

# Student Health Insurance for the Students of



## 2016 - 2017

Underwritten by:  
**National Guardian Life Insurance Company**  
**Madison, WI**  
**As Policy form: NBH-280 (2014) FL**  
**Policy Number: 2016I5B15**  
**Group Number: S210608**  
**Effective: 8/15/16 – 8/14/17**

Administered by:



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

Please read the brochure carefully for information on coverage, limitations, etc. Questions should be directed to the local agent, Health Benefit Concepts at 800-463-2317, or Consolidated Health Plans at 800-633-7867. If You need assistance resolving a complaint, please contact Us at: 1-800-756-3702.

### COVERAGE

1. Accident and Sickness coverage begins on August 15, 2016, or the date of enrollment in the plan, whichever is later and ends August 14, 2017.
2. Benefits are payable during the Policy Term, subject to any Extension of Benefits.

Should a student graduate or leave College for any reason, except to enter military service, the coverage will continue in effect to the end of the Policy Term for which premium has been paid. If the student enters military service, coverage will terminate immediately and a prorated premium refund will be made on request.

This Policy contains a deductible provision

**CERTIFICATE OF  
STUDENT HEALTH INSURANCE POLICY**  
**issued by**  
**NATIONAL GUARDIAN LIFE INSURANCE COMPANY, PO**  
**BOX 1191, Madison, WI**  
**53701-1191**  
**(Herein referred to as 'We', 'Us' or 'Our')**

We hereby certify that the eligible student of the Policyholder is insured for losses resulting from accident or sickness, to the extent stated herein, under the provisions of policy form NBH-280 (2014) FL ("the Policy").

### Table of Contents

Section 1	Definitions
Section 2	Eligibility, Enrollment and Termination
Section 3	Benefits
Section 4	Exclusions and Limitations
Section 5	Claims Procedure
Section 6	Coordination of Benefits
Section 7	Appeals Procedure

## Section 1 — Definitions

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

**Accident** means a sudden, unforeseeable external event that causes Injury to an Insured Person. The Accident must occur while an Insured Person's coverage is in effect.

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

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

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

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

**Breast Reconstructive Surgery** means surgery to reestablish symmetry between the two breasts.

**Child Health Supervision Services** means Physician-delivered or Physician-supervised services that include periodic visits, including a history, physical examination, developmental assessment and anticipatory guide, and appropriate immunizations and lab tests as consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics.

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

**Complications of Pregnancy** means conditions that require Hospital confinements before the pregnancy ends and whose diagnoses are distinct from but caused or affected by pregnancy. These conditions are acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar conditions as severe as these. Complications of Pregnancy also include non-elective cesarean section, termination of an ectopic pregnancy, and

spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.) Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, preeclampsia, and similar conditions not medically distinct from a difficult pregnancy.

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

**Country of Assignment** means the country in which an Eligible International Student, scholar or visiting faculty member is: 1) Temporarily residing; and 2) Actively engaged in education or educational research related activities sponsored by the National Association for Foreign Student Affairs or its Member Organizations.

**Covered Injury** means a bodily injury that is: 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 directly and independently of all other causes. 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 for any treatment, service or supplies that are: 1) Not in excess of the Usual and Reasonable charges therefore; 2) Not in excess of the charges that would have been made in the absence of this insurance; and 3) Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

**Covered Sickness** means Sickness, disease or trauma related disorder due to Injury which: 1) causes a loss while the Policy is in force; and 2) which results in Covered Medical Expenses.

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

**Elective 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, infertility, learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, preventive medicines or vaccines except when

required for the treatment of Covered Injury or Covered Sickness to the extent coverage is not required by state or federal law. **Elective Surgery** includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, submucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include cosmetic surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

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

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

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

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

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

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

**Formulary** means a list of medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of

the most clinically effective and cost-effective medications. The Formulary includes Generic, Brand, and Preferred Brand Drugs.

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

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

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

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

Hospital does not include the following: 1) Convalescent homes or convalescent, rest or nursing facilities; 2) Facilities primarily affording custodial, educational, or rehabilitative care (unless such rehabilitation is specifically for treatment of physical disability; or 3) Facilities for the aged, drug addicts or alcoholics.

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

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

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

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

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

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

**Mastectomy** means the removal of all or part of the breast for Medically Necessary reasons as determined by a licensed Physician.

**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.

**Nervous, Mental or Emotional Disorder** means any neurosis, psychoneurosis, psychopathy, psychosis or mental or emotional disease or disorder of any kind.

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

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

**Physician** means a: 1) Doctor of Medicine (M.D.); or 2) Doctor of Osteopathy (D.O.); or 3) Doctor of Dentistry (D.M.D. or D.D.S.); or 4) Doctor of Chiropractic (D.C.); or 5) Doctor of Optometry (O.D.); or 6) Doctor of Podiatry (D.P.M.); who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered. A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a Health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

**Physician** will also mean any licensed practitioner of the healing arts who we are required by law to recognize as a "Physician." This includes an acupuncturist, a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant, social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician. The term Physician does not mean any person who is an Immediate Family Member.

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

**School or College** means the college or university attended by You.

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

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

defective. Sound, Natural Teeth will not include capped teeth.

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

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

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

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

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

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

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

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

**Section 2 – Eligibility, Enrollment and Termination**

All full time Undergraduate students taking 9 or more credit hours or full time Graduate students taking 6 or more credit hours are eligible and are automatically enrolled in the FAMU Student Medical Insurance Plan unless comparable coverage is provided by completing the online waiver.

	<b>Annual 8/15/16 – 8/14/17</b>	<b>Fall 8/15/16 – 12/31/16</b>	<b>Spring 1/1/17- 8/14/17</b>	<b>Summer (new students) 5/6/17-8/14/17</b>
<b>Student</b>	\$2,035	\$775	\$1,260	\$563

\*The above premium rates include an administrative fee

**Termination Dates:** An Insured Person’s insurance will terminate on the earliest of: 1) The date this Policy terminates for all insured persons; or 2) The end of the period of coverage for which premium has been paid; or 3) The date an Insured Person ceases to be eligible for the insurance; or 4) The date an Insured Person enters military service; or 5) For International Students, the date Insured Person departs the Country of Assignment for his/her Home Country (except for scheduled school breaks); 6) For International Students, the date the student ceases to meet Visa requirements; 7) On any premium due date the Policyholder fails to pay the required premium for an Insured Person except as the result of an inadvertent error and subject to the Grade Period provision.

**Extension of Benefits:** Coverage under the Policy ceases on the Termination Date. However, coverage for an Insured Person will be extended if an Insured Person is Hospital confined or Totally Disabled due to a Covered Injury or Covered Sickness. The coverage for the condition causing the Hospital confinement or Total Disability will be extended for up to a minimum of twelve (12) months from the Termination Date.

**Section 3— BENEFITS**

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

**Preventive Services:** The following services shall be covered without regard to any Deductible, or Coinsurance requirement that would otherwise apply: 1) Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services

Task Force; 2) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Insured Person involved; 3) With respect to Insured Persons who are infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; 4) With respect to Insured Persons who are women, such additional preventive care and screenings not described in paragraph 1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

**Treatment of Covered Injury or Covered Sickness:** We will pay benefits for the Usual and Reasonable Charges for Covered Medical Expenses that are incurred by the Insured Person due to a Covered Injury or Covered Sickness. Benefits payable are subject to: 1) The Maximum Benefit for all services; 2) Any specified benefit maximum amounts; 3) Any Deductible amounts; 4) Any Coinsurance amount; 5) Any Copayments; 6) The Maximum Out-of-Pocket Expense Limit.; 7) the Exclusions and Limitations provision.

**Essential Health Benefits**

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

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

**Out-of-Pocket Expense Limit:** The Out-of-Pocket Expense Limit is shown in the Schedule of Benefits. It provides a cap on the amount of Covered Medical Expenses an Insured Person has to pay. Copayments and amounts above any Maximum Benefit do not apply toward the Out-of-Pocket

Expense Limit. However, the Insured Person's Coinsurance amounts will apply toward the Out-of-Pocket Expense Limit.

See NPPO(2014) FL at the end of this Certificate.

#### **Inpatient Benefits**

**Hospital Room and Board Expense**, including general nursing care.

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

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

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

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

**Inpatient Surgery including Surgeon, Anesthetist, and Assistance Surgeon Services** – We will pay benefits for inpatient surgery (including pre- and post-operative visits) as specified in the Schedule of Benefits. Covered surgical expenses will be paid under either the inpatient surgery benefit or the Outpatient Surgery Benefit. They will not be paid under both. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with highest benefit value. This benefit is not payable in addition to Physician's visits.

**Registered Nurse's Services**, or if unavailable, licensed practical nurse services, when private duty nursing care is prescribed by the attending Physician. General nursing care provided by the Hospital is not covered under this benefit.

**Physical Therapy while Confined** - We will pay the expenses incurred for physical therapy when prescribed by the attending Physician or physiotherapist.

**Nervous, Mental or Emotional Disorders Treatment Expense** - We will pay the expenses incurred for the treatment of Nervous, Mental or Emotional

Disorders while Confined as shown in the Schedule of Benefits.

**Skilled Nursing Facility Expense Benefit** - the expenses incurred for the services, supplies and treatments rendered to an Insured Person by a Skilled Nursing Facility. The Insured Person must enter a Skilled Nursing Facility: 1. Within seven (7) days after his/her discharge from a Hospital confinement; 2. Such confinement must be of at least three (3) consecutive days that began while coverage was in force under this Policy; and 3. Was for the same or related Sickness or Accident. Services, supplies and treatments by a Skilled Nursing Facility include: 1. Charges for room, board and general nursing services; 2. Charges for physical, occupational or speech therapy; 3. Charges for drugs, biologicals, supplies, appliances and equipment for use in such facility, which are ordinarily furnished by the Skilled Nursing Facility for the care and treatment of a confined person; and 4. Charges for medical services of interns, in training, under a teaching program of a Hospital with which the facility has an agreement for such services.

#### **Outpatient Benefits**

**Outpatient Surgery including Surgeon, Anesthetist, and Assistance Surgeon Services** - We will pay benefits for outpatient surgery (including fees for pre- and post-operative visits) as specified in the Schedule of Benefits. Covered surgical expenses will be paid under either the outpatient surgery benefit or the inpatient Surgery Benefit. They will not be paid under both. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with highest benefit value.

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

**Rehabilitation Therapy** - When prescribed by the attending Physician, or physiotherapist covers physical and occupational and manipulative therapy for treatment of a Covered Injury or Covered Sickness. Limited to one visit per day.

**Chiropractic Care** - For treatment of a Covered Injury or Covered Sickness and performed by a Physician.

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

**In Office Physician's Visits** – We will pay the expenses incurred for Physician's office visits. We will not pay for more than one visit per day. Physician's Visit benefits will be paid for either outpatient or inpatient visits on the same day, but not both. Surgeon fees are NOT payable under this

benefit.

**Diagnostic X-ray Services** – We will provide coverage for diagnostic X-ray services as shown in the Schedule of Benefits when prescribed by a physician or radiologist.

**Laboratory Procedures (Outpatient)** – We will provide coverage for laboratory procedures as shown in the Schedule of Benefits when prescribed by a Physician.

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

**Prescription Drugs** - 1. We will pay the expenses incurred for medication for which a Physician's written prescription is required up to the amount shown in the Schedule of Benefits. This benefit is limited to medication necessary for the treatment of the Covered Injury or Covered Sickness for which a claim is made. 2. Off-Label Drug Treatments - When prescription drugs are provided as a benefit of the issued Policy, they will include a drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration (FDA), provided that all of the following conditions have been met: a. The drug is approved by the FDA; b. The drug is prescribed for the treatment of a life-threatening condition; c. The drug has been recognized for treatment of that condition by one of the following: The American Medical Association Drug Evaluations; The American Hospital Formulary Service Drug Information; The United State Pharmacopoeia Dispensing Information, volume 1, "Drug Information for Health Care Professionals"; or Two articles from major peer reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is a clear and convincing contradictory evidence presented in a major peer reviewed medical journal. When this portion of the prescription benefit is used, it will be the responsibility of the prescriber to submit to Us documentation supporting compliance with the requirements in items a., b., and c. of this benefit. As it pertains to this benefit, life threatening means either or both of the following: 1. Disease or conditions where the likelihood of death is high unless the course of the disease is interrupted; or 2. Disease or conditions with a potentially fatal outcome and where the end point of clinical intervention is survival.

**Nervous, Mental or Emotional Disorders Treatment** - We will pay the Usual and Reasonable expenses incurred for the Outpatient treatment of Nervous, Mental or Emotional Disorders as shown in the Schedule of Benefits. Such treatments must be performed by a licensed Physician or psychologist. Treatment may be performed in an office, Hospital or in a community mental health facility that is approved by the Joint Commission on Accreditation of Health Care Organizations, the Council on Accreditation for Children and Family Services or certified by the State Department of Mental Health. The

treatments and services under the clinical supervision of a licensed Physician or psychologist must meet both of the following requirements: 1. The services must be performed in accordance with a treatment plan that describes the expected duration, frequency and type of services performed; and 2. The plan of treatments must be reviewed and approved by a licensed Physician or psychologist every three months.

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

**Home Health Care Expense** - We will pay the charges incurred for Home Health Care for an Insured Person when, otherwise, Hospitalization or confinement in a skilled nursing facility would have been necessary.

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

#### Other Benefits

**Ambulance Service** – We will pay the expenses incurred for transportation to or from a Hospital by ground and air ambulance.

**Braces and Appliances** - When prescribed by the attending Physician as being necessary for the treatment of a Covered Injury or Covered Sickness. Dental braces, except when necessitated by an Injury, are not covered. We will also not pay for braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.

**Durable Medical Equipment** - We will pay the expense incurred for the rental or purchase of durable medical equipment, including, but not limited to, Hospital beds, wheel chairs, and walkers. We will pay the lesser of either the rental or purchase charges, but not both. Such equipment must be prescribed by a Physician and a copy of the written prescription must accompany the claim. Durable medical equipment must: 1. Be primarily and customarily used to serve a medical, rehabilitative purpose; 2. Be able to withstand repeated use; and 3. Generally not be useful to a person in the absence of Injury or Sickness.

**Maternity Benefit** - We will pay the expenses incurred for maternity charges as follows: **Hospital stays** for mother and newly born child will be provided for up to 48 hours for normal vaginal delivery and 96 hours

(not including the day of surgery) for a caesarean section delivery unless the caesarean section delivery is the result of Complications of Pregnancy. If the delivery is the result of Complications of Pregnancy, the Hospital stay will be covered

the same as for any other Covered Sickness. Services covered as inpatient care will include medical, educational, and any other services that are consistent with the inpatient care recommended in the protocols and guidelines developed by national organizations that represent pediatric, obstetric and nursing professionals. We will also cover services provided by birth centers licensed by the state of Florida. **Inpatient Physician charges or surgeon charges** will be covered the same as for any other Covered Sickness for both mother and newborn child. **Physician-directed Follow-up Care** including: a. Physician assessment of the mother and newborn; b. Parent education; c. Assistance and training in breast or bottle feeding; d. Assessment of the home support system; e. Performance of any prescribed clinical tests; and f. Any other services that are consistent with the follow-up care recommended in the protocols and guidelines developed by national organizations that represent pediatric obstetrical and nursing professionals. This benefit will apply to services provided in a medical setting or through home health care visits. Any home health care visit must be provided by an individual knowledgeable and experienced in maternity and newborn care. All home health care visits that are made necessary by early discharge from the Hospital must be performed within 72 hours after discharge. When a mother or a newborn receives at least the number of hours of inpatient care shown in item "a", the home health care visit benefit will apply to follow-up care that is determined to be necessary by the health care professionals responsible for discharging the mother or newborn. **Outpatient Physician's visits** will be covered the same as for any other Covered Sickness.

**Routine Newborn Care** - If expenses are incurred for routine newborn care during the first 31 days immediately following the birth of an Insured Person, We will pay the expenses incurred not to exceed the benefit specified in the Schedule of Benefits. Such expenses include, but are not limited to: 1. Charges made by a Hospital for routine well baby nursery care when there is a distinct charge separate from the charges for the mother; 2. Inpatient Physician visits for routine examinations and evaluations; 3. Charges made by a Physician in connection with a circumcision; 4. Routine laboratory tests; 5. Postpartum home visits prescribed for a newborn; 6. Follow-up office visits for the newborn subsequent to discharge from a Hospital ; and 7. Transportation of the newborn to and from the nearest appropriately staffed and equipped facility for the treatment of such newly born child. The benefit payable for transportation will not exceed the Usual and reasonable charges up to \$1,000.00.

**Consultant Physician Services** - When requested and approved by the attending Physician.

**Abortion Expense** - We will pay the charges for the expense of a voluntary, non-therapeutic, abortion. This benefit will be in lieu of all other Policy benefits and may not exceed the benefit shown in the Schedule of Benefits.

**Medical Treatment Received in Home Country (International Students and/or their Dependents Only)** - If the Insured Person incurs expenses as the result of treatment for a Covered Injury or Covered Sickness in his or her Home Country, we will pay the expenses incurred not to exceed the amount shown in the Schedule of Benefits.

**Medical Evacuation and Repatriation** - To be eligible for this benefit, a Student must: a) be an International Student enrolled in the authorized college or school during the period for which coverage is purchased. or b) be a Eligible Domestic Student participating in a study abroad program sponsored by the College or School. An eligible **International Student** must meet the definition of same. An International Student may also enroll his or her Dependent under this Section by payment of additional premium. As used in this Section, an **Eligible Domestic Student** means a permanent resident of the United States who is enrolled at the college or school and who is temporarily participating in international educational activities outside their Home Country. The maximum combined benefit for Medical Evacuation and Repatriation is shown in the Schedule of Benefits.

**Medical Evacuation Expense** – If: 1. an Insured Person is unable to continue his or her academic program as the result of a Covered Injury or Covered Sickness; 2. that occurs while he or she is covered under this Policy, We will pay the necessary Usual and Reasonable charges for evacuation to another medical facility or the Insured Person's Home Country. Benefits will not exceed the specified benefit shown in the Schedule of Benefits. Payment of this benefit is subject to the following conditions: 1. The Insured Person must have been in a Hospital due to a Covered Injury or Covered Sickness for a confinement of five or more consecutive days immediately prior to medical evacuation; 2. Prior to the medical evacuation occurring, the attending Physician must have recommended and We must have approved the medical evacuation; 3. We must approve the Usual and Reasonable Expenses incurred prior to the medical evacuation occurring, if applicable; 4. No benefits are payable for Usual and Reasonable Expenses after the date the Insured Person's insurance terminates. However, if on the date of termination, the Insured Person is in the Hospital, this benefit continues in force until the earlier of the date the confinement ends or 31 days after the date of termination; 5. Evacuation of the Insured Person to his or her Home Country terminates any further insurance under the Policy for the Insured Person; and 6. Transportation must be by the most direct and economical route.



**Repatriation Expense-** If the Insured Person dies while he or she is covered under this Policy, We will pay a benefit. The benefit will be the necessary Usual and Reasonable charges for preparation, including cremation, and transportation of the remains to the Insured Person's place of residence in his or her Home Country. Benefits will not exceed the specified benefit shown in the Schedule of Benefits.

#### **Mandated Benefits for Florida**

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

**Diabetes Treatment Benefit** – We will pay the Usual and Reasonable expenses incurred for all Medically Necessary equipment, supplies, and diabetes outpatient self-management training and educational services used to treat diabetes when the treating Physician certifies that such services are necessary.

Outpatient self-management training and educational services must be provided under the direct supervision of a certified diabetes educator or board-certified endocrinologist. Diabetes nutrition counseling must be provided by a licensed dietician.

**Dental Condition Benefit** – We will pay the Usual and Reasonable expenses incurred for Medically Necessary general anesthesia and hospitalization services to an Insured Person who: 1. is under 8 years of age and is determined by a licensed dentist and the child's Physician to require necessary dental treatment in a Hospital or Ambulatory Surgical Facility due to a significantly complex dental condition or a developmental disability in which management of the patient in the dental office has proved to be ineffective; or 2. has one or more medical conditions that would create significant or undue medical risk for the individual in the course of delivery of any necessary dental treatment or surgery if not rendered in a Hospital or Ambulatory Surgical Facility. This benefit does not cover the diagnosis or treatment of dental disease.

**Child Health Supervision Services** – We will pay the Usual and Reasonable expenses incurred for Child Health Supervision Services from the moment of birth to age 16 years. This benefit may be limited to one visit payable to one provider for all the services provided at each visit included in this benefit. Benefits payable under the Preventive Services Benefit will be paid under that Benefit and not this benefit.

**Ambulatory Surgical Center Service** – We will pay the Usual and Reasonable expenses incurred for any service rendered by an Ambulatory Surgical Center when such service would have been covered as an Inpatient service.

**Cleft Lip & Palate Benefit** - We will pay the Usual and Reasonable expenses incurred for treatment of cleft lip and cleft palate for a covered Dependent child under the age of 18 years. This benefit includes coverage for medical,

dental, speech therapy, audiology, and nutrition services that are prescribed by the treating Physician or surgeon who certifies that such services are Medically Necessary and consequent to treatment of cleft lip or cleft palate.

**Jaw and Facial Surgery Benefit** – We will pay the Usual and Reasonable expenses incurred for any diagnostic or surgical procedure involving bones or joints of the jaw and facial region if, under accepted medical standards, such procedure or surgery is Medically Necessary to treat conditions caused by congenital or developmental deformity, disease, or injury. This section does not provide coverage for the care or treatment of the teeth or gums, for intraoral prosthetic devices, or for surgical procedures for cosmetic purposes.

**Mastectomy, Reconstructive Surgery, and Prosthetic Benefit** – We will provide coverage for mastectomies as well as prosthetic devices and **Breast Reconstructive Surgery** incident to the mastectomy. **Breast Reconstructive Surgery** must be performed in a manner chosen by the treating Physician, consistent with prevailing medical standards, and in consultation with the patient.

**Pediatric Dental Care** - We will pay the Usual and Reasonable expenses incurred for the following dental care services for Insured Persons up to age 19.

- a. Emergency dental care, which includes emergency treatment required to alleviate pain and suffering caused by dental disease or trauma.
- b. Preventive dental care, that includes procedures which help to prevent oral disease from occurring, including:
  - (1) Prophylaxis (scaling and polishing the teeth at six (6) month intervals;
  - (2) Topical fluoride application at six (6) month intervals where the local water supply is not fluoridated;
  - (3) Sealants on unrestored permanent molar teeth; and
  - (4) Unilateral or bilateral space maintainers for placement in a restored deciduous and/or mixed dentition to maintain space for normally developing permanent teeth.
- c. Routine Dental Care: We Cover routine dental care provided in the office of a dentist, including:
  - (1) Dental examinations, visits and consultations once within a six (6) month consecutive period (when primary teeth erupt);
  - (2) X-ray, full mouth x-rays at thirty-six (36) month intervals, bitewing x-rays at six (6) to twelve (12) month intervals, or panoramic x-rays at thirty-six (36) month intervals, and other x-rays if Medically Necessary (once primary teeth erupt);
  - (3) Procedures for simple extractions and other routine dental surgery not requiring Hospitalization, including preoperative care and postoperative care;
  - (4) In-office conscious sedation;

- (5) Amalgam, composite restorations and stainless steel crowns; and
- (6) Other restorative materials appropriate for children.
- d. Endodontic services, including procedures for treatment of diseased pulp chambers and pulp canals, where Hospitalization is not required.
- e. Prosthodontic services as follows:
  - (1) Removable complete or partial dentures, including six (6) months follow-up care; and
  - (2) Additional services include insertion of identification slips, repairs, relines and rebases and treatment of cleft palate.
 Fixed bridges are not Covered unless they are required:
  - a. For replacement of a single upper anterior (central/lateral incisor or cuspid) in a patient with an otherwise full complement of natural, functional and/or restored teeth
  - b. For cleft palate stabilization; or
  - c. Due to the presence of any neurologic or physiologic condition that would preclude the placement of a removable prosthesis, as demonstrated by medical documentation.
- f. Orthodontics used to help restore oral structures to health and function and to treat serious medical conditions such as: cleft palate and cleft lip; maxillary/mandibular micrognathia (underdeveloped upper or lower jaw); extreme mandibular prognathism; severe asymmetry (craniofacial anomalies); ankylosis of the temporomandibular joint; and other significant skeletal dysplasias. Procedures include but are not limited to:
  - (1) Rapid Palatal Expansion (RPE);
  - (2) Placement of component parts (e.g. brackets, bands);
  - (3) Interceptive orthodontic treatment;
  - (4) Comprehensive orthodontic treatment (during which orthodontic appliances are placed for active treatment and periodically adjusted);
  - (5) Removable appliance therapy; and
  - (6) Orthodontic retention (removal of appliances, construction and placement of retainers).

**Pediatric Vision Care** - We will pay the Usual and Reasonable expenses incurred for emergency, preventive and routine vision care for Insured Persons up to age 19.

- a. Vision examinations for the purpose of determining the need for corrective lenses, and if needed, to provide a prescription for corrective lenses. We Cover one vision examination in any twelve (12) month period, unless more frequent examinations are Medically Necessary as evidenced by appropriate documentation. The vision examination may include, but is not limited to:
  - (1) Case history;

- (2) External examination of the eye or internal examination of the eye;
- (3) Ophthalmoscopic exam;
- (4) Determination of refractive status;
- (5) Binocular distance;
- (6) Tonometry tests for glaucoma;
- (7) Gross visual fields and color vision testing; and
- (8) Summary findings and recommendation for corrective lenses.
- b. Prescription lenses or contact lenses once in any twelve (12) month period, unless it is Medically Necessary for an Insured Person to have new lenses or contact lenses more frequently, as evidenced by appropriate documentation. Prescription lenses may be constructed of either glass or plastic. We also cover standard frames adequate to hold lenses once in any twelve (12) month period, unless it is Medically Necessary for an Insured Person to have new frames more frequently, as evidenced by appropriate documentation.

#### **Section 4 – Exclusions and Limitations**

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

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

1. **International Students Only** - Eligible expenses within Your Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
2. well baby care other than as shown in the Schedule of Benefits or under Child health Supervision Services.
3. medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as provided in the Schedule of Benefits.
4. dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to Sound, Natural Teeth or as specifically covered under the Policy.
5. professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
6. services or supplies not necessary for the medical care of Your Injury or Sickness.
7. services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury or as specifically covered under the Policy.
8. weak, strained or flat feet, corns, calluses or ingrown toenails.

9. diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
10. outpatient prescription drugs, except as specifically provided for in the Schedule of Benefits.
11. birth control, including elective surgical procedures or devices, except as specifically provided in the Schedule of Benefits or as required under law.
12. treatment or removal of nonmalignant moles, warts, boils, acne, actinic or seborrheic keratosis, dermatofibrosis or nevus of any description or form, hallus valgus repair, varicosity or sleep disorders including the testing for same.
13. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
14. 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.
15. any expenses in excess of Usual and Reasonable charges.
16. loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
17. 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 Insurance Information Schedule.
18. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any intercollegiate, intramural or club sports.
19. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sports;
20. intentionally self-inflicted Injury, attempted suicide, or suicide, while sane or insane;
21. 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.
22. services that are duplicated when provided by both a certified nurse-midwife and a Physician.
23. expenses payable under any prior Policy which was in force for the person making the claim.
24. expenses incurred during a Hospital emergency room visit which is not of an emergency nature.

25. Injury sustained as the result of Your operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
26. expenses incurred after:
  - a. The date insurance terminates as to the Insured Person;
  - b. The Maximum Benefit for each Covered Injury or Covered Sickness has been attained; and
  - c. The end of the Benefit Period specified in the Benefit Schedule.
27. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
28. charges incurred for heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
29. expenses for weight increase or reduction except Medically Necessary bariatric surgery, and hair growth or removal unless otherwise specifically covered under the policy.
30. expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury or as specifically covered under the Policy.
31. racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles).
32. 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, cosmetic surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance).
  - c. 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 and facial region. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits or to services specifically covered under

the Policy.

33. an Insured Person's:
  - o committing or attempting to commit a felony,
  - o being engaged in an illegal occupation, or
  - o participation in a riot.
34. allergy testing or treatment.
35. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
36. custodial care service and supplies.
37. expenses that are not recommended and approved by a Physician.
38. conditions due to accidental bodily injury occurring prior to Your effective date of coverage.

### **Section 5 – CLAIM PROCEDURE**

In the event of Accident or Sickness the student should:

1. If at the College, report immediately to Health Services so that proper treatment can be prescribed or approved.
2. If away from the College, consult a doctor and follow his or her advice. Notify Florida A&M University within 90 days after the date of the Covered Injury or commencement of the Covered Sickness or as soon thereafter as is reasonably possible.
3. Secure a claim form from Consolidated Health Plans at [www.chpstudent.com](http://www.chpstudent.com).
4. Complete the form.
5. Submit the claim form, complete with bills and receipts, to the Claims Administrator:

**Claims Administrator:**  
**Consolidated Health Plans**  
2077 Roosevelt Avenue  
Springfield, MA 01104  
Toll Free: 800-633-7867

6. Submit only one claim form for each Accident or Sickness.

### **Section 6 – Coordination of Benefits**

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

### **Section 7 - Appeals Procedure**

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

*Service Representative:*

Albert C. Belanger  
Health Benefits Concepts  
PO Box 15408  
Surfside, SC 29587

Toll Free: 800-463-2317

Website: [www.hbcstudent.com](http://www.hbcstudent.com)

Email: [al@hbcstudent.com](mailto:al@hbcstudent.com)



A Mutual Company Incorporated in 1909  
PO Box 1191 • Madison, WI 53701-1191 • Phone 800-988-0826

The Policy to which this rider is attached is amended as follows:

**BENEFIT PAYMENT FOR NETWORK PROVIDERS AND  
NON-NETWORK PROVIDERS RIDER**

This Policy provides benefits based on the type of health care provider the Insured Student and his or her Covered Dependent selects. This Policy provides access to both Network Providers and Non-Network Providers. Different benefits may be payable for Covered Medical Expenses rendered by Network Providers versus Non-Network Providers, as shown in the Schedule of Benefits included in this Rider.

**SECTION IV – DEFINITIONS** is amended by the addition of the following definitions:

**Network Providers** are Physicians, Hospitals and other healthcare providers who have contracted with Us to provide specific medical care at negotiated prices.

**Non-Network Providers** have not agreed to any pre-arranged fee schedules.

**PPO Allowance** means the amount a Network Provider will accept as payment in full for Covered Medical Expenses.

**SECTION VI - DESCRIPTION OF BENEFITS** is amended as follows:

The provision entitled Treatment of Covered Injury or Covered Sickness is amended to read:

**Treatment of Covered Injury or Covered Sickness**

We will pay benefits for Covered Medical Expenses that are incurred by the

Insured Person for Loss due to a Covered Injury or Covered Sickness. Benefits payable are subject to:

1. Any specified benefit maximum amounts;
2. Any Deductible amounts;
3. Any Coinsurance amount;
4. Any Copayments;
5. The Maximum Out-of-Pocket Expense Limit; and
6. Use of a Network Provider, if any.

The following provision is added:

**Preferred Provider Organization**

If an Insured Person uses a Network Provider, this Policy will pay the Coinsurance percentage of the PPO Allowance shown in the Schedule of Benefits for Covered Medical Expenses

If a Non-Network Provider is used, this Policy will pay the percentage of the Usual and Reasonable Covered Medical Expense shown in the Schedule of Benefits. The difference between the provider fee and the Coinsurance amount paid by Us will be the responsibility of the Insured Person.

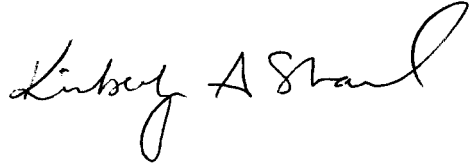
Note, however, that We will pay at the PPO Allowance level for treatment by a Non-Network Provider if:

1. there is no Network Provider available to treat the Insured Person for a specific Covered Injury or Covered Sickness; or
2. there is an Emergency Medical Condition and the Insured Person cannot reasonably reach a Network Provider. This benefit will continue to be paid for the Emergency Services until the Insured Person can reasonably be expected to safely transfer to a Network Provider. If the transfer does not occur at that time, benefits will then be reduced and paid at the lower percentage applicable to a Non-Network Provider.

An Insured Person should be aware that Network Provider Hospitals may be staffed with Non-Network Providers. Receiving services from a Network Provider does not guarantee that all charges will be paid at the Network Provider level of benefits. It is important that the Insured Person verify that his or her Physicians are Network Providers each time he or she calls for an appointment or at the time of service.

There are no other changes to the Policy.

This Rider is executed for the Company by its President and Secretary.



**Kimberly A. Shaul**  
Secretary



**Mark L. Solverud**  
President

## SCHEDULE OF BENEFITS

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

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

**Preventive Services:** The Deductible is not applicable to Preventive Services. Benefits for services provided by a Network Provider are paid at 100% of the PPO Allowance of Covered Medical Expenses. Benefits for services provided by a Non-Network Provider are provided at the Coinsurance Amount shown below.

**Deductible:**

**Non-Network:** \$500  
**Network:** \$250

**Out-of-Pocket Expense Limit:**

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

**Coinsurance:**

**Non-Network:** 60% of U&R of Covered Medical Expenses  
**Network:** 80% of PPO Allowance of Covered Medical Expenses

**PREFERRED PROVIDER ORGANIZATION:**

To locate a Network Provider in Your area, consult Your Provider Directory or call toll free 800-633-7867 or visit the website [www.chpstudent.com](http://www.chpstudent.com).

**THE COVERED MEDICAL EXPENSE FOR AN ISSUED POLICY WILL BE:**

1. THOSE LISTED IN THE COVERED MEDICAL EXPENSES PROVISION;
2. ACCORDING TO THE FOLLOWING SCHEDULE OF BENEFITS; AND
3. DETERMINED BY WHETHER OR NOT THE SERVICE OR TREATMENT IS PROVIDED BY A NETWORK PROVIDER.

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
<b>Inpatient Benefits</b>	
Hospital Room & Board Expenses	The Coinsurance Amount shown above
Hospital Intensive Care Unit Expense - <i>in lieu of normal Hospital Room &amp; Board Expenses</i>	The Coinsurance Amount shown above
Hospital Miscellaneous Expenses for services & supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts & temporary surgical appliances, oxygen, blood & plasma, misc. supplies	The Coinsurance Amount shown above
Preadmission Testing	The Coinsurance Amount shown above
Physician's Visits while Confined	The Coinsurance Amount shown above
Inpatient Surgery: Surgeon Services	The Coinsurance Amount shown above
Anesthetist	The Coinsurance Amount shown above
Assistant Surgeon	The Coinsurance Amount shown above
Registered Nurse Services for private duty nursing while confined	The Coinsurance Amount shown above
Physical Therapy (inpatient)	The Coinsurance Amount shown above
Nervous, Mental or Emotional Disorders Treatment	The Coinsurance Amount shown above
Skilled Nursing Facility Expense	The Coinsurance Amount shown above for up to 60 days per Policy Year
<b>Outpatient Benefits</b>	
Outpatient Surgery: Surgeon Services	The Coinsurance Amount shown above
Anesthetist	The Coinsurance Amount shown above
Assistant Surgeon	The Coinsurance Amount shown above

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
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 Coinsurance Amount shown above
Rehabilitation Therapy (outpatient), including physical, occupational, and manipulative therapy	The Coinsurance Amount shown above subject to a maximum number of visits of 35 per Policy Year
Chiropractic Care	The Coinsurance Amount shown above subject to a maximum number of visits of 26 visits per Policy Year
Emergency Services Expenses	The Network Coinsurance Amount shown above subject to a \$250 copay
In Office Physician's, including licensed registered nurses and licensed physician's assistant's Fees	The Coinsurance Amount shown above subject to a \$25 copay
Urgent Care Facility	The Coinsurance Amount shown above subject to a \$35 copay
Diagnostic X-ray Services	The Coinsurance Amount shown above
Laboratory Procedures (Outpatient)	The Coinsurance Amount shown
Shots and Injections unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit	The Coinsurance Amount shown above
Prescription Drugs	The Coinsurance Amount shown above subject to Generic Copay \$15; subject to Preferred Brand Copay \$30; and subject to Brand Copay \$50
Nervous, Mental or Emotional Disorders Treatment	Same as any other Covered Sickness
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	The Coinsurance Amount shown above

Home Health Care Expenses	The Coinsurance Amount shown above, up to 40 visits per Policy Year
Hospice Care Coverage	The Coinsurance Amount shown above
<b>Other Benefits</b>	
Ambulance Service	The Coinsurance Amount shown above
Braces and Appliances	The Coinsurance Amount shown above
Durable Medical Equipment	The Coinsurance Amount shown 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 Coinsurance Amount shown above
Abortion Expense	The Coinsurance Amount Shown above
Medical Treatment Received in Home Country (International Students and/or their Dependents Only)	The Coinsurance Amount shown above
Medical Evacuation Expense - (International Students and/or their Dependents and Domestic Student participating in a study abroad program)	U&R, not to exceed \$50,000 per evacuation
Repatriation Expense - (International Students and/or their Dependents and Domestic Student participating in a study abroad program)	U&R, not to exceed \$50,000
<b>Mandated Benefits</b>	
Diabetes Treatment Benefit	Same as any Covered Sickness
Dental Condition Benefit	The Coinsurance Amount shown above
Child Health Supervision Services	The Coinsurance Amount shown above. This benefit is not subject to a Deductible.
Ambulatory Surgical Center Service Benefit	The Coinsurance Amount shown above
Cleft Lip & Palate Benefit	The Coinsurance Amount shown above

Jaw and Facial Surgery Benefit	The Coinsurance Amount shown above
Mastectomy, Reconstructive Surgery, and Prosthetic Benefit	The Coinsurance Amount shown above
Pediatric Dental Care Benefit	The Coinsurance Amount shown above Limited to one dental exam every 6 months
Pediatric Vision Care Benefit	The Coinsurance Amount shown above limited to 1 visit per and 1 pair of prescribed lenses and frames

NPPO(2014) FL

*Underwritten by:*  
National Guardian Life Insurance Company  
as policy form # NBH-280 (2014) FL

Administered by:  
**CONSOLIDATED HEALTH PLANS**  
2077 Roosevelt Avenue  
Springfield, MA 01104  
[www.chpstudent.com](http://www.chpstudent.com)  
(413) 733-4540

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

*go to*  
[www.chpstudent.com](http://www.chpstudent.com)

*or*

***Request one from the Health office at your school***

*or*

***Request one from:***

National Guardian Life Insurance Company  
C/O Privacy Officer  
70 Genesee Street  
Utica, NY 13502

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



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

***Representations of this plan must be approved by Us.***

**IMPORTANT**

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



A Mutual Company Incorporated in 1909  
PO Box 1191 • Madison, WI 53701-1191

**AMENDMENT TO DEFINITIONS AMENDMENT**

This Amendment makes the revisions listed below to the Policy and Certificate to which it is attached.

The definition of Accident is deleted in its entirety and replaced with the following:  
**Accident** means a sudden, unforeseeable external event which results independently of disease, bodily infirmity, or any other cause that causes Injury to an Insured Person.

The definition of Covered Injury is deleted in its entirety and replaced with the following:  
**Covered Injury** means a bodily injury that is caused by the Accident directly and independently of all other causes. Coverage under the School's policies must be in force on the date the services and supplies are received for them to be considered as a Covered Medical Expense.

This Amendment is subject to all terms, conditions and provisions of the Policy/Certificate that are not inconsistent with it. Except as stated in this Amendment, it does not change or affect any other terms of the Policy and Certificate.

Signed for National Guardian Life Insurance Company, at its Home Office in Madison, Wisconsin.

A handwritten signature in black ink, appearing to read "Kimberly A. Shaul".

**Kimberly A. Shaul**  
**Secretary**

A handwritten signature in black ink, appearing to read "Mark L. Solverud".

**Mark L. Solverud**  
**President**

NBH Amend Def

Subject to Insurance Department Approval

## VALUE ADDED SERVICES

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

### EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

Consolidated Health Plans provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867. **If you are traveling and need assistance in North America, call the Assistance Center toll-free at: 877.305.1966 or if you are in a foreign country, call collect at: 715.295.9311.** When you call, please provide your name, school name, the group number shown on your ID card, and a description of your situation. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.