Underwritten by:
National Guardian Life Insurance Company

ahp Academic HealthPlans

COLORADOSCHOOLOFMINES
EARTH • ENERGY • ENVIRONMENT

Student Health Insurance Plan 2019-2020

Policy Number: 2019A4A20

The 2019-2020 Student Health Insurance Plan is underwritten by National Guardian Life Insurance Company, NBH-280 (2019) CO.
National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life.
Subject to Insurance Department Approval

2019 Mines-B
AHP-BRO(18) NGL-Mines

Table of Contents

03
Does Your Plan "Measure Up"?
Eligibility

04
Effective and Termination Dates

05
Rates
Extension of Benefits
Coordination of Benefits
Pre-Certification Process
Student Health Services

06
Preventive Services
Schedule of Benefits

09
Definitions

13
Exclusions and Limitations

14
Academic Emergency Services
Claim Procedure

15
Important Notice
Privacy Disclosure
Summary of Benefits and Coverage

Does Your Health Plan "Measure Up"?

The school requires your plan to meet the following criteria or you will be enrolled in the SHIP or required to purchase a plan that does meet these standards:

- Has a maximum benefit of at least $2,000,000, with no yearly or per condition maximum benefit that would reduce coverage;
- Includes participating (in network) health care providers in the Denver metro area for both emergency and non emergency health care services;
- Includes prescription drug benefits;
- Provides at least 20 outpatient visits for mental health services and provides at least 30 days of inpatient mental health care services, including emergency psychiatric admissions;
- Coverage must be in effect on the first day of classes without any waiting period or preexisting condition exclusion and will remain in effect for the 2019-20 academic year
- Has a total annual out of pocket of $8000 or less
- Has coverage while traveling abroad (if current plan does not have coverage, students must purchase additional travel insurance)

If your current plan meets Affordable Care Act guidelines, it will meet our requirements to waive. However, you will need to verify that you have in network providers in the Denver Metro area. If you are in an HMO plan in a state other than Colorado, please contact your insurance provider to see if you can get a "visitor's card" for coverage in Colorado.

Please Note: We have capitalized certain terms that have specific, detailed meanings, which are important to help you understand your Policy. Please review the meaning of the capitalized terms in the Definitions section.

Eligibility

All degree-seeking U.S. citizens and permanent resident students, regardless of credit hours, are required to purchase the Colorado School of Mines Student Insurance Plan. Students who can show proof of comparable coverage may be able to waive coverage.) All International students enrolled in courses at the Colorado School of Mines are required to enroll in the SHIP. This requirement applies to all International Students (excludes International Scholars who have been awarded research, teaching or faculty appointments). International students who have government, embassy or US-based company sponsorships may be able to complete a waiver to opt out of the SHIP. (International policies MUST have a United States claims address and contact phone number to be approved for a waiver).

A student must actively attend classes for at least the first 31 days of classes for the term for which coverage is purchased unless he or she withdraws from classes due to an Injury or Sickness and the absence is an approved medical leave. Home study, correspondence, Internet classes and television (TV) courses do not fulfill the eligibility requirements that the student must actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the eligibility requirements have been met. If the Company discovers the eligibility requirements have not been met, its only obligation is refund of premium.

Students are required to establish that they are pursuing a degree and making successful progress toward degree completion. For graduate students, two consecutive occurrences of unsatisfactory progress indication and/or dismissal from a graduate degree program will result in termination of coverage at the end of the current coverage period. Students may not be enrolled in the SHIP for more than nine years while in a single degree program.

Qualifying Event: Eligible students who have a change in status and lose coverage under another Health Care Plan are eligible to enroll for coverage under the Policy provided. Within 31 days of the qualifying event, students should send a copy of the Certificate of Creditable Coverage, the completed Qualifying Events Form and the letter of ineligibility to Academic HealthPlans. A change in status due to a qualifying event includes, but is not limited to, loss of family member's plan: You may qualify if you turn 26 and can no longer be on a parent's plan, or lose health coverage through a spouse due to a divorce, legal separation, or through the death of a family member. The premium will be the same as it would have been at the beginning of the semester. However, the effective date will be the later of the date the student enrolls for coverage under the Policy and pays the required premium, or the day after the prior coverage ends. You may download a form from ***csm.myahpcare.com***. You are entitled to the benefits described in this brochure, if you have enrolled for this insurance and paid the premium.

(Eligibility continued)

The following students are not eligible to enroll in the SHIP:

- Online only students
- Non-degree U.S. Citizens and Permanent Residents, regardless of the number of credit hours, and
- Non-degree, concurrently enrolled, J-1 visa students, when another higher education institution holds the Visa documentation.

Effective and Termination Dates

The Policy on file at the school becomes effective at 12:01 a.m. local time at the University's address on the later of the following dates:

- The Policy effective date; or
- The beginning date of the term for which premium has been paid.

EFFECTIVE AND TERMINATION DATES		
Students	From	To
Annual	08/01/19	08/01/20
Fall	08/01/19	02/01/20
Spring/Summer	02/01/20	08/01/20
Spring/Summer (New)	01/01/20	08/01/20
Summer I (Special)	05/01/20	08/01/20
Summer	05/11/20	08/01/20

*The coverage periods are effective and will be effective and terminate at 12:01am local time at the University's address on the dates advertised.

OPEN ENROLLMENT PERIODS *The open enrollment periods during which students may apply for, or change, coverage.*		
Students	**From**	**Through**
Annual	07/15/19	09/04/19

The coverage provided with respect to the Covered Person shall terminate at *08/01/2020 at 12:01 a.m.* standard time on the earliest of the following dates:

- The date the Policy terminates for all insured persons; or
- The end of the period of coverage for which premium has been paid; or
- The date an Insured Person ceases to be eligible for the insurance; or
- The date an Insured Person enters military service.

You must meet the eligibility requirements listed herein each time you pay a premium to continue insurance coverage. **Refunds of premium are allowed only upon entry into the Armed Forces, and the Company receives proof of active duty.**

The Policy issued to the School is a Non-Renewable, One-Year Term Policy. However, if you still maintain the required eligibility you may purchase the plan the next year. It is the Covered Person's responsibility to enroll for coverage each year in order to maintain continuity of coverage. If you no longer meet the eligibility requirements contact Academic HealthPlans at 1-855-517-8460 prior to your termination date.

Coverage Period Notice

Coverage Periods are established by the School and subject to change from one Policy Year to the next. In the event that a coverage period overlaps, the prior coverage period will terminate as of the effective date of the new coverage period. In no case will an eligible member be covered under two coverage periods within the same group.

Rates

2019-2020 PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods	**Annual*** 08/01/2019 to 08/01/2020	**Spring/Summer (New Students)*** 01/01/2020 to 08/01/2020	**Summer** 05/11/2020 to 08/01/2020
Student	$ 2,600.00	$ 1,519.00	$ 583.00

Extension of Benefits

The coverage provided under the plan ceases on the termination date. However, if a Covered Person is Hospital Confined on the termination date for a covered Injury or Sickness for which benefits were paid before the termination date, the Covered Expenses for such covered Injury or Sickness will continue to be paid provided the condition continues, but not to exceed 90 days after the termination date.

The total payments made in respect of the Covered Person for such condition both before and after the termination date will never exceed the maximum benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Coordination of Benefits

Under a Coordination of Benefits (COB) provision, the plan that pays first is called the Primary Plan. The Secondary Plan typically makes up the difference between the Primary Plan's benefit and the Covered Expenses. When one plan does not have a COB provision, that plan is always considered Primary, and always pays first. You may still be responsible for applicable Deductible amounts, Copayments and Coinsurance.

Pre-Certification Process

You must adhere to the Pre-certification process. Failure to comply with the Pre-certification requirements may result in a Pre-certification penalty. You are responsible for notifying the claims administrator at the phone number found on your ID card to begin the Pre-certification process. For inpatient benefits or surgery, the call must be made at least five (5) working days before Hospital Confinement or surgery.

The following inpatient benefits require Pre-certification:

1. All inpatient admissions to a Hospital, Skilled Nursing Facility, facility established primarily for the Treatment of Substance Use Disorder, or residential Treatment facility. The expected length of stay should be included in the notification.
2. All inpatient maternity care after the initial 48/96 hours.

Pre-certification is not required for Medical Emergency or Urgent Care; Hospital Confinement for maternity care; or Obstetric or gynecological care when provided by a Network Provider; or Outpatient treatment

Pre-certification does not guarantee that Benefits will be paid. Your Physician will be notified of Our decision.

Failure by the claims administrator to make a determination within the time periods stated in the policy will be deemed an Adverse Determination subject to an appeal.

The Insured Person should contact his or her Physician with question about any Precertification status.

Student Health Services

Eligibility to be treated in the Student Health Center and the Dental Clinic on campus is determined by payment of the Health Services Fee, a mandatory fee assessed to students taking four (4) or more credit hours.

The type of insurance carried by the student is not a determining factor.

Preventive Services

The following services shall be covered without regard to any Deductible or Coinsurance requirement that would otherwise apply:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force.
- Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Insured Person involved.
- With respect to Insured Persons who are infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.
- With respect to Insured Persons who are women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Please visit www.healthcare.gov/preventive-care-benefits/ for more information.

Schedule of Benefits

Preventive Services: Network Provider: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of Usual and Reasonable Charge when services are provided through a Network Provider. **Non-Network:** The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 60% of the Usual and Reasonable Charge.

	Network Provider	Non-Network Provider
Deductible	$0	$1,000
Hospital inpatient facility copayment	$250	$750
Out-of-Pocket Maximum Expense Limit	$2,000	$4,000
	Network Provider	**Non-Network Provider**
Coinsurance	80% of PPO Allowance for Covered Medical Expenses	60% of Usual and Reasonable (U&R) for Covered Medical Expenses

Benefit Payment for Network Providers and Non-Network Providers: The Policy provides benefits based on the type of health care provider selected. The Policy provides access to both Network Providers and Non-Network Providers. Different benefits may be payable for Covered Medical Expenses rendered by Network Providers versus Non-Network Providers, as shown in the Schedule of Benefits.

Preferred Provider Organization: To locate a Network Provider in your area, consult your Cigna Provider Directory. You may go to ***csm.myahpcare.com.***

THE COVERED MEDICAL EXPENSE FOR AN ISSUED POLICY WILL BE:

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

Inpatient Benefits	Network Provider	Non-Network Provider
Hospital Intensive Care Unit Expense, in lieu of normal Hospital Room & Board Expenses *Pre-certification required*	80% of PPO Allowance	60% of U&R
Hospital Miscellaneous Expenses, for services & supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts & temporary surgical appliances, oxygen, blood & plasma, misc. supplies	80% of PPO Allowance	60% of U&R
Hospital Room & Board Expenses *Pre-certification required*	80% of PPO Allowance	60% of U&R
Inpatient Surgery: **Surgeon Services** **Anesthetist** **Assistant Surgeon** *Pre-certification required*	80% of PPO Allowance	60% of U&R
Inpatient Habilitative Services *Pre-certification required*	80% of PPO Allowance	60% of U&R
Mental Health Disorder Inpatient Services *Pre-certification required*	Same as any other Covered Sickness	
Physician Visits while confined: (Includes a Specialist) Visit limited to one per day of Confinement	80% of PPO Allowance	60% of U&R
Preadmission Testing	80% of PPO Allowance	60% of U&R
Registered Nurse Services for private duty nursing while confined	80% of PPO Allowance	60% of U&R
Inpatient Rehabilitation Services *Pre-certification required*	80% of PPO Allowance	60% of U&R
Substance Used Disorder Inpatient Services *Pre-certification required*	80% of PPO Allowance	60% of U&R
Outpatient Benefits	**Network Provider**	**Non-Network Provider**
Diagnostic X-ray Services	80% of PPO Allowance	60% of U&R
Emergency Services Expenses	80% of PPO Allowance Copayment: $100	80% of *PPO Allowance* Copayment: $100
Outpatient Habilitative Services	80% of PPO Allowance	60% of U&R
Home Health Care Expenses *Up to 28 Hours per Week*	80% of PPO Allowance	60% of U&R
Hospice Care Coverage	80% of PPO Allowance	60% of U&R
In-Office Physician's Fees, including specialist, licensed registered nurse and licensed physician assistant	100% of PPO Allowance Copayment: $25	60% of U&R Copayment: $25
Laboratory Procedures (Outpatient)	80% of PPO Allowance	60% of U&R
Mental Health Disorder Outpatient Services	Same as any other Covered Sickness	
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	80% of PPO Allowance	60% of U&R

Outpatient Benefits	Network Provider	Non-Network Provider
Outpatient Prescription Drugs	100% of PPO Allowance for Covered Medical Expenses after a Generic Copayment: $15 Preferred Brand Copayment: $30 Brand Copayment: $60	Not Covered
Outpatient Surgery: **Surgeon Services** **Anesthetist** **Assistant Surgeon**	 80% of PPO Allowance 80% of PPO Allowance 80% of PPO Allowance	 60% of U&R 60% of U&R 60% of U&R
Outpatient Surgery Miscellaneous, excluding not-scheduled surgery – expenses for services & supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood & plasma	80% of PPO Allowance	60% of U&R
Prostate Cancer Screening	80% of PPO Allowance	60% of U&R
Outpatient Rehabilitative Services	80% of PPO Allowance	60% of U&R
Shots and Injections, unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit	80% of PPO Allowance	60% of U&R
Skilled Nursing Facility Benefit, up to 100 days per Policy Year	80% of PPO Allowance	60% of U&R
Substance Use Disorder Outpatient Services	Same as any other Covered Sickness	
Urgent Care Centers or Facilities	80% of PPO Allowance Copayment: $35	60% of U&R Copayment: $35

Other Benefits	Network Provider	Non-Network Provider
Accidental Injury Dental Treatment	80% of PPO Allowance	80% of U&R
Allergy Testing	80% of PPO Allowance	60% of U&R
Ambulance Service	100% of PPO Allowance	100% of U&R
Bariatric Surgery	80% of PPO Allowance	60% of U&R
Chemotherapy and Radiation Therapy	80% of PPO Allowance	60% of U&R
Chiropractic Care Benefit	80% of PPO Allowance	60% of U&R
Consultant Physician Services, when requested by the attending physician	100% of PPO Allowance Copayment: $25	60% of U&R Copayment: $25
Dialysis	80% of PPO Allowance	60% of U&R
Durable Medical Equipment	80% of PPO Allowance	60% of U&R
Gender Reassignment	80% of PPO Allowance	60% of U&R
Infertility Treatment	80% of PPO Allowance	60% of U&R
Infusion Therapy	80% of PPO Allowance	60% of U&R
Mammography and Breast Cancer Screening	100% of PPO Allowance for Preventive Services	60% of U&R

Other Benefits	Network Provider	Non-Network Provider
Maternity Benefit	Same as any other Covered Sickness	
Pediatric Dental Care Benefits Limited to two visits in a 12 month period	100% of PPO Allowance for Preventive Services	50% of U&R
Basic Restorative Oral Surgery Endodontics	50% of U&R 50% of U&R 50% of U&R	50% of U&R 50% of U&R 50% of U&R
Pediatric Vision Benefits Limited to one exam per Policy Year and one pair of prescribed lenses and frames	100% of PPO Allowance for Preventive Services	50% of U&R
Physical, Occupational & Speech Therapy Subject to 20 visits per Policy Year	80% of PPO Allowance	60% of U&R
Reconstructive Surgery	80% of PPO Allowance	60% of U&R
Routine Adult Vision Exam Benefit *One exam per Policy Year.*	100% of PPO Allowance Copayment: $25	70% of U&R Copayment: $25
Routine Newborn Care	Same as any other Covered Sickness	
Sports Accident Expense, incurred as the result of the play or practice of intercollegiate, intramural or club sports Up to $90,000 per Accident	90% of PPO Allowance	70% of U&R
Student Health Center/Infirmary Expense	100% of Covered Medical Expenses (deductible waived)	
Transplants	80% of PPO Allowance	60% of U&R
Treatment for Temporomandibular Joint (TMJ) Disorders	80% of PPO Allowance	60% of U&R

Mandated Benefits	Network Provider	Non-Network Provider
Autism Spectrum Disorders Benefit, Insured Dependent Children Under Age 19	Same as any other Covered Sickness up to the benefit maximums described in the Benefit	
Cervical Cancer Vaccination Benefit	Same as any other Preventive Service	
Cleft Lip and Cleft Palate Benefit	Same as any other Covered Sickness	
Clinical Trials Benefit	Same as any other Covered Sickness	
Diabetes Benefit	Same as any other Covered Sickness	
Early Intervention Services Benefit Subject to 45 visits per Policy Year	This benefit is not subject to a Deductible; Same as any other Covered Sickness	
Hearing Aids for Minors Benefit	Same as any other Covered Sickness	
Inherited Enzymatic Disorders Benefit	Same as any other Covered Sickness	
Oral Anticancer Medication Benefit	Same as any other Covered Sickness	
Prosthetic Devices Benefit	Same as any other Covered Sickness	

Definitions

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

Ambulance Service means transportation to a Hospital by a licensed 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.

(Definitions continued)

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.

Covered Injury means a bodily injury that is: 1) Sustained by an Insured Person while he/she is insured under the Policy or the School's prior policies; and 2) Caused by an accident directly and independently of all other causes. Coverage under the School's policies must have remained continuously in force: 1) From the date of Injury; and 2) Until the date services or supplies are received, for them to be considered as a Covered Medical Expense under the Policy.

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

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

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

Elective Surgery or Elective Treatment means surgery or medical treatment that is:

1. not necessitated by a pathological or traumatic change in the function or structure of any part of the body; and
2. which occurs after the Insured Person's effective date of coverage.

Elective Treatment means, but is not limited to, warts and moles removed for cosmetic purposes, weight reduction, routine physical examination, fertility tests and pre-martial 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 laws.

Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, submucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include 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. lacing 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;
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 covered by the Policy. Use of medications listed in the Formulary is intended 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 lists the type of drug and tier status.

Generic Prescription Drug a Prescription drug that is identical or bioequivalent to a Brand-Name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. A Generic Prescription Drug is not protected by a patent. The tier status is shown in the Formulary.

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 rehabilitory care; or
3. Facilities for the aged, drug addicts or alcoholics.

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

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

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.

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

Medically Necessary means medical treatment that is appropriate and rendered in accordance with generally accepted standards of medical practice. The Insured Person's health care provider determines if the medical treatment provided is medically necessary.

Mental Health Disorder means a condition or disorder, including biologically based mental health disorders, that substantially limit 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.

Off-Label Drug Treatment means a drug that is prescribed for use different from the use for which it was approved for marketing by the Federal Food and Drug Administration (FDA).

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

Physician means a:

1. Doctor of Medicine (M.D.); or
2. Doctor of Osteopathy (D.O.); or
3. Doctor of Dentistry (D.M.D. or D.D.S.); or
4. Doctor of Chiropractic (D.C.); or
5. Doctor of Optometry (O.D.); or
6. Doctor of Podiatry (D.P.M.);

who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered.

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

Physician will also 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.

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

Prescription Drug means a medication that, by law, requires a prescription.

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

Skilled Nursing Facility means an institution that provides skilled nursing care under the supervision of a Physician, provides 24-hour nursing service by or under the supervision of a registered nurse (R.N.), and maintains a daily record of each patient. Skilled nursing facilities must be licensed by an appropriate state agency and approved for payment of Medicare benefits to be eligible for reimbursement.

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.

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

Exclusions and Limitations

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

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

- **International Students Only** - Eligible expenses within the Insured Person's Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
- preventive medicines, serums or vaccines of any kind except as covered as Preventive Service or as specifically provided under the Policy.
- dental treatment for implants, denture repair and realignment, dentures and bridges, non-medically necessary orthodontia, and periodontics, except as specifically provided in the Schedule of Benefits.
- professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
- services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
- expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
- 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.
- any expenses in excess of Usual and Reasonable charges.
- loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Schedule of Benefits.
- Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
- 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.
- Injury sustained as the result of the Insured Person's operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
- Expenses incurred after:
    - The date insurance terminates as to the Insured Person; and
    - The end of the Benefit Period specified in the Benefit Schedule
- Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
- expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
- 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.
    - 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.
- treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. 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.
- an Insured Person's:
    - committing or attempting to commit a felony,
    - being engaged in an illegal occupation, or
    - participation in a riot.
- elective abortions.
- custodial care service and supplies.

The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company.

Academic Emergency Services

To ensure immediate access to assistance if you experience a crisis while traveling over 100 miles from home, or outside your home country, Academic HealthPlans has included Academic Emergency Services (AES) benefits in your Student Health Plan coverage. AES offers a wide range of services and benefits to provide everything you need to prepare for your international experience, as well as get the help or information you need in a crisis, no matter how large or small. For more details, go to ***csm.myahpcare.com.*** These value added options are provided by GeoBlue. Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

Claim Procedure

In the event of Injury or Sickness, the student should:

1) Report to the Student Health Services for treatment or when not in school, to your Doctor or Hospital. Covered Persons should go to a participating Doctor or Hospital for treatment if possible.

IN AN EMERGENCY, REPORT DIRECTLY TO THE NEAREST EMERGENCY ROOM FOR TREATMENT.

2) Mail to the address below all prescription drug receipts (for providers outside those contracting with Cigna Rx®), medical and Hospital bills along with patient's name and Insured student's name, address, Social Security Number and name of the School under which the student is Insured.

3) File claims within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Claims or Benefit Inquiries:
Customer Service Call: 1-800-780-7879
Payer ID #62308

Claims Mailing Address
Cigna Healthcare
P.O. Box 188061
Chattanooga, TN 37422

Academic HealthPlans, Inc.
P.O. Box 1605
Colleyville, Texas 76034-1605
Enrollment and All Other Calls: 1-855-517-8460
Fax 1-855-858-1964
ahpcare.com

For more information about this plan please visit:
csm.myahpcare.com

Important Notice

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued in the state in which the Policy was delivered. Complete details may be found in the Policy on file at your school's office. The Policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

Privacy Disclosure

Under HIPAA's Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You will receive a copy of the NGL HIPAA Privacy Notice upon request. Please write to Academic HealthPlans, Inc., P.O. Box 1605, Colleyville, TX 76034-1605 or call 1-855-370-7215. You may also view and download a copy from the website at ***csm.myahpcare.com*.**

Summary of Benefits and Coverage

The Affordable Care Act requires all health insurers to provide consumers with a **Summary of Benefits and Coverage (SBC).** The SBC is a description of the benefits and health coverage offered by a particular health plan. The SBC is intended to provide clear, consistent descriptions that may make it easier for people to understand their health insurance coverage.

The items in the SBC just represent an overview of coverage; they are not an exhaustive list of what is covered or excluded. The full terms of coverage are located in your insurance Policy. To obtain an SBC for your Policy, please go to ***csm.myahpcare.com*.**