



# Alvernia University

(“the Policyholder”)

## 2016 – 2017

### Student Health Insurance Plan

(“the Plan”)

Administrator Group Number: S214216  
Underwriter Reference Number: CAS9151283

Insurance underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY (“the Company”)

Please keep this brochure as a general summary of the insurance. This is only a brief description of the coverage available under policy series S30749NUFIC-PPO-PA (Rev. 4-16). The Policy on file at the Policyholder contains definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this brochure and the Policy, the Policy shall govern. The Plan also covers Mandated Benefits as required by the State of Pennsylvania. Travel Assistance services provided by Travel Guard Group, Inc. (“Travel Guard”). Insurance and services provided by member companies of American International Group, Inc. For additional information, please visit our website at [www.AIG.com](http://www.AIG.com).

REVISED 10/25/16



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## ELIGIBILITY

Alvernia University degree-seeking and certification-seeking students are eligible for coverage and will be automatically enrolled in the 2016-2017 Alvernia University Student Health Insurance Plan (“the Plan”) and the cost for the insurance will be included on their tuition bill unless coverage under the Plan is waived by providing proof of existing comparable health insurance coverage by the applicable waiver deadline. Students who are currently insured under a comparable health insurance plan may waive coverage under the Plan at initial enrollment each Policy Year by completing the online waiver form at [www.cirstudenthealth.com/alvernia](http://www.cirstudenthealth.com/alvernia) by the following waiver deadlines:

- August 29, 2016 for the annual term
- October 20, 2016 for Mod 2
- January 24, 2017 for the spring term
- March 20, 2017 for Mod 4
- May 22, 2017 for the summer term
- July 17, 2017 for Mod 6

**If the online waiver is not completed by the waiver deadline the cost of coverage will be included on the student’s tuition bill.**

A student who initially waived coverage under the Plan but subsequently experiences ineligibility under another creditable health insurance plan may elect to enroll for coverage under the Plan within 31 days of the date of ineligibility under another creditable plan. If you experience ineligibility under another creditable plan, please email proof of ineligibility to [qualifier@studentinsurance.com](mailto:qualifier@studentinsurance.com).

An eligible student must actively attend classes at the Policyholder's school for at least the first 30 days of the period for which he or she is enrolled. Students who withdraw after such 30 days will remain covered under the Plan and no refund will be made. The Company maintains the right to investigate student status and attendance records to verify that the Plan eligibility requirements have been met. If it is discovered that the Plan eligibility requirements have not been met, the Company's only obligation is to refund premium, less any claims paid.

## EFFECTIVE AND TERMINATION DATES

The Policy on file with the Policyholder becomes effective at 12:01 a.m. on August 18, 2016 and terminates at 11:59 p.m. on August 17, 2017.

The coverage of an eligible student, including the student who initially waived coverage and subsequently enrolls within 31 days of ineligibility under another creditable coverage plan, shall take effect at 12:01 a.m. on the latest of the following dates: (1) the Policy Effective Date; (2) the day after the date for which the first premium for the Covered Student's coverage is received by the Company; (3) the date the Policyholder's term of coverage begins; or (4) the date the student becomes a member of an eligible class of persons as described in the Description of Class section of the Schedule of Benefits in the Policy on file with the Policyholder.

Insurance for a Covered Student will end at 11:59 p.m. on the first of these to occur:

- (a) the date the Policy terminates;
- (b) the last day for which any required premium has been paid; or
- (c) the date on which the Covered Student withdraws from the school:
  1. because of entering the armed forces of any country (premiums will be refunded on a pro-rata basis (less any claims paid) when written request is made within 30 days of leaving school); or
  2. during the first 30 days of the period for which the student is enrolled (a full refund premium will be made less any claims paid) when written request is made within 30 days of leaving school).

If withdrawal from the Policyholder's school is for other than (1) or (2) above, no premium refund will be made. Students will be covered for the Policy term for which they are enrolled and for which premium has been paid.

## CREDITABLE COVERAGE

The Company will issue Certificates of Creditable Coverage for each Covered Person whose coverage under the Policy is terminated. In addition, Certificates of Creditable Coverage shall be issued when requested by a Covered Person, so long as such request is made within 24 months after cessation of coverage under the Policy. Such issuance will occur within a reasonable time. In order to obtain a Certificate of Creditable Coverage, request online at [www.studentinsurance.com/Apps/Schools/Default.aspx?Id=571](http://www.studentinsurance.com/Apps/Schools/Default.aspx?Id=571) or contact:

Consolidated Health Plans

2077 Roosevelt Avenue

Springfield, MA 01104

(877) 657-5030

## PPO PROVIDER

Preferred Provider Organization: First Health

Toll – Free Telephone Number: (888) 226-5116

Network Website: [www.firsthealthbp.com](http://www.firsthealthbp.com)

Persons insured under the Plan may choose to be treated within or outside of the First Health PPO Network. Reimbursement rates will vary depending upon the source of card as described under the Schedule of Benefits herein. If a Covered Person seeks treatment from a non-PPO provider, benefits will be reduced to the percentage shown in the Schedule of Benefits. Please be aware that if a Covered Person is treated at a PPO Hospital, it does not guarantee that all providers at the Hospital are participating providers. In addition, if a Covered Person is referred by a participating provider to another facility or provider, it does not mean that the provider or facility to which the Covered Person is referred is also a participating provider. It is the Covered Person's responsibility to verify that the provider is part of the PPO. A list of providers in the First Health Network is available for review via the "Preferred Provider Lookup" that can be accessed at [www.firsthealthbp.com](http://www.firsthealthbp.com)

## 2016-2017 STUDENT HEALTH INSURANCE PLAN COSTS\*

Term of Coverage	Annual 8/18/16-8/17/17	Mod 2 10/12/16 – 8/17/17	Spring (new incoming students only) 1/1/17-8/17/17	Mod 4 (new incoming students only) 3/12/17 – 8/17/17	Summer (new incoming students only) 5/11/17 – 8/17/17	Mod 6 (new incoming students only) 7/8/17 – 8/17/17
	\$1,694.00	\$1,439.00	\$1,063.00	\$738.00	\$459.00	\$190.00

\*The Plan costs include an administrative fee.

## ALVERNIA UNIVERSITY SCHEDULE OF BENEFITS

This Plan would satisfy the Gold Level– Actuarial Value 84.9%

Aggregate Maximum Benefit per Policy Year: Unlimited

ELIGIBLE EXPENSES	IN-NETWORK	OUT-OF-NETWORK
Deductible Amount per Policy Year	\$100	\$300
<p>Out-of-Pocket Limit per Policy Year:</p> <p>The Out-of-Pocket Limit is the maximum amount a Covered Person will pay for Eligible Expenses incurred during a Policy Year. The Out-of-Pocket Limit includes Deductibles, Co-payments and Coinsurance. The Out-of-Pocket Limit does not include charges in excess of Reasonable &amp; Customary; expenses incurred for prescription drugs outside a participating OptumRx pharmacy; charges in excess of any specified maximum; or charges incurred for any services not covered under the Policy.</p> <p>When this benefit becomes applicable to a Covered Person during a Policy Year, Eligible Expenses incurred in the remainder of that Policy Year will be payable at 100% up to any benefit maximum that may apply.</p>	\$6,350	\$12,700
INPATIENT BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Daily Room & Board Maximum – limited to the average semi-private rate (except if Intensive Care Unit)	80% of Allowable Charges	60% of Reasonable and Customary
<p>Miscellaneous Hospital Expense</p> <p>Includes expenses incurred for anesthesia and operating room; laboratory tests and x-rays, (including professional fees); oxygen tent; drugs, medicines (excluding take-home drugs), dressings; and other Medically Necessary and prescribed Hospital expenses.</p>	80% of Allowable Charges	60% of Reasonable and Customary
Maternity	Same as any other Sickness	Same as any other Sickness
Pre-Admission Testing (Hospital Confinement must occur within 3 days of the testing)	80% of Allowable Charges	60% of Reasonable and Customary
Physiotherapy, Occupational Therapy, Cardiac/Pulmonary Therapy during Hospital Confinement	80% of Allowable Charges	60% of Reasonable and Customary

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Surgical Expense When Injury or Sickness requires two or more surgical procedures which are performed through the same approach, and at the same time or immediate succession, the Company will pay full value for the primary procedure performed and 50% of the value for subsequent procedure performed.	80% of Allowable Charges	60% of Reasonable and Customary
Assistant Surgeon	80% of Allowable Charges	60% of Reasonable and Customary
Anesthetist	80% of Allowable Charges	60% of Reasonable and Customary
In-Hospital Doctor's Fees Expense (other than a Doctor who performed surgery on or administered anesthesia to the Covered Person), benefits are limited to one visit per day and not related to Physiotherapy.	80% of Allowable Charges	60% of Reasonable & Customary
Psychiatric Conditions Expense (serious mental illness/mental and nervous disorders)	Same as any other Sickness	Same as any other Sickness
Alcoholism and Substance Abuse Expense	Same as any other Sickness	Same as any other Sickness
<b>OUTPATIENT BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Surgical Expense When Injury or Sickness requires two or more surgical procedures which are performed through the same approach, and at the same time or immediate succession, the Company will pay full value for the primary procedure performed and 50% of the value for subsequent procedure performed.	80% of Allowable Charges	60% of Reasonable and Customary
Assistant Surgeon	80% of Allowable Charges	60% of Reasonable and Customary
Anesthetist	80% of Allowable Charges	60% of Reasonable and Customary
Day Surgery Facility/Miscellaneous When scheduled surgery is performed in a Hospital or outpatient facility, including the use of the operating room, laboratory tests and x-ray examinations (including professional fees), anesthesia, infusion therapy, drugs or medicines and supplies, therapeutic services (excluding Physiotherapy or take-home drugs and medicines).	80% of Allowable Charges	60% of Reasonable and Customary
Hospital Emergency Room and Non-Scheduled Surgery For use of Hospital Emergency Room, including attending Doctor's charges, operating room, lab and x-ray examinations, supplies	\$100 Copay per visit (Copay waived if Covered Person is admitted to Hospital as an inpatient) 80% of Allowable Charges	\$100 Copay per visit (Copay waived if Covered Person is admitted to Hospital as an inpatient) 80% of Reasonable and Customary
Preventive Services Please go to <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> to view a list of Preventive Services (as specified by the Patient Protection and Affordable Care Act).	100% of Allowable Charges, not subject to Deductibles or Copays	60% of Reasonable and Customary



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Allergy Testing and Serum	80% of Allowable Charges	60% of Reasonable and Customary
Laboratory and X-ray Examination (not otherwise covered under Preventive Services)	80% of Allowable Charges	60% of Reasonable and Customary
CAT Scan/MRI/PET Scan	80% of Allowable Charges	60% of Reasonable and Customary
Radiation Therapy and Chemotherapy	80% of Allowable Charges	60% of Reasonable and Customary
Durable Medical Equipment and Orthopedic Appliance	80% of Allowable Charges	60% of Reasonable and Customary
Orthopedic Braces and Appliances (Benefits are payable only upon Doctor's written prescription)	80% of Allowable Charges	60% of Reasonable and Customary
Diagnostic services and medical procedures performed by the Doctor (other than Doctor's visits, Physiotherapy, x-rays and lab procedures) (not otherwise covered under Preventative Services).	80% of Allowable Charges	60% of Reasonable and Customary
Respiratory Therapy	\$25 Co-pay per visit 80% of Allowable Charges	\$25 Co-pay per visit 60% of Reasonable and Customary
Prosthetic Appliances and Device	80% of Allowable Charges	60% of Reasonable and Customary
Rehabilitative Services (Physiotherapy, occupational therapy, chiropractic, cardiac/pulmonary)	80% of Allowable Charges	60% of Reasonable and Customary
Habilitative Services (Physiotherapy, occupational therapy, chiropractic, cardiac/pulmonary)	80% of Allowable Charges	60% of Reasonable and Customary
Speech Therapy	80% of Allowable Charges	60% of Reasonable and Customary
Dialysis and Filtration Procedures	\$25 Co-pay per visit 80% of Allowable Charges	\$25 Co-pay per visit 60% of Reasonable and Customary
Intravenous Home Therapy	80% of Allowable Charges	60% of Reasonable and Customary
Infertility Services	\$50 Co-pay per visit 80% of Allowable Charges	\$50 Co-pay per visit 60% of Reasonable and Customary

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<p>Out of Hospital Doctor's Fees Expense                  Doctor (other than Specialist) / Specialist*                  Benefits are limited to one visit per day.                  *Specialist – a Doctor whose practice is limited to a particular branch of medicine.                  Benefits do not apply when related to surgery or Physiotherapy.                  Includes infusion therapy; and benefit for nutritional counseling.</p>	80% of Allowable Charges	60% of Reasonable and Customary
Ambulance Expense	80% of Allowable Charges	80% of Reasonable and Customary

**PEDIATRIC DENTAL TREATMENT EXPENSE (For Covered Persons under age 19 only)**

Covered Percentage:

For Diagnostic and Preventive Services.....	100% of Reasonable and Customary
For Basic Services.....	80% of Reasonable and Customary
For Primary/Major Services .....	50% of Reasonable and Customary
For Orthodontics.....	50% of Reasonable and Customary
For Major Restorative (crowns, bridges, partial and full dentures).....	50% of Reasonable and Customary

Co-pay Amount per Visit.....\$25

**For details, see the Policy on file with the Policyholder.**

<p>Prescribed Medicines Expense (this benefit is not subject to the Deductible Amount).                  Each prescription or refill is limited to 30-day supply. <b>This benefit applies to all prescribed FDA-approved birth control methods.</b> The Copays and Deductible do not apply to prescribed FDA-approved birth control.</p>	<p>Prescriptions must be filled at OptumRx participating pharmacies:                  Subject to the following Copays per prescription or refill:                  Generic - \$15;                  Formulary Brand Name - \$40                  Non-Formulary Brand Drug - \$100                  Specialty Brand Drug - \$200</p>	
<p>Psychiatric Conditions Expense                  (serious mental illness/mental and nervous disorders)</p>	<p>Same as any other Sickness</p>	<p>Same as any other Sickness</p>
<p>Alcoholism and Substance Abuse Expense</p>	<p>Same as any other Sickness</p>	<p>Same as any other Sickness</p>
<p>Vision Care Expense (for Covered Persons age 19 &amp; older)                  Benefits include a vision exam (one per Policy Year) and materials (one pair of standard plastic lenses and frames per Policy Year)</p>	<p>60% of Reasonable and Customary</p>	

**PEDIATRIC VISION CARE EXPENSE (for Covered Persons under age 19 only)**

Co-pay per visit:

Examination.....\$25

Covered Percentage.....80% of Reasonable & Customary

Standard Plastic Lenses:

Maximum Amount:

Single vision.....\$50

Bifocal.....\$50

Trifocal.....\$50

Lenticular.....\$50

Progressive.....\$50

Frames.....\$100

Contact Lenses (In lieu of eyeglass lenses and frames)

Fit, Follow-up & Materials:

Effective.....\$50

Medically Necessary.....\$50

Benefits include a vision exam (one per Policy Year) and materials (one pair of standard plastic lenses and frames per Policy Year)

Home Health Care Expense	80% of Allowable Charges	60% of Reasonable and Customary
Hospice Care Expense	80% of Allowable Charges	60% of Reasonable and Customary
Urgent Care Expense	80% of Allowable Charges	60% of Reasonable and Customary
Skilled Nursing Facility Expense	80% of Allowable Charges	60% of Reasonable and Customary

## REPATRIATION OF REMAINS AND MEDICAL EVACUATION

### REPATRIATION OF REMAINS - Maximum Amount - \$1,000,000

If a Covered Person suffers loss of life due to Injury or emergency Sickness while outside his or her home country, the Company will pay, subject to the Policy limitations, for Eligible Expenses reasonably incurred to return his or her body to his or her current place of primary residence, but not exceeding the Maximum Amount. Eligible Expenses include, but are not limited to: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

**Travel Guard must make all arrangements and must authorize all expenses in advance for this benefit to be payable.** The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact Travel Guard in advance. Please see page 14 for a description of the Travel Guard services and for procedures on how to contact Travel Guard.

In no event will the Maximum Amount payable for Repatriation of Remains exceed \$1,000,000 when combined with the amount paid for Medical Evacuation Expense Benefit.

### MEDICAL EVACUATION - Maximum Amount - \$1,000,000

The Company will pay, subject to the Policy limitations, for eligible Medical Evacuation Expenses reasonably incurred if the Covered Person suffers an Injury or emergency Sickness that warrants his or her Medical Evacuation while outside his or her home country, but not exceeding the Maximum Amount per Covered Person for all Medical Evacuations due to all Injuries from the same Accident or all emergency Sicknesses from the same or related causes.

**Travel Guard must make all arrangements and must authorize all expenses in advance for any Medical Evacuation benefits to be payable.** The Company reserves the right to determine the benefits payable, including reductions, if it is not reasonably possible to contact Travel Guard in advance. Benefits will be considered only after the Covered Person has been Hospital confined for at least 5 consecutive days prior to Medical Evacuation. Please see page 14 for a description of the Travel Guard services and for procedures on how to contact Travel Guard.

In no event will the Maximum Amount payable for Medical Evacuation exceed \$1,000,000 when combined with the amount paid for Repatriation of Remains Benefit.



## ACCIDENTAL DEATH & DISMEMBERMENT

The Company will pay the benefit below for Injuries to a Covered Person: (a) caused by an Accident which happens while covered by the Policy; and (b) which directly, and from no other cause, result in any of the losses listed below within 365 days of the Accident that caused the Injury. This does not apply to loss of life.

For Loss of .....	Maximum Amount
Life .....	\$5,000
Both Hands or Both Feet.....	\$5,000
Sight of Both Eyes.....	\$5,000
One Hand and One Foot.....	\$5,000
One Hand and the Sight of One Eye .....	\$5,000
One Foot and the Sight of One Eye .....	\$5,000
One Hand or One Foot.....	\$2,500
The Sight of One Eye .....	\$2,500

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means the total, irrevocable loss of the entire sight in that eye. "Severance" means the complete separation and dismemberment of the part from the body.

If a Covered Person suffers more than one loss as a result of the same Accident, the Company will pay only for the loss with the largest benefit. The exclusions below are in addition to the Plan Exclusions listed on pages 9-10.

No benefits will be payable for any loss caused by:

- (a) voluntary gas inhalation or poison voluntarily taken, administered or inhaled;
- (b) Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
- (c) Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of an underlying Sickness, disease or condition;
- (d) bacterial infection except when introduced through a visible wound caused by an Accident;
- (e) hernia of any kind;
- (f) accidental ingestion of contaminated substance;
- (g) medical or surgical treatment, except for a loss that results directly from a surgical operation made necessary by an Injury which is the result of an Accident and is performed within three (3) months of the Accident; or
- (h) Covered Person being intoxicated or under the influence of any controlled substance unless administered on the advice of a Doctor.

## STATE MANDATED BENEFITS

The Plan also covers all applicable mandated benefits as required by the State of Pennsylvania. For details, see the Policy on file within your student account at [www.studentinsurance.com/Apps/Schools/Default.aspx?Id=571](http://www.studentinsurance.com/Apps/Schools/Default.aspx?Id=571).

## COORDINATION OF BENEFITS PROVISION

The Plan will coordinate benefits with other health carriers when duplicate coverage exists. Total payment from this coverage and other health coverages under which the Covered Person is enrolled shall not exceed 100% of the cost of the covered services.

## PLAN EXCLUSIONS

The Policy does not cover nor provide benefits for loss or expenses incurred:

- 1. as a result of dental treatment, except as provided elsewhere in the Policy. This exclusion does not apply to Essential Health Benefits mandated by the Patient Protection and Affordable Care Act.
- 2. for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder.
- 3. for eye examinations, eyeglasses, contact lenses, or prescription for such except as specifically provided under Vision Care Expense and Pediatric Care Expense; hearing aids. This exclusion does not apply to Essential Health Benefits as mandated by the Patient Protection and Affordable Care Act.

4. for hearing examinations except as specifically provided or hearing aids except as specifically provided; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process. This exclusion does not apply to Preventative Services mandated by the Patient Protection and Affordable Care Act.
5. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline maintaining regular published schedules on a regularly established route.
6. for Injury or Sickness resulting from war or act of war, declared or undeclared.
7. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
8. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
9. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. for cosmetic surgery except as required to correct an Injury for which benefits are otherwise payable under the Policy or as specifically provided for in the Policy. "Cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part. It also shall not include breast reconstructive surgery after a mastectomy.
11. for injuries sustained as a result of a motor vehicle Accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
12. as a result of committing or attempting to commit an assault or felony or participation in a felony, riot, illegal occupation, insurrection or civil commotion.
13. for Elective Treatment or elective surgery; elective abortions; unless otherwise provided in the Policy.
14. for any services rendered by a Covered Person's Immediate Family Member.
15. for any treatment, service or supply which is not Medically Necessary.
16. as a result of suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury
17. for loss due to voluntary use of any drug, narcotic or controlled substance, unless prescribed by a Doctor. This exclusion does not apply to Essential Health Benefits mandated by the Patient Protection and Affordable Care Act.
18. for surgery and/or treatment of: infertility(male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; except that coverage for diagnosis and treatment of a correctable medical condition otherwise covered under the Policy that results in infertility will not be excluded. This exclusion does not apply to Essential Health Benefits mandated by the Patient Protection and Affordable Care Act.
19. for routine physical examinations, health examinations or preschool physical examinations, except as specifically provided for in the Policy. This exclusion does not apply to Preventive Benefits mandated by the Patient Protection and Affordable Care Act.
20. for sterilization except as specifically provided or sterilization reversal, including surgical procedures and devices; or for birth control except prescription contraceptives drugs and devices.
21. for Injury resulting from travel in, or upon a snowmobile, ATV (all terrain or similar type two or three-wheeled vehicle or bungee jumping.
22. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from intercollegiate, professional and semi-professional sports; hang gliding; parasailing; sky diving; glider flying; sail planing; or parachuting.
23. for rest cures or custodial care.
24. for Injury resulting from fighting, except in self-defense.
25. for breast reconstruction and implantation or removal of breast prostheses unless such care and services are performed solely and directly as a result of a Medically Necessary mastectomy.
26. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational.
27. for treatment, service or supply for which a charge would not have been made in the absence of insurance.

## DEFINITIONS

**"Accident"** means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

**"Act"** means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

**"Actual Charge"** means the charge for the covered service by the provider who furnishes it.

**"Allowable Charges"** means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

**"Complications of Pregnancy"** means conditions which require Hospital stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are:

- acute nephritis or nephrosis; or
- eclampsia; puerperal infection; or
- RH Factor problems; or
- severe loss of blood requiring transfusion; or
- cardiac decompensation or missed abortion; or
- similar conditions as severe as these.

Not included are (a) false labor, occasional spotting or Doctor prescribed rest during the period of pregnancy; (b) morning sickness; (c) hyperemesis gravidarum and pre-eclampsia; and (d) similar conditions not medically distinct from a difficult pregnancy. Complications of Pregnancy also include:

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

Delivery by cesarean section is considered a Complication of Pregnancy if the cesarean section is non-elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if the cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the child or mother.

**"Coinsurance"** means the percentage of the Eligible Expense payable by the Covered Person under the Policy.

**"Co-pay"** means the initial dollar amount payable by the Covered Person for an Eligible Expense at the time service is rendered.

**"Covered Percentage"** means the percentage of the Eligible Expense that is payable as a benefit under the Plan.

**"Covered Person"** means a Covered Student insured under the Plan.

**"Covered Student"** means a student of the Policyholder who is insured under the Plan.

**"Deductible/Deductible Amount"** means the dollar amount of Eligible Expenses a Covered Person must pay during each Policy Year before benefits become payable.

**"Doctor"** as used herein means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term "Doctor" does not include a Covered Person's Immediate Family Member.

**"Durable Medical Equipment"** consists of, but is not restricted to, the initial fitting and purchase of braces, trusses and crutches, renal dialysis equipment, hospital-type beds, traction equipment, wheelchairs and walkers. Durable Medical Equipment must be prescribed by the attending Doctor and be required for therapeutic use.

The following items are not considered to be Durable Medical Equipment: adjustments to vehicles, air conditioners, dehumidifiers and humidifiers, elevators and stair glides, exercise equipment, handrails, improvements made to a home or place of business, ramps, telephones, whirlpool baths, and other equipment which has both a non-therapeutic and therapeutic use.

**"Elective Treatment"** means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person's effective date of coverage.

Elective treatment includes, but is not limited to: vasectomy; breast reduction unless as a result of mastectomy; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; botox injections.

**"Eligible Expense"** as used herein means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury that is: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) with respect to the Preferred Provider, is the Allowable Charge; (d) is the negotiated rate, if any and (d) incurred while the Policy is in force as to the Covered Person.

**"Emergency Medical Condition"** means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care could reasonably be expected to result in any of the following: (a) the Covered Person's life could be in serious jeopardy; (b) bodily functions would be seriously impaired; (c) a body organ or part would be seriously damaged; (d) serious disfigurement; or (e) serious jeopardy to the health of the fetus.

**"Emergency Services"** means, with respect to an Emergency Medical Condition: (a) a medical screening examination (as required under section 1867 of the Social Security Act, 42, U.S.C. 1395dd) that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate such Emergency Medical Condition; and (b) such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the Hospital, as are required under section 1867 of the Social Security Act (42 U.S.C. 1395dd(e)(3)).

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

**"Essential Health Benefits"** has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

**"Experimental/Investigational"** means a drug, device or medical care or treatment that meets the following:

- (a) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- (b) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law;
- (c) the drug, device, medical care or treatment or the patient's informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval;
- (d) reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or
- (e) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with standard means of treatment or diagnosis.

Reliable evidence means: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device, medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device, medical care or treatment at the time the Expense is incurred.

**"Habilitative Services"** means Medically Necessary health care services and health care devices that assist a Covered Person in partially or fully acquiring or improving skills and functioning and that are necessary to address a health condition, to the maximum extent practical. These services address the skills and abilities needed for functioning in interaction with a Covered Person's environment. Examples of health care services that are not Habilitative Services include, but are not limited to, respite care, day care, recreational care, residential treatment, social services, custodial care, or education services of any kind, including, but not limited to, vocational training.

**"Hospital"** means a facility which meets all of these tests: (a) it provides in-patient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations or American Osteopathic Association. Hospital does not include a place run mainly: (a) as a convalescent home; (b) as a nursing or rest home; (c) as a place for custodial or educational care; or (d) as an institution mainly rendering treatment or services for: mental or nervous disorders; or substance abuse. The term "Hospital" includes: (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

**"Hospital Confinement/Hospital Confined"** means a stay of at least 18 consecutive hours or for which a room and board charge is made.

**"Immediate Family Member(s)"** means a person who is related to the Covered Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**"Injury"** means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; and (b) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

**"Intensive Care Unit"** means a designated ward, unit or area within a Hospital for which a specified extra daily surcharge is made and which is staffed and equipped to provide, on a continuous basis, specialized or intensive care or services not regularly provided within such Hospital.

**"Medical Necessity/Medically Necessary"** means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided. A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the Covered Person or provider; or (b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or (c) it exceeds (in scope, duration, or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or (d) it is Experimental/Investigational or for research purposes; or (e) could have omitted without adversely affecting the patient's condition or the quality of medical care; or (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment. The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

**"One Sickness"** means a Sickness and all recurrences and related conditions which are sustained by a Covered Person.

**"Orthopedic Brace and Appliance"** means a supportive device or appliance used to treat a Sickness or Injury.

**"Physiotherapy"** means any form of the following administered by a Doctor for treatment of Sickness or Injury: physical or mechanical; diathermy; ultra-sonic therapy; heat treatment in any form; or manipulation or massage.

**"Policy Year"** means the period of time measured from the Effective date to the Termination Date as shown in the Schedule of Benefits in the Policy on file with the Policyholder.

**"Pre-Admission Testing"** means diagnostic tests and services ordered by the attending Doctor as appropriately related to the care and treatment of the Covered Person's condition in anticipation of a scheduled Hospital Confinement and required prior to surgery; a Hospital bed and operating room have been reserved before the tests are made; Hospital Confinement begins within 3 days after the tests; and the Covered Person is physically present for the tests. In the event pre-admission testing is ordered by the attending Doctor and the Hospital Confinement and/or surgery are subsequently canceled, benefits for pre-admission testing and services already performed will be covered and benefits will be payable under the Policy based on the available coverage.

**"Preventive Services"** mandated by the Patient Protection and Affordable Care Act and, in addition to any other preventive benefits described in the Policy or Certificate, means the following services and without the imposition of any cost-sharing requirements, such as deductibles, copayment amounts or coinsurance amounts to any Covered Person receiving any of the following:

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, except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009;
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 Covered Person involved;
3. With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
4. With respect to women, such additional preventive care and screenings, not described in paragraph 1 above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

The Company shall update new recommendations to the preventive benefits listed above at the schedule established by the Secretary of Health and Human Services.

**"Reasonable and Customary"** means the charge, fee or expense which is the smallest of: (a) the Actual Charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing. "Geographic area" means the three digit zip code in which the services, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date shown in the Schedule of Benefits in the Policy on file with the Policyholder.

**"Sickness"** means disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes Complications of Pregnancy. All Sicknesses due to the same or a related cause are considered One Sickness.



## TRAVEL GUARD®

### Description of Travel Assistance Services for Students

Wherever your travels may take you, in the event of a medical emergency or unexpected travel problem, Travel Guard is never more than a phone call away. Our state-of-the-art service centers deliver global service 24 hours a day, 7 days a week, 365 days a year.

### How to contact Travel Guard:

Inside the United States and Canada, dial toll-free +1-877-249-5362

Outside the U.S. and Canada:

- Request an international operator.
- Request the operator to place a collect call to the U.S. at +1-715-295-9625.

Email us at [assistance@aig.com](mailto:assistance@aig.com)

### When to contact Travel Guard:

- If you require medical assistance or have a medical emergency.
- If you need assistance with a non-medical situation such as lost luggage, lost documents or other travel issues.

### Helpful information to have available when you call Travel Guard:

- Policy number or school name
- Nature of your call and/or emergency
- Current location
- Contact phone number and email address
- Secondary point of contact
- Date of birth

### Travel Medical Assistance

From physician referrals to coordinating medical evacuations, we help traveling students address their medical needs with expediency and expert care:

- Coordinate medical evacuation arrangements
- Physician/hospital/dental/vision care referral details, when medical attention is required including assistance with appointments
- Coordination of repatriation arrangements for the return of mortal remains in accordance with local governmental procedures
- Assistance with emergency prescription replacement while abroad
- Dispatch of doctor or specialist
- In-patient and out-patient medical case management
- Arrangements of visitor to bedside of hospitalized insured
- Eyeglasses and corrective lens replacement assistance

### General Travel Assistance

Flight delays, inclement weather, lost or stolen luggage and other travel hassles are an unfortunate reality of travel today. We keep traveling students on the move with a variety of travel assistance services:

- Lost or stolen documents assistance
- Embassy and consulate information and referrals
- Lost baggage search and luggage replacement assistance
- Emergency language interpretation and translation services
- Emergency return travel arrangements
- Flight and hotel re-bookings
- Immunization, visa and passport information
- Guaranteed hotel check-in
- Travel delay reports
- Emergency cash transfer assistance
- Legal referrals/bail bond assistance
- Foreign exchange, ATM and weather information
- Worldwide public holiday information
- Urgent message relay to family, friends or university associates



## Travel Concierge Services

Whether it is finding local restaurants or concert tickets, our Concierge Desk is a direct line to a team of professional and personal assistants available to help your travels be more effective:

- Referrals for counselling services
- Restaurant or local activity assistance Recommendations for spring break
- Moving coordination assistance
- Locate laundry facilities, post offices or bus schedules
- Recommend local car maintenance assistance
- Concert and event ticketing
- Electronic and wireless device assistance
- Movie and theatre information and ticketing
- Assistance with locating low fuel prices
- Assistance with finding places to purchase room supplies
- Locating retail stores (including shopping, coffee shops with free wireless internet access)

## Travel Assistance Website and Mobile App

You can access our secure website, an online resource to stay a step ahead with the latest travel, security and health information. Whether it's prior to travel, during the trip, or after the return home, our members-only assistance website provides student travelers access to in-depth travel, health and security information. You can connect to the travel assistance website from your computer, smartphone or tablet 24/7/365. Please visit [www.aig.com/us/travelguardassistance.com](http://www.aig.com/us/travelguardassistance.com) for more information about the website and mobile app.

- Email alerts contain security developments, such as terror attacks, major strikes, disasters or disruptions and government warnings that may affect your travel destination(s) and specific travel dates.
- Country reports provide key information on political conditions, security issues, travel logistics and cultural considerations.
- The Travel Health section educates travelers on health-related concerns, precautions and requirements for destinations and ability to create personal travel health profiles.
- The Medical Translations tool translates medical terms and phrases into multiple languages.
- The Drug Brand Equivalency tool generates drug brand names and their equivalent names in multiple countries.
- Security Awareness Training provides online travel safety videos and knowledge tests provide basic tools and information to be an aware, organized and prepared traveler.

### About AIG Travel and Travel Guard®

AIG Travel, Inc., a member of American International Group, Inc., is a worldwide leader in travel insurance solutions and assistance. Travel Guard® is the marketing name for its portfolio of travel insurance solutions and travel-related services, including assistance and security services, marketed to both leisure and business travelers around the globe. Services are provided through a network of wholly owned service centers located in Asia, Europe and the Americas. For additional information, please visit our websites at [www.aig.com/travel](http://www.aig.com/travel) and [www.travelguard.com](http://www.travelguard.com).

## CLAIMS PROCEDURES

### **In the event of Injury or Sickness, the Covered Person should:**

1. Provide written notice of any claim to Consolidated Health Plans (at the address below) within 90 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonable possible. To submit the claim form, the Covered Student can go to [www.studentinsurance.com](http://www.studentinsurance.com), log into his or her account, click on 'student options'. Claim forms may be submitted online or by mailing claim form and all itemized medical bills to:

Consolidated Health Plans  
2077 Roosevelt Avenue  
Springfield, MA 01104

2. Be sure that the Provider photocopies the Covered Person's insurance card in the event that a PPO provider submits the Covered Person's claim(s).
3. Retain one copy of all claims information submitted for his or her records. PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE (Hospital, Doctor), UNLESS A PAID RECEIPT ACCOMPANIES THE BILL AT THE TIME THE CLAIM IS SUBMITTED.
4. Direct all questions regarding benefits available under the Plan, claim procedures, status of a submitted claim or payment of a claim to Consolidated Health Plans at 877-657-5030. Online claim status is available at [www.studentinsurance.com/Apps/Schools/Default.aspx?Id=571](http://www.studentinsurance.com/Apps/Schools/Default.aspx?Id=571), by logging into your account and clicking on 'claims'.

**NOTE: Appeal and grievance procedures are included in the Policy on file with the Policyholder.**

Claims can be accepted directly from Doctors and medical facilities if the claim includes the name of the Covered Person, Covered Student's school name, date of services, diagnosis, treatment procedure and billed charges. Proof of loss must be furnished to the Company within 90 days after the date of such loss.

Doctors and medical facilities may submit claims online at [www.studentinsurance.com/Apps/Schools/Default.aspx?Id=571](http://www.studentinsurance.com/Apps/Schools/Default.aspx?Id=571) or may fill in the necessary information and mail all itemized medical and Hospital bills to the following address:

**Consolidated Health Plans (EDI # 87843)**

**2077 Roosevelt Ave.**

**Springfield, MA 01104**

Questions regarding benefits, specific claim information and periods of coverage should be directed to the address above or to the following Customer Service number: (877) 657-5030

## CLAIMS ADDRESS

Consolidated Health Plans

2077 Roosevelt Avenue

Springfield, MA 01104

## CLAIMS QUESTIONS

Consolidated Health Plans

877-657-5030

[customerservice@chpemail.com](mailto:customerservice@chpemail.com)

## SCHOOL BROKER

USI Affinity Collegiate Insurance Resources

3070 Riverside Dr.

Columbus, OH 43221

Phone: 1-800-322-9901

Website: [www.cirstudenthealth.com/alvernia](http://www.cirstudenthealth.com/alvernia)

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HES-29803-16