

**Student Health
Insurance Plan**

**Plan Year
18/19**

*Designed Exclusively for the
Undergraduate and Graduate Students of:*
University of Connecticut

Storrs, CT
(“the Policyholder”)

2018 - 2019

Underwritten by:

Commercial Casualty Life Insurance Company
Fort Wayne, IN
(the Company”)

Policy Number: CCIC1819CTSHIP21

Group Number: ST0931SH

Effective: 8/15/2018 - 8/14/2019



Administered by:

Consolidated Health Plans
2077 Roosevelt Ave | Springfield, MA

Table of Contents

Where to Find Help.....	3
Am I Eligible?	4
Coverage for Dependents.....	4
How Do I Waive/Enroll?.....	4
Special Enrollment - Qualifying Life Event	5
Effective Dates & Costs.....	5
Termination of Benefits.....	6
Refund of Premium.....	6
Extension of Benefits	7
Definitions	7
Preferred Provider Organization (PPO) Network	13
Pre-certification Process.....	13
Schedule of Benefits.....	15
Medical Evacuation	22
Repatriation	23
Exclusions and Limitations.....	23
Claim Procedures.....	25
Claim Appeal Process.....	25
Value Added Services	26

Where to Find Help

For Questions About:	Please Contact:
Insurance Benefits Enrollment Waiver	The University of Connecticut Student Health Services 234 Glenbrook Road, Unit 2011 Storrs, CT 06269-2011 (860) 486-4535 www.shs.uconn.edu
Voluntary Enrollment Dependent Enrollment	Bailey Agencies, A division of Smith Brothers 860-430-3338 kkruszewski@smithbrothersusa.com
Claims Processing ID Cards Preferred Provider Listings ID card Requests	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (877) 657-5030 www.chpstudenthealth.com
Preferred PPO Provider Listings	Consolidated Health Plans or www.cigna.com
Prescription Drug Providers	Cigna www.cigna.com

UCONN STUDENT HEALTH SERVICES (SHS) - STORRS CAMPUS ONLY

234 Glenbrook Road, Storrs, CT 06269-4011

Phone (860) 486-4700

Emergencies call 911

Or

Campus Police (860) 486-4800

HOURS OF OPERATION		
When Classes are in Session	Mon., Tues., Thurs., & Fri.	8:00 a.m. – 7:00 p.m.
When Classes are in Session	Wednesday	10:30 a.m. – 7:00 p.m.
When Classes are in Session	Saturday	12:00 p.m. – 3:30 p.m.
When Classes are in Session	Sunday	Closed
Summer & School Breaks	Monday – Friday	8:30 a.m. – 4:30 p.m.
Advice Nurse When Classes are in Session	Monday - Sunday	24 Hours
Summer & School Breaks	Saturday & Sunday	CLOSED

The UConn SHS is the University's on-campus health facility. Health Services is staffed by a physician, nurse practitioners and registered nurses.

Any student who has paid the General University Fee is eligible to use Health Services. Students who are registered for credit-bearing courses at Storrs through the College of Continuing Studies are also eligible.

The SHS provides a wide variety of services. This includes primary care visits with doctors, nurse practitioners, nurses and nutritionist. Additional charges may be incurred for laboratory testing, pharmacy items, X-rays, special medical procedures and visits with specialists. The Women's Clinic also charges for annual GYN exams. Many of the charges are reimbursable by this Plan or other private health insurance.

For Students of the Storrs Campus who have purchased the Student Health Insurance coverage, the deductible and copayment will be waived when you use the UConn Student Health Services (SHS) and the UConn Counseling Mental Health Services (CMHS).

Am I Eligible?

You are eligible for Coverage under this Certificate. Coverage includes Dependent coverage.

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 Certificate. Students who graduate or withdraw from the College after 31 days, whether involuntarily or voluntarily, will remain covered under the Certificate 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 Certificate for the term purchased and no refund will be allowed.

We maintain the right to investigate eligibility status and attendance records to verify that the Certificate eligibility requirements have been met. If We discover that the Certificate 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 students taking 12 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.

All registered full-time Graduate students taking 9 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.

All registered Part-time students taking 6 credits are eligible to enroll in this Student Health Insurance Plan on a voluntary basis. Please contact the Bailey Agencies, a division of Smith Brothers.

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, or television courses.

Coverage for Dependents

Eligible individuals 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 Certificate 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?

Most full-time students will be automatically enrolled in the Student Health Insurance Plan, unless a waiver has been completed by the specified deadline dates listed. The premium for the Plan will be added to your tuition bill. Eligible students who enroll may also insure their eligible dependent(s). To enroll dependent(s), please contact the Bailey Agencies Inc., A Division of Smith Brothers, 377 Main Street, Unit 103, Niantic, CT 06357 860-430-3338.

Exempt Programs: While most full-time students are automatically billed for the UConn Student Health Insurance Plan, there are some university programs that are exempt from the health insurance requirement. Due to multiple changes of program classification it is advised that ALL students check their tuition fee bill to determine if the fee for the insurance has been posted. If the change has not been posted, you may still be eligible to voluntarily enroll in the student health insurance plan.

If after review of the coverage a student wants to formally decline (waive) the CHP/UConn Student Health Insurance

Plan, the online waiver must be completed. The online Waiver is accessed through the student administration (PeopleSoft) system at www.studentadmin.uconn.edu. Your UConn NetID number and unique password are needed to access the system. The only acceptable form of notification to decline the coverage is via the online waiver.

The deadlines to waive coverage are:

- **Fall/Annual Plan - September 15, 2018**
- **Spring Term (new/transfer students only) - February 05, 2019**

If you submit an online waiver for the Fall Semester, coverage is automatically waived for the Spring semester; you don't need to submit the waiver again. Only new or transfer students need to complete the online waiver request for the Spring semester.

Waiver submissions may be audited by the University of Connecticut, the Bailey Agencies, and/or their contractors or representatives. You may be required to provide, upon request, any coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the student health insurance plan. By submitting the waiver request, you agree that your current insurance plan may be contacted for confirmation that your coverage is in force for the applicable policy year and that it meets the school's waiver requirements.

Special Enrollment - Qualifying Life Event

You, and Your 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 You, Your 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 You or Your Dependent's Coverage; or
7. A Child no longer qualifies for coverage as a Child under the other health plan.

You, Your Spouse or Child can also enroll 60 days from exhaustion of Your COBRA or continuation coverage or if You 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 Your coverage will depend on when We receive proof of Your loss of coverage under another health plan and appropriate premium payment. Your coverage shall take effect on the latest of the following dates: (1) this Policy Effective Date; (2) the day after the date for which you lose your coverage providing premium for Your coverage has been paid; (3) the date the Policyholder's term of coverage begins; or (4) the date You become a member of an eligible class of persons.

In addition, You, and Your Spouse or Child, can also enroll for coverage within 60 days of the occurrence of one of the following events:

1. You or Your Spouse or Child lose eligibility for Medicaid or a state child health plan.
2. You or Your 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 Your coverage will depend on when We receive proof of Your loss of coverage under another health plan and appropriate premium payment. Your coverage shall take effect on the latest of the following dates: (1) this Policy Effective Date; (2) the day after the date for which you lose your coverage providing premium for Your coverage has been paid; (3) the date the Policyholder's term of coverage begins; or (4) the date You 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.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Medical/Dental Students	08/01/2018	07/31/2019	09/15/2018
Annual	08/15/2018	08/14/2019	09/15/ 2018
Spring/Summer	01/01/2019	08/14/2019	02/05/ 2019

Rates for Undergraduate and Graduate Students
 Dependent rates are in addition to the student rate.

	Medical/Dental Students	Annual	Spring/Summer Semester
Student*	\$3,104	\$3,104	\$1,968
Spouse	\$3,054	\$3,054	\$1,918
Each Child	\$3,054	\$3,054	\$1,918
3 or more Children	\$9,162	\$9,162	\$5,754

**The above rates include an administrative service fee*

Effective Dates: Insurance under the Certificate 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. 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 Your enrollment in the School's insurance plan; or
4. The Policy Effective Date.

Termination of Benefits

Termination Dates: Your insurance will terminate on the earliest of:

1. The date this Certificate terminates for all Insured Persons; or
2. The end of the period of coverage for which premium has been paid; or
3. The date You cease to be eligible for the insurance; or
4. The date You enter 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 You 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.

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 this Certificate ceases on the Termination Date. However, coverage for You will be extended as follows:

1. If You are Hospital Confined for Covered Injury or Covered Sickness on the date Your insurance terminates, we will continue to pay benefits for up to 31 days from the Termination Date while such Confinement continues; or
2. If You are Totally Disabled due to Covered Injury or Covered Sickness, the coverage for that condition will be extended for up to 90 days from the Termination Date.

Dependents that are newly acquired during Your Extension of Benefits period are not eligible for benefits under this provision.

Definitions

These are key words used in this Certificate. They are used to describe the Policyholder's rights as well as Ours. Reference should be made to these words as the Certificate 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 a ground, air or water Ambulance, when Medically Necessary.

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.

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

Coinsurance means the ratio by which We and You share in the payment of expenses for Treatment. The Coinsurance percentage that We will pay is stated in the Schedule of Benefits. The Coinsurance is separate and not part of the Deductible and not included when benefits are based on a 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 You may be required to pay for specified Covered Expenses. You are responsible for paying this portion of the expenses incurred. Copayment amounts, if any, 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 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 Your Certificate is in force, 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 Your 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.

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 Certificate. 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 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 intellectual disability, 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 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 You;
 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 Your 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 You;
3. Health exercise equipment; and
4. Equipment that may increase the value of Your 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 but not limited to 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.
11. X-ray, Diagnostic, Radiology, Therapy and Imaging services;
12. Infertility;
13. Chiropractic care;
14. Transplants;
15. Durable Medical Equipment, Prosthetics and devices;
16. Reconstructive Surgery;
17. Dialysis;
18. Diabetes Education;
19. Treatment of Temporomandibular Joint Disorders;
20. Nutritional Counseling.

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.

Extended Day Treatment Center means a supplementary care community-based program providing comprehensive multidisciplinary approach to treatment and rehabilitation of emotionally disturbed, mentally ill, behaviorally disordered or multiply handicapped children and youth during the hours immediately before and after school while they reside with their parents or surrogate family, except any such program provided by a regional educational service center established according with Connecticut General Statutes.

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 i.e. generic/brand and tier status.

Gender Dysphoria means a conflict between Your physical gender and the gender with which You identify. The identity conflict must continue over at least 6 months and You must meet the definition of Gender Dysphoria as described by the American Psychiatric Association

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 You 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 this Certificate.

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 certificate 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 You and Your spouse or the parent, child, brother or sister of Your or Your spouse.

Insured Person means an Insured Student or Dependent of an Insured Student while insured under this Certificate.

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

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 this Certificate 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 this Certificate.

Medically Necessary or **Medical Necessity** means health care services that a Physician, exercising prudent clinical judgment, would provide to an Insured Person for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

1. In accordance with generally accepted standards of medical practice;
2. clinically appropriate, in terms of type, frequency, extent, site and duration and considered effective for the Insured Person's illness, injury or disease; and
3. not primarily for the convenience of the Insured Person, Physician or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or Treatment of that Insured Person's illness, injury or disease.

The fact that any particular Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Generally accepted standards of medical practice means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment.

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

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

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 Your home or is not related to You 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 You will pay during a Policy Year before Your Coverage begins to pay 100% of the allowed amount. This limit will never include Premium, or health care this Certificate does not cover.

Per condition means the sickness or injury causing the need for the covered service or supply.

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 this Certificate, and who is not:

1. The Insured Person;
2. An Immediate Family Member; or
3. A person employed or retained by the Insured Person.

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 this Certificate.

Rehabilitative means the process of restoring Your ability to live and work after a disabling condition by:

1. Helping You achieve the maximum possible physical and psychological fitness;
2. Helping You regain the ability to care for Yourself;
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 or designated by the policyholder 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".

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

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

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

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.

You, or Your(s) means an Insured Person, Insured Student, or Dependent of an Insured Student while insured under this Certificate.

isa 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 Commercial Casualty Insurance Company or its authorized agent. Also referred to as the Company.

Preferred Provider Organization (PPO) Network

By enrolling in this Insurance Program, you have 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 Certificate provides benefits based on the type of health care provider You and Your Covered Dependent selects. The Certificate 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

You are responsible for calling Us at the phone number found on the back of Your 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 as soon as reasonably possible.

The following Inpatient services or require Pre-Certification:

1. 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 after the initial 48/96 hours;
3. Inpatient Surgery.

Pre-Certification is not required for a medical emergency or Urgent Care or Hospital Confinement for maternity care. 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.

Your 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.

Our agent will make this determination within seventy-two (72) hours for an urgent request, twenty-four (24) hours for an urgent request for inpatient and outpatient Mental Health Disorders and Substance Use Disorders 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 or electronic means and will include:

1. Information sufficient to identify the claim involved in the grievance, including the date of service, if applicable, the health care professional and the claim amount.
2. The reasons for the Adverse Determination including the clinical rationale, if any
3. Reference to the evidence or documentation used as the basis for the decision.
4. Information of any additional material or information necessary that the Insured Person may need to send to assist in the review process.
5. A description of Our internal review process that includes (a) Our expediate review procedures, (b) any time limits applicable to such process or procedure, (c) Our contact information for organizational unit designated to coordinate the review on Our behalf, and (d) a statement that the Insured Person is entitled to (1) submit written comments, documents, records, and other material relating to the Insured Person's request for consideration by the individual or individuals conducting the review, and (2) receive from Us, free of charge upon request, reasonable access to and copies of all documents, records and other information relevant to the request.
6. If applicable, a statement that the Company relied upon a specific internal rule, guideline, protocol, or similar criterion and that a copy will be provided free of charge upon request;
7. If the Adverse Determination is based on a Medical Necessity or experimental or investigational treatment or similar exclusion or limitation, a statement that an explanation will be provided to the Insured Person free of charge upon request;
8. Instructions for requesting: (1) a copy of the rule, guideline, protocol, or other similar criterion relied upon to make the final determination; and (2) the written statement of the scientific or clinical rationale for the determination;
9. Instructions on how to initiate standard or urgent appeal.
10. The Insured Person's right to bring a civil action in a court of competent jurisdiction.
11. Notice of the Insured Person's right to contact the office of Commissioner of the Connecticut Department of Insurance or the Office of the Healthcare Advocate at any time for assistance. Such statement will include the contact information for the state along with Our contact and website information.

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 You have any questions about Your Pre-Certification status, You should contact Your 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 Actual charge.

Deductible:	Preferred Provider	Individual:	\$300
		Family:	\$900
	Non-Preferred Provider	Individual:	\$600
		Family:	\$1800

Out-of-Pocket Maximum:	Preferred Provider:	Individual	\$6,850
		Family	\$13,700
	Non-Preferred Provider:	Individual	No maximum
		Family	No maximum

Coinsurance Amount:

Preferred Provider: 80% of the Preferred Allowance (PA) for Covered Medical Expenses unless otherwise stated below.

Non-Preferred Provider: 60% of the Actual charge for Covered Medical Expenses unless otherwise stated below.

Student Health Center 100% of the Actual charge for Covered Medical Expenses unless otherwise stated below.

Insured will be responsible for Copayment or stated Coinsurance, not both.

Benefit Payment for Preferred Providers and Non-Preferred Providers

This Certificate provides benefits based on the type of health care provider selected. This Certificate 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 1-877-657-5030 or visit Our website at: www.cigna.com.

THE COVERED MEDICAL EXPENSE FOR AN ISSUED CERTIFICATE 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.

BENEFITS FOR COVERED INJURY/SICKNESS	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
Inpatient Benefits		
Hospital Room & Board Expenses and miscellaneous services and supplies. Subject to Semi-Private room rate unless intensive care unit is required. Pre-Certification required	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Preadmission Testing	Cost sharing based on facility of service	
Physician's Visits while Confined	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Inpatient Surgery: Surgeon Services Anesthetist Assistant Surgeon Pre-Certification required	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Registered Nurse Services for private duty nursing while Confined Pre-Certification required	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Physical Therapy (inpatient) Pre-Certification required	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Skilled Nursing Facility Expense Benefit Pre-Certification required Up to 90 days per Policy Year	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Mental Health Disorder Benefit	Same as any other Covered Sickness	
Substance Use Disorder Benefit	Same as any other Covered Sickness	
Outpatient Benefits		
Outpatient Surgery: Surgeon Services including outpatient miscellaneous (excluding not-scheduled surgery) – expenses for services & supplies, such as cost of operating room, therapeutic services, oxygen, oxygen tent, and blood & plasma, anesthetist and assistant surgeon charges.	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above

<p>Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, Physical Therapy, and occupational therapy and speech therapy</p> <p>Habilitative Services are covered to the extent that they are Medically Necessary</p>	<p>100% of Preferred Allowance for Covered Medical Expenses or Copayment: Based on site of service</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Emergency Services Expenses</p>	<p>100% of Preferred Allowance for Covered Medical Expenses Copayment: \$150 per visit Deductible Waived</p>	<p>100% of Actual Charge for Covered Medical Expenses Copayment: \$150 per visit Deductible Waived</p>
<p>In Office Primary Physician's Visits</p>	<p>100% of Preferred Allowance for Covered Medical Expenses Copayment: \$20 per visit Deductible Waived</p>	<p>The Non-Preferred Provider coinsurance stated above Deductible Waived</p>
<p>In Office Specialist Visits</p>	<p>100% of Preferred Allowance for Covered Medical Expenses Copayment: \$20 per visit Deductible Waived</p>	<p>The Non-Preferred Provider coinsurance stated above Deductible Waived</p>
<p>Second Opinion Benefit</p>	<p>The Preferred Allowance stated above</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Urgent Care Centers or Facilities</p>	<p>100% of Preferred Allowance for Covered Medical Expenses Copayment: \$20 per visit Deductible Waived</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Outpatient Facility Fee</p>	<p>The Preferred Allowance stated above</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Diagnostic Imaging Services</p>	<p>The Preferred Allowance stated above</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>CT Scan, MRI</p>	<p>The Preferred Allowance stated above</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>PET Scans</p>	<p>The Preferred Allowance stated above</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Laboratory Procedures (Outpatient)</p>	<p>The Preferred Allowance stated above Deductible waived</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Shots and Injections unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit</p>	<p>The Preferred Allowance stated above</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Prescription Drugs Retail Pharmacy No cost sharing applies to ACA Preventive Care medications filled at a participating network pharmacy or Student Health Center.</p>		
<p>Generic</p> <p>Non-Preferred Provider benefits are provided on a reimbursement basis. Claim forms must be received within 90 days.</p>	<p>Copayment: \$5 then plan pays 100%</p> <p>Deductible Waived</p>	<p>The Non-Preferred Provider coinsurance stated above</p>

Preferred Drug Non-Preferred Provider benefits are provided on a reimbursement basis. Claim forms must be received within 90 days.	Copayment: \$40 then plan pays 100% Deductible Waived	The Non-Preferred Provider coinsurance stated above
Non-Preferred Drug Non-Preferred Provider benefits are provided on a reimbursement basis. Claim forms must be received within 90 days.	Copayment: \$60 then plan pays 100% Deductible Waived	The Non-Preferred Provider coinsurance stated above
Specialty Prescription Drugs		
Specialty Prescription Drugs Non-Preferred Provider benefits are provided on a reimbursement basis. Claim forms must be received within 90 days.	Copayment: \$60 then plan pays 100% Deductible Waived	The Non-Preferred Provider coinsurance stated above
Outpatient Miscellaneous Expenses for services not listed elsewhere in this Schedule of Benefits	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Hospice Care Coverage	Same as any other Covered Accident or Sickness subject to the limits described in the benefit	
Mental Health Disorder Benefit	Same as any other Covered Sickness	
Substance Use Disorder Benefit	Same as any other Covered Sickness	
Other Benefits		
Allergy Testing	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Allergy Injections/Treatment	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Ambulance Service ground and/or air, water transportation	The Preferred Allowance stated above	The Preferred Provider coinsurance stated above
Braces and Appliances	Same as any other Durable Medical Equipment	
Durable Medical Equipment	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Dialysis Treatment	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Maternity Benefit	Same as any other Covered Sickness	
Routine Newborn Care	Same as any other Covered Sickness	
Nutritional Counseling Limited to 2 visits per Policy Year	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above

Consultant/Specialist Physician Services when requested by the attending Physician	100% of Preferred Allowance for Covered Medical Expenses	The Non-Preferred Provider coinsurance stated above
Covered Clinical Trials	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Accidental Injury Dental Treatment for Insured Person's over age 18 Subject to \$250 per tooth	80% of Preferred Allowance for Covered Medical Expenses	80% of Actual Charge for Covered Medical Expenses
Sickness Dental Expense for Insured Person's over age 18	80% of Preferred Allowance for Covered Medical Expenses	80% of Actual Charge for Covered Medical Expenses
Student Health Center/Infirmary Expense	100% of Actual charge for Covered Medical Expenses Deductible Waived.	
Sports Accident Expense - incurred as the result of the play or practice of intramural or club sports	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Abortion Expense Subject to \$1,000 maximum per Policy Year	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Bedside Visits International Students and/or their Dependents Only	100% of Actual Charge for Covered Medical Expenses Subject to \$5,000 maximum per Policy Year	
Medical Treatment Received in Home Country (International Students and/or their Dependents Only)	The Non-Preferred Provider coinsurance stated above	
Non-emergency Care While Traveling Outside of the United States	The Non-Preferred Provider coinsurance stated above Subject to \$1,000 maximum per Policy Year	
Medical Evacuation Expense (International Students and/or their Dependents and Domestic Students participating in a study abroad program)	100% of Actual Charge for Covered Medical Expenses	
Repatriation Expense (International Students and/or their Dependents and Domestic Students participating in a study abroad program)	100% of Actual Charge for Covered Medical Expenses	

<p>Pediatric Dental Care Benefit (to the end of the month in which the Insured Person turns age 19) Preventive Dental Care Limited to a minimum of 2 dental exams every 12 months</p> <p>The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:</p> <ul style="list-style-type: none"> Emergency Dental Clinical Oral Evaluations Endodontic Services Periodontal Services Prosthodontic Services Medically Necessary Orthodontic Care – Child only 	<p>See Benefit for limitations</p> <p>100% of Preferred Allowance for Preventive Dental Care</p> <p>50% Actual Charge 50% Actual Charge 50% Actual Charge 50% Actual Charge 50% Actual Charge 50% Actual Charge</p>	<p>See Benefit for limitations</p> <p>100% of the Actual Charge for Preventive Services</p> <p>50% Actual Charge 50% Actual Charge 50% Actual Charge 50% Actual Charge 50% Actual Charge 50% Actual Charge</p>
<p>Pediatric Vision Care Benefit (to the end of the month in which the Insured Person turns age 19)</p> <p>Limited to 1 visit(s) per Policy Year and 1 pair of prescribed lenses and frames per Policy Year.</p>	<p>100% of Preferred Allowance</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Chiropractic Care Benefit</p>	<p>100% of Preferred Allowance for Covered Medical Expenses Copayment: Based on site of service Deductible Waived</p>	<p>The Non-Preferred Provider coinsurance stated above</p> <p>Deductible Waived</p>
<p>Gender Dysphoria Benefit</p>	<p>The Preferred Allowance stated above</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Organ Transplant</p>	<p>The Preferred Allowance stated above</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Chemotherapy and Radiation Therapy</p>	<p>The Preferred Allowance stated above</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Prosthetic and Orthotic Devices</p>	<p>The Preferred Allowance stated above</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Reconstructive Surgery</p>	<p>The Preferred Allowance stated above</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Telemedicine or Telehealth Service</p>	<p>The Preferred Allowance stated above</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Infusion Therapy</p>	<p>The Preferred Allowance stated above</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Treatment for Temporomandibular Joint Disorders (TMJ)</p>	<p>The Preferred Allowance stated above</p>	<p>The Non-Preferred Provider coinsurance stated above</p>
<p>Tuberculosis screening, Titers, Quantiferon B tests including shots (other than covered under preventive services)</p>	<p>100% of Preferred Allowance for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>The Usual and Reasonable Charge stated above</p>

Mandated Benefits		
Accidental Ingestion/ Consumption of Controlled Drugs Benefit Up to 30 days of Hospital Confinement per Policy Year	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Autism Spectrum Disorders Benefit	Same as any other Covered Sickness	
Adult Vision Care Annual retina exam for an existing condition of the eye, such as glaucoma or diabetic retinopathy. Subject to the limits described in the benefit.	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Bone Marrow Testing Benefit	Based on the site of service not to exceed 20% of Actual Charge for Covered Medical Expenses Deductible waived	Based on side of service not to exceed 20% of Actual Charge for Covered Medical Expenses Deductible waived
Cancer Clinical Trials Expense Benefit	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Colorectal Cancer Screening	Same as any other Preventive Service	
Craniofacial Disorders Benefit	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Diabetes Treatment Benefit	Same as any other Covered Sickness subject to the limits described in the benefit	
Early Intervention Services Benefit For children age 3 and under	100% of the Preferred Allowance stated above Deductible Waived	100% of Actual Charge for Covered Medical Expenses Deductible Waived
Epidermolysis Bullosa Treatment Benefit	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Hair Prosthesis Expense Benefit Up to one wig per year when prescribed by an oncologist for an Insured Person suffering hair loss as a result of chemotherapy or radiation therapy	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Hearing Aids Limited to a maximum of 1 hearing aid every 24 months	Paid the same as Durable Medical Equipment	
Home Health Care Benefit Up to 100 visits per Policy Year. Refer to Benefit provision for further limits.	The Greater of the Preferred Allowance stated above or 75%	60% of Actual Charge for Covered Medical Expenses
Hospital Dental Services Benefit	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Hypodermic Needles or Syringes Expense Benefit	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Infertility Benefit	Same as any other Covered Sickness	
Isolation Care and Emergency Services Benefit	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Lead Screening	Same as any other Preventive Service	

Mammography and Breast Ultrasound Benefit	Same as any other Preventive Service	
Mastectomy, Reconstructive Breast Surgery, or Lymph Node Dissection Benefit	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Neuropsychological Testing Benefit	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Ostomy Surgery Benefit	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Pain Management Benefit	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Prostate Cancer Screening and Treatment	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Surgical Removal of Tumors; Treatment of Leukemia; Prosthetic Devices Benefit	The Preferred Allowance stated above	The Non-Preferred Provider coinsurance stated above
Treatment of Inherited Metabolic Diseases and Medically Necessary Specialized Formulas	Same as any other Outpatient Prescription Drug	
Treatment of Lyme Disease	Same as any other Covered Sickness subject to the limits described in the benefit	

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Principal Sum for Double Dismemberment or Loss of Life\$10,000

Loss must occur with 365 days of the date of a covered Accident.

Only one benefit will be payable under this provision, that providing the largest benefit, when more than one loss occurs as the result of any one Accident. This benefit is payable in addition to any other benefits payable under the Policy.

Medical Evacuation

(International Students and/or their Dependents and Domestic Students participating in a study abroad program)
The maximum benefit for Medical Evacuation is shown in the Schedule of Benefits.

If:

- a. You are unable to continue Your academic program as the result of a Covered Injury or Covered Sickness;
- b. That occurs while you are covered under the Certificate,

We will pay the necessary Usual and Reasonable charges for evacuation to another medical facility or Your 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. You 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 Your 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 Your Home Country terminates any further insurance under the Certificate for You; and
- f. Transportation must be by the most direct and economical route.

Repatriation

(International Students and/or their Dependents and Domestic Students participating in a study abroad program)
The maximum benefit for Medical Evacuation is shown in the Schedule of Benefits.

If You die while covered under the Certificate, 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 Your place of residence in Your 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 You.

This Certificate 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 Your Home Country or country of regular domicile, that exceeds the benefit amount shown in the Schedule of Benefits.
2. **International Students Only** - Eligible expenses within Your Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which You could be eligible.
3. 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 person's attending physician or dentist.
4. 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.
5. Professional services rendered by an Immediate Family Member or any who lives with You.
6. Weak, strained or flat feet, corns, calluses, **or** ingrown toenails except for Treatment because of Injury, infection or disease.
7. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid subject to applicable law.
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. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
10. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority.
11. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate sports.;
12. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
13. Treatment, services, supplies or facilities in a Hospital owned or operated by a national government or any of its agencies, except when a charge is made which You are required to pay or by a Veteran's Administration.
14. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
15. Expenses payable under any prior Certificate which was in force for the person making the claim.
16. Expenses incurred after:
 - a. The date insurance terminates as to an Insured Person, except as specified in the extension of benefits provision; and
 - b. 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 except when provided for the treatment of pain management, heat Treatment, diathermy, manipulation 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 Certificate.
20. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
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. or unless otherwise covered under the Pediatric and Adult Vision Care Benefit.
22. charges for hearing exams, hearing screening, except as specifically provided in the Certificate.
23. racing or speed contests skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.
24. Expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical Treatment within 24 hours of the Accident or results from Reconstructive Surgery.
 - a. For the purposes of this provision, **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
 - b. For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance or alter their personal concept of body image.
25. Treatment to the teeth, including orthodontic braces and orthodontic appliances. This exclusion does not apply to the repair of Injuries caused by a Covered Injury subject to the limits shown in the Schedule of Benefits and to benefits specifically provided in the Pediatric Dental Services.
26. Participation in a riot, civil disorder or a felony, except when Injury occurs when the Insured Person has an elevated blood alcohol content or when under the influence of intoxicating liquor or any drug or both. Participation means to voluntarily take a part or share with others assembled together in some activity. Riot means a violent public disturbance of the peace by a number of persons assembled together.
27. Custodial Care service and supplies except when provided in connection with Extended Day Treatment Programs.
28. Charges for hot or cold packs.
29. Expenses that are not recommended and approved by a Physician.
30. Routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, or services for or related to the transplantation of animal or artificial organs or tissues.
31. 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.
32. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
 - 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;
 - drugs with over-the-counter equivalents unless Medically Necessary;
 - allergy sera and extracts administered via injection;
 - for the purpose of weight control;
 - vitamins, minerals, food supplements. This exclusion does apply to the treatment of Inherited Metabolic Diseases as specified in this Certificate.;
 - dietary supplements; This exclusion does apply to the treatment of Inherited Metabolic Diseases as specified in this Certificate.;
 - 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.
 - 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;
 - refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - purchased after coverage under the Certificate terminates;
 - consumed or administered at the place where it is dispensed;

- 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;
 - bulk chemicals;
 - surgical supplies, durable medical equipment/medical devices with the exception of diabetic blood monitors and kits,
 - repackaged products;
 - blood components.
33. non-chemical addictions.
 34. non-physical, occupational, speech therapies (art, dance, etc.).
 35. modifications made to dwellings.
 36. general fitness, exercise programs.
 37. Obesity Surgery, except nutrition counseling specifically provided in the policy.
 38. hypnosis.
 39. rolfing.
 40. biofeedback.
 41. hyperhidrosis.

Claim Procedures

In the event of either an Injury or a Sickness:

1. Report to a Physician, Hospital or the School's Student Health Services.
2. Written notice of a claim must be submitted to the address below within ninety (90) days after the date of Injury or commencement of Sickness covered by the Certificate, 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 University 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 ninety (90) days of service.

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

For information about the Cigna Prescription Drug Program please visit www.cigna.com.

Claim Appeal Process

A written appeal for a first level review, along with any additional information or comments, must be sent within 180 days after notice of an Adverse Determination. You do not have the right to attend, or have an authorized representative in attendance at the first level review. However, in preparing the appeal, You or Your 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 You with the contact person who is coordinating the first level review within 3 days of the date of receipt of the grievance.

Please submit all **Claim Appeal** requests to Consolidated Health Plans.

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

Service Representative:
Bailey Agencies, A Division of Smith Brothers USA
 377 Main Street, Unit 103
 Niantic, CT 06357

Telephone (860) 430-3338
Email: www.baileyagencies.com

**The Student Health Insurance Plan is underwritten by:
Commercial Casualty Insurance Company
Fort Wayne, IN
As Certificate form: CT SHIP POL (2018)**

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

This is not the Certificate. Rather, it is a brief description of the benefits and other provisions of the Certificate. The Certificate 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 Certificate, 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 Commercial Casualty Insurance Company and the services are not part of the Plan Underwritten by Commercial Casualty 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 access 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.