Dear Students:

We are pleased to provide you with this summary of the Student Health Insurance Plan for Carleton College. This plan is fully compliant with the Affordable Care Act.

Who Is Eligible To Enroll?

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.

How Do I Waive Coverage/Enroll?

- Go to www.studentinsurance.com;
- With the “Find Your School” smart search feature located in the center of the page start typing ‘Carleton College’;
- Select Carleton College and hit ENTER;
- From the Carleton College page, you can waive/enroll by clicking the blue button located in the Waive/Enroll section;
- Follow the on-screen instructions to waive out of or elect to enroll in the student health insurance plan.

Waiver Period Deadline Dates

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual</td>
<td>August 15, 2018</td>
</tr>
<tr>
<td>Spring</td>
<td>Contact Carleton College at the following: <a href="mailto:ckoen@carleton.edu">ckoen@carleton.edu</a></td>
</tr>
</tbody>
</table>

Cost and Periods of Coverage*

<table>
<thead>
<tr>
<th>Annual</th>
<th>Fall Only 8/15/18 to 8/14/19</th>
<th>Winter Only 12/31/18 to 3/31/19</th>
<th>Spring/Summer 8/14/19</th>
<th>Winter/Summer 1/1/19 to 8/14/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,707</td>
<td>$650</td>
<td>$421</td>
<td>$664</td>
</tr>
</tbody>
</table>

*The above rates include an administrative fee. Dependents rates are in addition to the student rate.

Where Can I Obtain More Information About The Plan?

<table>
<thead>
<tr>
<th>Enrollment/Waiver Coverage</th>
<th>Consolidated Health Plans (CHP) [<a href="http://www.chpstudenthealth.com">www.chpstudenthealth.com</a>]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Benefits</td>
<td>Consolidated Health Plans (CHP) [<a href="http://www.chpstudenthealth.com">www.chpstudenthealth.com</a>]</td>
</tr>
<tr>
<td>Claim Processing</td>
<td>Cigna [<a href="http://www.cigna.com">www.cigna.com</a>]</td>
</tr>
<tr>
<td>ID Cards</td>
<td></td>
</tr>
<tr>
<td>Find Network Provider</td>
<td>BeRx [<a href="http://www.berxplan.com">www.berxplan.com</a>]</td>
</tr>
<tr>
<td>Find Prescription Drug</td>
<td></td>
</tr>
<tr>
<td>Provider</td>
<td></td>
</tr>
</tbody>
</table>

HEALTH INSURANCE BENEFIT SUMMARY*

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>NETWORK</th>
<th>NON-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (Deductible waived if Health Center Referred)</td>
<td>$150</td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,600 Individual / $13,200 Family</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>80% of PA</td>
<td>60% of U&amp;R</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100% of PA</td>
<td>60% of U&amp;R</td>
</tr>
<tr>
<td>Hospital Room &amp; Board (Inpatient)**</td>
<td>80% of PA</td>
<td>60% of U&amp;R</td>
</tr>
<tr>
<td>Surgery (Inpatient or Outpatient)</td>
<td>80% of PA</td>
<td>60% of U&amp;R</td>
</tr>
<tr>
<td>In Office Physician Visit</td>
<td>80% of PA</td>
<td>60% of U&amp;R</td>
</tr>
<tr>
<td>Emergency Services Expense Copayment Waived if Admitted</td>
<td>80% of PA</td>
<td>$250 Copayment</td>
</tr>
<tr>
<td>Diagnostic X-ray &amp; Laboratory</td>
<td>80% of PA</td>
<td>60% of U&amp;R</td>
</tr>
<tr>
<td>Sports Accident Expense</td>
<td>100% up to $500</td>
<td></td>
</tr>
<tr>
<td>Club Sports Injuries</td>
<td>80% of PA</td>
<td>60% of U&amp;R</td>
</tr>
<tr>
<td>Up to $90,000 per Accident</td>
<td>100% up to $500</td>
<td></td>
</tr>
<tr>
<td>Outpatient Prescription Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible Waived</td>
<td>Tier 1 $20</td>
<td>Tier 2 $40</td>
</tr>
<tr>
<td></td>
<td>Tier 3 $60</td>
<td>Tier 4 $60</td>
</tr>
</tbody>
</table>

**This is only a brief description of the coverage(s) available under Certificate form MN SHIP Cert (2018). The Certificate will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

**All inpatient confinements require pre-certification. The phone number can be found on the back of the Insured’s ID card. The call should be made prior to Hospital Confinement. In the case of an emergency, the call should take place as soon as reasonably possible.

The following Value-Added Services are not part of the Policy and are not underwritten by Commercial Casualty Insurance Company. The services are provided by independent vendors and are included if the student participates in the student health plan.

- Vision discount program through Davis Vision
- Medical travel assistance through Travel Guard Services
- 24/7 Behavioral Health Hotline/Care Connect

Underwritten By: Atlanta International Insurance Company

Plan Administrator: Consolidated Health Plans, Inc.
2077 Roosevelt Ave.
Springfield, MA 01104
chpstudenthealth.com
(877) 657-5030

Servicing Agent: USI Student Insurance Division
www.usi.com
SECTION VI - 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.

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

1. **International Students Only** - expenses incurred within the Insured Person’s Home Country or country of regular domicile.
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. 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.
9. any expenses in excess of Usual and Reasonable charges except as provided in this Policy.
10. injury resulting from war or act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority.
11. injury resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
12. 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.
13. services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
14. expenses payable under any prior Policy because of injury, in force for the person making the claim.
15. Injury sustained as the result of the Insured Person operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
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 Certificate.
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.
    - For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient’s appearance or alter their personal concept of body image.
24. 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.

25. The Insured Person is:
    - committing or attempting to commit a felony, or
    - being engaged in an illegal occupation.
26. \(\text{elective abortions. Elective abortion means a voluntary, non-therapeutic abortion including those as result of rape or incest.}\)
27. braces and appliances, except as specifically provided in the Schedule of Benefits.
28. congenital defects, except as provided for covered Dependent children added after the Effective Date of coverage.
33. Custodial Care service and supplies.
34. charges for hot or cold packs.
35. Hernia, of any kind.
36. Services of a private duty Nurse.
37. expenses that are not recommended and approved by a Physician.
38. 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.
39. 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.
40. 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.
41. Sleep Disorders screening including testing.
42. 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 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; except as specifically provided for under Preventative Services;
   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 this 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;
   o repackaged products;
   o blood components;
   o immunology products.
43. non-chemical addictions.
44. non-physical, occupational, speech therapies (art, dance, etc.).
45. modifications made to dwellings.
46. general fitness, exercise programs.
47. obesity Surgery.
48. hypnosis.
49. rolfing.
50. biofeedback.
51. hyperhidrosis.