Student Health Insurance Plan

Plan Year 18/19

Designed Exclusively for the Students of:
Carleton College
Northfield, MN
(“the Policyholder”)

2018 - 2019

Underwritten by:
Atlanta International Insurance Company
Flushing, NY
(“the Company”)

Policy Number: AIIC1819MNSHIP77
Group Number: ST1268SH
Effective Date: 8/15/18 - 8/14/19

Administered by:
Consolidated Health Plans
2077 Roosevelt Ave | Springfield, MA
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Where to Find Help

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<th>For Questions About:</th>
<th>Please Contact:</th>
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<tbody>
<tr>
<td>Enrollment Waiver</td>
<td>Consolidated Health Plans</td>
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<tr>
<td></td>
<td>2077 Roosevelt Avenue</td>
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<tr>
<td></td>
<td>Springfield, Massachusetts 01104</td>
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<tr>
<td></td>
<td>(877) 657-5030</td>
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<td><a href="http://www.chpstudenthealth.com">www.chpstudenthealth.com</a></td>
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<td>Insurance Benefits</td>
<td>Consolidated Health Plans</td>
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<td>Claims Processing</td>
<td>2077 Roosevelt Avenue</td>
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<tr>
<td>ID Cards</td>
<td>Springfield, Massachusetts 01104</td>
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<td>(877) 657-5030</td>
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<td>Preferred PPO Provider Listings</td>
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<td><a href="http://www.cigna.com">www.cigna.com</a></td>
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<td>Prescription Drug Providers</td>
<td>BeRx</td>
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<td><a href="http://www.berxplan.com">www.berxplan.com</a></td>
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</tbody>
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Am I Eligible?

The Insured Person is eligible for Coverage under the Policy. Coverage includes Dependent coverage.

All registered full-time Undergraduate Domestic and International students taking 6 or more credits are eligible for coverage under the Student Health Insurance Plan.

Students must attend classes for the first 31 days beginning with the first day for which coverage is effective. Any student withdrawing from the College during the first 31 days after the Effective Date of coverage shall not be covered under the insurance plan. A full refund of premium will be made, minus the cost of any claim benefits paid by the Policy. Students who graduate or withdraw from the College after 31 days, whether involuntarily or voluntarily, will remain covered under the Policy for the term purchased and no refund will be allowed.

Students withdrawing due to a medical withdrawal due to a Sickness or Injury, must submit documentation or certification of the medical withdrawal to Us at least 30 days prior to the medical leave of absence from the school, if the medical reason for the absence and the absence are foreseeable, or 30 days after the date of the medical leave from school. Students will remain covered under the Policy for the term purchased and no refund will be allowed.

All International Students are required to have a J-1, F-1 or M-1 Visa and dependents have a J-2, F-2 or M-2 Visa to be eligible for this insurance plan.

We maintain the right to investigate eligibility status and attendance records to verify that the Policy eligibility requirements have been met. If We discover that the Policy eligibility requirements have not been met, Our only obligation is refund of premium less any claims paid.

Eligibility requirements must be met each time Premium is paid to renew Coverage.

Who is Eligible

All registered full-time Undergraduate Domestic and International students taking 6 or more credits are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan. Students are automatically enrolled in the Student Health Insurance Plan at registration and the premium is added to the student’s tuition fees unless proof of comparable coverage is provided by completing the waiver.
Who is not Eligible
The following students are not eligible to enroll in the insurance plan:
- students enrolled exclusively in online courses or whose enrollment consists entirely of short-term courses;
- students taking distance learning, home study, correspondence, television courses, or courses taken for audit do not fulfill the eligibility requirements that the student actively attend classes. The online restriction does not apply to students who are completing their degree requirements while engaged in practical training.

Coverage for Dependents
Eligible students may also insure, on a Voluntary Participation Basis, their eligible Dependents. Individuals who enroll their dependents must enroll them within 31 days of the Insured Student’s enrollment in the plan with the exception of adopted children or newborn children (see the Policy provision entitled Dependent Child Coverage). They will be enrolled for the same term of coverage for which the Insured Student enrolls. Dependents of an Eligible International Student must possess a valid passport and a proper Visa (either an F-2, J-2 or M-2 visa).

How Do I Waive/Enroll?
If You are eligible to be covered under this Program, You are automatically enrolled and charged premium for the coverage, unless You waive coverage. To document proof of comparable coverage, students need to complete the online Waiver Form and submit it prior to the waiver deadline date. The deadline to waive for the annual coverage is 8/15/18. To submit the online Waiver Form:

1. Go to www.chpstudenthealth.com, select your school from the drop down box;
2. Click on the Waiver link; and
3. Complete all of the required information as directed.

- ANNUAL WAIVER DEADLINE – 8/15/18

Special Enrollment - Qualifying Life Event
The Insured Person, and their Spouse or Child can also enroll for coverage within 60 days of the loss of coverage in a health plan if coverage was terminated because the Insured Person, their Spouse or Child are no longer eligible for coverage under the other health plan due to:
1. Termination of employment;
2. Termination of the other health plan;
3. Death of the Spouse;
4. Legal separation, divorce or annulment;
5. Reduction of hours of employment;
6. Employer contributions toward a health plan were terminated for The Insured Person or their Dependent’s Coverage; or
7. A Child no longer qualifies for coverage as a Child under the other health plan.

The Insured Person, their Spouse or Child can also enroll 60 days from exhaustion of the Insured Person COBRA or continuation coverage or if the Insured Person gain a Dependent or become a Dependent through marriage, birth, adoption or placement for adoption.

We must receive notice and Premium payment within 60 days of the loss of coverage. The effective date of the Insured Person’s coverage will depend on when We receive proof of their loss of coverage under another health plan and appropriate premium payment. Their coverage shall take effect on the latest of the following dates: (1) the Policy Effective Date; (2) the day after the date for which they lose their coverage providing premium for their coverage has been paid; (3) the date the Policyholder’s term of coverage begins; or (4) the date they become a member of an eligible class of persons.

In addition, the Insured Person, and their Spouse or Child, can also enroll for coverage within 60 days of the occurrence of one of the following event:
1. The Insured Person or their Spouse or Child lose eligibility for Medicaid or a state child health plan.
2. The Insured Person or their Spouse or Child become eligible for Medicaid or a state child health plan.
We must receive notice and Premium payment within 60 days of the loss of coverage. The effective date of the Insured Person’s coverage will depend on when We receive proof of their loss of coverage under another health plan and appropriate premium payment. Their coverage shall take effect on the latest of the following dates: (1) the Policy Effective Date; (2) the day after the date for which they lose their coverage providing premium for their coverage has been paid; (3) the date the Policyholder’s term of coverage begins; or (4) the date they become a member of an eligible class of persons.

Effective Dates & Costs

All time periods begin at 12:00 A.M. local time and end at 11:59 P.M. local time at the Policyholder's address.

<table>
<thead>
<tr>
<th>Coverage Period</th>
<th>Coverage Start Date</th>
<th>Coverage End Date</th>
<th>Enrollment/Waiver Deadline</th>
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</thead>
<tbody>
<tr>
<td>Annual</td>
<td>8/15/2018</td>
<td>8/14/2019</td>
<td>8/15/2018</td>
</tr>
<tr>
<td>Fall</td>
<td>8/15/2018</td>
<td>12/31/2018</td>
<td></td>
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<tr>
<td>Winter</td>
<td>1/01/2019</td>
<td>3/31/2019</td>
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<tr>
<td>Spring/Summer</td>
<td>3/26/2019</td>
<td>8/14/2019</td>
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<tr>
<td>Winter/Spring/Summer</td>
<td>1/1/2019</td>
<td>8/14/2019</td>
<td></td>
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</table>

Rates for Full-time Undergraduate Domestic and International Students

Dependent rates are in addition to the student rate.

<table>
<thead>
<tr>
<th></th>
<th>Annual</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring/Summer</th>
<th>Winter/Spring/Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student*</td>
<td>$1,707</td>
<td>$650</td>
<td>$421</td>
<td>$664</td>
<td>$1,057</td>
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<tr>
<td>Spouse*</td>
<td>$1,707</td>
<td>$650</td>
<td>$421</td>
<td>$664</td>
<td>$1,057</td>
</tr>
<tr>
<td>Each Child*</td>
<td>$1,707</td>
<td>$650</td>
<td>$421</td>
<td>$664</td>
<td>$1,057</td>
</tr>
<tr>
<td>3 or more Children*</td>
<td>$5,121</td>
<td>$1,950</td>
<td>$1,263</td>
<td>$1,992</td>
<td>$3,171</td>
</tr>
</tbody>
</table>

*The above rates include an administrative service fee

Effective Dates: 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;
5. For International Students or scholars, the date the Insured Person departs his or her Home Country to travel to the Country of Assignment. The scheduled arrival in the Country of Assignment must be not more than 48 hours later than the departure from the Home Country.

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 student’s enrollment in the School’s insurance plan; or
4. The Policy Effective Date.

The enrollment Period will run from the start of the quarter or semester for which coverage is desired.

Termination of Benefits

Termination Dates: An Insured Person’s insurance will terminate on the earliest of:
1. The date the Policy terminates for all Insured Persons; or
2. The end of the period of coverage for which premium has been paid; or
3. The date an Insured Person ceases to be eligible for the insurance; or
4. The date Insured Person enters military service or
5. For International Students, the date they cease to meet Visa requirements; or
6. For International Students, the date they depart the Country of Assignment for his/her Home Country (except for scheduled school breaks); or
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 any Grace Period provision.

Refund of Premium

Premiums received by Us are fully earned upon receipt. Refund of premium will be considered only:
1. For any student who does not attend school during the first thirty-one (31) days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a full refund of the premium will be made minus any claims paid.
2. 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 (less any claims paid) will be made for such person upon written request received by Us within 90 days of withdrawal from school.
3. For International Students, and/or their covered Dependents. We will refund a pro rata portion of the premium actually paid (less any claims paid) for any individual who:
   o Withdraws from School during their first semester; and
   o Returns to their Home Country on a permanent basis.
   A written request must be sent to us within 60 days of such departure.

No other refunds will be allowed.

Extension of Benefits

Coverage under the Policy ceases on the Termination Date. However, coverage for the Insured Person will be extended as follows:
1. If the Insured Person is Hospital Confined for Covered Injury or Covered Sickness on the date his or her insurance terminates, we will continue to pay benefits for up to 90 days from the Termination Date while such Confinement continues.

Dependents that are newly acquired during the Insured Person’s Extension of Benefits period are not eligible for benefits under this provision.

Definitions

These are key words used in the Policy. They are used to describe the Policyholder’s rights as well as Ours. Reference should be made to these words as the Policy is read.

Accident means a sudden, unforeseeable external event which directly and from no other cause, results in an Injury to the Insured Person.

Ambulance Service means transportation to and from a Hospital by a licensed Ambulance whether ground, air or water Ambulance, in a Medical Emergency.
Ambulatory Surgical Center means a facility which meets licensing and other legal requirements and which:
1. Is equipped and operated to provide medical care and Treatment by a Physician;
2. Does not provide services or accommodations for overnight stays;
3. Has a medical staff that is supervised full-time by a Physician;
4. Has full-time services of a licensed Registered Nurse at all times when patients are in the facility;
5. Has at least one operating room and one recovery room and is equipped to support any surgery performed;
6. Has x-ray and laboratory diagnostic facilities;
7. Maintains a medical record for each patient; and
8. Has a written agreement with at least one Hospital for the immediate transfer of patients who develop complications or need Confinement.

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.

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

Brand-Name Prescription Drug means a Prescription Drug whose manufacture and sale is controlled by a single company as a result of a patent or similar right. Refer to the Formulary for the tier status.

Coinsurance means the percentage of Covered Medical Expenses that We pay. The Coinsurance percentage is stated in the Schedule of Benefits. The Coinsurance is separate and not part of the Deductible and Copayment.

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.

Confinement/Confined means an uninterrupted stay following admission to a health care facility. The readmission to a health care facility for the same or related condition, within a seventy-two (72) hour period, will be considered a continuation of the Confinement. Confinement does not include observation, which is a review or assessment of eighteen (18) hours or less, of an Insured Person’s condition that does not result in admission to a Hospital or health care facility.

Copayment means a specified dollar amount the Insured Person must pay for specified Covered Expenses. 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/Injury means a bodily injury due to an unforeseeable, external event which results independently of disease, bodily infirmity or any other cause. All injuries sustained in any one (1) Accident, all related conditions and recurrent symptoms of these injuries are considered a single Injury.

Covered Medical Expense means those Medically Necessary 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;
3. Not in excess of the Preferred Allowance; and
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 an illness, disease or condition including pregnancy and Complications of Pregnancy that impairs an Insured Person’s normal function of mind or body and which is not the direct result of an Injury which results in Covered Medical Expenses. Covered Sickness includes Mental Health Disorders and Substance Use Disorders.

We also provide coverage for mental health treatment ordered by a Minnesota court under a valid court order that is issued on the basis of a behavioral care evaluation performed by a licensed psychiatrist or doctoral level licensed psychologist, which includes a diagnosis and an individual treatment plan for care in the most appropriate, least restrictive environment. We must be given a copy of the court order and the behavioral care evaluation, and the service must be a covered benefit under this plan, and the service must be provided by a network provider, or other provider as required by law. We cover the evaluation upon which the court order was based if it was provided by a network provider. We also provide coverage for the initial mental health evaluation of a child, regardless of whether that evaluation leads to a court order for treatment, if the evaluation is ordered by a Minnesota juvenile court.

**Custodial Care** means care that is mainly for the purpose of meeting non-medical personal needs. This includes help with activities of daily living and taking medications. Activities of daily living include: bathing, dressing or grooming, eating, toileting, walking and getting in and out of bed. Custodial Care can usually be provided by someone without professional and medical skills or training.

**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, if any, will be shown in the Schedule of Benefits.

**Dependent** means:
1. An Insured Student’s lawful spouse or lawful Domestic Partner;
2. An Insured Student’s dependent biological or adopted child or stepchild or child who is under legal guardianship or child covered by a court or administrative order 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. incapable of self-sustaining employment by reason of intellectual disability, mental illness or disorder or physical disability.
   b. 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 an Insured Student enrolls a new disabled child under the plan.

**Durable Medical Equipment** means a device which:
1. Is primarily and customarily used for medical purposes, is specially equipped with features and functions that are generally not required in the absence of Sickness or Injury and is able to withstand repeated use;
2. Is used exclusively by the Insured Person;
3. Is routinely used in a Hospital but can be used effectively in a non-medical facility;
4. Can be expected to make a meaningful contribution to treating the Insured Person’s Sickness or Injury; and
5. Is prescribed by a Physician and the device is Medically Necessary for rehabilitation.

Durable Medical Equipment does not include:
1. Comfort and convenience items;
2. Equipment that can be used by Immediate Family Members other than the Insured Person;
3. Health exercise equipment; and
4. Equipment that may increase the value of the Insured Person’s residence.

**Effective Date** means the date coverage becomes effective.
**Elective Surgery or Elective Treatment** means those health care services or supplies not medically necessary for the care and Treatment of a Covered Injury or Covered Sickness. Elective surgery does not include Plastic, Cosmetic, or Reconstructive Surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

** Eligible Student** means a student who meets all eligibility requirements of the School named as the Policyholder or Dependent of the Insured Student.

**Emergency Medical Condition** means a Covered Sickness or Injury for which immediate medical Treatment is sought at the nearest available facility. The Condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:
1. 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;
2. Serious impairment to bodily functions; or
3. 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.

**Essential Health Benefits** mean benefits that are defined in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes the following categories of Covered Services:
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.

**Experimental/Investigative** means the service or supply has not been demonstrated in scientifically valid clinical trials and research studies to be safe and effective for a particular indication. For further explanation, see definition of Medically Necessary/Medical Necessity provision

**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 indicates the type of drug and tier status.

**Generic Prescription Drug** means any Prescription Drug that is not a Brand-Name Prescription Drug. Refer to the Formulary for the tier status.

**Habilitation/Habilitative Services** means health care services that help the Insured Person keep, learn, or improve skills and functions for daily living. Habilitative Services may include such services as Physical Therapy, occupational therapy, and speech therapy.

**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.
Home Health Care Agency means an agency that:
1. is constituted, licensed and operated under the provision of Title XVIII of the Federal Social Security Act, or qualified to be so operated if application was made, and certified by the jurisdiction in which the Home Health Care plan is established; and
2. is engaged primarily in providing skilled nursing facility services and other therapeutic services in the Insured Person’s Home under the supervision of a Physician or a Nurse; and
3. maintains clinical records on all patients.

Home Health Care means the continued care and treatment of an Insured Person if:
1. institutionalization of the Insured Person would have been required if Home Health Care was not provided; and
2. the Insured Person’s physician establishes and approves in writing the plan of treatment covering the Home Health Care service; and
3. Home Health Care is provided by:
   a. a Hospital that has a valid operating Policy and is certified to provide Home Health Care services; or
   b. a public or private health service or agency that is licensed as a Home Health Agency under title 19, subtitle 4 of the General Health Article to provide coordinated Home Health Care.

Hospice: means a coordinated plan of home and Inpatient care which treats the terminally ill patient and family as a unit. It provides care to meet the special needs of a family unit during the final stages of a terminal Illness and during the bereavement. Care is provided by a team of: trained medical personnel, homemakers, and counselors. The team acts under an independent Hospice administration. It helps the family unit cope with: physical, psychological, spiritual, social, and economic stresses.

Hospital: A facility which provides diagnosis, Treatment, and care of persons who need acute Inpatient Hospital care under the supervision of Physicians and provides 24-hour nursing service by Registered Nurses on duty or call. It must be licensed as a general acute care Hospital according to state and local laws. Hospital shall also include a psychiatric health facility for the Treatment of mental or psychoneurotic disorders. Hospital also includes tax- supported institutions, which are not required to maintain surgical facilities.

Hospital also includes an Ambulatory Surgical Center or ambulatory medical center; and a birthing facility certified and licensed as such under the laws where located. It shall also include Rehabilitative facilities if such is specifically required for Treatment of physical disability.

Facilities primarily treating drug addiction or Alcoholism that are licensed to provide these services are also included in this definition. Hospital does not include a place primarily for rest, the aged, a place for educational or Custodial Care or Hospice.

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.

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

International Student means an international student:
1. With a current passport and a student Visa;
2. Who is temporarily residing outside of his or her Home Country; and
3. Is actively engaged as a student or in educational research activities through the Policyholder.

In so far as the Policy is concerned, permanent residents or those who have applied for Permanent Residency Status are not considered to be an International Student.

Loss means medical expense caused by an Injury or Sickness which is covered by the Policy.
**Medically Necessary or Medical Necessity** means diagnostic testing and medical treatment which is medically appropriate to the Insured Person’s physical or mental diagnosis for an injury or illness, and Preventive Services covered in the Policy. Medically Necessary care must meet the following criteria:

1. is appropriate, in terms of type, frequency, level, setting, and duration, to the Insured Person’s diagnosis or condition, and diagnostic testing and preventive service; and
2. consistent with generally accepted practice parameters as determined by health care providers in the same or similar general specialty as typically manages the condition, procedure, or treatment; and
3. restores or maintains health; or
4. prevents deterioration of the member’s condition.

**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.

**Non-Preferred Providers** are Physicians, Hospitals and other healthcare providers who have not agreed to any pre-arranged fee schedules.

**Non-Preferred Drug** means a drug that makes up the formulary drug list and may have a higher out-of-pocket cost.

**Nurse** means a licensed Registered Nurse (R.N.) or Licensed Practical Nurse (L.P.N.) who:
1. Is properly licensed or certified to provide medical care under the laws of the state where the Nurse practices; and
2. Provides medical services which are within the scope of the Nurse’s license or certificate who does not ordinarily reside in the Insured Person’s home or is not related to the Insured Person by blood or marriage.

**Organ Transplant** means the moving of an organ from one body to another or from a donor site to another location of the person’s own body, to replace the recipient’s damaged, absent or malfunctioning organ.

**Out-of-Pocket Maximum:** means the most the Insured Person will pay during a Policy Year before their Coverage begins to pay 100% of the allowed amount. This limit will never include Premium, balance-billed charges or health care the Policy does not cover.

**Physical Therapy** means any form of the following:
1. Physical or mechanical therapy;
2. Diathermy;
3. Ultra-sonic therapy;
4. Heat Treatment in any form; or
5. Manipulation or massage.

**Physician** means a health care professional practicing within the scope of his or her license and is duly licensed by the appropriate state regulatory agency to perform a particular service which is covered under the Policy, and who is not:
1. The Insured Person;
2. An Immediate Family Member; or
3. A person employed or retained by the Insured Person.

**Policy:** The Policy issued by Us, including the Schedule of Benefits and any attached riders.

**Preadmission Testing** means tests done in conjunction with and within 5 days of a scheduled surgery where an operating room has been reserved before the tests are done.

**Preferred Allowance** means the amount a Preferred Provider will accept as payment in full or Covered Medical Expenses.
Preferred Drug means a formulary drug that is within a select subset of therapeutic classes, which make up the formulary drug list.

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

Qualifying Life Event means an event that qualifies a Student to apply for coverage for him/herself or for the Insured Student’s Dependent due to a Qualifying Life Event under the Policy.

Rehabilitative means the process of restoring an Insured Person’s ability to live and work after a disabling condition by:
1. Helping the Insured Person achieve the maximum possible physical and psychological fitness;
2. Helping the Insured Person regain the ability to care for himself or herself;
3. Offering assistance with relearning skills needed in everyday activities, with occupational training and guidance with psychological readjustment.

Reservist means a member of a reserve component of the Armed Forces of the United States. Reservists also includes a member of the State National Guard and the State Air National Guard.

School or College means the college or university attended by the Insured Student.

Skilled Nursing Facility – a facility, licensed, and operated as set forth in applicable state law, which:
1. mainly provides inpatient care and Treatment for persons who are recovering from an illness or injury;
2. provides care supervised by a Physician;
3. provides 24 hour per day nursing care supervised by a full-time Registered Nurse;
4. is not a place primarily for the care of the aged, Custodial or Domiciliary Care, or Treatment of alcohol or drug dependency; and
5. is not a rest, educational, or custodial facility or similar place.

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

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

Student Health Center or Student Infirmary means an on-campus facility that provides:
1. Medical care and Treatment to Sick or Injured students; and
2. Nursing services.

A Student Health Center or Student Infirmary does not include:
1. Medical, diagnostic and Treatment facilities with major surgical facilities on its premises or available on a pre-arranged basis; or
2. Inpatient care.

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

Surgeon means a Physician who actually performs surgical procedures.

Telemedicine means the practice of health care delivery, diagnosis, consultation, Treatment, transfer of medical data, and education using interactive audio, video, or data communications involving a real time (synchronous) or near real time (asynchronous) two-way transfer of medical data and information. Neither a telephone conversation nor an electronic mail message between a Physician and Insured Person constitutes “Telemedicine”.
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.

Urgent Care means short-term medical care performed in an Urgent Care Facility for non-life-threatening conditions that can be mitigated or require care within forty-eight (48) hours of onset.

Urgent Care Facility means a Hospital or other licensed facility which provides diagnosis, Treatment, and care of persons who need acute care under the supervision of Physicians.

Usual and Reasonable means the average 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 Atlanta International Insurance Company or its authorized agent. Also referred to as the Company.

Preferred Provider Organization (PPO) Network

By enrolling in this Insurance Program, the Insured Person has the Cigna PPO Network of participating Providers with access to quality health care at discounted fees. To find a complete listing of the Network’s participating Providers, go to www.cigna.com, or contact Consolidated Health Plans toll-free at (877) 657-5030, or www.chpstudenthealth.com for assistance.

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

Pre-certification Process
The Insured Person is responsible for calling Us at the phone number found on the back of their Insured Person’s ID card and starting the Pre-Certification process. For Inpatient services or surgery, the call should be made at least 5 working days prior to Hospital Confinement or surgery. In the case of an emergency, the call should take place within 48 hours or as soon as reasonably possible.

The following Inpatient services or supplies require Pre-Certification:
1. All Inpatient admissions, including length of stay, to a Hospital, Skilled Nursing Facility, a facility established primarily for the Treatment of substance abuse, or a residential Treatment facility;
2. All Inpatient maternity care that exceed the standard length of stay;

Pre-Certification is not required for a medical emergency or Urgent Care or Hospital Confinement for maternity care except for those that exceed the initial 48/96 hours.

Additionally, no authorization requirement will apply to obstetrical or gynecological care provided by in-network providers.

Pre-Certification is not a guarantee that Benefits will be paid.
The Insured Person’s Physician will be notified of Our decision as follows:
1. For elective (non-emergency) admissions to a health care facility, We will notify the Physician and the health care facility by telephone and/or in writing of the number of Inpatient days, if any, approved;
2. For Confinement in a health care facility longer than the originally approved number of days, the treating Physician or the health care facility must contact Us before the last approved day. We will review the request for continued stay to determine Medical Necessity and notify the Physician or the health care facility of Our decision in writing or by telephone;
3. For any other covered services requiring Pre-Certification, We will contact the Provider in writing or by telephone regarding Our decision.

Our agent will make this determination within seventy-two (72) hours for an urgent request and four (4) business days for non-urgent requests following receipt of all necessary information for review. Notice of an Adverse Determination made by Our agent will be in writing and will include:
1. The reasons for the Adverse Determination including the clinical rationale, if any.
2. Instructions on how to initiate standard or urgent appeal.
3. Notice of the availability, upon request of the Insured Person or their designee, of the clinical review criteria relied upon to make the Adverse Determination. This notice will specify what, if any, additional necessary information must be provided to, or obtained by, Our agent in order to render a decision on any requested appeal.

Failure by Our agent to make a determination within the time periods prescribed shall be deemed to be an Adverse Determination subject to an appeal.

If the Insured Person has any questions about their Pre-Certification status, they should contact their Provider.

Schedule of Benefits

SCHEDULE OF BENEFITS

Preventive Services:
Preferred Provider: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of the Preferred Allowance when services are provided through a Preferred Provider.

Non-Preferred Provider: Deductible, Coinsurance, and any Copayment are applicable to Preventive Services provided through a Non-Preferred Provider. Benefits are paid at 60% of the Usual and Reasonable charge.

Deductible:
Combined Preferred provider and Non-Preferred Provider
Individual: $150

Out-of-Pocket Maximum:
Combined Preferred provider and Non-Preferred Provider*
Individual $6,600
Family $13,200

*Covered expenses applied to the Non-preferred maximum out-of-pocket limit will be applied to satisfy the Preferred maximum out-of-pocket limit and Covered expenses applied to the Preferred maximum out-of-pocket limit will be applied to satisfy the Non-preferred maximum out-of-pocket limit.

Coinsurance Amount:
Preferred Provider: 80% of the Preferred Allowance (PA) for Covered Medical Expenses unless otherwise stated below.
Non-Preferred Provider: 60% of the Usual and Reasonable (U&R) charge for Covered Medical Expenses unless otherwise stated below.
Benefit Payment for Preferred Providers and Non-Preferred Providers
The Policy provides benefits based on the type of health care provider selected. The Policy provides access to both Preferred Providers and Non-Preferred Providers. Different benefits may be payable for Covered Medical Expenses rendered by Preferred Providers versus Non-Preferred Providers, as shown in the Schedule of Benefits.

Preferred Provider Organization:
To locate a Preferred Provider in Your area, consult Your Provider Directory or call toll free (877) 657-5030 or visit Our website at www.chpstudenthealth.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 THE SERVICE OR TREATMENT IS PROVIDED BY A PREFERRED OR NON-PREFERRED PROVIDER.
4. UNLESS OTHERWISE SPECIFIED BELOW THE MEDICAL PLAN DEDUCTIBLE WILL ALWAYS APPLY.

<table>
<thead>
<tr>
<th>BENEFITS FOR COVERED INJURY/SICKNESS</th>
<th>PREFERRED PROVIDER</th>
<th>NON-PREFERRED PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Room &amp; Board Expenses and miscellaneous services and supplies. Subject to Semi-Private room rate unless intensive care unit is required. Pre-Certification required</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
</tr>
<tr>
<td>Preadmission Testing</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
</tr>
<tr>
<td>Physician’s Visits while Confined</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
</tr>
<tr>
<td>Inpatient Surgery: Pre-Certification required</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
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<tr>
<td>Surgeon Services</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
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<tr>
<td>Anesthetist</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
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<tr>
<td>Assistant Surgeon</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
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<tr>
<td>Benefit</td>
<td>Coverage Level</td>
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<tr>
<td>Physical Therapy (inpatient)</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
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<tr>
<td></td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
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<tr>
<td>Skilled Nursing Facility Expense Benefit</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
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<tr>
<td>Pre-Certification required</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
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<tr>
<td>Up to 120 days per Policy Year</td>
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<tr>
<td>Mental Health Disorder Benefit</td>
<td>Same as any other Covered Sickness</td>
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<tr>
<td>Substance Use Disorder Benefit</td>
<td>Same as any other Covered Sickness</td>
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<tr>
<td><strong>Outpatient Benefits</strong></td>
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<tr>
<td><strong>Outpatient Surgery:</strong></td>
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<tr>
<td>Surgeon Services</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
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<tr>
<td>Anesthetist</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
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</tr>
<tr>
<td>Assistant Surgeon</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
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<tr>
<td>Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services &amp; supplies, such as cost of operating room, therapeutic services, oxygen, oxygen tent, and blood &amp; plasma</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
</tr>
<tr>
<td>Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, Physical Therapy, occupational therapy and speech therapy</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
</tr>
<tr>
<td>Habilitative Services are covered to the extent that they are Medically Necessary</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
</tr>
<tr>
<td>Emergency Services Expenses</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Copayment: $250 Copayment waived if admitted</td>
<td>80% of Usual and Reasonable Charge for Covered Medical Expenses Copayment: $250 Copayment waived if admitted</td>
</tr>
<tr>
<td>Service Category</td>
<td>In Office Physician’s Visits</td>
<td>Second Opinion Benefit</td>
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<td></td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
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**In Office Physician’s Visits**
Includes services provided via Telemedicine.

**Second Opinion Benefit**
80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred

**Urgent Care Centers or Facilities**
80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred

**Outpatient Facility Fee**
80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred

**Diagnostic Imaging Services**
80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred

**CT Scan, MRI and/or PET Scans**
80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred

**Laboratory Procedures (Outpatient)**
80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred

**Prescription Drugs Retail Pharmacy**
No cost sharing applies to ACA Preventive Care medications filled at a participating network pharmacy or Student Health Center.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Tiers Information</th>
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</thead>
<tbody>
<tr>
<td>TIER 1</td>
<td>Generic</td>
<td>100% of Preferred Allowance for Covered Medical Expenses after copayment Copayment: $20 Deductible Waived Not Covered</td>
</tr>
<tr>
<td>TIER 2</td>
<td>Preferred Drug</td>
<td>100% of Preferred Allowance for Covered Medical Expenses after copayment Copayment: $40 Deductible Waived Not Covered</td>
</tr>
<tr>
<td>TIER 3</td>
<td>Non-Preferred Drug</td>
<td>100% of Preferred Allowance for Covered Medical Expenses after copayment Copayment: $60 Deductible Waived Not Covered</td>
</tr>
<tr>
<td>Specialty Prescription Drugs</td>
<td>100% of Preferred Allowance for Covered Medical Expenses after copayment</td>
<td>Not Covered</td>
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</tr>
<tr>
<td>TIER 4 Specialty Prescription Drugs</td>
<td>Copayment: $60 Deductible Waived</td>
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</tr>
<tr>
<td>Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
</tr>
<tr>
<td>Home Health Care Expenses Up to 120 visits per Policy Year</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
</tr>
<tr>
<td>Hospice Care Coverage</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
</tr>
<tr>
<td>Mental Health Disorder Benefit</td>
<td>Same as any other Covered Sickness</td>
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<tr>
<td>Substance Use Disorder Benefit</td>
<td>Same as any other Covered Sickness</td>
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</tbody>
</table>

**Other Benefits**

<table>
<thead>
<tr>
<th>Allergy Testing</th>
<th>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</th>
<th>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy Injections/Treatment</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
</tr>
<tr>
<td>Ambulance Service ground and/or air, water transportation</td>
<td>100% of Preferred Allowance for Covered Medical Expenses</td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Durable Medical Equipment Including Prostheses</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
</tr>
<tr>
<td>Dialysis Care</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
</tr>
<tr>
<td>Hearing Aids Limited to 1 pair of hearing aids per 36 month period</td>
<td>80% of Preferred Allowance for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived if Student Health Center Referred</td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>Same as any other Covered Sickness</td>
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<tr>
<td>Routine Newborn Care</td>
<td>Same as any other Covered Sickness</td>
<td></td>
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</tbody>
</table>
| Nutritional Counseling | 80% of Preferred Allowance for Covered Medical Expenses  
Deductible Waived if Student Health Center Referred | 60% of Usual and Reasonable Charge for Covered Medical Expenses  
Deductible Waived if Student Health Center Referred |
|------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Consultant/Specialist Physician Services when requested by the attending Physician | 80% of Preferred Allowance for Covered Medical Expenses  
Deductible Waived if Student Health Center Referred | 60% of Usual and Reasonable Charge for Covered Medical Expenses  
Deductible Waived if Student Health Center Referred |
| Covered Clinical Trials | Same as any other Covered Sickness | |
| Accidental Injury Dental Treatment for Insured Person’s Covered Clinical Trials | 80% of Preferred Allowance for Covered Medical Expenses  
Deductible Waived if Student Health Center Referred | 60% of Usual and Reasonable Charge for Covered Medical Expenses  
Deductible Waived if Student Health Center Referred |
| Sports Accident Expense - incurred as the result of the play or practice of Intercollegiate, intramural or club sports Up to $89,500 per Accident | Intercollegiate, intramural or club sports payable at 100% up to $500 then payable as any other injury.  
80% of Preferred Allowance for Covered Medical Expenses  
Deductible Waived if Student Health Center Referred | Intercollegiate, intramural or club sports payable at 100% up to $500 then payable as any other injury.  
60% of Usual and Reasonable Charge for Covered Medical Expenses  
Deductible Waived if Student Health Center Referred |
| Medical Evacuation Expense | Subject to $50,000 maximum per Policy Year | |
| Repatriation Expense | Subject to $50,000 maximum per Policy Year | |
| Pediatric Dental Care Benefit (to the end of the month in which the Insured Person turns age 19) Preventive Dental Care Limited to 2 dental exams every 12 months The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care: Emergency Dental Routine Dental Care Endodontic Services Prosthodontic Services Medically Necessary Orthodontic Care | See Benefit for limitations  
100% of Preferred Allowance for Preventive Dental Care | See Benefit for limitations  
60% of the Usual and Reasonable Charge for Preventive Services |
| Pediatric Vision Care Benefit (to the end of the month in which the Insured Person turns age 19) Limited to 1 visit(s) per Policy Year and 1 pair of prescribed lenses and frames per Policy Year | 100% of Preferred Allowance for Covered Medical Expenses  
Deductible Waived | 80% of Usual and Reasonable Charge for Covered Medical Expenses |
| Adult Vision Care (age 19 and older) Routine Eye Exam once every 12 months | 80% of Preferred Allowance for Covered Medical Expenses | 60% of Usual and Reasonable Charge for Covered Medical Expenses |
### Chiropractic Care Benefit
- 80% of Preferred Allowance for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred
- 60% of Usual and Reasonable Charge for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred

### Organ Transplant
- 80% of Preferred Allowance for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred
- 60% of Usual and Reasonable Charge for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred

### Telemedicine or Telehealth Service
- 80% of Preferred Allowance for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred
- 60% of Usual and Reasonable Charge for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred

### Chemotherapy and Radiation Therapy
- 80% of Preferred Allowance for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred
- 60% of Usual and Reasonable Charge for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred

### Infusion Therapy
- 80% of Preferred Allowance for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred
- 60% of Usual and Reasonable Charge for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred

### Treatment for Temporomandibular Joint (TMJ) Disorders
- 80% of Preferred Allowance for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred
- 60% of Usual and Reasonable Charge for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred

### Prosthetic Devices
- 80% of Preferred Allowance for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred
- 60% of Usual and Reasonable Charge for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred

### Reconstructive Surgery
- 80% of Preferred Allowance for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred
- 60% of Usual and Reasonable Charge for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred

### Tuberculosis screening, Titers, Quantiferon B tests including shots (other than covered under preventive services)
- 80% of Preferred Allowance for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred
- 60% of Usual and Reasonable Charge for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred

### Infertility Treatment
- 80% of Preferred Allowance for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred
- 60% of Usual and Reasonable Charge for Covered Medical Expenses
- Deductible Waived if Student Health Center Referred

### Mandated Benefits
- **Anesthesia and Hospital Charges for Dental Care**: Same as any other Covered Sickness
- **Diabetes Coverage**: Same as any other Covered Sickness
- **Emotionally Disabled Children**: Same as any other Covered Sickness
- **Lyme Disease**: Same as any other Covered Sickness
- **Port-wine Stain**: Same as any other Covered Sickness
<table>
<thead>
<tr>
<th>Orally administered anti-cancer drugs, including chemotherapy</th>
<th>Same as any other Covered Sickness</th>
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</thead>
<tbody>
<tr>
<td>Private Duty Nursing Care</td>
<td>Same as any other Covered Sickness, subject to the limitations described in the Benefit</td>
</tr>
<tr>
<td>Scalp Hair Prosthesis</td>
<td>Same as any other Covered Sickness, subject to the limitations described in the Benefit</td>
</tr>
<tr>
<td>Prostate Cancer Screening</td>
<td>Same as any other Preventive Service</td>
</tr>
<tr>
<td>Reconstructive Surgery</td>
<td>Same as any other Covered Surgery</td>
</tr>
<tr>
<td>Routine Cancer Screenings</td>
<td>Same as any other Preventive Service</td>
</tr>
</tbody>
</table>

**Medical Evacuation**

The maximum benefit for Medical Evacuation, if any, is shown in the Schedule of Benefits.

If:

a. The Insured Person are unable to continue their academic program as the result of a Covered Injury or Covered Sickness;
b. That occurs while he or she is covered under the Policy,

We will pay the necessary Usual and Reasonable charges for evacuation to another medical facility or their 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:

a. 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;
b. Prior to the medical evacuation occurring, the attending Physician must have recommended, and We must have approved the medical evacuation;
c. We must approve the Usual and Reasonable Expenses incurred prior to the medical evacuation occurring, if applicable;
d. 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;
e. Evacuation to his or her Home Country terminates any further insurance under the Policy for The Insured Person; and
f. Transportation must be by the most direct and economical route.

**Repatriation**

The maximum benefit for Medical Evacuation, if any, is shown in the Schedule of Benefits.

If the Insured Person dies while covered under the 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.

**Exclusions and Limitations**

**Exclusion Disclaimer:** Any exclusion in conflict with the Patient Protection and Affordable Care Act or any state imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to the Insured Person’s.

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 the Insured Person’s 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. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the Student Health Center or by the person’s attending physician or dentist.

3. medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits or as part of the Student Health Center benefits provided by this plan.

4. professional services rendered by an Immediate Family Member or anyone who lives with the Insured Person.

5. Routine foot care, except as they meet criteria for medically necessary care.

6. Non-medically necessary Treatment because of Injury, infection or disease.

7. surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.

8. birth control, including elective surgical procedures or devices, except as specifically provided in the Schedule of Benefits.

9. 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.

10. any expenses in excess of Usual and Reasonable charges except as provided in the Policy.

11. injury 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.

12. injury resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport for which benefits are paid under another Professional Sports Insurance Program. Any Sports insurance program will be the primary payor;

13. 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 are required to pay.

14. services that are duplicated when provided by both a certified Nurse-midwife and a Physician.

15. expenses payable under any prior Policy which was in force for the person making the claim.

16. expenses incurred after:
   - The date insurance terminates as to an Insured Person, except as specified in the extension of benefits provision; and
   - The end of the Policy Year specified in the Benefit Schedule.

17. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Policy.

18. charges incurred for acupuncture, heat Treatment, diathermy, or massage, in any form, except to the extent provided in the Schedule of Benefits.

19. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Care Services benefit, or otherwise specifically covered under the Policy.

20. charges for hair growth or removal unless otherwise specifically covered under the Policy.

21. 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. office visit exam for the fitting of prescription contact lenses duplicate spare eyeglasses or lenses or frames non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes or unless otherwise covered under the Pediatric and Adult Vision Care Benefit.

22. charges for hearing exams, hearing screening, and the fitting or repair or replacement of hearing aids or cochlear implants except as specifically provided in the Policy.

23. expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury or results from Reconstructive Surgery. This exclusion does not apply to services for port wine stain removal and reconstructive surgery.
   - 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.
25. Treatment to the teeth, including orthodontic braces and orthodontic appliances, or unless otherwise covered under the Pediatric Dental Care Benefit. Surgical extractions of teeth. This exclusion does not apply to the repair of injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.

26. The Insured Person is:
   o committing or attempting to commit a felony, or
   o being engaged in an illegal occupation.

27. Elective abortions. Elective abortion means a voluntary, non-therapeutic abortion including those as result of rape or incest.

28. The Insured Person is:
   o committing or attempting to commit a felony, or
   o being engaged in an illegal occupation.

29. Elective abortions. Elective abortion means a voluntary, non-therapeutic abortion including those as result of rape or incest.

30. Custodial Care service and supplies.

31. charges for hot or cold packs.

32. hernia, of any kind, unless medically necessary.

33. expenses that are not recommended and approved by a Physician.

34. sexual reassignment surgery, except as provided when Medically Necessary or when Treatment is covered under the Policy. This exclusion does not include related mental health counseling or hormone therapy.

35. routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, donor services if the recipient is not an Insured Person under this plan, or services for or related to the transplantation of animal or artificial organs or tissues.

36. cosmetic procedures related to Gender Dysphoria including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, breast augmentation, body contouring, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants.

37. Sleep Disorders screening including testing.

38. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
   o which does not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided for under Preventive Services or in the Prescription Drug Benefit section of this plan;
   o drugs with over-the-counter equivalents except as specifically provided for under Preventive Services;
   o Brand-Name Prescription Drugs with generic equivalents
   o allergy sera and extracts administered via injection;
   o for the purpose of weight control;
   o vitamins, minerals, food supplements.;
   o sexual enhancements drugs;
   o dietary supplements;
   o cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or Treatment of acne except as specifically provided in the Policy;
   o blood glucose meters, asthma holding chambers and peak flow meters are eligible health services, but are limited to one (1) prescription order per Policy Year;
   o refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
   o drugs labeled, “Caution – limited by federal law to Investigational use” or Experimental Drugs;
   o purchased after coverage under the Policy terminates;
   o consumed or administered at the place where it is dispensed;
   o if the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
   o bulk chemicals;
   o non-insulin syringes surgical supplies durable medical equipment/medical devices with the exception of diabetic blood monitors and kits except as specifically provided for under Preventive Services;
   o stimulants;
Third Party Refund

When:
1. The Insured Person is injured through the negligent act or omission of another person (the "third party"); and
2. benefits are paid under the Policy as a result of that Injury,
We are entitled to a refund by the Insured Person of all Policy benefits paid as a result of the Injury.

The refund must be made to the extent that the Insured Person receives payment for the Injury from the third party or that third party's insurance carrier. We may file a lien against that third-party payment. Reasonable pro rata charges, such as legal fees and court costs, may be deducted from the refund made to Us. The Insured Person must complete and return the required forms to Us upon request.

Coordination of Benefits

The Coordination of Benefits ("COB") provision applies when a person has health care coverage under more than one Plan.

The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary plan. The Primary plan must pay benefits in accordance with its policy terms without regard to the possibility that another Plan may cover some expenses. The Plan that pays after the Primary plan is the Secondary plan. The Secondary plan may reduce the benefits it pays so that payments from all Plans does not exceed 100% of the total Allowable expense.

Right of Recovery

If the amount of payments made by Our Agent or Us is more than it should have paid under this COB provision, it may recover the excess from one or more of the persons it has paid or for whom it has paid, or any other person or organization that may be responsible for the benefits or services provided for the Insured Person. The “amount of the payments made” includes the reasonable cash value of any benefits provided in the form of services.

Claim Procedures

In the event of either an Injury or a Sickness:
1. Report to a Physician, Hospital or the School's Student Health Center.
2. Written notice of a claim must be submitted to the address below within 90 days after the date of Injury or commencement of Sickness covered by the Policy, or as soon thereafter as is reasonably possible.
3. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, Social Security number or student ID number and name of the College under which the student is insured. A Company claim form is not required for filing a claim. Bills should be received by the Company within 90 days of service.

CIGNA
PO Box 188061
Chattanooga, TN 37422 – 8061
Electronic Payor ID: 62308
Claim Appeal Process

A written appeal for a first level review, along with any additional information or comments, must be sent within six (6) months after notice of an Adverse Determination. The Insured Person does not have the right to attend or have an authorized representative in attendance at the first level review. However, in preparing the appeal, the Insured Person or his or her authorized representative may:

a. review all documents related to the claim and submit written comments and issues related to the denial; and
b. submit written comments, documents, records or other materials related to the request for benefits for the reviewer(s) to consider.

We will provide the Insured Person with the contact person who is coordinating the first level review within 3 days of the date of receipt of the grievance.

After the written notice is filed and all relevant information is presented, the claim will be reviewed and a final decision will be sent either in writing or electronically to the Insured Person within 30 days for a Prospective Review request or 60 days for a Retrospective Review request after receipt of the notice requesting the first level review. This time period may be extended up to 14 days due to extenuating circumstances. If an extension is needed, all of the parties involved will be notified.

We shall provide free of charge to the Insured Person, or their authorized representative, any new or additional evidence, relied upon or generated by Us, or at Our direction, in connection with the grievance sufficiently in advance of the date the decision is required to be provided to permit the Insured Person, or their authorized representative, a reasonable opportunity to respond prior to the date.

Before the We issue or provide notice of a final Adverse Determination that is based on new or additional rationale, We shall provide the new or additional rationale to the Insured Person, or their authorized representative, free of charge as soon as possible and sufficiently in advance of the date the notice of final Adverse Determination is to be provided to permit the Insured Person, or their authorized representative a reasonable opportunity to respond prior to the date.

In the case of an Adverse Determination involving utilization review, We will designate an appropriate clinical peer(s) of the same or similar specialty as would typically manage the case being reviewed to determine Adverse Determination. The clinical peer(s) shall not have been involved in the initial adverse determination. We shall ensure that the individuals reviewing the Adverse Determination have appropriate expertise.

Please submit all Claim Appeal requests to Consolidated Health Plans.

Claims Administrator:
Consolidated Health Plans
2077 Roosevelt Avenue
Springfield, Massachusetts 01104
(877) 657-5030
www.chpstudenthealth.com

The Student Health Insurance Plan is underwritten by:
Atlanta International Insurance Company
Flushing, NY

As Policy form: MN SHIP AIIC POL (2018)

For a copy of the Company’s privacy notice the Insured Person may go to:
www.consolidatedhealthplan.com/about/hipaa
(Please indicate the school the Insured Student attends with their written request)
or
Request one from the Health Office at the School
Representations of the Plan must be approved by the Company.

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary State approvals. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state’s laws, including those relating to mandated benefits.

Value Added Services

The following are not affiliated with Atlanta International Insurance Company and the services are not part of the Plan Underwritten by Atlanta International Insurance Company. These value-added options are provided by Consolidated Health Plans.

VISION DISCOUNT PROGRAM
For Vision Discount Benefits please go to:
www.chpstudenthealth.com

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 assistance services coverage, please call Consolidated Health Plans at (877) 657-5030. 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.

Your out-of-pocket costs may be lower when you utilize Cigna PPO Providers. For a listing of Cigna PPO Providers, go to www.cigna.com or contact Consolidated Health Plans toll-free at (877) 657-5030, or www.chpstudenthealth.com for assistance.

With CareConnect from CHP Student Health, students have 24/7 access to professional assistance to help manage personal concerns, emotional issues, transition and adjustment concerns, academic stress, career development, and the demands of daily and family obligations.

Members in need of assistance simply call the behavioral health hotline on their ID card, (888) 857-5462, or via the CHP Student Health mobile app for immediate access to a masters-level mental health professional. Students are run through a clinical assessment to determine if CareConnect counseling, health center referral, or other treatment is necessary. To access mobile features, students simply download their school’s app in their device’s app store.