

Kendall College of Culinary and Hospitality at National Louis University **STUDENT HEALTH INSURANCE PLAN**



1886

**NATIONAL
LOUIS
UNIVERSITY**

2019-2020

Chicago, Illinois
Policy # 2019KIA56

IMPORTANT INFORMATION: Keep this brochure as a summary of the Insurance. No individual Certificates will be sent. If any discrepancies exist between the brochure and the Policy, the Policy on file with the school governs the payment.

Underwritten by
National Guardian Life Insurance Company
As Policy Form No: NBH-280 (2018) PPO IL

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

19-KIA56(Bro.)

Dear Student:
Kendall College of Culinary and Hospitality at National Louis University is always concerned with the health and welfare of its students. We know the high cost of medical care in the U.S. and how it could cause devastating financial consequences that could force a student to discontinue their education. For the 2019-2020 school year, all registered culinary and hospitality students taking 6 or more credit hours are automatically enrolled in the Blanket Accident and Health Insurance plan unless proof of comparable coverage is received prior to the waiver deadline.

ELIGIBILITY

All students taking 6 or more credit hours, attending Kendall College of Culinary and Hospitality at National Louis University, are automatically included in this insurance plan and the premium for coverage is added to the tuition billing unless proof of comparable coverage is furnished prior to the waiver deadline. This includes all dormitory students. Online courses do not count towards meeting eligibility requirements. The Plan provides benefits for eligible Covered Expenses incurred for Injury or Sickness as provided by the Master Policy. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that Policy eligibility requirements have not been met, the Company's only obligation is a refund of premium less any claims paid. Eligibility requirements must be met each time a premium payment is made.

Students may secure family coverage only at the same time they are enrolled. Eligible dependents are the spouse and the Insured Student's children under 26 years of age. Newborn children are covered for injury or sickness from birth until 31 days old. Coverage may be continued for that child when we are notified in writing within 31 days from the date of birth and the required premium is paid.

TERMS OF COVERAGE

The Policy for the current year becomes effective at 12:01 am on September 16, 2019, or the date of enrollment, whichever is later, and expires at 12:01 am on September 16, 2020. For Winter quarter enrollees the effective date is January 7, 2020. For Spring quarter enrollees, the effective date is April 8, 2020. For Summer quarter enrollees, the

effective date is June 30, 2020. Coverage remains in effect during holiday and vacation periods. Should You graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid.

WAIVER DEADLINE

If you have proof of comparable insurance and wish to waive coverage, the deadline to waive out of this plan is September 20, 2019, or during actual registration. All waiver forms must be returned to Kendall College of Culinary and Hospitality at National Louis University or the charge will remain on your student bill. For students beginning their studies in the Winter, the deadline is January 17, 2020. For students beginning their studies in the Spring, the deadline is April 10, 2020. For students beginning their studies in the Summer, the deadline is July 3, 2020.

EFFECTIVE DATE

Insurance under the Policy will become effective on the later of:

1. The Policy effective date;
2. The beginning date of the term for which premium has been paid;
3. The day after the Enrollment Form (if applicable) and premium payment is received by the Company, its authorized agent or the School;
4. The day after the date of postmark if the Enrollment Form is mailed.

Dependent's coverage, under the Voluntary Participation Basis, becomes effective on the later of:

1. The day after the date of postmark when the Enrollment Form is mailed; or
2. The beginning date of the term for which premium has been paid; or
3. The day after the date the required individual Enrollment Form and premium payment are received by Us or Our authorized agent. This applies only when premium payment is made within 31 days of the student's enrollment in the School's insurance plan; or
4. The Policy effective date.

The last date for enrollment is shown in the Insurance Information Schedule. The Enrollment Period will run from the start of the quarter or semester for which coverage is desired.

The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company. These value added services are provided by On Call International.

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 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.

TERMINATION DATE OF INSURANCE

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

REFUND OF PREMIUM

Premiums received by Us are fully earned upon receipt. Refund of premium will be considered only for Insured Persons entering the Armed Forces of any country. Such persons will not be covered under the Policy as of the date of his/her entry into the service. A pro rata refund of premium will be made for such person upon written request received by Us within ninety (90) days of withdrawal from school.

No other refunds will be allowed.

NETWORK PROVIDERS

This student health insurance plan provides access to hospitals and health care providers through the PHCS (MultiPlan) Network. You are not required to use a Network Provider. However, the advantage to using a Network Provider is that Network Providers have agreed to accept as payment for their services a negotiated fee or PPO Allowance. Non-Network Providers have not agreed to a PPO Allowance and consequently your out-of-pocket costs may be greater. Students should be aware that Network Hospitals may be staffed with Non-Network Providers. Receiving services or care from a Non-Network Provider at a Network Hospital means that those charges will not be paid at the Network Provider level of benefits. It is important that the Insured Student verify that his or her Doctors are Network Providers when calling for an appointment or at the time of service. The most efficient and accurate way to identify Network Providers is to call PHCS (MultiPlan) toll-free at 1-800-922-4362, or search providers on their website at <https://www.phcs.com>.

PRESCRIPTION DRUG COVERAGE

After a copayment of \$10 for a generic drug or \$20 for a brand name drug (per prescription), the cost of prescription drugs is payable in full. Prescriptions must be filled at OPTUM Participating Pharmacy. Insured Persons will be given an insurance ID card to show to the Pharmacy as proof of coverage. If you need to have a prescription filled prior to receipt of your insurance ID card, go to any pharmacy, pay for the medication in full and save the receipt. Your insurance ID card will include instructions on how to file for reimbursement. Reimbursement will be at the OPTUM contracted discount rate and will be less than the rate charged by the pharmacy. Not all medications are covered. After you receive your insurance ID card, no claim forms need to be completed. Please contact OPTUM for assistance with pharmacy locations and a list of covered medications and exclusions. The toll free phone number and some areas of the website are effective for enrolled members only.

Toll-Free Phone800-248-1062
Websitewww.optumrx.com

OUT-OF-POCKET MAXIMUM

After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any benefit maximums that may apply. Separate Out-of-Pocket Maximums apply to Preferred Provider and Out-of-Network benefits. Services that are not covered medical expenses do not count toward meeting the Out-of-Pocket Maximum. Even when the Out-of-Pocket Maximum has been satisfied, the Insured Person will still be responsible for Copays and per service Deductibles. The Out-of-Pocket limit is the most you could pay during the Policy Year for your share of the cost of covered services. This limit helps you plan for health care expenses.

DEFINITIONS

Accident means a sudden, unforeseeable event that causes Injury to an Insured Person. The Accident must occur while coverage is in effect for the Insured Person.

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, and similar conditions not medically distinct from a difficult pregnancy.

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

Co-payment 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.

Covered Injury means a bodily injury that is:

1. Sustained by an Insured Person while he/she is insured under the Policy or the School's prior policies; and
2. Caused by an Accident.

Coverage under the School's policies must have remained continuously in force:

1. From the date of Injury; and
2. Until the date services or supplies are received, for them to be considered as a Covered Medical Expense under the Policy.

Covered Medical Expense means those charges that are:

1. Not in excess of the PPO Allowance for any Medically Necessary treatment, service, or supplies that are received from Network Providers;
2. Not in excess of the Usual and Reasonable charges for any Medically Necessary treatment, service, or supplies are received from Non-Network providers;
3. Not in excess of the charges that would have been made in the absence of this insurance;
4. 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 Use 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.

Dependent means:

1. An Insured Student's lawful spouse or lawful domestic partner or civil union partner. A domestic partnership or civil union partnership may be between a same sex or different sex couple. The partnership is subject to all of the obligations, protections, and legal rights that Illinois provides to married heterosexual couples;
2. An Insured Student's dependent biological or adopted child or stepchild under age 26; and
3. An Insured Student's unmarried biological or adopted child or stepchild who has reached age 26 and who is:
 - a. primarily dependent upon the Insured Student for support and maintenance; and
 - b. incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap.

Proof of the child's incapacity or dependency must be furnished to Us for an already enrolled child who reaches the age limitation, or when a Insured Student enrolls a new disabled child under the plan.

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 Treatment includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, preventive medicines or vaccines except when required for the treatment of Covered Injury or Covered Sickness to the extent coverage is not required by state or federal law. Elective Surgery includes, but is not limited to, circumcision (except if medically necessary), tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, submucous resection and/or other surgical correction for a

to have Our decision reviewed by an independent review organization not associated with Us.

We must provide you with certain written information, including the specific reason for Our decision and a description of Your appeal rights and procedures, every time We make a determination to deny, reduce or terminate the provision of or payment for health care services requested or received under Your Policy.

IMPORTANT NOTE ABOUT YOUR BENEFITS

Should state law and/or federal law require certain benefits to be included in the Master Policy that are not included in this brochure, such benefits shall be deemed to be included in this brochure to the extent necessary to satisfy the minimum requirements of such law. For more information about your benefits, please read the Summary of Benefits and Coverages available at www.1stAgency.com and the Glossary of Terms available at www.cciio.cms.gov, or you may request a copy by calling (269) 381-6630.

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to Kendall College. Any discrepancy between this brochure and the Master Policy will be governed by the Master Policy.

**For a copy of the
Company's privacy notice you may:
go to www.studentplanscenter.com/privacy/NGLIC
or
Request one from the Servicing Agent,
First Agency, a Gallagher Company
or
Request one from:
National Guardian Life Insurance Company
Student Insurance Division
Commercial Travelers Building
c/o Privacy Officer
70 Genesee Street • Utica, NY 13502
(Please indicate the school you attend with your
written request.)**

20. 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).

21. treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Policy definition of same.

22. 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.

23. act of terrorism.

COORDINATION OF BENEFITS (COB)

The Policy contains a coordination of benefits provision. It will coordinate benefits with any other valid and collectible insurance a student may have, including HMO's and PPO's.

HOW TO FILE A CLAIM IN THE EVENT OF INJURY OR SICKNESS

In the event of an Accident or Sickness the Student should: If on or off campus, secure treatment at the nearest hospital or care provider. Send claim form along with itemized hospital and medical bills to the Claims Administrator at the address below. Written notice of Injury or Sickness upon which claim may be based must be provided to Claims Administrator within 90 days of the date of commencement of the first loss for which benefits arising out of each Injury or Sickness may be claimed, or

as soon thereafter as is reasonably possible. Bills for which benefit is to be paid must be submitted within 90 days of the treatment.

To check the status of a claim online, obtain claim forms and instructions on claim procedures, visit www.studentplanscenter.com.

CLAIMS ADMINISTRATOR

Send all claims to:

**National Guardian Life Insurance Company
Student Insurance Division
Commercial Travelers Building**

70 Genesee Street
Utica, NY 13502
(800) 756-3702

or

Send by email to:
CTclaims@nglic.com

or

Electronic Claim Payor ID 88091

PLAN ADMINISTRATOR

First Agency, A Gallagher Company

5071 West H Ave.

Kalamazoo, MI 49009-8501

1-800-243-6298

www.1stAgency.com

Only the above office is authorized to accept and process your completed enrollment card; do not send them elsewhere. No refunds are made except as provided for in the Master Policy.

This is non-renewable one year term policy. It is the insured's responsibility to maintain continuity of coverage.

RIGHT TO APPEAL

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 Your Policy. When We have denied, reduced, or terminated a requested service or payment for a service covered by Your Policy based on a judgment as to the medical necessity, appropriateness, health care setting, level of care, or effectiveness of the health care service, You have the right

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

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

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

Hospital means an institution that:

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

Hospital does not include the following:

1. Convalescent homes or convalescent, rest or nursing facilities;
2. Facilities primarily affording custodial, educational, or rehabilitative care; or
3. Facilities for the aged.

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 an Insured Student or dependent of an Insured Student while insured under the Policy.

Mental Health Disorder means a condition or disorder 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.

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.

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

Physician means a:

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

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 means 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 and psychiatric nurses to the same extent that their services would be covered if performed by a Physician.

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

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

SCHEDULE OF BENEFITS

We will pay benefits for Covered Medical Expenses that are incurred by the Insured Person for Loss due to Covered Injury or Covered Sickness. Essential Health Benefits payable are subject to any specified deductibles, coinsurance or copayments.

	IN-NETWORK	NON-NETWORK
Maximum Benefit	Unlimited Plan Maximum	
Preventive Services*	100% of usual and reasonable charge	70% of Usual and Reasonable charge
Deductible	\$50 per Individual per Policy Year	\$50 per Individual per Policy Year
Coinsurance	90% of PPO Allowance	70% of Usual & Reasonable
Out-of-Pocket Maximum	\$6,350 Individual / \$12,700 Family	\$6,350 Individual / \$12,700 Family

BENEFITS PER COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
Inpatient Benefits		
Hospital Room & Board Expenses	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Hospital Intensive Care Unit Expense - in lieu of normal Hospital Room & Board Expenses	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
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 PPO Allowance stated above	The Usual and Reasonable Charge stated above
Preadmission Testing	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Physician's Visits while Confined	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Inpatient Surgery:		
Surgeon Services	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Anesthetist	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Assistant Surgeon	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Registered Nurse Services for private duty nursing while confined	The PPO Allowance stated above	The Usual and Reasonable Charge stated above

2. Supply that is identical or substantially equivalent.
We, Us, or Our means National Guardian Life Insurance Company or its authorized agent.

MANDATED BENEFITS

Mandated benefits as required by the state in which the Policy is issued include, but are not limited to: Habilitative Services for Children, Human Papillomavirus Vaccine Benefit, Shingles Vaccine For Insured age 60 or older, Infertility Treatment, Post-Mastectomy Care, Reconstructive Breast Surgery, Routine Care During Clinical Cancer Trials Benefit, Amino Acid-based Elemental Formula Benefit, Adjunct Services in Dental Care Benefit, Breast Cancer Pain Medication and Therapy Benefit, Multiple Sclerosis Preventive Physical Therapy Benefit.

If any Preventative 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 insured student.

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.

- preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy.
- routine physical or other examinations where there are no objective indications of impairment of normal health or except as specifically provided under the Policy.
- dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's Sound, Natural Teeth or as provided by the Pediatric Dental Care Benefit.
- professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
- services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.

- services or supplies in connection with eye examinations, eyeglasses or contact lenses, except those resulting from a covered accidental Injury or as provided by the Pediatric Vision Care Benefit.
- expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
- charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
- any expenses in excess of Usual and Reasonable charges.
- 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.
- loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate, intramural or club sports;
- Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
- intentionally self-inflicted Injury, attempted suicide, or suicide, while sane or insane.;
- 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.
- Expenses incurred after:
 - The date insurance terminates as to the Insured Person; and
 - The end of the Benefit Period specified in the Benefit Schedule.
- Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
- charges incurred for acupuncture, in any form, except to the extent provided in the Schedule of Benefits.
- expenses for weight increase or reduction, except Medically Necessary bariatric surgery and hair growth or removal unless otherwise specifically covered under the policy.
- expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses, except as required for repair caused by a Covered Injury.

MANDATED BENEFITS	
Habilitative Services for Children	Same as any other Habilitative Service
Shingles Vaccine For Insureds age 60 or older	Same as any other Preventive Service
Infertility Treatment Up to 4 treatments Additional 2 treatments following a live birth	Same as any other Covered Sickness
Post-Mastectomy Care	Same as any other Covered Sickness
Reconstructive Breast Surgery	Same as any other Surgical benefit
Routine Care During Clinical Cancer Trials Benefit	Same as any other Covered Sickness
Diabetes Management Benefit	Same as any other Covered Sickness
Amino Acid-based Elemental Formula Benefit	Same as any other Covered Sickness
Adjunctive Services in Dental Care Benefit	Same as any other Covered Sickness
Autism Spectrum Disorders Benefit	Same as any other Covered Sickness
Breast Cancer Pain Medication and Therapy Benefit	Same as any other Prescription Drug
Multiple Sclerosis Preventive Physical Therapy Benefit	Same as any other Covered Sickness
Mammography and Clinical Breast Examination	Same as any other Preventive Service
Prosthetic and Customized Orthotic Devices	Same as any other Covered Sickness

PREMIUMS	Fall Quarter 9/16/19 TO 1/7/20	Winter Quarter 1/7/20 TO 4/8/20	Spring Quarter 4/8/20 TO 6/30/20	Summer Quarter 6/30/20 TO 9/16/20
Students Only	\$493	\$493	\$493	\$493
Dependents (each)	\$493	\$493	\$493	\$493

*Please visit www.healthcare.gov/coverage/preventive-care-benefits

Rates include an administrative fee.

ESSENTIAL HEALTH BENEFITS

The plan will include coverage for Essential Health Benefits in the following general categories and the items and services covered within the categories: 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. Essential Health Benefits are not subject to annual or lifetime dollar limits. If additional 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 change. Please refer to www.studentplanscenter.com for an updated copy of this brochure when additional care, treatment or services are added to your Student Health Insurance Plan.

Skilled Nursing Facility Expense Benefit	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Mental Health Disorder Benefit	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Substance Use Disorder Benefit	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
BENEFITS PER COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
Outpatient Benefits		
Outpatient Surgery: Surgeon Services	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Anesthetist	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Assistant Surgeon	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services & supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood & plasma	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Habilitative Services are covered to the extent that they are Medically Necessary		
Cardiac Rehabilitation services limited to 36 treatment sessions per 6-month period		
Emergency Services Expenses Emergency medical care because of a criminal sexual assault or abuse – no cost sharing	90% of PPO Allowance for Covered Medical Expenses	90% of PPO Allowance for Covered Medical Expenses
In Office Physician's Visits	100% of PPO Allowance for Covered Medical Expenses Copayment: \$10.00	70% of Usual and Reasonable Charge for Covered Medical Expenses

Mental Health Disorder	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Substance Use Disorder	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Urgent Care Centers or Facilities	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Diagnostic X-ray Services	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Laboratory Procedures (Outpatient)	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Shots and Injections unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Allergy Testing and Treatment Benefit	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Prescription Drugs	100% of PPO Allowance for Covered Medical Expenses Generic Copayment: \$10.00 Brand Copayment: \$20.00	N/A
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Home Health Care Expenses	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Hospice Care Coverage	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Private Duty Nursing	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Chiropractic Care	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Other Benefits		
Ambulance Service	The PPO Allowance stated above	
Durable Medical Equipment	The PPO Allowance stated above	The Usual and Reasonable Charge 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	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Additional Surgical Opinion upon request by Insured Person	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Accidental Injury Dental Treatment for Insured Persons over age 18	The PPO Allowance stated above	The Usual and Reasonable Charge stated above
Pediatric Dental Care Benefit Preventive Dental Care - limited to 1 dental exam every 6 months <i>The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care:</i> Emergency Dental Clinical Oral Evaluations Endodontic Services Periodontal Services Prosthodontic Services Medically Necessary Orthodontic Care	See Benefit for limitations 100% of PPO Allowance for Preventive Services 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable	See Benefit for limitations 70% of the Usual and Reasonable Charge for Preventive Services 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable
Pediatric Vision Care Benefit Limited to 1 visit per Policy Year; and 1 pair of prescription and eyeglass frames every two Policy Years	100% of PPO Allowance for Preventive Services	70% of Usual and Reasonable Charge for Covered Medical Expenses for Preventive Services
Naprapathic Service	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Non-Emergency Treatment outside the United States	70% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Oral Surgery/Temporomandibular Joint Dysfunction (TMJ) Benefit	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Hearing Aid Benefit	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Routine Eye Exams for Adults	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Treatment for Pediatric Autoimmune Neuropsychiatric Disorders	The PPO Allowance Stated Above	The Usual and Reasonable Charge Stated Above
Immune Gamma Globulin Therapy	The PPO Allowance Stated Above	The Usual and Reasonable Charge Stated Above