusted);
 - e. Fixed appliance therapy at one per Insured Person's lifetime;
 - f. Removable appliance therapy; and
 - g. Orthodontic retention (removal of appliances, construction and placement of retainers).

Pediatric Vision Care Benefit for Insured Persons who are age 19 and under. We will provide benefits for:

- 1. One vision examination per Policy Year; and
- 2. One pair of prescription lenses or contact lenses and eyeglass frames every Policy Year.

Routine Eye Exam (Adult) for one (1) annual routine eye exam and refraction.

Chiropractic/Osteopathic/Manipulation Benefit for treatment of a Covered Injury or Covered Sickness and performed by a Physician. This includes therapy to treat problems of the bones, joints, and back. Chiropractic therapy focuses on the joints of the spine and the nervous system, while osteopathic therapy also focuses on the joints and surrounding muscles, tendons, and ligaments.

Transplant Surgery for the Insured Person for organ and tissue transplants and infusions; includes autologous bone marrow transplants for breast cancer. Also covers necessary acquisition procedures, mobilization, harvest and storage, and preparatory myeloablative therapy, reduced intensity preparatory chemotherapy, radiation therapy, or a combination of these therapies.

When a human organ or tissue transplant is provided from a living donor to an Insured Person, both the recipient and the donor may receive benefits. Costs related specifically to transportation and lodging are covered.

Human organ and tissue transplants are covered when provided as part of Physician office services, inpatient facility services, and outpatient facility services. We shall provide benefits for Medically Necessary human organ and tissue transplant services only when We have preauthorized the services. Benefits include coverage for necessary acquisition procedures, harvest and storage, and include Medically Necessary preparatory myeloablative therapy. Benefits for donor searches for organ and tissue transplants, including compatibility testing of potential donors who are not Immediate Family Members are excluded.

Radiation Therapy for radiation therapy including the administration of, and rental or cost of radioactive materials and supplies as specified in the treatment plan to treat the disease by x-ray, radium, cobalt, radioactive isotopes or high energy particle sources.

Chemotherapy for the treatment of disease by chemical or biological antineoplastic agents. This will be covered as part of a Physician's visit, home health care visit or at an outpatient facility.

Respiratory Therapy for the use of dry or moist gases in the lungs, non-pressurized inhalation treatment; intermittent positive pressure breathing treatment, air or oxygen, with or without nebulized medication, continuous positive pressure ventilation (CPAP); continuous negative pressure ventilation (CNP); chest percussion; therapeutic use of medical gases or drugs in the form of aerosols, and equipment such as resuscitators, oxygen tents, and incentive spirometers; broncho pulmonary drainage and breathing exercises.

Infusion Therapy for nursing, parenteral administration of medication and nutrient of therapeutic agents, medication and nutrients; infusion of enteral nutrition into the gastrointestinal tract; antibiotic therapy; pain care and infusion of prescription medications. This may also include injections (intra-muscular, subcutaneous, continuous subcutaneous). Infusion services may be received in Physician's offices, outpatient facilities ambulatory infusion center and in the home from home infusion providers.

End Stage Renal Disease Treatment (Dialysis) for coverage of Dialysis treatment which includes hemodialysis, home intermittent peritoneal dialysis, home continuous cycling and ambulatory peritoneal dialysis, and dialysis treatments in an outpatient dialysis facility or in a Physician's office.

Vision Correction After Surgery or Accident for prescription glasses or contact lenses required as a result of surgery or for treatment of accidental injury. Benefit includes cost of materials and fitting, exams, and replacement of eyeglasses or contact lenses if related to the surgery or injury. Eye-glass or contact lens purchase and fitting are covered under this benefit if:

1. Prescribed to replace the human lens lost due to surgery or Injury;
2. "Pinhole" glasses are prescribed after surgery or Injury for a detached retina; or
3. Lenses are prescribed instead of surgery due to:
 - a. Contact lenses used for a treatment of infantile glaucoma;
 - b. Corneal or sclera lenses prescribed in connection with keratoconus;
 - c. Scleral lenses prescribed to retain moisture when normal tearing is inadequate; or
 - d. Corneal or scleral lenses are required to reduce a corneal irregularity other than astigmatism.

Allergy Testing and Treatment for Medically Necessary allergy testing and treatment, including allergy serum and allergy shots.

Treatment for Temporomandibular Joint (TMJ) Disorders includes services to treat TMJ and craniomandibular disorders, such as removable appliances for TMJ repositioning and related surgery, medical care and diagnostic services.

Mandated Benefits for Virginia

Mandate Disclaimer: If any Preventive Services Benefit is subject to the mandated benefits required by state law, they will be administered under the federal or state guideline, whichever is more favorable to the student.

Coverage of Treatments Involving Bones and Joints: We cover diagnostic and surgical treatment involving any bone or joint of the skeletal structure on the same basis as diagnostic and surgical treatment of other bone or joint of the skeletal structure if the treatment is required because of a medical condition or injury which prevents normal function of the joint or bone and is deemed Medically Necessary to attain functional capacity of the affected part.

Home Treatment for Hemophilia: We cover for expenses incurred in connection with the treatment of routine bleeding episodes associated with hemophilia and other congenital bleeding disorders. The benefits to be provided shall include coverage for the purchase of blood products and blood infusion equipment including syringes and needles required for home treatment of routine bleeding episodes associated with hemophilia and other congenital bleeding disorders when the home treatment program is under the supervision of the state-approved hemophilia treatment center. Blood products include, but are not limited to, Factor VII, Factor VIII, Factor IX, and cryoprecipitate.

Mastectomy and Reconstructive Breast Surgery Benefit: We shall provide coverage providing a minimum stay in the Hospital of not less than forty-eight hours for an Insured Person following a radical or modified radical mastectomy and not less than twenty-four hours of inpatient care following a total mastectomy or a partial mastectomy with lymph node dissection for the treatment of breast cancer. We also cover reconstructive breast surgery related to a mastectomy, which will be done at the same time as the mastectomy or following a mastectomy to establish symmetry.

Reconstructive breast surgery shall also include coverage for breast prostheses, determined as necessary in consultation with the attending physician and patient, and physical complications of mastectomy, including medically necessary treatment of lymphedemas. This coverage includes benefits for equipment, supplies, complex decongestive therapy, and outpatient self-management training and education for the treatment of lymphedema when prescribed by a professional medical provider as part of a treatment plan.

General Anesthesia and Hospitalization for Dental Care: We shall provide coverage for Medically Necessary general anesthesia and hospitalization or facility charges of a facility licensed to provide outpatient surgical procedures for dental care provided to an Insured Person who is determined by a licensed dentist in consultation with the Insured Person's treating Physician to require general anesthesia and admission to a Hospital or outpatient surgery facility to effectively and safely provide dental care and (i) is under the age of 5, or (ii) is severely disabled, or (iii) has a medical condition and requires admission to a Hospital or outpatient surgery facility and general anesthesia for dental care treatment.

Lymphedema Benefit: We shall provide coverage for lymphedema. Coverage includes benefits for equipment, supplies, complex decongestive therapy, and outpatient self-management training and education for the treatment of lymphedema, if prescribed by a health care professional legally authorized to prescribe or provide such items under law.

Telemedicine Benefit: We shall provide coverage for the cost of such healthcare services provided through telemedicine service. Telemedicine services, as it pertains to the delivery of health care services, means the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment. It does not include an audio-only telephone, electronic mail message, or facsimile transmission. We shall not be required to reimburse the treating provider or the consulting provider for technical fees or costs for the provision of telemedicine services; however, We shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the Insured Person delivered through telemedicine services on the same basis that We provide coverage for the provision of the same service through face-to-face consultation or contact.

Clinical Trials: for participation in an Approved Clinical Trial and cover routine patient costs for items and services furnished in connection with participation in such clinical trial. This includes an Insured Person's participation in clinical trials for treatment and studies on cancer, including ovarian cancer. We will pay such benefits on the same basis as for other covered medical and surgical procedures. Such coverage will be provided if the treatment being conducted in a Phase II, Phase III or Phase IV clinical trial. We will provide such treatment in a Phase I trial only on a case by case basis. Such treatment must be provided by a clinical trial approved by:

1. The National Cancer Institute (NCI);
2. An NCI cooperative group or center;
3. The Federal Drug Administration in the form of an investigational new drug application;
4. The federal Department of Veterans' Affairs; or

5. An institutional review board of an institution in the Commonwealth of Virginia that has a multiple project assurance contract approved by the office of Protection from Research Risks of the NCI.

Coverage under this benefit will apply only if:

1. There is no clearly superior, non-investigational treatment alternative;
2. The available clinical or preclinical data provide a reasonable expectation that the treatment will be at least as effective as the non-investigational alternative; and
3. The Insured Person and the Physician or health care provider who provides services conclude that the Insured's participation in the clinical trial would be appropriate, pursuant to any procedures that we may have established.

The following definitions apply to this benefit:

Approved Clinical Trial means a Phase I, Phase II, Phase III, or Phase IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition, and the study of investigation is a federally funded or approved trial, conducted under an investigational new drug application reviewed by the FDA, or a drug trial that is exempt from having an investigational new drug application.

Cooperative Group means a formal network of facilities that collaborate on research projects and have an established NIH-approved peer review program operating within the group. This includes the national Cancer Institute Clinical Cooperative Group and the national Cancer Institute Community Clinical Oncology Program.

Multiple project assurance contract means a contract between an institution and the federal Department of Health and Human Services that defines the relationship of the institution to the federal Department of Health and Human Services. It also sets out the responsibilities of the institution and the procedures that will be used by the institution to protect human subjects.

Patient cost means the cost of medically necessary health care service that is incurred as a result of the treatment being provided to the Insured Person for the purposes of a clinical trial. Patient costs includes participation in phase I, phase II, phase III, or phase IV approved clinical trials for the prevention, detection, or treatment of cancer or other life-threatening disease or condition, when the trial is (i) a federally funded or approved trial, (ii) conducted under an investigational new drug application reviewed by the USFDA, or (iii) a drug trial exempt from having an investigational new drug application.

Prostate Cancer Screening: Prostate-Specific Antigen (PSA) tests or Equivalent Tests for the Presence of Prostate Cancer means serological tests for determining the presence of prostate cytoplasmic protein (PSA) and the generation of antibodies to it, as a novel marker for prostatic disease. We will pay the Usual and Reasonable expenses incurred for the screening and diagnosis of prostate cancer, including, but not limited to, prostate-specific antigen testing and digital rectal examinations, when medically necessary and consistent with good professional practice.

PSA tests are covered for persons age 50 and over and persons age 40 and over who are at high risk for prostate cancer, according to the most recent published guidelines of the American Cancer Society, for one PSA test in a twelve-month period and digital rectal examinations, all in accordance with American Cancer Society guidelines under any such policy, contract or plan delivered.

Hysterectomy Coverage: for a hysterectomy to include benefits for a minimum stay in the Hospital of not less than 23 hours for a laparoscopy-assisted vaginal hysterectomy and 48 hours for a vaginal hysterectomy. Nothing in this subsection shall be construed as requiring the provision of the total hours referenced when the attending Physician, in consultation with the patient, determines that a shorter period of Hospital stay is appropriate.

Diabetes Coverage: We provide coverage for diagnosis and treatment of diabetes. Coverage includes benefits for equipment, supplies and in-person outpatient self-management training and education, including medical nutrition therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and noninsulin-using diabetes if prescribed by a health care professional legally authorized to prescribe such items under law. We will also cover routine diabetic foot care which covers the treatment of corns, calluses and care of toenails. Equipment and supplies shall not be considered durable medical equipment. Diabetes in-person outpatient self-management training and education shall be provided by a certified, registered or licensed health care professional.

We will pay the Usual and Reasonable charges incurred for such supplies:

1. Lancets and automatic lancing devices
2. Glucose test strips
3. Glucose test strips devices for the visually impaired
4. Blood glucose monitors
5. Blood glucose monitors for visually impaired
6. Diabetes data management systems for management of blood glucose
7. Urine testing products for glucose and ketones
8. Oral anti-diabetic agents used to reduce concentration of blood sugar levels
9. Alcohol swabs that are necessary for the treatment of diabetes
10. Syringes and hypodermic needles
11. Injection aids including insulin drawing up
12. Cartridges for the visually impaired
13. Disposable insulin cartridges and pen cartridges
14. All insulin preparations
15. Insulin pumps and equipment for the use of pump including batteries
16. Insulin infusion devices
17. Oral agents for treating hypoglycemia such as glucose tablets and gels
18. Glucagon for injection to increase blood glucose
19. Other diabetes equipment and related supplies

We will also pay Usual and Reasonable charges for diabetes self-management education to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetic condition, including information on proper diets. This benefit will be limited to visits necessary:

1. Upon the initial diagnosis of diabetes;
2. When a Physician diagnoses a significant change in the Insured Person's symptoms or conditions that necessitate changes in an Insured Person's self-management; or
3. When reeducation or refresher education is necessary. Such education must be provided by a licensed health care professional specialized in training in the management of diabetes.

Early Intervention Services: We will cover early intervention services for Insured Persons from birth to age 3 who are certified by the Virginia Department of Behavioral Health and Developmental Services as eligible for services under Part C of the Individual with Disabilities Education Act. Services include speech and language therapy; occupational therapy, physical therapy, and assistive technology services and devices. If expenses incurred are payable under another benefits, We will pay only under the more generous benefit.

When Dependent children coverage is provided as a part of this Policy, We will pay the Usual and Reasonable charges incurred, not to exceed \$5,000 per covered Dependent child per Policy year, for medically necessary early intervention services. The cost of early intervention services will not be applied to the Maximum benefit payable under the Policy if such costs would limit the amount payable for this benefit. In such a situation, all financial costs of this benefit (any copayment, coinsurance, or deductible) may be paid through the use of federal Part H program funds, state general funds, state general funds, or local government funds appropriated to implement Part H services for families who may refuse the use of their insurance to pay for such services due to a financial cost.

For the purposes of this benefit, early intervention services means medically necessary speech and language therapy occupational therapy, physical therapy and assistive technology services and devices for Dependents from birth to age 3 who are certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services as eligible for services for the population certified for services under Part H of the Individuals with Disabilities Education Act.

For the purposes of this benefit, medically necessary early intervention services for the population certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services means those services designed to help an individual attain or retain the capability to function age-appropriately within his or her environment and will include services that enhance functional ability without effecting a cure.

Section 6– Exclusions and Limitations

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

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

1. **International Students Only** - Eligible expenses within Your 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.
3. well baby care other than as shown in the Schedule of Benefits or under Early Intervention Services.
4. medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as provided in the Schedule of Benefits.
5. dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to Sound, Natural Teeth or as specifically covered under the Pediatric Dental Benefit.
6. professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
7. services or supplies not necessary for the medical care of Your Injury or Sickness.
8. weak, strained or flat feet, corns, calluses or ingrown toenails, except as specifically provided under the Policy.
9. diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness or as specifically covered under the Infertility Treatment Benefit.
10. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile plan, public assistance program or government plan, except Medicaid.
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 professional sports;
15. treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
16. expenses payable under any prior Policy which was in force for the person making the claim.
17. Injury sustained as the result of Your 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:
 - a. The date insurance terminates as to the Insured Person; and
 - b. The end of the Benefit Period specified in the Benefit Schedule.
19. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
20. charges incurred for acupuncture, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
21. expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.

22. expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a covered accidental Injury or as specifically covered under the Pediatric or Adult Vision Benefit.
23. racing or speed contests skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.
24. expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from Reconstructive Surgery.
 - a. For the purposes of this provision, Reconstructive Surgery means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
 - b. For the purposes of this provision, Plastic or Cosmetic Surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance.
25. treatment to the teeth, including surgical extractions of teeth other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints and facial region. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits or as specifically covered under the Pediatric Dental Benefit.
26. an Insured Person's:
 - a. committing or attempting to commit a felony,
 - b. being engaged in an illegal occupation, or
 - c. participation in a riot.
27. elective abortions except when the life of the mother is endangered by a physical disorder, physical illness, or physical Injury, including a life-endangering physical condition caused by or arising from the pregnancy itself; or when the pregnancy is the result of an alleged act of rape or incest.
28. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
29. custodial care service and supplies. This exclusion does not apply to hospice care.
30. act of terrorism.
31. conditions due to accidental bodily injury occurring prior to Your effective date of coverage.
32. court ordered testing, unless Medically Necessary.
33. charges for missed or cancelled appointments.
34. prosthetics for cosmetic purposes, including wigs and scalp hair prosthetics, except for wigs needed after cancer treatment.

Section 7 – CLAIMS PROCEDURE

In the event of Accident or Sickness the student should:

1. If at the College, report immediately to the Health Center so that proper treatment can be prescribed or approved.
2. If away from the College, consult a doctor and follow his or her advice. Notify add college name within 90 days after the date of the Covered Injury or commencement of the Covered Sickness or as soon thereafter as is reasonably possible.
3. Secure a claim form from the Student Accounts Office, or the Administrator's website: www.studentplanscenter.com.
4. Complete the form.
5. Submit the claim form, complete with bills and receipts, to the Claims Administrator: Commercial Travelers Life Insurance Company, 70 Genesee Street, Utica, NY 13502..
6. Submit only one claim form for each Accident or Sickness.

Section 8 – Coordination of Benefits

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

Section 9 - Appeals Procedure

You have the right to appeal any decision or action taken by Us to deny, reduce, or terminate the provision of or payment for health care services requested or received under this Certificate of Insurance. You have the right to have Our decision reviewed by an independent review organization. We must provide you with certain written information, including the specific reason for Our decision and a description of Your appeals rights and procedures every time We make an determination to deny, reduce, or terminate the provision of or payment for health care services requested or received under the Certificate of Insurance.

Service Representative:

Gallagher Student Health and Special Risk
 500 Victory Road • Quincy, MA 02171
 1-877-220-1790
www.gallagherstudent.com

Underwritten by:
National Guardian Life Insurance Company
as policy form # NBH-280 (2016) VA

Administered by:
Commercial Travelers College Claim Department
70 Genesee Street, Utica, NY 13502
1-800-756-3702 • www.studentplanscenter.com

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

go to

www.studentplanscenter.com/privacy/nglic

or

Request one from the Health office at your school

or

Request one from:

Commercial Travelers College Claim Department
70 Genesee Street, Utica, NY 13502
1-800-756-3702 • www.studentplanscenter.com

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

Note: The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employer's plan within 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact the Local Administrator listed in this brochure when you need such certification.

Representations of this plan must be approved by Us.

IMPORTANT

THIS CERTIFICATE IS INTENDED ONLY FOR QUICK REFERENCE AND DOES NOT LIMIT OR AMPLIFY THE COVERAGE AS DESCRIBED IN THE MASTER POLICY WHICH CONTAINS COMPLETE TERMS AND PROVISIONS. THE MASTER POLICY IS ON FILE AT THE COLLEGE.

ON CALL INTERNATIONAL Global Assistance Program

The Global Assistance Program (GAP) is supplemental to the Student Insurance Plan. The GAP provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center at 1-855-226-7915 (toll free) or collect at 1-603-952-2045. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance.

The Global Assistance Program is effective when you are outside your home country, or over 100 miles from home within the United States or when you are traveling.

The following emergency services are included*:

Emergency Medical Evacuation and Repatriation If you suffer an accident, injury or sickness resulting in a serious medical condition which in the opinion of the On Call physician requires transportation to be treated adequately, On Call will arrange and pay for air and/or surface transportation, medical care during transportation, communication and all usual and customary ancillary charges incurred in moving and transporting you to the nearest hospital where appropriate medical care is available.

After being treated at a medical facility, On Call will arrange and pay for the transport of the Participant with a qualified medical attendant to the Country of Domicile or Country of Residence for further medical treatment or recovery should it be deemed medically necessary by the On Call physician.

Return of Remains In the event of death, On Call shall make the arrangements and pay for casket or air tray, preparation and transportation of his/her remains to his/her place of residence or to the place of burial.

Return of Dependent Children If your Dependent(s) are present but left unattended as a result of your hospitalization or Medical Evacuation, On Call shall make and pay for travel arrangements to return them home, including a non-medical escort as needed. This service has a limit of \$5,000.

Visit by Family / Friend If the Participant has or will be hospitalized for more than five (5) days while traveling, On Call shall make and pay for travel arrangements and suitable hotel accommodations for a person of your choice to join them. This service includes flights and up to \$200 a day for hotel for a maximum of seven (7) days, up to a combined service limit of \$5,000.

*On Call International must pay and arrange for all services included above, reimbursement for self-paid expenses will not be considered; it is not insurance but it is added as a service in your Student Health Insurance Policy.

Additional Medical and Travel Assistance

If there are third party costs associated with the following services, On Call will notify you and you will be responsible for the costs: **Pre-Trip Information**; **Referral** to the nearest, most appropriate medical facility, and/or provider; **Medical monitoring** by board certified emergency physicians in the United States; **Guarantee of Payment** to provider and assistance in coordinating insurance benefits; **Prescription Replacement Assistance** or Dispatch of Medicine if not available locally; **Emergency Message Forwarding** to family, friends, personal physician, school etc; **Emergency Travel Arrangements** for disrupted travel; **Legal Consultation and Referral**; **Interpreter Assistance and Referral**; **Lost Luggage Assistance**; **Lost/Stolen Travel Documents Assistance**.

24 Hour Nurse Helpline

Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. A Registered Nurse counselor will provide a clinical assessment to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose Member's ailments.

Contact On Call International to access any of the GAP services described above.

Toll Free from U.S. and Canada: 1-855-226-7915

Collect Worldwide: 1-603-952-2045

mail@oncallinternational.com

This is only an outline of services and terms, conditions and exclusions apply.