2017 – 2018 STUDENT HEALTH INSURANCE PLAN

Designed for the Students of

One North College St.
Northfield, MN 55057

Effective Date: August 15, 2017 to August 15, 2018

Policy Number: 2017U2A00
TO ALL STUDENTS OF CARLETON COLLEGE

Carleton College requires that all students enrolled at the College have health insurance coverage. An unexpected or expected illness or injury can result in heavy financial burdens for a student and his/her family. This burden added to the high cost of education may force a student to withdraw from school. Knowing this, Carleton College offers a Student Accident and Sickness Insurance Plan designed to meet students insurance needs and to enhance retention of students following an illness or injury.

This brochure is a brief description of the Plan. The exact provisions governing the insurance are contained in the Master Policy issued to Carleton College and may be viewed at the school during regular business hours. This Plan is underwritten by National Guardian Life Insurance Company, and serviced by USI Student Insurance Division. Claims are processed by Commercial Travelers.

We suggest that you retain this brochure so you will have a ready reference to the benefits of the Plan. Any provisions of this Plan which, on its effective date, is in conflict with the statutes of the state in which the Covered Person resides on such date, is to conform to the minimum requirements of such statutes.

STUDENT ELIGIBILITY AND ENROLLMENT

All full-time students taking 6 or more credit hours attending Carleton College must participate in this Student Accident and Sickness Insurance Plan unless proof of alternate coverage is furnished. Students who have not provided proof of alternate coverage through the waiver process will be automatically enrolled in the Student Health Insurance Plan. Waiver and enrollment must be submitted online by August 15, 2017 at www.cirstudenthealth.com/carleton.

Previously Covered Students and their Dependents must re-enroll within 30 days from the start of the period of coverage in order to avoid a break in coverage.

Students must actively attend classes for 31 consecutive class days following the date of enrollment in this insurance program. Home study and auditing scholars do not qualify as a student for the purposes of purchasing insurance coverage.
DEPENDENT ELIGIBILITY

Covered Students may also purchase Dependent coverage. Eligible students may also insure, on a Voluntary Participation Basis, their eligible Dependents. Students 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. 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).

Dependent Child Coverage:

Newly Born Children - A newly born child of an Insured Person will be covered from the moment of birth, regardless of whether the child resides with the Insured Person. Newborn child includes the grandchild who is financially dependent on a grandparent who is an Insured Person, regardless of whether the child resides with the insured grandparent. Such newborn child will be covered for Covered Injury or Covered Sickness. This includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities from the moment of birth. We may withhold payment of any benefits for a newly born child until We receive all premium which would have been owed if We had been immediately informed of the additional Dependent.

Adopted Children - Dependent Child Coverage also applies to any child adopted or placed for adoption irrespective of whether the adoption has become final. As it pertains to this provision:

Child means, in connection with an adoption or place for adoption, an individual who has not attained the age of 18 as of the date of the adoption or placement for adoption.

Placement for adoption means the assumption and retention by a person of a legal obligation for total or partial support of a child in anticipation of the adoption of a child. The child’s placement with a person terminates upon the termination of the legal obligation.

The Insurance Information Schedule indicates whether the Policy provides coverage for the Student only or if Dependent coverage is included.

To continue coverage the Insured Person must pay any additional premium required for coverage for the Child.

We will provide coverage for the child placed for adoption as long as the Insured Person:
1. Has custody of the child;
2. The Insured Student’s coverage under the Policy remains in effect; and
3. The required premiums are furnished to Us.

Disabled Children: If:
1. There is dependent coverage; and
2. The Policy provides that coverage of a dependent child will terminate upon attainment of a specified age.

We will not terminate the coverage of such child due attainment of that age while the child is and continues to be both:
1. Incapable of self-sustaining employment by reason of developmental disability or physical handicap; and
2. Chiefly dependent upon the Insured Student for support and maintenance.

Proof of such incapacity and dependence shall be furnished to us within thirty-one days of the child’s attainment of the limiting age. Upon request, We may require proof satisfactory to it of the continuance of such incapacity and dependency. We may not request this more frequently than annually after the two-year period following the child’s attainment of the limiting age.

POLICY TERM

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 no 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 the student’s enrollment in the School’s insurance plan; or 4) The Policy effective date.

The last date for enrollment is shown in the Insurance Information Schedule. The Enrollment Period will run from the start of the quarter or semester for which coverage is desired.
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 an Insured Person enters military service; or 5) For International Students, the date Insured Person departs the Country of Assignment for his/her Home Country (except for scheduled school breaks); 6) For International Students, the date the student ceases to meet Visa requirements; 7) On any premium due date the Policyholder fails to pay the required premium for an Insured Person except as the result of an inadvertent error.

PREMIUM RATES
Student Accident and Sickness Insurance Plan August 15, 2017 to August 15, 2018

<table>
<thead>
<tr>
<th>Category</th>
<th>Premium</th>
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<tbody>
<tr>
<td>Student Only</td>
<td>$1,473.00</td>
</tr>
<tr>
<td>Spouse Only</td>
<td>$1,473.00</td>
</tr>
<tr>
<td>Each Child</td>
<td>$1,473.00</td>
</tr>
<tr>
<td>Administrative fee included.</td>
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</tbody>
</table>

PREMIUM REFUND POLICY
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.

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 will be made for such person upon written request received by Us within ninety (90) days of withdrawal from school.

3. For International Students, Scholars, Visiting Faculty member and/or their covered Dependents. We will refund a pro rata portion of the premium actually paid for any individual who:
   a. Withdraws from School during his/her first semester; and
   b. Returns to his/her Home Country.
   A written request must be sent to us within 60 days of such departure.

No other refunds will be allowed.

Requests should be made to the USI Student Insurance Division at 1-800-322-9901. Premium received by the Company is fully earned upon receipt. No other requests for a refund of premium will be considered.

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 results independently of disease, bodily infirmity, or any other cause that causes Injury to an Insured Person.

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

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

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

Child Health Supervision Services means pediatric preventive services, appropriate immunizations, developmental assessments, and laboratory services appropriate to the age of a child from birth to age 6, and appropriate immunizations from ages six to 18, as defined by Standards of Child Health Care issued by the American Academy of Pediatrics.

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

Complications of Pregnancy means conditions that require Hospital confinements before the pregnancy ends and whose diagnoses are distinct from but caused or affected by pregnancy. These conditions are acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar conditions as severe as these.

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

Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, preeclampsia, and similar conditions not medically distinct from a difficult pregnancy.

Copayment means the amount of Usual and Reasonable expenses for treatment that We do not pay. The Insured Person is responsible for paying this portion of the expenses incurred. Any Copayment amounts are shown in the Schedule of Benefits.
**Country of Assignment** means the country in which an Eligible International Student, scholar or visiting faculty member is:
1. Temporarily residing; and
2. Actively engaged in education or educational research related activities sponsored by the National Association for Foreign Student Affairs or its Member Organizations.

**Covered Injury** means a bodily injury that is sustained by the Insured Person and caused by an Accident directly and independently of all other causes. Coverage under the School’s policies must be in force on the dates the services and supplies are received for them to be considered as a Covered Medical Expense under the Policy.

**Covered Medical Expense** means those charges for any treatment, service, or supplies that are:
1. Not in excess of the Usual and Reasonable charges therefore;
2. Not in excess of the charges that would have been made in the absence of this insurance;
3. Not in excess of the PPO Allowance;
4. Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

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

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

**Dependent** means:
1. An Insured Student’s lawful spouse or lawful Domestic Partner;
2. An Insured Student’s dependent biological or adopted child or stepchild under age 26; and
3. An Insured Student’s unmarried biological or adopted child or stepchild who has reached age 26 and who is:
   a. primarily dependent upon the Insured Student for support and maintenance; and
   b. incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap.

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

**Elective Surgery or Elective Treatment** means surgery or medical treatment that is:
1. not necessitated by a pathological or traumatic change in the function or structure of any part of the body; and
2. which occurs after the Insured Person’s effective date of coverage.

**Elective Treatment** includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, infertility, learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, preventive medicines or vaccines except when required for the treatment of Covered Injury or Covered Sickness to the extent coverage is not required by state or federal law. **Elective Surgery** includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, sub-mucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include Plastic or Cosmetic Surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

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

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

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

**Essential Health Benefits** mean benefits that are defined as such by the Secretary of Labor and are to be provided in a manner that is equal to the scope of benefits provided under a typical employer plan. This applies to the following general categories and the items and services covered within the categories:
1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment and court-ordered mental health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

Formulary means a list of medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. The Formulary includes Generic, Brand, and Preferred Brand Drugs.

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

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.

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

Hospital does not include the following:
1. Convalescent homes or convalescent, rest or nursing facilities;
2. Facilities primarily affording custodial, educational, or rehabilitant care; or
3. Facilities for the aged.

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

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

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

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, on a full time basis, as a student or in educational research activities through the Policyholder.

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

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

Medically Necessary means medical treatment, diagnostic testing, and preventive services that are appropriate, in terms of type, frequency, level, setting, and duration to the Insured Person’s diagnosis, or condition, including Mental Health Disorders or Substance Abuse Disorders. The treatment must be rendered in accordance with generally accepted standards of medical practice by Physicians in the same or similar specialty that generally manages the health condition. The treatment must:
1. Help restore or maintain the Insured Person’s health; or
2. Prevent deterioration of the Insured Person’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.

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

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

Out-of-pocket Expense Limit means the amount of Usual and Reasonable expenses that an Insured Person is responsible for paying.
Physician means an individual who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered. Such individual may provide preventive, curative, promotional or rehabilitative care services as described in the individual’s license.

A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a Health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

Physician will also means any licensed practitioner of the healing arts who We are required by law to recognize as a “Physician.” This includes an acupuncturist, a certified nurse practitioner, a certified nurse-midwife, a Physician’s assistant, social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician.

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

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

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

Prenatal Care Services means medical and psychosocial support provided throughout a pregnancy, including risk assessment, serial surveillance, prenatal education, and use of specialized skills and technology, when needed, as defined by Standards for Obstetric-Gynecologic Services issued by the American College of Obstetricians and Gynecologists.

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

Skilled Nursing Facility means 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 Injury 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.

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

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

Visa, in so far as the Policy is concerned, means the document issued by the United States Government that permits an individual to participate in the educational activities of a college, university or other institution of higher learning either as a student or in another academic capacity. An International Student must have and maintain a valid visa, either an F-1 (Academic), J-1 (Exchange) or M-1(Vocational) in order to continue as a student in the United States.
We, Us, or Our means National Guardian Life Insurance Company or its authorized agent.

OUT-OF-POCKET MAXIMUM
The Out-of-Pocket Expense Limit is shown in the Schedule of Benefits. It provides a cap on the amount of Covered Medical Expenses an Insured Person has to pay. Expenses that are not eligible or amounts above any Maximum Benefit do not apply toward the Out-of-Pocket Expense Limit. However, the Insured Person’s Coinsurance amounts, Deductibles and Copayments will apply toward the Out-of-Pocket Expense Limit.

QUALIFYING EVENT
In the event a student waives the Student Health Insurance Plan and then loses current coverage due to a qualifying event, (i.e. parent loss of coverage or the maximum agent limit available is attained), the student has the right to petition to add coverage within 31 days of the qualifying event. If the petition is received within 31 days of the qualifying event, there will be no break in coverage. For petitions received after the 31 days, the effective date of coverage will be the date that the petition is received by the Company, agent, or authorized representative. If approved, the premium will not be prorated.

ESSENTIAL HEALTH BENEFITS
The plan will include coverage for Essential Health Benefits in the following general categories and the items and services covered within the categories: Ambulatory patient services; Emergency services, Hospitalization, Maternity and newborn care; Mental health and substance use disorder services, including behavioral health treatment; Prescription drugs; Rehabilitative and habilitative services and devices; Laboratory services; Preventive and wellness services and chronic disease management; and Pediatric services, including oral and vision care. Essential Health Benefits are not subject to annual or lifetime dollar limits. If additional care, treatment or services are added to the list of Essential Health Benefits by a governing authority, the policy benefits will be amended to comply with such change. Please refer to www.CIRStudentHealth.com/Carleton for an updated copy of this brochure when additional care, treatment or services are added to your Student Health Insurance Plan.

ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFIT
If as the result of Injury or Sickness, a Covered Person incurs covered medical expenses, We will pay 80% of the negotiated charges (PPO Allowance) for Network Providers and 60% of the Usual & Customary Expense for Non-Network Providers.

Plan Maximum: Unlimited Per Policy Year.
Deductible: $150 Per Covered Person Per Policy Year. Waived if referred by the Student Health Center.
Out-of-Pocket Maximum: $6,600 Per Policy Year (individual coverage), $13,200 Per Policy Year (family coverage).

After the Out-of-Pocket Maximum has been reached, benefits will be paid at 100% of the PPO Allowance (In-Network) or 100% of U&C (Out-of-Network) up to the Plan Maximum.

The Out-of-Pocket limit is the most you could pay during the Policy Year for your share of the cost of covered services. This limit helps you plan for health care expenses. Benefits will be paid as stated above unless otherwise noted below.

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<thead>
<tr>
<th>SCHEDULE OF BENEFITS</th>
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<tbody>
<tr>
<td><strong>INJURY/SICKNESS:</strong></td>
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<tr>
<td><strong>BENEFITS PER COVERED</strong></td>
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<tr>
<td><strong>Inpatient Benefits</strong></td>
</tr>
<tr>
<td>Hospital Room &amp; Board Expenses</td>
</tr>
<tr>
<td>Hospital Intensive Care Unit Expense – in lieu of normal Hospital Room &amp; Board Expenses</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expenses for services &amp; supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts &amp; temporary surgical appliances, oxygen, blood &amp; plasma, misc. supplies</td>
</tr>
<tr>
<td>Preadmission Testing</td>
</tr>
<tr>
<td>Physician’s Visits while Continued</td>
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<tr>
<td>BENEFITS PER COVERED INJURY/SICKNESS:</td>
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<tr>
<td><strong>Inpatient Surgery:</strong></td>
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<tr>
<td>Surgeon Services</td>
</tr>
<tr>
<td>Anesthetist</td>
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<tr>
<td>Assistant Surgeon</td>
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<tr>
<td>Physical Therapy (inpatient)</td>
</tr>
<tr>
<td>Skilled Nursing Facility Expense Benefit Up to 120 days per admission</td>
</tr>
<tr>
<td>Mental Health Disorder Benefit</td>
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<tr>
<td>Substance Use Disorder Benefit</td>
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<thead>
<tr>
<th>BENEFITS PER COVERED INJURY/SICKNESS:</th>
<th>NETWORK</th>
<th>NON-NETWORK</th>
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<tbody>
<tr>
<td><strong>Outpatient Benefits</strong></td>
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<tr>
<td>Outpatient Surgery:</td>
<td></td>
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</tr>
<tr>
<td>Surgeon Services</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
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<th>NETWORK</th>
<th>NON-NETWORK</th>
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<tbody>
<tr>
<td>Emergency Services Expenses</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>In Office Physician’s Visits</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Mental Health Disorder Benefit</td>
<td>Same as any other Covered Sickness</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>
<td>Same as any other Covered Sickness</td>
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<tr>
<td>Urgent Care Centers or Facilities</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Diagnostic X-ray Services</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
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<tr>
<td>Laboratory Procedures (Outpatient)</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
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<td>BENEFITS PER COVERED INJURY/SICKNESS:</td>
<td>NETWORK</td>
<td>NON-NETWORK</td>
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<tr>
<td>Prescription Drugs</td>
<td>100% of PPO Allowance for Covered Medical Expenses</td>
<td>N/A</td>
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<td>Copayment: $20.00</td>
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<td></td>
<td>Generic Copayment: $40.00</td>
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<td></td>
<td>Preferred Brand Copayment: $60.00</td>
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<tr>
<td></td>
<td>Specialty Drug Deductible</td>
<td>Waived</td>
</tr>
<tr>
<td></td>
<td>See Prescription Card</td>
<td></td>
</tr>
<tr>
<td>Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td></td>
<td>Up to 120 visits per Policy Year</td>
<td></td>
</tr>
<tr>
<td>Home Health Care Expenses</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td></td>
<td>Up to 120 visits per Policy Year</td>
<td></td>
</tr>
<tr>
<td>Hospice Care Coverage</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>100% of PPO Allowance for Covered Medical Expenses</td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Up to age 19</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BENEFITS PER COVERED INJURY/SICKNESS:</th>
<th>NETWORK</th>
<th>NON-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Newborn Care</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Consultant Physician Services – when requested by the attending physician</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Accidental Injury Dental Treatment for Insured Persons over age 18</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Sports Accident Expense – incurred as the result of the play or practice of Intercollegiate, intramural or club sports.</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>100% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Sports Accident Expense – incurred as the result of the play or practice of Intercollegiate, intramural or club sports.</td>
<td>Deductible Waived if Student Health Center Referred</td>
<td></td>
</tr>
<tr>
<td>Sports Accident Expense – incurred as the result of the play or practice of Intercollegiate, intramural or club sports.</td>
<td>Up to the first $500.00 per Accident</td>
<td></td>
</tr>
<tr>
<td>Sports Accident Expense – incurred as the result of the play or practice of Intercollegiate, intramural or club sports.</td>
<td>Up to $89,500.00 per Accident</td>
<td></td>
</tr>
<tr>
<td>Pediatric Dental Care Benefit Preventive Dental Care – limited to 1 dental exam every 6 months</td>
<td>See Benefit for limitations</td>
<td>100% of PPO Allowance for Preventive Services</td>
</tr>
<tr>
<td></td>
<td>Up to age 19</td>
<td>See Benefit for limitations</td>
</tr>
<tr>
<td></td>
<td>60% of the Usual and Reasonable Charge for Preventive Services</td>
<td></td>
</tr>
</tbody>
</table>

Prescriptions not filled at a Participating Optum Pharmacy are not covered.
<table>
<thead>
<tr>
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<th>NETWORK</th>
<th>NON-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Dental Care Benefit</td>
<td>50% Usual and Reasonable</td>
<td>50% Usual and Reasonable</td>
</tr>
<tr>
<td>Emergency Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Oral Evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endodontic Services</td>
<td>50% Usual and Reasonable</td>
<td>50% Usual and Reasonable</td>
</tr>
<tr>
<td>Periodontal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthodontic Services</td>
<td>50% Usual and Reasonable</td>
<td>50% Usual and Reasonable</td>
</tr>
<tr>
<td>Medically Necessary Orthodontic Care</td>
<td>50% Usual and Reasonable</td>
<td>50% Usual and Reasonable</td>
</tr>
<tr>
<td>Temporomandibular Joint Disorder and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Craniondibular Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Vision Care Benefit</td>
<td>100% of PPO Allowance for Preventive Services Deductible Waived</td>
<td>80% of Usual and Reasonable for Covered Medical Expenses</td>
</tr>
<tr>
<td>Limited to 1 visit per Policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year and 1 pair of prescribed lenses and frames</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 18 and under</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Aid Benefit</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Limit one hearing aid per year per ear, every three years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Routine Eye Exam for Adult Limited to one examination per year</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MANDATED BENEFITS</th>
<th>NETWORK</th>
<th>NON-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services Provided to Ventilator Dependent Persons Up to 120 hours of service provided by Private Duty Nurse while Insured is Hospitalized</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Reconstructive Surgery</td>
<td>Same as any other Covered Sickness or Covered Injury</td>
<td>Same as any other Covered Sickness or Covered Injury</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Scalp Hair Prostheses</td>
<td>One prosthesis per Policy Year</td>
<td>Same as any other Covered Sickness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BENEFITS PER COVERED INJURY/SICKNESS:</th>
<th>NETWORK</th>
<th>NON-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization and Anesthesia for Dental Procedures</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Diabetes Benefit</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Prostate Cancer Screening</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Phenylketonuria Benefit</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Port-Wine Stain Elimination</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Telemedicine</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Child Health Supervision and Prenatal Care Services</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Diagnostic Procedures</td>
<td>80% of PPO Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Reasonable Charge for Covered Medical Expenses</td>
</tr>
<tr>
<td>Services for Emotionally Disabled Children</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
</tbody>
</table>


**IMPORTANT NOTE ABOUT YOUR BENEFITS**

Should state law and/or federal law require certain benefits to be included in the Master Policy that are not included in this brochure, such benefits shall be deemed to be included in this brochure to the extent necessary to satisfy the minimum requirements of such law. For more information about your benefits, please read the Summary of Benefits and Coverages available at: [www.cirstudenthealth.com/carleton](http://www.cirstudenthealth.com/carleton) and the Glossary of Terms available at [www.cciio.cms.gov](http://www.cciio.cms.gov), or you may request a copy by calling Commercial Travelers at 800-756-3702.

**PREFERRED PROVIDER NETWORK**

This student health insurance plan provides access to hospitals and health care providers through the First Health Network. You are not required to use a Network Provider. However, the advantage to using a Network Provider is that Network Providers have agreed to accept as payment for their services a negotiated fee or PPO Allowance.

Non-Network Providers have not agreed to a PPO Allowance and consequently your out-of-pocket costs may be greater. Students should be aware that Network Hospitals may be staffed with Non-Network Providers. Receiving services or care from a Non-Network Provider at a Network Hospital means that those charges will not be paid at the Network Provider level of benefits. It is important that the
Insured Student verify that his or her Doctors are Network Providers when calling for an appointment or at the time of service.

The most efficient and accurate way to identify Network Providers is to call First Health, toll-free at 1-800-226-5116 or visit their website at: www.myfirsthealth.com.

PRESCRIPTION DRUG EXPENSE BENEFIT

After a copayment of $20 for generic or $40 for a preferred brand name drug and $60 for Brand Drugs, per prescription, the cost of eligible prescription drugs is payable in full. Birth Control is included with $0 copay for generic contraceptives. Prescriptions must be filled at an Optum Participating Pharmacy. Insured Persons will be given an insurance ID card which includes prescription drug information and should be shown to the Pharmacy as proof of coverage. A directory of participating pharmacies is available by calling Optum at 800-248-1062.

After you receive your insurance ID card, no claim forms need to be completed. After you receive the card you may call the toll-free customer service number listed on your card for assistance with pharmacy locations (800-248-1062). This number is effective for enrolled members only. You can access Optum online at www.optumrx.com.

EXCLUSIONS

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

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

1. International Students Only - expenses incurred within the Insured Person’s Home Country or country of regular domicile.
2. Preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy in the Preventive Services benefit description.
3. Routine physical or other examinations where there are no objective indications of impairment of normal health or except as specifically provided under the Policy.
4. Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person’s Sound, Natural Teeth.
5. Professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
6. Services or supplies not necessary for the medical care of the Insured Person’s Injury or Sickness.
7. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury or as specifically provided under the Policy.
8. Over the counter treatment for weak, strained or flat feet, corns, calluses or ingrown toenails.
9. Surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
10. Birth control, including elective surgical procedures or devices, except as specifically provided in the Schedule of Benefits.
11. Expenses covered under any Workers’ Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
12. 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.
13. Any expenses in excess of Usual and Reasonable charges.
14. Injury resulting from war or any act of war, whether declared or not, or injury sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Schedule of Benefits.
15. Injury resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
16. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
17. Expenses incurred after:
   • The date insurance terminates as to the Insured Person; and
   • The end of the Benefit Period specified in the Benefit Schedule.
18. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
19. Charges incurred for acupuncture, heat treatment, diathermy, massage, in any form, except to the extent provided in the Schedule of Benefits.
20. Expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
21. expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical treatment of the Accident or results from Reconstructive Surgery. The Insured Person must receive medical treatment for the Covered Injury before Plastic or Cosmetic surgery for the same Covered Injury.
   • 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.

22. treatment to the teeth, including surgical extractions of teeth. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.

23. an Insured Person’s being engaged in an illegal occupation or commission of or attempt to commit a felony.

24. elective abortions

25. durable medical equipment except as specifically provided in the Schedule of Benefits.

26. custodial care service and supplies.

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

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.

THIRD PARTY REFUND

When:
1. an 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.

APPEALS PROCEDURE

If a claim is wholly or partially denied, a written notice or a message on the Explanation of Benefits (EOB) will be sent to the Covered Person containing the reason for the denial. The notice or message will include a reference to the provision in the Plan and a description of any additional information, which might be necessary for reconsideration of the claim.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Covered Person should:

1. If at Carleton College, report immediately to the Student Health and Counseling (SHAC) so that proper treatment can be prescribed or referred; or
2. If away from Carleton College, or if the Student Health and Counseling (SHAC) is closed, consult a Doctor and follow his/her advice.
3. Notify Commercial Travelers within 30 days after the date of the Injury or commencement of the Sickness or as soon thereafter as is reasonably possible.
4. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Commercial Travelers at the address below.

For a copy of the Company’s Privacy Notice, go to: www.commercialtravelers.com/privacy.html
Or Request one from the Health Center at your school or Request one from:
Commercial Travelers Insurance Company
 c/o Privacy Officer • 70 Genesee Street • Utica, NY 13502
(Please indicate the school you attend with your written request.)
Representations of this plan must be approved by the Company.
The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company. These value added services are provided by On Call International.

**ON CALL INTERNATIONAL GLOBAL ASSISTANCE PROGRAM**

The Global Assistance Program (GAP) is supplemental to the Student Insurance Plan. The GAP provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center at 1-855-226-7915 (toll free) or collect at 1-603-952-2045. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance.

The Global Assistance Program is effective when you are outside your home country, or over 100 miles from home within the United States, or when you are traveling.

**The following emergency services are included**:  

**Emergency Medical Evacuation and Repatriation** If you suffer an accident, injury or sickness resulting in a serious medical condition which in the opinion of the On Call physician requires transportation to be treated adequately, On Call will arrange and pay for air and/or surface transportation, medical care during transportation, communication and all usual and customary ancillary charges incurred in moving and transporting you to the nearest hospital where appropriate medical care is available.

After being treated at a medical facility, On Call will arrange and pay for the transport of the Participant with a qualified medical attendant to the Country of Domicile or Country of Residence for further medical treatment or recovery should it be deemed medically necessary by the On Call physician.

**Return of Remains** In the event of death, On Call shall make the arrangements and pay for casket or air tray, preparation and transportation of his/her remains to his/her place of residence or to the place of burial.

**Return of Dependent Children** If your Dependent(s) are present but left unattended as a result of your hospitalization or Medical Evacuation, On Call shall make and pay for travel arrangements to return them home, including a non-medical escort as needed. This service has a limit of $5,000.

**Visit by Family / Friend** If the Participant has or will be hospitalized for more than five (5) days while traveling, On Call shall make and pay for travel arrangements and suitable hotel accommodations for a person of your choice to join them. This service includes flights and up to $200 a day for hotel for a maximum of seven (7) days, up to a combined service limit of $5,000.

*On Call International must pay and arrange for all services included above, reimbursement for self-paid expenses will not be considered; it is not insurance but it is added as a service in your Student Health Insurance Policy.

**Additional Medical and Travel Assistance**

If there are third party costs associated with the following services, On Call will notify you and you will responsible for the costs:

- Pre-Trip Information
- Referral to the nearest, most appropriate medical facility, and/or provider.
- Medical monitoring by board certified emergency physicians in the United States
- Guarantee of Payment to provider and assistance in coordinating insurance benefits
- Prescription Replacement Assistance or Dispatch of Medicine if not available locally
- Emergency Message Forwarding to family, friends, personal physician, school etc
- Emergency Travel Arrangements for disrupted travel
- Legal Consultation and Referral
- Interpreter Assistance and Referral
- Lost Luggage Assistance
- Lost/Stolen Travel Documents Assistance

**24 Hour Nurse Helpline**

Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. A Registered Nurse counselor will provide a clinical assessment to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose Member’s ailments.

Contact On Call International to access any of the GAP services described above.

Toll Free from U.S. and Canada:  
1-855-226-7915
Collect Worldwide: 1-603-952-2045
Email: mail@oncallinternational.com

This is only an outline of services and terms, conditions and exclusions apply.
DIRECT CONTACT INFORMATION

› CLAIM ADMINISTRATOR
  Claim and benefit questions/online claim status.
  Commercial Travelers
  College Claims Dept.,
  70 Genesee St.
  Utica, NY 13502 Payor ID 88091
  Phone..................................................800-756-3702
  Website................................. www.studentplanscenter.com

› PARTICIPATING PROVIDERS

  First Health Network
  Phone.....................................................800-226-5116
  Website........................................ www.myfirsthealth.com

› PARTICIPATING PHARMACIES
  For pharmacy locations after you receive the ID Card:
  (Number is effective for enrolled members only.)

  OPTUMRx
  Phone.....................................................800-248-1062
  Website........................................ www.optumrx.com

› On Call International
  Toll-Free.............................................855-226-7915
  Collect.............................................603-952-2045
  Website........................................ www.oncallinternational.com

THE SINGLE SOURCE FOR ALL OF YOUR INQUIRIES

› GENERAL INSURANCE QUESTIONS

  Student Insurance Division
  Toll Free Phone......................................800-322-9901
  Website........................................ www.cirstudenthealth.com/carleton

THE PLAN IS UNDERWRITTEN BY
  National Guardian Life Insurance Company
  Policy Number: 2017U2A00
  as Policy Form No: NBH-280 (2016) MN et al
  National Guardian Life Insurance Company is not affiliated
  with Guardian Life Insurance Company of America aka
  The Guardian or Guardian Life

Subject to the Insurance Department Approval