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### ● ID CARD

If you are enrolled in the plan, you will receive your permanent insurance ID card in the mail after the start of your first term of coverage under USHIP. Only one permanent ID card will be mailed to you each school year. If you need to seek treatment before you receive your USHIP card or if you lose it, you may also download your insurance ID card from your school Web page at [www.4studenthealth.com](http://www.4studenthealth.com). If you go to a Doctor's office, urgent care center, Hospital, or pharmacy, you will be asked for your ID card. **Carry your insurance identification card with you at all times.**

You will receive a separate ID card for prescriptions from Express Scripts, but you may use your USHIP ID card to get prescriptions in the meantime.

For travel assistance, download your UnitedHealthcare Global ID card from your school Web page at [www.4studenthealth.com](http://www.4studenthealth.com).

### ● NO-COST LANGUAGE ASSISTANCE SERVICES

You are eligible to access the services of an interpreter to have insurance documents read to you in your native or preferred language, at no cost to you. To use this free service, call the number listed on your insurance ID card or **1-800-468-4343**. For further help, call the CA Department of Insurance at **1-800-927-4357**.

## IMPORTANT CONTACT INFORMATION AND RESOURCES FOR YOUR 2015–2016 UNDERGRADUATE STUDENT HEALTH INSURANCE PLAN (USHIP)

### Insurance Company

Nationwide Life Insurance Company

### Policy Number

302-113-0413

### Claims Administrator

*For questions regarding benefits or claims status, contact:*

Personal Insurance Administrators, Inc.

1-800-468-4343

Monday–Friday, 8:00 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT

### Claims Submission

*For submitting claims by mail, make a copy of your insurance ID card and the bill(s) and send to:*

**Personal Insurance Administrators, Inc.**

P.O. Box 6040

Agoura Hills, CA 91376-6040

*Note: Claim forms are not required, but may help to expedite payment of your claim.*

Find information  
about health  
services on campus  
on page 7.

### PPO Network

*To locate PPO Doctors and facilities, contact:*

Cigna

[www.cigna.com](http://www.cigna.com)

### Prescription Drugs

*To locate a network pharmacy and to manage your medications (including refills and home delivery), contact:*

Express Scripts, Inc.

1-800-447-9638

[www.express-scripts.com](http://www.express-scripts.com)

### Travel Assistance Services

*When you are traveling away from home and you need assistance with things such as transfer of medical records, legal referrals, transfer of funds, and information on travel conditions, contact:*

UnitedHealthcare Global

Call 1-410-453-6330 collect from anywhere in the world or dial the country number on your ID card

Available 24/7/365

### Nurse Advice Line

*For information and advice on health care issues, including how to manage chronic diseases and develop healthful habits, or for translation services, contact:*

Sirona NurseLine

1-800-557-0309

Available 24/7/365

### Plan Administrator

*For questions about eligibility, enrollment, and waivers, contact:*

Ascension

P.O. Box 240042

Los Angeles, CA 90024

1-800-537-1777

Monday–Friday, 8:00 a.m. to 5:00 p.m. PT

### Plan Information

*To download an ID card or for further information on this plan, visit your school Web page:*

|                            |  |                  |  |
|----------------------------|--|------------------|--|
| Claremont McKenna College: | <a href="http://www.4studenthealth.com/cmc">www.4studenthealth.com/cmc</a>               | Pomona College:  | <a href="http://www.4studenthealth.com/pomona">www.4studenthealth.com/pomona</a>   |
| Harvey Mudd College:       | <a href="http://www.4studenthealth.com/harveymudd">www.4studenthealth.com/harveymudd</a> | Scripps College: | <a href="http://www.4studenthealth.com/scripps">www.4studenthealth.com/scripps</a> |
| Pitzer College:            | <a href="http://www.4studenthealth.com/pitzer">www.4studenthealth.com/pitzer</a>         |                  |  |

## A MESSAGE FROM CLAREMONT UNIVERSITY CONSORTIUM CLAREMONT, CALIFORNIA

We are pleased to present the Undergraduate Student Health Insurance Plan (USHIP) which has been arranged to assist in paying for the unexpected and often high cost of medical care.

This insurance coverage for the student is particularly important since some family insurance plans do not apply to Dependents over a certain age. In addition, even if a student has another insurance plan in place, there may not be health providers available for that plan in the Claremont area. This plan has been especially designed for our Colleges. We feel that this is valuable insurance coverage and recommend it for all students unless you have comparable or greater coverage.

The student's spouse, Domestic Partner, and children may also be covered under this insurance plan. **However, the student's spouse, Domestic Partner, and children are not covered by the College's Health Service.**

### ● ELIGIBILITY

#### Students

The following students are eligible for enrollment in the plan:

- All **domestic undergraduate students** who pay registration fees and are matriculating toward a degree through The Claremont Colleges.
- All **international undergraduate students** with a current passport or student visa (F-1, J-1, or M-1 visa) temporarily located outside the home country who have not been granted permanent residency status while engaged in full-time educational activities through The Claremont Colleges.

Covered students must remain enrolled in school for at least the first 31 days from their effective date of coverage, except in the case of medical withdrawal (as verified and approved by the school).

Except in the case of medical withdrawal due to Sickness or Injury, any student withdrawing from school during the first 31 days of the period for which coverage is purchased will not be covered under this Policy, and a full refund of Premium will be made, minus the cost of any claim paid by the Company. Students withdrawing after such 31 days will remain covered under the Policy for the term purchased, and no refund will be allowed, except as specified herein.

The Company maintains its right to investigate student (and Dependent) status and attendance records to verify that the policy eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, its only obligation is refund of premium, less any claims paid.

#### Dependents

Insured students may also enroll their eligible Dependents.

If a child is born to an insured student, that child will be covered under the plan for the first 31 days after: 1) the birth date of the newly born child; 2) the effective date of adoption of the child by the student; or 3) the date of placement of the child for adoption with the student. Coverage for such child will be for Sickness and Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity, and nursery care. Should the student's coverage terminate before the end of the 31-day period, newborn coverage will not extend beyond the student's termination date.

The insured student will have the right to continue coverage for the child beyond 31 days. To continue the coverage the Insured must, within 31 days after the birth, adoption, or placement for adoption: 1) submit a completed enrollment form; and 2) pay the required additional premium for the continued coverage. If the insured student does not use this right as stated here, all coverage as to that child will terminate at the end of the 31-day period.

The term "children" includes an insured student's biological children, stepchildren, and adopted children from the date of placement. A child's coverage will not end because the child has reached age 26, if he or she: 1) is not able to earn his or her own living as a result of mental or physical handicap; and 2) became so handicapped before reaching the age limit; and 3) is chiefly dependent upon the insured student for support and maintenance. Within 31 days after the child reaches the age limit, the insured student must submit proof of the child's dependency or handicap to the Company. The Company may ask for more proof of the child's dependency and handicap, but not more frequently than annually after the two-year period following the child's attainment of the limiting age.

Any Dependent on active duty in any military, naval, or air force of any country is not eligible for coverage under the policy.

## ● ENROLLMENT

### Enrollment Requirements by College

Please see chart below to determine enrollment requirements for each College.

|                           | Domestic Undergraduate Students     | International Undergraduate Students |
|---------------------------|-------------------------------------|--------------------------------------|
| Claremont McKenna College | Insurance required (waiver allowed) | Insurance required (waiver allowed)  |
| Harvey Mudd College       | Insurance required (waiver allowed) | Mandatory (with limited exceptions)  |
| Pitzer College            | Insurance required (waiver allowed) | Insurance required (waiver allowed)  |
| Pomona College            | Insurance required (waiver allowed) | Mandatory (no waiver allowed)        |
| Scripps College           | Insurance required (waiver allowed) | Mandatory (no waiver allowed)        |

### Students

- Mandatory students will be automatically enrolled in the plan and no waiver will be allowed.
- All students who are required to have health insurance but who are allowed to waive with comparable coverage, who have not waived coverage by the Waiver Deadline Date determined by each College, will be automatically enrolled in the plan.

### Dependents

Eligible Dependents must be enrolled on the date the student enrolls or within 31 days of birth, adoption, marriage, arrival in the U.S., or termination of other coverage (proof of date may be requested). Students who wish to enroll their eligible Dependents must submit a completed enrollment form (available online on your school webpage at [www.4studenthealth.com](http://www.4studenthealth.com) – see page 3 for shortcut for each campus), with proper premium payment, by the Deadline Date listed. Newly acquired Dependents (spouse and/or children) are not subject to the Enrollment Deadline Dates. However, enrollment and full premium payment for all newly acquired Dependents (spouse and/or children) must be submitted within 31 days of the attainment of such Dependents. **Otherwise, enrollment cannot be accepted after the Enrollment Deadline Dates listed.**

For questions about enrollment, contact Ascension at 1-800-537-1777.

## ● WAIVING USHIP COVERAGE

For information on how to waive coverage in USHIP, view the Waiver FAQ on your school Web page at [www.4studenthealth.com](http://www.4studenthealth.com) (see page 3 for shortcut for each campus). Claremont McKenna College students should contact the Housing Coordinator at 1-909-621-8114 or go to the “Medical Insurance Information” page of the Student Portal for more details.

## ● INVOLUNTARY LOSS OF COVERAGE

If an eligible student has waived out of the Undergraduate Student Health Insurance Plan and later involuntarily loses his or her qualifying prior coverage (see the Involuntary Loss of Coverage definition), he or she may elect to enroll mid-term. It is the responsibility of the student to submit to their College written notification of his or her interest to enroll in the Undergraduate Student Health Insurance Plan within 31 days of the termination date of the prior coverage.

To enroll in the plan after an Involuntary Loss of Coverage, the student must notify his or her school and submit proof of loss of coverage *within 31 days of termination of prior coverage*. Premium is not pro-rated; the student will be charged the full cost of the term in which he or she is enrolling.

## ● TERMS OF COVERAGE

### Policy Effective Date

For students who are enrolled through the school, coverage becomes effective at 12:01 a.m. Pacific Time (PT) on the first date of the applicable term in which the student is enrolled.

For all other students and Dependents, coverage becomes effective at 12:01 a.m. PT on the first date of the applicable term if the enrollment form and premium are postmarked before this date. If the enrollment form and premium are postmarked on or after the first date of the applicable plan term, coverage will become effective at 12:01 a.m. PT on the date immediately following the date on which the enrollment form and premium are postmarked. In the absence of a postmark, coverage will begin at 12:01 a.m. PT on the day after the enrollment form and premium are received at Ascension.

In addition, for International Students and Scholars, coverage can begin at 12:01 a.m. PT on the date the student departs his or her home country, or country of regular domicile, traveling directly to the College-sponsored program, provided such travel commences within 72 hours of the effective date of coverage for the then-current term for which premium has been paid and travel is directly from the country of regular domicile to the campus and such travel is not longer than 48 hours in length.

(CONTINUED)

## TERMS OF COVERAGE *(continued)*

### Policy Termination Date

Coverage terminates at 11:59 p.m. PT on the earliest of the following dates:

1. The date the Policy is terminated by the Policyholder or the Company;
2. The last day of the Term of Coverage for which premium is paid;
3. The date a Covered Person enters full-time active military service or permanently returns to his or her home country or country of regular domicile;
4. The last day of the period through which premium has been paid, following the date a Dependent ceases to be a Dependent as described in this brochure.

Dependent coverage will not be effective prior to that of the student or extend beyond that of the student, except as specifically provided under the Extension of Benefits provision.

There is no continuation coverage for this plan for students and/or Dependents who are no longer eligible.

*We do not send termination or renewal notices. It is the Covered Person's responsibility to renew coverage in a timely manner, subject to continuing eligibility. Eligibility requirements must be met each time premium is paid to continue coverage.*

## INSURANCE COSTS AND IMPORTANT DATES

*The costs of coverage include insurance premium and administrative fees.*

| Dates of Coverage               | Annual<br>08/30/15* to 08/29/16 | Fall<br>08/30/15* to 01/03/16 | Spring/Summer<br>01/04/16 to 08/29/16 | Summer<br>05/13/16 to 08/29/16 |
|---------------------------------|---------------------------------|-------------------------------|---------------------------------------|--------------------------------|
| <b>Enrollment Deadline Date</b> | 09/30/15                        | 09/30/15                      | 02/04/16                              | 06/13/16                       |
| Student                         | \$ 1,911.00                     | \$ 655.00                     | \$ 1,266.00                           | \$ 638.00                      |
| Spouse/Domestic Partner         | \$ 1,911.00                     | \$ 655.00                     | \$ 1,266.00                           | \$ 638.00                      |
| Each Child†                     | \$ 1,911.00                     | \$ 655.00                     | \$ 1,266.00                           | \$ 638.00                      |

\* Coverage for new students will be effective on 08/01/15.

† Premium is charged per child, up to 3 times the premium fee, after which no further premium is charged for additional children.

## REFUND POLICY

There are no premium refunds, except when the Covered Person enters full-time active military service or permanently returns to his or her home country or country of regular domicile, in which case a pro rata refund (for the number of full months remaining in the policy term), less any claims paid, will be issued only upon written request from the school.

## EXTENSION OF BENEFITS

The coverage provided under this Policy ceases on the termination date. However, if a Covered Person is Hospital Confined on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date, Covered Charges for such Injury or Sickness will continue to be paid for a period of 90 days or until the date of discharge, whichever is earlier.

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 available. After this Extension of Benefits provision has been exhausted, all benefits cease to exist and under no circumstances will further benefits be made.

This Extension of Benefits provision is applicable only to the extent that the Covered Person will not be covered under this or any other health insurance policy in the ensuing term of coverage. Dependents who are newly acquired during the insured student's Extension of Benefits period are not eligible for benefits under this provision. This Extension of Benefits provision does not apply to prescription drug coverage.

## STUDENT HEALTH SERVICES

Student Health Services (SHS) is committed to promoting the physical health and wellness of all students served by the Claremont University Consortium. Our well-trained team of doctors, nurse practitioners, and medical support staff provides full-service care, including laboratory and basic imaging, dispensary, and immunizations.

Appointments scheduled in advance are offered at no charge to students. Labs, imaging, and prescriptions are available at reasonable fees.

|   |  |
|---|--|
| <b>Location:</b>                          | Tranquada Student Services Building, 757 College Way, Claremont, CA 91711  |
| <b>Appointments:</b>                      | 1-909-621-8222   |
| <b>After-hours Emergencies:</b>           | 1-909-607-2000   |
| <b>Hours (when school is in session):</b> | Monday–Friday..... 8:00 a.m. to 5:00 p.m.<br>Wednesday..... 8:00 a.m. to 7:00 p.m.<br>Thursday..... 9:00 a.m. to 5:00 p.m. |

## REFERRAL REQUIREMENT

**IMPORTANT: If you need to seek treatment off campus, except under certain conditions, a referral from Student Health Services (SHS) is required. Covered Charges incurred for medical treatment rendered outside Student Health Services for which no prior referral is obtained will be paid at 90%, even for a PPO provider.** A referral issued by SHS must accompany the claim when submitted.

All Covered Charges incurred at SHS are paid at 100%. In addition, the Deductible is waived if the covered student first utilizes and/or is referred by Student Health Services or if Student Health Services is closed.

The referral requirement from Student Health Services is waived only under the following circumstances:

1. Medical Emergency. The student must return to SHS for necessary follow-up care.
2. When SHS is closed, or when service is rendered at another facility when classes are not in session, such as for official school breaks and holidays.
3. Medical care received when the student is more than 25 miles from campus.
4. Medical care received when a student is no longer able to use SHS due to a change in student status.
5. Preventive/routine services.
6. Pharmacy services.
7. Obstetrical or gynecological services, including maternity care.
8. Treatment of Mental Conditions.
9. Pediatric Dental/Vision services for students under age 19.

Dependents and non-student exchange visitors (researchers, scholars, and visiting faculty) are not eligible to use SHS and are exempt from the above limitations and requirements, and they are required to pay the Policy Year Deductible.

In most cases, you must have a referral from SHC to see another doctor (unless it's an Emergency).

## PREFERRED PROVIDER ORGANIZATION



Please read the following information so you will know from whom or what group of providers health care may be obtained.

This plan has incorporated into the coverage access to a network of medical professionals, including Doctors and Hospitals, known as the Preferred Provider Organization (PPO). This PPO is available through the Cigna provider network. Network access provides benefits nationwide for Covered Charges incurred at 100% of the Preferred Allowance (PA) when treated by network providers (PPO). Benefits are provided worldwide for Covered Charges incurred at 90% of Reasonable and Customary Expenses (R&C) when treated by non-network providers (non-PPO). However, if such treatment is received by a non-PPO provider or facility due to an Emergency medical condition, benefits for Covered Charges are payable at the PPO coinsurance level. *Note: Charges in excess of R&C are still the responsibility of the Covered Person.*

**The covered student must use the services of Student Health Services (SHS) first where treatment will be administered or referral issued. A referral issued by Student Health Services must accompany the claim when submitted.**

If a Covered Person is being treated by a Preferred Provider for an acute, serious chronic condition, pregnancy, newborn, or a terminal illness and the Provider's contract terminates with the PPO, the Covered Person may be eligible under certain conditions to continue treatment with the Provider at the PPO rate. Contact the claims administrator for details.

For a complete listing of PPO Hospital and Doctor facilities, please visit [www.cigna.com](http://www.cigna.com).

**Please be aware that if you are treated at a PPO Hospital, it does not mean that all providers at that Hospital are PPO providers. In addition, if you are referred by a PPO provider to another provider or facility, it does not necessarily mean that the provider or facility to which you are referred is also a PPO provider. For instance, when a network provider refers you to a lab for tests, be sure it is a network lab. This information can be found on the network website.**

## OUT-OF-POCKET MAXIMUM

When a Covered Person has incurred \$5,000 per person (\$12,700 per family, for PPO only) of out-of-pocket expenses for Covered Charges during a policy year, the Company payment for Covered Charges incurred will increase to 100% of R&C when treated by non-PPO providers for the remainder of the policy year, up to the Maximum Benefit. Out-of-pocket expenses include Copays, as well as any Deductible and Coinsurance amounts paid, but exclude non-covered medical expenses and Elective services.

## SCHEDULE OF BENEFITS

|                               |  |                                   |
|-------------------------------|--|-----------------------------------|
| <b>Maximum Benefit:</b>       | Unlimited (except where noted)   |                                   |
| <b>Deductible:</b>            | \$100 per policy year for PPO<br><i>(waived at SHS, if referred by SHS, or if SHS is closed)</i>                             | \$300 per policy year for non-PPO |
| <b>Office Visit Copay:</b>    | \$15 per visit <i>(waived at SHS)</i>  |                                   |
| <b>Urgent Care Copay:</b>     | \$15 per visit   |                                   |
| <b>Emergency Room Copay:</b>  | \$100 per visit <i>(waived only if admitted to Hospital)</i>   |                                   |
| <b>Out-of-Pocket Maximum:</b> | \$5,000 per person per policy year, for PPO or non-PPO (combined total)<br>\$12,700 per family per policy year, for PPO only |                                   |

The Covered Person is responsible for paying the Deductible amount listed before the Company will begin paying benefits, except as indicated below. **Covered Charges** are paid at 100% of Preferred Allowance (PA) for PPO and 90% of Reasonable & Customary (R&C) for non-PPO, unless otherwise indicated, and include the following, subject to the limitations indicated above or below:

| PREVENTIVE/WELLNESS SERVICES  | SHS  | PPO  | NON-PPO    |
|---|--|--|------------|
| <b>Well Adult Care</b><br>includes screening for certain conditions such as: cancer, high cholesterol, depression, diabetes, obesity, and sexually transmitted diseases; only as recommended by the U.S. Department of Health and Human Services (see Preventive/Wellness definition for further detail)  | 100%<br><i>DEDUCTIBLE &amp; COPAY WAIVED</i> | 100% of PA<br><i>DEDUCTIBLE &amp; COPAY WAIVED</i> | 90% of R&C |
| <b>Well Baby and Well Child Care</b><br>(see Preventive/Wellness definition for further detail)   | N/A  | 100% of PA<br><i>DEDUCTIBLE &amp; COPAY WAIVED</i> | 90% of R&C |
| <b>Immunizations</b><br>includes but not limited to: flu shot, tetanus, diphtheria, pertussis, Tdap, hepatitis A, hepatitis B, HPV, measles-mumps-rubella, pneumonia, varicella, meningococcal; only as recommended by the U.S. Centers for Disease Control and Prevention  | 100%<br><i>DEDUCTIBLE &amp; COPAY WAIVED</i> | 100% of PA<br><i>DEDUCTIBLE &amp; COPAY WAIVED</i> | 90% of R&C |
| INPATIENT   |  | PPO*   | NON-PPO    |
| <b>Hospital Confinement/Room and Board and Hospital Miscellaneous</b><br>daily average semi-private room rate and general nursing care provided by a Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, X-ray examinations including professional fees, anesthesia, physical therapy, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies. Includes intensive care. |  | 100% of PA   | 90% of R&C |
| <b>Maternity/Newborn Care</b><br>while Hospital Confined, and routine nursery care provided immediately after birth, up to 48 hours after birth (96 hours for cesarean delivery)  |  | 100% of PA   | 90% of R&C |
| <b>Registered Nurse Expense</b><br>private-duty nursing care  |  | 100% of PA   | 90% of R&C |
| <b>Surgeon's Fees</b><br>if multiple procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures  |  | 100% of PA   | 90% of R&C |
| <b>Assistant Surgeon</b>  |  | 100% of PA   | 90% of R&C |
| <b>Anesthetist</b><br>professional services in connection with in-patient surgery   |  | 100% of PA   | 90% of R&C |
| <b>Pre-Admission Testing</b><br>if testing occurs within 3 working days prior to admission  |  | 100% of PA   | 90% of R&C |
| <b>Doctor Visits</b>  |  | 100% of PA   | 90% of R&C |
| <b>Treatment of Mental Conditions / Substance Use Disorder</b>  |  | 100% of PA   | 90% of R&C |

\* Paid at non-PPO level if SHS referral is required and not obtained

(CONTINUED)

**SCHEDULE OF BENEFITS** (continued)

| <b>OUTPATIENT</b>  | <b>SHS</b>  | <b>PPO*</b>   | <b>NON-PPO</b>  |
|--|---|---|---|
| <b>Doctor Visits</b>   | 100%  | 100% of PA<br>after \$15 Copay per visit                          | 90% of R&C<br>after \$15 Copay per visit                            |
| <b>Emergency Expense</b><br>use of emergency room and supplies   | N/A   | 100% of PA<br>after \$100 Copay per visit<br>(waived if admitted) | 100% of R&C+<br>after \$100 Copay per visit<br>(waived if admitted) |
| <b>Urgent Care</b>   | N/A   | 100% of PA<br>after \$15 Copay per visit                          | 90% of R&C<br>after \$15 Copay per visit                            |
| <b>Surgeon's Fees</b><br>if multiple procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures | N/A   | 100% of PA  | 90% of R&C  |
| <b>Assistant Surgeon</b>   | N/A   | 100% of PA  | 90% of R&C  |
| <b>Anesthetist</b><br>professional services in connection with outpatient surgery  | N/A   | 100% of PA  | 90% of R&C  |
| <b>Day Surgery Miscellaneous</b>   | N/A   | 100% of PA  | 90% of R&C  |
| <b>Habilitative and Rehabilitative Therapy</b><br>includes physical, speech, and occupational therapy  | N/A   | 100% of PA<br>after \$15 Copay per visit                          | 90% of R&C<br>after \$15 Copay per visit                            |
| <b>Chiropractic Treatment</b><br>limited to 10 visits per policy year  | N/A   | 100% of PA<br>after \$15 Copay per visit                          | 90% of R&C<br>after \$15 Copay per visit                            |
| <b>Acupuncture</b>   | N/A   | 100% of PA<br>after \$15 Copay per visit                          | 90% of R&C<br>after \$15 Copay per visit                            |
| <b>Treatment of Mental Conditions / Substance Use Disorder</b>   | 100%  | 100% of PA<br>after \$15 Copay per visit                          | 90% of R&C<br>after \$15 Copay per visit                            |
| <b>Diagnostic X-Ray and Laboratory Services</b>  | 100%  | 100% of PA  | 90% of R&C  |
| <b>Radiation Therapy and Chemotherapy</b>  | N/A   | 100% of PA  | 90% of R&C  |
| <b>Allergy Testing and Treatment, Infusions, and Injections</b>  | 100%  | 100% of PA  | 90% of R&C  |
| <b>Tests and Procedures</b><br>diagnostic services and medical procedures performed by a Doctor other than Doctor's visits, physical therapy, X-rays, and lab procedures   | 100%  | 100% of PA  | 90% of R&C  |
| <b>OUTPATIENT PRESCRIPTION DRUGS</b>   | <b>EXPRESS SCRIPTS PHARMACIES ONLY</b>  |   |   |
| Covered at 100% after Copay; Copay applies to each 30-day supply; the Deductible is waived; prescription contraceptives are covered (Copays waived for generic contraceptives); includes medication for the management and treatment of diabetes           | Generic: \$20 Copay<br>Preferred Brand Name: \$40 Copay<br>Non-preferred Brand Name: \$50 Copay<br><i>ONLY PRESCRIPTIONS FILLED AT AN EXPRESS SCRIPTS PHARMACY ARE COVERED</i><br>To locate an Express Scripts pharmacy,<br>call 1-800-447-9638 or visit <a href="http://www.express-scripts.com">www.express-scripts.com</a> . |   |   |
| <b>OTHER</b>   | <b>SHS</b>  | <b>PPO*</b>   | <b>NON-PPO</b>  |
| <b>Ambulance Services</b>  | N/A   | 100% of R&C   | 100% of R&C   |
| <b>Durable Medical Equipment, Braces and Appliances, and Prosthetic Devices</b>  | N/A   | 100% of R&C   | 100% of R&C   |
| <b>Consultant Doctor Fees</b><br>when requested and approved by the attending Doctor   | N/A   | 100% of PA  | 90% of R&C  |
| <b>Dental Injury</b><br>for Injury to Sound Natural Teeth only   | N/A   | 100% of R&C   | 100% of R&C   |

\* Paid at non-PPO level if SHS referral is required and not obtained

+ Emergency Care received by non-PPO providers and/or facilities will be paid at 100% of R&C. However, charges in excess of R&C are still the responsibility of the Covered Person.

(CONTINUED)

**SCHEDULE OF BENEFITS** (continued)

| <b>OTHER (continued)</b>   | <b>SHS</b> | <b>PPO*</b>  | <b>NON-PPO</b> |
|--|------------|--|----------------|
| <b>Pediatric Dental Care</b><br>limited to Covered Persons under the age of 19; includes coverage for preventive and diagnostic, basic restorative, major, and medically necessary orthodontia services; waiting periods and other limitations may apply; pre-authorization is required for major and orthodontic care; benefits are subject to the medical Deductible and Out-of-Pocket Maximum; see definition for further information | N/A        | 100% of R&C for preventive & diagnostic services<br>70% of R&C for restorative services<br>50% of R&C for major services and Medically Necessary orthodontia<br><i>(see Pediatric Dental definition for further details)</i> |                |
| <b>Pediatric Vision Care</b><br>limited to Covered Persons under the age of 19; includes one exam/fitting per policy year, including prescription eyeglasses (lenses and frames, limited to one per year) or contact lenses (in lieu of eyeglasses)  | N/A        | 100% of R&C up to \$150; 60% of R&C thereafter   |                |
| <b>Vision or Hearing Injury/ Repair or Replacement of Eyeglasses, Contact Lenses, or Hearing Aids</b><br>when required as a direct result of Injury  | N/A        | 100% of PA   | 90% of R&C     |
| <b>Pregnancy</b><br>including complications of pregnancy   | 100%       | Paid as any other Sickness   |                |
| <b>Elective Termination of Pregnancy</b>   | N/A        | 100% of PA   | 90% of R&C     |
| <b>Removal of Nonmalignant Warts and Moles</b><br>must be medically indicated  | 100%       | 100% of PA   | 90% of R&C     |
| <b>STI/STD Testing</b><br>other than as provided under Preventive/Wellness Services  | 100%       | 100% of PA   | 90% of R&C     |
| <b>Approved Clinical Trials</b><br>for life-threatening disease or condition   | N/A        | Paid as any other Sickness   |                |
| <b>Treatment in Home Country</b>   |            | 100% of actual charge,<br>up to \$500,000 per policy year  |                |
| <b>ADDITIONAL COVERAGE†</b>  |            | <b>Maximum Benefit</b>   |                |
| <b>Emergency Medical Evacuation</b>  |            | \$50,000   |                |
| <b>Repatriation of Remains</b>   |            | \$50,000   |                |

\* Paid at non-PPO level if SHS referral is required and not obtained

† Charges do not apply to Out-of-Pocket Maximum.

**STATE-MANDATED BENEFITS**

The State of California mandates coverage for certain benefits which are covered by this plan of insurance, including the following: 1) equipment, supplies, and outpatient self-management training for diabetes; 2) phenylketonuria (PKU), including enteral formulas and special food products that are part of a diet prescribed by a Doctor; 3) treatment of Severe Mental Illness and serious emotional disturbance of a child; 4) anesthesia and facility charges for dental procedures under certain circumstances; 5) preventive care for children age 16 and under according to the Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics; 6) behavioral health treatment for pervasive developmental disorder or autism; 7) mammograms; 8) prostate, colorectal, and cervical cancer screening and generally medically accepted cancer screening tests; 9) breast cancer screening, diagnosis, and treatment; 10) a second opinion requested by a Covered Person or Doctor; 11) participation in the Expanded Alpha Feto Protein (AFP) Program; 12) prosthetic devices to restore a method of speaking incidental to laryngectomy; 13) diagnosis, treatment, and management of osteoporosis; 14) clinical trials for cancer; 15) HIV testing; 16) AIDS vaccine; 17) reconstructive surgery under certain circumstances; 18) telemedicine medical services; 19) prescription contraceptive drugs or devices (if there is a prescription drug benefit); 20) treatment of conditions relating to diethylstilbestrol exposure; 21) Medically Necessary surgical treatment for jawbone conditions (TMJ); 22) screening for blood lead levels in children; 23) maternity services as provided by CA Insurance Code section 10123.87 (a); 24) nicotine treatment; 25) off-label prescription drug use; 26) oral anticancer medications, limited to cost sharing of \$200 (for copay or coinsurance) per prescription, up to a 30-day supply; and 27) any additional benefit mandated by the State of California currently not listed here. Please see the Policy on file with The Claremont Colleges for further details.

## ACCIDENTAL DEATH AND DISMEMBERMENT

When, as a result of an Injury, the Covered Person sustains a loss as shown below within 180 days of such Injury, the Company will pay the applicable benefit for the loss.

| For Loss of:   | Benefit Amount |
|--|----------------|
| Life .....   | \$ 10,000      |
| One hand or one foot .....                                 | \$ 5,000       |
| Sight of one eye .....                                     | \$ 5,000       |
| More than one of the above losses due to one Accident..... | \$ 10,000      |

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of sight means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one Accident. The amount so paid shall be the largest amount that applies.

This provision does not cover the loss if it in any way results from or is caused or contributed by:

1. Bodily or mental infirmity;
2. Bacterial infections except: a) infections which occur simultaneously with or through a cut or wound sustained as the direct result of an Injury, independent of any other cause; or b) the accidental ingestion of a contaminated substance;
3. Medical or surgical treatment, except losses that result directly from surgical operations made necessary solely by Injury which is the direct result of an Accident, independent of disease or bodily infirmity or any other cause;
4. Being under the influence of alcohol or any drug unless administered and taken as prescribed by a Doctor; or
5. Participation in an attempt to commit a felony.

In addition to the above, this provision is subject to the General Exclusions as provided.

## EMERGENCY MEDICAL EVACUATION

If the Covered Person sustains an Injury or becomes ill while insured under the Policy, the Company will pay for the actual charges incurred, up to a maximum of \$50,000, for a medical evacuation of the Covered Person to or back to the Covered Person's home state, country, or country of regular domicile, subject to all provisions of the Policy. Before the Company will make any payment, written certification by the Doctor that the evacuation is Medically Necessary is required. Any expense for medical evacuation requires prior approval and coordination by the plan administrator. For international students, once evacuation is made outside the country, coverage terminates.

## REPATRIATION OF REMAINS

If the Covered Person dies while insured under the Policy, the Company will pay for the actual charges incurred, up to a maximum of \$50,000, for embalming and/or cremation and returning the body to the place of residence in the home country or country of regular domicile, subject to the provisions of the Policy. Expenses for repatriation of remains require the Policyholder's and the Company's prior approval. This benefit does not include the transportation expense of anyone accompanying the body, visitation expenses, or funeral expenses.

## TREATMENT RECEIVED IN HOME COUNTRY

If the Covered Person incurs expenses as the result of treatment for a covered Injury or Sickness while in his or her home country or country of regular domicile, the Company will pay covered expenses incurred up to \$500,000 per policy year, except expenses for which the Covered Person is not required to pay in the absence of this insurance or expenses that would be covered under any other insurance plan.

## GENERAL EXCLUSIONS

Unless otherwise specifically included, no benefits will be paid for loss or expense caused by, contributed to, or treatment, services, or supplies for, at, or related to:

1. Eyeglasses, contact lenses, routine eye refractions, eye examinations, or radial keratotomy or similar surgical procedures to correct vision, or repair or replacement of eyeglasses, contact lenses, or hearing aids, except when required as a direct result of an Injury. This exclusion does not apply to preventive services mandated by the Affordable Care Act.
2. Hearing aids, and the fitting, or repairing, or replacement of hearing aids, except in the case of Accident or Injury.
3. Treatment (other than surgery) of chronic conditions of the foot including: weak feet, fallen arches, flat foot, pronated foot, subluxations of the foot, foot strain, care of corns, calluses, or bunions; except for treatment of Injury, infection, or disease.
4. Cosmetic treatment, cosmetic surgery, plastic surgery, resulting complications, consequences, and aftereffects or other services and supplies that the Company determines to be furnished primarily to improve appearance rather than a physical function or

Exclusions are benefits not covered by this plan.

(CONTINUED)

## GENERAL EXCLUSIONS *(continued)*

control of organic disease, except as provided herein or for treatment of an Injury that is covered under the Policy. Improvements of physical function do not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include but are not limited to: face-lifts; sagging eyelids; prominent ears; skin scars; warts, nonmalignant moles and lesions, unless Medically Necessary; hair growth; hair removal; correction of breast size, asymmetry, or shape by means of reduction, augmentation, or breast implants (except for correction of deformity resulting from mastectomies or lymph node dissections); and deviated nasal septum, including submucous resection, except Medically Necessary treatment of acute purulent sinusitis. This exclusion does not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, Injury, infection, or other diseases of the involved part.

5. Circumcision.
6. Gender reassignment surgery, including hormone replacement therapy except as provided when determined to be Medically Necessary. This exclusion does not include related mental health counseling for treatment of gender identity disorders.
7. Treatment, service, or supply that is not Medically Necessary for the diagnosis, care, or treatment of the Sickness or Injury involved, except as specified herein.
8. Treatments that are considered to be unsafe, Experimental, or Investigational by the American Medical Association (AMA) and resulting complications, except in connection with an Approved Clinical Trial.
9. Custodial care; care provided in a rest home or home for the aged.
10. Dental care or treatment of the teeth, gums, or structures directly supporting the teeth, except as specified herein. This exclusion does not apply to preventive services mandated by the Affordable Care Act.
11. Temporomandibular Joint Dysfunction (TMJ), except as specified herein.
12. Injury sustained while: a) participating in any intercollegiate or professional sport contest, or competition; b) traveling to or from such sport, contest, or competition as a participant; or c) participating in any practice or conditioning program for such sport, contest, or competition.
13. Injury sustained by reason of a motor vehicle Accident to the extent that benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such benefits.
14. Injury resulting from participation in any hazardous activity, including: parachuting, hang gliding, skydiving, parasailing, skin diving, glider flying, sail planing, racing or speed contests, or bungee jumping.
15. Injury occurring in consequence of riding or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.
16. Reproductive/infertility services, including but not limited to: treatment of infertility (male or female), including diagnosis, diagnostic tests, medication, surgery, supplies, and fertilization procedures rendered for the purpose or with the intent of inducing conception; premarital examination; impotence, organic or otherwise; sterilization reversal; vasectomy; vasectomy reversal. Examples of fertilization procedures are ovulation induction procedures, in vitro fertilization, artificial insemination, embryo transfer, or similar procedures that augment or enhance the Covered Person's reproductive ability.
17. Hospital Confinement or any other services or treatment that are received without charge or legal obligation to pay.
18. Services provided normally without charge by the health service of the Policyholder.
19. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
20. Any services of a Doctor, Nurse, or Health Care Practitioner who lives with you or your Dependent(s) or who is related to you or your Dependent(s) by blood or marriage.
21. Services received after the Covered Person's coverage ends, except as specifically provided under the Extension of Benefits provision.
22. Under the Outpatient Prescription Drug benefit, any drug or medicine:
  - a) Obtainable Over the Counter (OTC);
  - b) For the treatment of alopecia (hair loss) or hirsutism (hair removal);
  - c) For the purpose of weight control;
  - d) Anabolic steroids used for bodybuilding;
  - e) For the treatment of infertility;
  - f) Sexual enhancement drugs;
  - g) Cosmetic, including but not limited to the removal of wrinkles or other natural skin blemishes due to aging or physical maturation; or treatment of acne, except as specifically provided in the Policy;
  - h) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
  - i) For an amount that exceeds a thirty (30) day supply;
  - j) Drugs labeled "Caution – limited by federal law to Investigational use" or Experimental Drugs;
  - k) Purchased after coverage under the Policy terminates;

(CONTINUED)

## GENERAL EXCLUSIONS (continued)

l) 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, except in connection with an Approved Clinical Trial.

23. Vitamins, minerals, food supplements.

24. Services for the treatment of any Injury or Sickness incurred while committing or attempting to commit a felony; or while taking part in an insurrection or riot.

25. Injury or Sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation.

26. War or any act of war, declared or undeclared; while on active duty in the armed forces of any country.

27. General fitness, exercise programs, health club memberships, and weight management programs.

28. Non-cystic acne.

29. Diagnosis and treatment of sleep disorders, including but not limited to apnea monitoring and sleep studies.

30. Injuries sustained as a result of intentional/unintentional self-inflicted Injury or any attempt at intentional/unintentional self-inflicted Injury.

## EXCESS COVERAGE

After the Company pays an initial amount of \$100, no benefits in excess of this initial amount are payable under this Policy for any expense incurred for Injury or Sickness that is paid or payable by other valid and collectible insurance except under an automobile insurance policy. Benefits paid or payable by other valid and collectible insurance include benefits that would have been received had a claim for benefits been duly made therefore.

Covered Charges exclude amounts not covered by the primary carrier due to penalties imposed on the Covered Person for failing to comply with policy provisions or requirements.

## DEFINITIONS

**Accident** means an event that is sudden, unexpected, and unintended, and over which the Covered Person has no control.

**Approved Clinical Trials** means Phase I, Phase II, Phase III, or Phase IV clinical trials that are conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition and are one of the following:

1. A federally funded or approved trial;
2. A clinical trial conducted under an FDA investigational new drug application; or
3. A drug trial that is exempt from the requirement of an FDA investigational new drug application.

**Coinsurance** means the percentage of the expense for which the Covered Person is responsible for a covered service. The Coinsurance is separate and not a part of the Deductible and Copayment.

**Company** means Nationwide Life Insurance Company.

**Copayment** or **Copay** means a specified dollar amount a Covered Person must pay for specified covered services. The Copayment is separate from and not a part of the Deductible or coinsurance.

**Covered Charge** means those charges for any treatment, services, or supplies:

1. For Preferred Providers, not in excess of the Preferred Allowance; and
2. For Out-of-Network Providers not in excess of the Reasonable and Customary Expense; and
3. Not in excess of the charges that would have been made in the absence of this insurance; and
4. Not otherwise excluded under this Policy; and
5. Incurred while this Policy is in force as to the Covered Person, except with respect to any covered expense payable under the Extension of Benefits Provision.

**Covered Person** means a person: 1) who is eligible for coverage; and 2) who has paid the required premium; and 3) whose coverage has become effective and has not terminated.

**Deductible** means the amount of expenses for covered services and supplies that must be incurred by the Covered Person before specified benefits become payable.

**Dependent** means a person who is the insured student's: 1) legally married spouse, who is not legally separated from the insured student and resides with the insured student; 2) Domestic Partner who resides with the insured student; or 3) child who is under the age of 26, unless disabled, in which case coverage will extend beyond age 26.

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## GENERAL EXCLUSIONS (continued)

The term "child" refers to the insured student's:

1. Natural child;
2. Stepchild (a stepchild is a Dependent on the date the insured student marries the child's parent);
3. Adopted child, including a child placed with the insured student for the purpose of adoption, from the moment of placement as certified by the agency making the placement; or
4. Foster child (a foster child is a Dependent from the moment of placement with the insured student as certified by the agency making the placement.)

**Doctor or Physician** means a health care professional practicing within the scope of his or her license and is duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy, and who is not: 1) the Covered Person; 2) a Family Member of the Covered Person; or 3) a person employed or retained by the Policyholder.

Doctor includes but is not limited to a: Doctor of Medicine (M.D.); Doctor of Osteopathy (D.O.); Doctor of Dentistry (D.D.S. or D.M.D.); Doctor of Podiatry (D.P.M.); Doctor of Optometry (O.D.); Doctor of Chiropractic (D.C.); Doctor's Assistant (P.A.); Psychologist (Ph.D.); Nurse (R.N. or L.P.N.), which may include a Nurse Midwife, Nurse Anesthetist, and Nurse Practitioner; Licensed Clinical Social Worker (L.C.S.W.); Physical Therapist (P.T. or R.P.T.); Occupational Therapist (O.T.R.); Speech Pathologist; Audiologist; Marriage and Family Therapist (M.F.T. or M.S.W.); Respiratory Care Practitioner; or Registered Dietitian (R.D.).

**Domestic Partner** means two individuals who both meet all of the following criteria:

1. Are 18 years of age or older;
2. Are competent to enter into a contract;
3. Are not legally married to, nor the Domestic Partner of, any other person;
4. Are not related by marriage;
5. Are not related by blood closer than permitted under marriage laws of the state in which they reside;
6. Have entered into the Domestic Partner relationship voluntarily, willingly, and without reservation;
7. Have entered into a relationship that is the functional equivalent of a marriage, and that includes joint responsibility for each other's basic living expenses;
8. Have been living together as a couple for at least six (6) months prior to obtaining the coverage provided under this Policy;
9. Intend to continue the Domestic Partner relationship indefinitely, while understanding that the relationship is terminable at the will of either partner.

**Emergency** means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one that manifests itself by acute symptoms that 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 does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the above listed complications.

**Experimental/Investigational** 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.

**Essential Health Benefits** has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act, and is further defined by the Secretary of the United States Department of Health and Human Services, and includes the following categories of Covered Services: ambulatory patient services; Emergency services; Hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; Rehabilitative and Habilitative services and devices; laboratory services; Preventive and Wellness services and chronic disease management; and pediatric services, including oral and vision care (in accordance with the applicable state or federal benchmark plan).

**Family Member** means a person who is related to the Covered Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted, step, or foster child). A Family Member includes an individual who normally lives in the Covered Person's household.

**Habilitative Treatment or Therapy** means treatment or therapy that develops or attempts to develop a function that did not previously exist, but would normally be expected to exist. Treatment or therapy is considered habilitative if the function has achieved maximal or optimal improvement or is static, showing no progressive improvement with additional treatment.

**Hospital** means a facility that provides diagnosis, treatment, and care of persons who need acute inpatient hospital care under the supervision of Doctors. It must be licensed as a general acute care hospital according to state and local laws.

(CONTINUED)

## DEFINITIONS (continued)

Hospital shall also include a psychiatric health facility for the treatment of mental or psychoneurotic disorders. Facilities primarily treating drug addiction or alcoholism that are licensed to provide these services are also included in this definition. 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. Hospital includes tax-supported institutions, which are not required to maintain surgical facilities.

Hospital does not include an institution, or part thereof, that is other than incidentally a nursing home, a convalescent hospital, or a place for rest or the aged or which provides educational or custodial care.

**Hospital Confined/Hospital Confinement or Inpatient** means confinement in a Hospital for at least 18 hours or greater for which a room and board charge is made by reason of Sickness or Injury for which benefits are payable.

**Injury** means bodily injury due to a sudden, unforeseeable, external event that results solely, directly, and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

**Involuntary Loss of Coverage** means that prior coverage has been involuntarily terminated due to no fault of the Covered Person, which includes coverage that terminates due to a loss of employment by the student or the student's spouse or parent. This definition does not include coverage that has a predetermined termination date, or expiration of COBRA eligibility, and does not apply to coverage that has been voluntarily terminated.

**Maximum Benefit** means the maximum amount of benefits the Company will pay for all conditions each Policy Year for each Covered Person.

**Medically Necessary** means treatment or services that are: 1) required to meet the health care needs of the Covered Person; and 2) consistent (in scope, duration, intensity, and frequency of treatment) with current scientifically based guidelines of national medical or research organizations or governmental agencies; and 3) consistent with the diagnosis of the condition; and 4) required for reasons other than the comfort or convenience of the Covered Person or provider; and 5) of demonstrated medical value and medical effectiveness.

A treatment, drug, device, procedure, supply, or service shall not be considered as Medically Necessary if it:

1. Is Experimental/Investigational or for research purposes;
2. Is provided solely for educational purposes or the convenience of the patient, the patient's family, Doctor, Hospital, or any other Doctor;
3. Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate, and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
4. Could have been omitted without adversely affecting the patient's condition or the quality of medical care;
5. Involves treatment with or the use of a medical device, drug, or substance not formally approved by the U.S. Food and Drug Administration (FDA). If the prescribed drug is recognized as safe and effective for the treatment of a Sickness or Injury by one or more of the Standard Medical Reference Compendia or in the Medical Literature, even if the prescribed drug has not been approved by the FDA for the treatment of that specific Sickness or Injury, coverage will be provided, subject to the exclusions and limitations of the Policy;

**Mental Condition** means nervous, emotional, and mental disease, illness, syndrome, or dysfunction classified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) or its successor as a mental condition on the date medical care or treatment is rendered to a Covered Person. This does not include those conditions defined as a Severe Mental Illness or serious emotional disturbance of a child.

**Pediatric Dental Care** means:

1. Preventive and diagnostic services, including X-rays (bitewing, full-mouth, and panoramic) and sealants (for permanent first and second molars only, as needed);
2. Basic restorative services, including Emergency palliative treatment of pain, fillings (amalgam, resin-based composite), and simple extractions;
3. Major services, including prosthodontics, crowns, bridges, and dentures (one per tooth/arch every 60 months); endodontics, (root canals), periodontics, oral surgery, and general anesthesia in conjunction with complex oral surgery; (note: all major services require pre-authorization); and
4. Medically Necessary orthodontia services. Medically Necessary Orthodontia services means the patient must have a severe and handicapping malocclusion. This means the child's condition must be severe enough to impact their ability to function such as having trouble eating and/or speaking. See policy for details.

**Policyholder** means The Claremont Colleges.

**Preferred Allowance** means the amount a Preferred Provider has agreed to accept as payment in full for Covered Charges.

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## DEFINITIONS (continued)

### Preventive/Wellness means:

1. Well Baby and Child Care. Benefits will be considered based on the following:
  - a) The Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics;
  - b) The most current version of the Recommended Childhood Immunization Schedule, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Doctors;
  - c) 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;
  - d) Additional evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

The Covered Charges include but are not limited to:

- Periodic health evaluations;
- Immunizations;
- Laboratory services in connection with periodic health evaluations;
- Hearing screening as recommended by the American Academy of Pediatrics;
- One (1) vision screening per policy year;
- Screening for blood lead levels.

2. Well Adult Care. Benefits will be considered based on the following:

- a) The most current version of the Recommended Adult Immunization Schedule, adopted by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- b) 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;
- c) For women, additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

The Covered Charges include but are not limited to:

- Routine physical examinations;
- Routine gynecological care, including an annual cervical cancer screening;
- Immunizations;
- One (1) prostate specific antigen test (PSA) and one (1) digital rectal exam per policy year, for men;
- One (1) Screening Mammography per policy year for a Covered Person age thirty-five (35) or older, for women;
- All FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity, as prescribed by a Doctor.

Please visit [www.hhs.gov/healthcare/prevention](http://www.hhs.gov/healthcare/prevention) for more details on what is included under the federal preventive services requirement.

**Reasonable and Customary Expense** means the most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of: 1) the actual amount charged by the provider; 2) the negotiated rate, if any; or 3) the charge that would have been made by the provider of medical services for a comparable service or supply made by other providers in the same geographic area, as reasonably determined by the Company for the same service or supply.

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

**Severe Mental Illness** means 1) schizophrenia; 2) schizo-affective disorder; 3) bipolar disorder (manic-depressive illness); 4) major depressive disorders; 5) panic disorder; 6) obsessive-compulsive disorder; 7) pervasive developmental disorder or autism; 8) anorexia nervosa; 9) bulimia nervosa; and 10) treatment of a child under age 18 who has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms.

**Sickness** means illness, disease, or condition, including pregnancy and complications of pregnancy, that impairs a Covered Person's normal functioning of mind or body and which is not the direct result of an Injury or Accident. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Sound Natural Teeth** means the major portion of the individual natural tooth that is present, regardless of fillings and caps, and is not carious, abscessed, or defective.

## ● CLAIM PROCEDURE

1. **IMPORTANT: If you need to seek treatment off campus, except under certain conditions, a referral from Student Health Services (SHS) is required. Covered Charges incurred for medical treatment rendered outside Student Health Services for which no prior referral is obtained will be paid at 90%, even for a PPO provider.** A referral issued by SHS must accompany the claim when submitted. Please see page 7 for more information.
2. In the event of Injury or Sickness, visit SHS first. There you will be treated or receive a referral for follow-up care.
3. If SHS is closed or you are more than 25 miles away from campus, go to the nearest PPO Doctor's office, urgent care, or Hospital. While you may choose any Doctor or Hospital, using the providers available through the PPO network may greatly decrease your costs. For a complete listing of the PPO Doctor or Hospital facilities, visit [www.cigna.com](http://www.cigna.com).
4. When you go to a Doctor's office or to the Hospital, be sure to bring your insurance identification card. If the Doctor or Hospital needs to verify your coverage, they may call Personal Insurance Administrators, Inc., at **1-800-468-4343**. **Carry your insurance ID card with you at all times.**
5. After you receive treatment at a PPO provider, your provider will submit a claim to the insurance company. *Providers should submit claims electronically to PAYER ID 62308.*
6. In some circumstances, such as using a non-PPO provider, you may be asked to pay up front. In this case, submit a claim for reimbursement for the portion of the charges the company is responsible for paying by sending all itemized **Hospital and medical bills**, along with *either* a copy of your health insurance ID card *or* a completed claim form\*, to:  
**Personal Insurance Administrators, Inc.**  
**P.O. Box 6040**  
**Agoura Hills, CA 91376-6040**  
  
*\*Note: Claim forms are not required but may help to expedite payment of your claim.*
7. If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc., at **1-800-468-4343**, Monday–Friday, 8:00 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT.



For questions about claims, contact PIA, the claims administrator, at **1-800-468-4343**.

The completed claim, including all Hospital and medical bills, must be submitted for payment within 90 days after the date loss occurs, or as soon thereafter as is reasonably possible.

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on Medical Necessity.

### **Always keep a copy of all documents submitted for claims.**

If you would like to have confidential medical information from the claims administrator sent to an address other than the address on file with the College, you can download a Confidential Communication Request, fill out the form, and send it to the address listed. This form is available at [www.4studenthealth.com/Documents/Privacy/ConfidentialCommunicationReq.pdf](http://www.4studenthealth.com/Documents/Privacy/ConfidentialCommunicationReq.pdf).

## TRAVEL ASSISTANCE PROGRAM

The following description of the UnitedHealthcare Global Program has been included in this brochure for the convenience of the student and in no way affects the coverage provided by the Student Health Insurance Plan described herein. UnitedHealthcare Global is not insurance. It does not pay for transportation or medical costs.

### UNITEDHEALTHCARE GLOBAL MEMBERSHIP SERVICES

As a student participating in this Student Health Insurance Plan, You are automatically enrolled as a Member in the UnitedHealthcare Global Program.

UnitedHealthcare Global is a comprehensive program providing You with 24/7 emergency medical assistance—including emergency evacuation and repatriation—and other travel assistance services when You are outside Your home country or 100 or more miles away from Your permanent residence in Your home country. Expatriates are eligible regardless of distance from Your expatriate home.

### PROGRAM DESCRIPTION

UnitedHealthcare Global provides You with Medical Assistance Services, Medical Evacuation and Repatriation Services, Travel Assistance Services, Worldwide Destination Intelligence, and Security and Political Evacuation Assistance Services as described below. These services are subject to certain Conditions, Limitations, and Exclusions also described below.

### MEDICAL ASSISTANCE SERVICES

**Worldwide Medical and Dental Referrals:** We will provide referrals to help You locate appropriate treatment or care.

**Monitoring of Treatment:** Our Assistance Coordinators will continually monitor Your case. In addition, Our UnitedHealthcare Global Physician Advisors provide Us consultative and advisory services, including review and analysis of the quality of medical care You are receiving.

**Facilitation of Hospital Payments:** Upon securing payment or a guarantee to reimburse, We will either wire funds or guarantee required emergency hospital admittance deposits. You are ultimately responsible for the payment of the cost of medical care and treatment, including Hospital expenses.

**Transfer of Insurance Information to Medical Providers:** We will assist You with hospital admission, such as relaying insurance benefit information, to help prevent delays or denials of medical care. We will also assist with discharge planning.

**Medication, Vaccine, and Blood Transfers:** In the event medication, vaccines, or blood products are not available locally, or a prescription medication is lost or stolen, We will coordinate their transfer to You upon the prescribing physician's authorization, if it is legally permissible.

**Dispatch of Doctors/Specialists:** In an emergency where You cannot adequately be assessed by telephone for possible evacuation or You cannot be moved and local treatment is unavailable, We will send an appropriate medical practitioner to You.

**Transfer of Medical Records:** Upon Your consent, We will assist with the transfer of medical information and records to You or the treating physician.

**Continuous Updates to Family, Employer, and Home Physician:** With Your approval, We will provide case updates to appropriate individuals You designate in order to keep them informed.

**Hotel Arrangements for Convalescence:** We will assist You with the arrangement of hotel stays and room requirements before or after hospitalization.

**Replacement of Corrective Lenses and Medical Devices:** We will coordinate the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

### MEDICAL EVACUATION AND REPATRIATION SERVICES

The following services are available if the Participant suffers an Injury or a sudden and unexpected Illness and Your medical condition requires these emergency services:

**Emergency Medical Evacuation:** If You sustain an Injury or suffer a sudden and unexpected Illness and adequate medical treatment is not available in Your current location, We will arrange for a medically supervised evacuation to the nearest medical facility We determine to be capable of providing appropriate medical treatment. Your medical condition and situation must be such that, in the professional opinion of the health care provider and UnitedHealthcare Global, You require immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment.

**Transportation to Join a Hospitalized Member:** If You are traveling alone and are or will be hospitalized, We will coordinate transportation for a person of Your choice to join You.

**Return of Dependent Children:** If Your dependent child(ren) age 18 or under are present but left unattended as a result of Your Injury or Illness, We will coordinate their return to Your Home Country. We will also arrange for the services of a qualified escort, if required and as determined by UnitedHealthcare Global.

**Transportation After Stabilization:** Following stabilization of Your condition and discharge from the hospital, We will coordinate transportation to Your point of origin or Your home. All travel arrangements will be as necessitated by Your medical condition as determined by Your treating physician and the UnitedHealthcare Global Physician Advisors.



To access travel assistance, call 1-410-453-6330 collect, or dial the country number on your ID card. Give them ID #30611.

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## TRAVEL ASSISTANCE (continued)

**Repatriation of Mortal Remains:** If You sustain an Injury or suffer a sudden and unexpected Illness that results in Your death, We will assist in obtaining the necessary clearances for Your cremation or the return of Your mortal remains. We will coordinate the preparation and transportation of Your mortal remains to Your Home Country.

### TRAVEL ASSISTANCE SERVICES

**Replacement of Lost or Stolen Travel Documents:** We will assist You in taking the necessary steps to replace passports, tickets, and other important travel documents.

**Emergency Travel Arrangements:** We will make new reservations for airlines, hotels, and other travel services in the event of an Illness or Injury.

**Transfer of Funds:** We will provide You with an emergency cash advance subject to Us first securing funds from You or Your family.

**Legal Referrals:** Should You require legal assistance, We will direct You to an attorney and assist You in securing a bail bond.

**Translation Services:** Our multilingual Assistance Coordinators are available to provide immediate verbal translation assistance in a variety of languages in an emergency; otherwise, We will provide You with referrals to local interpreter services.

**Message Transmittals:** You may send and receive emergency messages toll-free, 24 hours a day, through our Emergency Response Center.

### WORLDWIDE DESTINATION INTELLIGENCE

**Destination Profiles:** When preparing for travel, You can contact the Emergency Response Center to have a pre-trip destination report sent to You. This report draws upon Our intelligence database of over 280 cities covering subjects such as health and security risks, immunizations, vaccinations, local hospitals, crime, emergency phone numbers, culture, weather, transportation information, entry and exit requirements, and currency. Our global medical and security database of over 170 countries and 280 cities is continuously updated and includes intelligence from thousands of worldwide sources.

### SECURITY AND POLITICAL EVACUATION ASSISTANCE SERVICES

**Political Evacuation Services:** In the event the officials of Your Home Country issue a written recommendation that You leave Your Host Country for non-medical reasons, or if You are expelled or declared “persona non grata” on the written authority of Your Host Country, We will assist You in making evacuation arrangements, including flight arrangements, securing visas, and logistical arrangements such as ground transportation and housing. In more complex situations, We will assist You in making arrangements with providers of specialized security services.

**Security Evacuation Services:** In the event of an Emergency Security Situation, We will assist You in making evacuation arrangements, including flight arrangements, securing visas, and logistical arrangements such as ground transportation and housing. In more complex situations, We will assist You in making arrangements with providers of specialized security services.

**Transportation After Political or Security Evacuation:** Following a Security or Political Evacuation and when safety allows, We will coordinate Your return to either Your Host Country or Your Home Country.

### PROGRAM DEFINITIONS

*The following definitions apply:*

**“Dependents”** means the Participant’s legal spouse; the Participant’s unmarried children from birth and under age 19, or under age 25 if enrolled as a full-time student in an accredited college, university, vocational or technical school; and children whose support is required by a court decree. Children include natural children, stepchildren, and legally adopted children. They must be primarily dependent on the Participant for support and maintenance and must live in a parent-child relationship with the Participant. A spouse or child who is included under this program as a Participant will not be eligible as a dependent.

**“Emergency Security Situation”** means a civil and/or military uprising, insurrection, war, revolution, or other violent disturbance in a Host Country, which results in either Your Home Country or Host Country ordering immediate evacuation. Emergency Security Situation does not include Natural Disasters.

**“Enrollment Period”** means the period of time for which You are validly enrolled for UnitedHealthcare Global and for which We have received the appropriate enrollment fee.

**“Expatriate”** means an individual traveler whose trips exceed 90 consecutive days or whose travel exceeds 180 days in a 12-month period.

**“Home Country”** means the country as shown on Your passport or the country where You have Your permanent residence.

**“Host Country”** means a country or territory You are visiting or in which You are living which is not Your Home Country.

**“Illness”** means a sudden and unexpected sickness that manifests itself during Your Enrollment Period.

**“Injury”** means an identifiable accidental injury caused by a sudden, unexpected, unusual, specific event that occurs during Your Enrollment Period.

**“UnitedHealthcare Global Physician Advisors”** means physicians, retained by UnitedHealthcare Global to provide Us with consultative and advisory services, including the review and analysis of the quality of medical care You are receiving.

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## TRAVEL ASSISTANCE (continued)

“**Natural Disaster**” means an event occurring directly from natural cause, including but not limited to earthquake, flood, storm (wind, rain, snow, sleet, hail, lightning, dust, or sand), tsunami, volcanic eruption, wildfire, or other similar event that results in severe and widespread damage such that the area of damage is declared a disaster area by the government of the Home or Host Country.

“**Participant**” means a person validly enrolled for UnitedHealthcare Global and for whom We have received the appropriate enrollment fee.

“**We,**” “**Us,**” and “**Our**” means UnitedHealthcare Global.

“**You**” and “**Your**” means the Participant.

## CONDITIONS AND LIMITATIONS

The services described are available to You only during Your Enrollment Period. Medical services are available to You only when You are outside Your Home Country or 100 or more miles away from Your permanent residence in Your Home Country. Security services are available to You only when You are outside Your Home Country. Expatriates are eligible for medical and security services regardless of the distance from Your expatriate residence while outside Your Home Country.

We are not responsible for the availability, timing, quality, results of, or failure to provide any medical, security, legal, or other care or service caused by conditions beyond Our control. This includes Your failure to obtain care or service or where the rendering of such care or service is prohibited by U.S. law, local laws, or regulatory agencies.

Your legal representative shall have the right to act for You and on Your behalf if You are incapacitated or deceased.

We shall not be responsible for providing any assistance services for a situation arising from:

1. Your traveling against the advice of a physician or traveling for the purpose of obtaining medical treatment.
2. Security assistance directly or indirectly related to a Natural Disaster.
3. Taking part in military or police service operations.
4. The commission of, or attempt to commit, an unlawful act.
5. Failure to properly procure or maintain immigration, work, residence, or similar type visas, permits, or documents.
6. Political and Security Evacuations from Your Home Country.
7. Political and Security Evacuations when the Emergency Security Situation precedes Your arrival in the Host Country, or when the evacuation notice issued by the recognized government of Your Home Country or Host Country has been posted for a period of more than seven (7) days.
8. The actual or threatened use or release of any nuclear, chemical, or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause.

## REIMBURSEMENT TO UNITEDHEALTHCARE GLOBAL AND RIGHTS OF SUBROGATION

You or a responsible party on Your behalf shall either pay the cost of medical care and treatment, including hospital expenses, directly or shall reimburse Us upon demand for all such costs and expenses which may be imposed upon Us by health care providers for the cost of medical care and treatment, including hospital expenses, or related assistance services either authorized by You or deemed to be advisable and necessary by Us under urgent medical circumstances, to the extent that such expenses are not Our responsibility. Such reimbursement shall be without regard to the specific terms, conditions, or limitations of any insurance policies or benefits available to You.

We shall be fully and completely subrogated to Your rights against parties who may be liable for the payment of, or a contribution toward the payment of, the costs and expenses of assistance services provided by Us or medical care and treatment, including hospital expenses, in the event that We pay or contribute to the payment of them. You must assign to Us any and all rights of recovery under any such insurance plans, including any occupational benefit plan, health insurance, or other insurance plan or public assistance program, up to the sum of any payments by Us.

## HOW TO ACCESS UNITEDHEALTHCARE GLOBAL SERVICES

**Call Collect 1-410-453-6330**

24 hours a day, 7 days a week, 365 days a year  
or dial the country number on Your ID card.

Download Your UnitedHealthcare Global ID Card at

**[www.4studenthealth.com](http://www.4studenthealth.com)**

Your UnitedHealthcare Global identification card is Your key to travel security. If You have a medical or travel problem, simply call us for assistance. Our toll-free and collect-call telephone numbers are printed on Your ID card. Either dial the toll-free number of the country You are in, or call the Emergency Response Center collect at **1-410-453-6330**.

A multilingual assistance coordinator will ask for Your name, the client name, the UnitedHealthcare Global ID number shown on Your card (#30611), 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 Emergency Response Center.** We will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

## ● SIRONA NURSELINE

The Nurseline is just for students and is available 24/7. The Nurseline is a great source of reliable and caring health information, education, and support. Simply call **1-800-557-0309** for quick, sound medical advice from specially trained RNs.

When do you use it? When you need expert medical information and guidance, on topics including:

- All types of health questions
- How to handle an illness or injury
- Medication usage and interaction
- Over-the-counter drugs
- Medical tests or procedures

How does it work? Call the toll-free Nurseline at **1-800-557-0309**. Note: If you are experiencing a life-threatening medical emergency, please call 911.

- Call anytime—24 hours a day, 365 days per year
- Registered Nurses (RNs) provide information based on physician-approved guidelines
- Completely confidential

More about the Nurseline:

- Translation services for non-English-speaking callers
- TTY/TTD access for the hearing-impaired
- Computerized record-keeping system
- Physician medical director on staff



Call the FREE  
Nurseline at  
1-800-557-0309  
when you have a  
medical question.

## ● RECOVERY RIGHTS

### **Right of Recovery**

If the amount of the payment made is more than should have been paid under this Policy, the Company may recover the excess from one or more of: 1) the person paid; 2) the person for whom payment was made; 3) insurance companies or any other plan; or 4) other organizations. The amount of the payments made includes the reasonable cash value of any benefit provided in the form of services.

### **Right to Reimbursement**

If benefits are paid under this plan and any person recovers from a third party by settlement, judgment or by operation of primary Coverage, the Company has a right to recover from that person an amount equal to the amount paid. However, the Company will reimburse the Covered Person from any charges on a pro rata basis for any expense Incurred in securing the settlement, judgment or otherwise.

## ● IRS REPORTING REQUIREMENTS

The ACA created new reporting requirements under Internal Revenue Service Code Section 6055 for student health insurance plans. Under these new reporting rules, information must be provided to the IRS about health plan coverage for individuals. This information must also be sent to the covered individual. The additional reporting is intended to provide the government with data to administer certain ACA requirements, such as the individual mandate (that is, the requirement that individuals obtain acceptable health insurance coverage for themselves and their family members or pay a penalty).

### **Effective Date**

Reporting requirements will become effective for the 2015 tax year. The first returns will be due in 2016 for coverage provided during the 2015 *calendar* year. Although students may be enrolled for all or part of the 2014–2015 or 2015–2016 policy years, only the coverage information for 2015 is included in the 2015 reporting.

### **Reporting Responsibility for the Student**

The responsible individual (in this case, the student) will be required to provide evidence of health insurance that meets Minimum Essential Coverage requirements on their federal tax return, whether they are filing individually, jointly with a spouse, or as a tax dependent on a parent's plan. If an individual cannot provide evidence of Minimum Essential Coverage, they (or their family member who is the primary taxpayer) will be charged a tax penalty. Each family member must provide evidence of this coverage to avoid a tax penalty.

Because IRS will be matching the data submitted from the health insurance issuer to each individual's federal tax return, the social security number is the primary identifier, and will therefore be requested at the time of enrollment into the insurance plan.

### **Reporting Responsibility for Issuer**

Issuers for student health insurance plans are generally the insurance companies or carriers. All health insurance issuers that provide Minimum Essential Coverage will be required to file an annual return with the IRS to report information for each individual who is provided with this coverage. Related statements will also be sent to the covered student. *Note: This student health insurance plan meets Minimum Essential Coverage requirements.*

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## IRS REPORTING (continued)

Form 1095-B, also known as the *Responsible Individual Statement*, is the proof of coverage information sent to the student to be filed with their tax return. Students and their covered dependents will be listed on the same form. Employer group plans and coverage through the Exchange have different forms but the same requirements, so a family could have different forms from their different insurance providers.

Social security numbers and current addresses will be necessary for the insurance company to fulfill this requirement. If this identifying data is not available, the responsible individual must request this form from the issuer prior to filing a tax return, in order to provide proof of coverage to the IRS.

### Reporting Responsibility for School

Although there is no reporting responsibility for the school, social security numbers for all covered students and dependents will be requested to complete the IRS reporting forms. School administrators may request a student's social security number, and provide it in the eligibility data sent to the plan administrator and/or issuer, for the convenience of the student (so that the student will not have to request proof of coverage).

## ● NATIONWIDE LIFE INSURANCE COMPANY HIPAA NOTICE OF PRIVACY PRACTICES

### **THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The terms of this Notice of Privacy Practices apply to Nationwide Life Insurance Company<sup>®</sup>, National Casualty Company and the area within Nationwide Mutual Insurance Company<sup>®</sup> that performs healthcare functions. In this Notice, "Nationwide" or "We" means the healthcare functions of Nationwide Life Insurance Company, which is a hybrid covered entity, the healthcare functions of National Casualty Company, and Nationwide Mutual Insurance Company, a business associate. As permitted by law, Nationwide will share protected health information (PHI) of members as necessary to carry out treatment, payment, and healthcare operations.

We are required by HIPAA and certain state laws to maintain the privacy of our members' PHI and to provide members with notice of our legal duties and privacy practices with respect to their PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. Copies of the revised notices will be mailed to all current plan members or insureds.

**Protected health information (PHI)** that is the subject of this Notice is information that is created or received by Nationwide; and relates to the past, present, or future physical or mental health or condition of a member; the provision of health care to a member; or the past, present, or future payment for the provision of health care to a member; and that identifies the member or for which there is a reasonable basis to believe the information can be used to identify the member. It includes information of persons living or deceased.

### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

**Your Authorization.** Except as outlined below, we will not use or disclose your PHI for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing, unless we have taken any action in reliance on the authorization.

**Disclosures for Treatment, Payment and Health Care Operations.** We will make disclosures of your PHI as necessary for your treatment, payment, and/or health care operations. For instance, for your Treatment, a doctor or health facility involved in your care may request information we hold in order to make decisions about your care. For Payment, we may disclose your PHI to our pharmacy benefit manager for administration of your prescription drug benefit. For Health Care Operations, we will use and disclose your PHI as necessary, and as permitted by law, for our health care operations, which include responding to customer inquiries regarding benefits and claims.

**Family and Friends Involved In Your Care.** With your approval, we may from time to time disclose your PHI to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care.

If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval.

**Business Associates.** Certain aspects and components of our services are performed through contracts with outside persons or organizations. At times it may be necessary for us to provide some of your PHI to one or more of these outside persons or organizations. In all cases, we require these business associates by contract to appropriately safeguard the privacy of your information.

**Other Health-Related Products or Services.** We may, from time to time, use your PHI to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products, or services which may be available to you as a member of the health plan. For example, we may use your PHI to identify whether you have a particular illness, and advise you that a disease management program to help you manage your illness better is available to you. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

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## PRIVACY NOTICE (continued)

**Information Received Pre-enrollment.** We may request and receive from you and your health care providers PHI either prior to your enrollment in the health plan or the issuance of your policy. We will use this information to determine whether you are eligible to enroll in the health plan and to determine your rates. We will protect the confidentiality of that information in the same manner as all other PHI we maintain and, if you do not enroll in the health plan we will not use or disclose the information about you we obtained without your authorization.

**Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. We may release your PHI for any purpose required by law. This may include releasing your PHI to law enforcement agencies; public health agencies; government oversight agencies; workers compensation; for government audits, investigations, or civil or criminal proceedings; for approved research programs; when ordered by a court or administrative agency; to the armed forces if you are a member of the military; and other similar disclosures we are required by law to make. We may release your PHI to your plan sponsor, provided your plan sponsor certifies that the information provided will be maintained in a confidential manner and not used in any other manner not permitted by law.

### **OTHER PRIVACY LAWS AND REGULATIONS:**

Certain other state and federal privacy laws and regulations may further restrict access to and uses and disclosures of your personal health information or provide you with additional rights to manage such information. If you have questions regarding these rights, please send a written request to your designated contact.

### **RIGHTS THAT YOU HAVE**

**Access to Your Protected Health Information.** You have the right to copy and/or inspect much of the PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your personal representative. We may charge you a fee if you request a copy of the information. The amount of the fee will be indicated on the request form. A request form can be obtained by writing your designated contact.

**Amendments to Your Protected Health Information.** You have the right to request that the PHI that we maintain about you be amended or corrected. We are not obligated to make all requested Amendments but will give each request careful consideration. If the information is incorrect or incomplete and we decide to make an amendment or correction, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. A request form can be obtained by writing to your designated contact.

**Accounting for Disclosures of Your Protected Health Information.** You have the right to receive an accounting of certain disclosures made by us of your PHI. Requests must be made in writing and signed by you or your personal representative. A request form can be obtained by writing your designated contact.

**Restrictions on Use and Disclosure of Your Protected Health Information.** You have the right to request restrictions on some of our uses and disclosures of your PHI. We are not required to agree to your restriction request. A request form can be obtained by writing your designated contact.

**Communications With You.** You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your PHI information from us by alternative means or at alternative locations. A request form can be obtained by writing your designated contact.

**Complaints.** If you believe your privacy rights have been violated, you can file a written complaint with your designated contact as explained in the "Contact Information" section, below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

### **CONTACT INFORMATION**

If you have any questions about this statement, need copies of any forms or require further assistance with any of the rights explained above, contact us by calling **1-800-468-4343**, or mail your request to:

Marcos Rolon, Privacy Officer  
Personal Insurance Administrators, Inc.  
P.O. Box 6040  
Agoura Hills, CA 91376-6040

As a member, you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

### **EFFECTIVE DATE**

This Nationwide HIPAA Notice of Privacy Practices is effective April 14, 2003. This notice was revised December 4, 2014.

## CERTIFICATE OF CREDITABLE COVERAGE

If you are no longer eligible to be insured under the plan and need to obtain proof of insurance, you may request a Certificate of Creditable Coverage from the plan administrator (Ascension Benefits & Insurance Solutions). This request can be made by phone or in writing, and it must include the name of the school and the name of each person who is no longer eligible to be insured under the plan.

## AUTHORIZED REPRESENTATION

In accordance with state and federal rules and regulations, we will not disclose individual information without authorization. This includes disclosures to family members for insured individuals who have reached the age of majority. If you would like to authorize an additional party to act as a personal representative for matters pertaining to this insurance plan, we must have an Authorization Form on file. To request a form, please contact Ascension at the address below or download a form at [www.4studenthealth.com/Documents/Privacy/PrivacyAuthorizationForm.pdf](http://www.4studenthealth.com/Documents/Privacy/PrivacyAuthorizationForm.pdf) and mail it to the address below.

## SUMMARY OF PRIVACY POLICY

If you are covered under one of our insurance plans, we are committed to protecting your privacy. We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about you. We do not disclose any nonpublic information about you to anyone, except as permitted or required by law. We do not sell or otherwise disclose your personal information to anyone for purposes unrelated to our products and services. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to protect information about you from unauthorized disclosure. We may disclose any information we believe necessary to conduct our business as is legally required. You have the right to access, review, and correct all personal information collected. You may review this Privacy Policy in its entirety, or the Privacy Policies of other entities servicing the Policy, by writing to the address or visiting the website below. You may also submit a request to review your information, in writing, to the address below.

Attention: Privacy Manager  
Ascension Benefits & Insurance Solutions  
P.O. Box 240042  
Los Angeles, CA 90024  
Phone: 1-800-537-1777  
Fax 1-310-394-0142  
Website: [www.4studenthealth.com](http://www.4studenthealth.com)  
CA License No. 0G55426

*This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a policy of blanket Accident and Sickness insurance underwritten by Nationwide Life Insurance Company. As evidence of your coverage, a policy of insurance (Policy Number 302-113-0413) has been issued to your school which contains the benefits and provisions which apply to the plan of insurance sponsored by your school. Any discrepancy between this brochure and the policy will be governed by the policy. Please keep this brochure for future reference.*



Plan Administered by Ascension