

Student Accident and Sickness Plan

Designed for the International Students of
Franklin University



2010-2011

Underwritten by:
Nationwide Life Insurance Company
Columbus, Ohio

Policy Number: 302-540-3408
Effective: August 15, 2010 to August 15, 2011

IMPORTANT NOTICE

This brochure provides a brief description of the important features of the Policy. It is not a Policy. Terms and conditions of the coverage are set forth in the Policy. We will notify Covered Persons of all material changes to the Policy. Please keep this material with your important papers.

NONDISCRIMINATORY

Health care services and any other benefits to which a Covered Person is entitled are provided on a nondiscriminatory basis, including benefits mandated by state and federal law.

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WHERE TO FIND HELP

For questions about claims status, eligibility, enrollment and benefits please contact:

CONSOLIDATED HEALTH PLANS

2077 Roosevelt Avenue
Springfield, MA 01104
(413) 733-4540
Toll Free (800) 633-7867
www.chpstudent.com

For questions about enrollment, please contact:

THE HARBOUR GROUP OF OHIO, L.L.C.

66 Remick Blvd
Springboro, OH 45066
(800) 252-8160
www.hginsurance.com

AM I ELIGIBLE?

All registered International F1 Students and J1 Exchange Visitors and Scholars are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished.

Each Student, as determined by the school and the Company, is eligible for Coverage under this Policy. Students must actively attend class at the Franklin University for at least the first thirty-one (31) days after the date for which coverage is purchased. We maintain the right to investigate Student status and attendance records to verify that the Policy eligibility requirements have been met. If We discover that the Policy eligibility requirements have not been met, Our only obligation is refund of premium.

Distance learning courses, courses taken as audit, courses taken as pass/non-pass, courses taken graduate non-degree, home study, correspondence and television courses do not fulfill the eligibility requirements that the student actively attend classes.

Students can continue this insurance for one term during each Policy Year without attending classes, as long as the student was insured under this Policy during the previous coverage term. Under no circumstances can a student take a summer coverage term off under one Policy Year and then take the following fall coverage term off for the new Policy Year and still be eligible for coverage.

COVERAGE FOR DEPENDENTS

Eligible students who do enroll may also insure their eligible Dependents, as defined. Eligible Dependents acquired after the effective date may be insured subject to the terms of the Policy.

Dependent Eligibility expires concurrently with that of the Insured student.

HOW DO I WAIVE/ENROLL?

If You are eligible to be covered under this Insurance Program, You are automatically enrolled, unless You waive coverage. To document proof of comparable coverage, students need to complete the online Waiver Form. The deadline for students to complete and submit the Waiver Form for the Fall term is September 7, 2010. The deadline for students to complete and submit the Waiver Form for the Spring term is January 24, 2011. The deadline for students to complete and submit the Waiver Form for the Summer term is May 16, 2011. Students who do not complete and submit the Waiver Form by the printed deadline will be automatically enrolled in the Student Health Insurance Plan and the fee will remain on their student account.

To submit the online Waiver Form:

1. Go to www.hginsurance.com/franklin.
2. Click on "Waiver Petition Form". Complete the online Waiver Petition Form, and click "Submit".
3. If you need to submit a Waiver Petition Form outside of the online waiver dates, contact the Franklin University International Student Office.

Once you complete the online Waiver Form, you will need to:

- fax a copy of the front and back of your insurance ID card to The Harbour Group Of Ohio, L.L.C. at 937-885-5380, and include your full name and Franklin University Student ID number, or
- email a scanned copy of the card to info@hginsurance.com.

You may enroll in this Insurance Program or waive the Insurance prior to the start of the School year, or during the thirty-one (31) day period beginning with the date you become eligible under this Plan; this is known as the Open Enrollment Period.

If You are eligible for coverage and wish to enroll in this Insurance Program outside of these enrollment opportunities, You must present documentation from Your former insurance company that it is no longer providing You with personal Accident and Sickness insurance coverage. Your Effective Date of coverage under this Insurance Program will be the date that Your former insurance expired, but only if You make the request for coverage within thirty-one (31) days from the

date that Your previous plan expired. Otherwise, the Effective Date of coverage will be the first (1st) of the month following Our receipt of Your written request for coverage. The appropriate premium must accompany Your application for coverage.

LATE WAIVER/WAIVER APPEAL PROCESS

If you need to submit a Waiver Petition Form outside of the online waiver dates, contact the Franklin University International Student Office.

EFFECTIVE DATES AND COSTS

This Policy is issued to Franklin University by Nationwide Life Insurance Company on the August 15, 2010 at 12:01 a.m. standard time. The Company hereby insures Eligible Persons, as defined and the Eligible Person's Dependents for whom Premium has been timely paid. The Company agrees to pay Benefits set forth in this Policy, governed by the terms, Conditions and limitations of this Policy.

	Fall 8/15/10- 12/15/11	Spring 12/15/10- 4/15/11	Summer 4/15/11- 8/15/11
Student	\$295	\$295	\$295
Spouse	\$675	\$675	\$675
Each Child	\$442	\$442	\$442

You must meet the eligibility requirements listed above each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within fourteen (14) days after the premium expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

TERMINATION OF COVERAGE

Coverage will terminate at 12:01 a.m. standard time at the Covered Person's residence on the earliest of:

- The termination date of the Policy;
- The date the Insured ceases to be an Eligible Person;
- The last day of the term of Coverage for which Premium is paid;
- The date the Covered Person departs the Policyholder's school for their home country for a period in excess of sixty (60) consecutive days.

- The last date of the period for which Premium has been paid following the date a Dependent ceases to be a Dependent as defined;
- The date a Covered Person enters full time active military service. We will refund any unearned pro-rata Premium with respect to such person.
- Handicapped Dependent child who is not capable of supporting himself or herself due to mental retardation or physical handicap will be continued beyond the age at which Coverage would otherwise have terminated if:
 1. The Dependent child became incapacitated prior to the age at which Coverage would otherwise have terminated; and
 2. The Dependent child is primarily Dependent on the Eligible Person for support and maintenance; and
 3. Proof of such incapacity and dependence is given to Us by a Doctor within thirty-one (31) days of the date the child reaches the limiting age. Proof must also be given to Us annually thereafter. Failure to provide such proof within thirty-one (31) days of Our request will result in the termination of the Dependent child's Coverage under the Policy.

Coverage will continue as long as the Dependent continues to be so incapacitated and Dependent, unless otherwise terminated in accordance with the terms of the Policy.

Termination is subject to the Extension of Benefits provision.

EXTENSION OF BENEFITS

The Coverage provided under this Policy ceases on the termination date of the Policy. However, if an Insured is Hospital Confined on the termination date from a covered Injury or Sickness for which Benefits were paid before the termination date, Covered expenses for such Injury or Sickness will continue to be paid for a period of ninety (90) days or until the date of discharge, whichever is earlier.

The total payments made in respect of the Insured for such Condition both before and after the termination date will never exceed the Maximum Benefit.

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

Conversion Privilege

Subject to conversion carrier requirements You may be eligible for health conversion coverage.

You must be insured under this Policy or any Policy which it replaced for at least one (1) year before You may apply for conversion coverage.

Benefits and premiums under conversion contracts may differ from Benefits and Premium under this Policy. No lapse in Coverage is permitted. The effective date of the conversion contract will be the day following the date Coverage under this Policy terminates, if within the thirty-one (31) day conversion period You submit a completed application and pay the required premium to the Conversion Carrier. Contact Consolidated Health Plans for more information.

PREMIUM REFUND POLICY

Except in the case of medical withdrawal due to Sickness or Injury, any Student withdrawing from school during the first thirty-one (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 Benefits made by Us. Students withdrawing after such thirty-one (31) days will remain covered under the Policy for the term purchased and no refund will be allowed.

DEFINITIONS

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

Biologically Based Mental Illness means schizophrenia, schizoaffective disorder, or depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder, as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.

Coinsurance means the percentage of the expense for which the Company 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. Also hereinafter referred to as We, Our and Us.

Covered Charge or Covered Expense as used herein means those charges for any treatment, services or supplies: a) for Preferred Providers not in excess of the Preferred Allowance; b) for Out-of-Network Providers not in excess of the charges of the Reasonable and Customary expense therefore; and c) not in excess of the charges that would have been made in the absence of this insurance; and d) 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:

- Who is eligible for Coverage as the Insured or as a Dependent;
- Who has been accepted for Coverage or has been automatically added;
- Who has paid the required Premium; and

- Whose Coverage has become effective and has not terminated.

Custodial Care means care that is primarily for the purpose of meeting non-medical personal needs, such as help with the activities of daily living and taking medications. Activities of daily living include, but are not limited to, bathing, dressing or grooming, eating, toileting, walking, and getting in and out of bed. Custodial Care can usually be provided by someone without professional medical skills or training.

Doctor means any of the following to the extent they are authorized by law and duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy: Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) who does not ordinarily reside in the Covered Person's home or is not related to the Covered Person by blood or marriage.

Deductible means the amount of expenses for Covered services and supplies which must be incurred by the Covered Person before specified Benefits become payable.

Dependent means a person who is the Insured's:

- Legally married spouse, who is not legally separated from the Insured and resides with the Insured Student.
- Child who is Dependent upon the Insured for support and maintenance and is under the age of 19.

Once an unmarried child has attained the limiting age for Dependent children, as provided in the Policy, upon the request of the Insured, We shall offer to cover the unmarried child until the Insurer shall offer to cover the unmarried child until the child attains twenty-eight (28) years of age if all of the following are true:

- The child is natural child, stepchild, or adopted child of the Insured.
- The child is a resident of this state or a full-time student at an accredited public or private institution of higher education.
- The child is not employed by an employer that offers any health benefit plan under which the child is eligible for coverage.

The term child refers to the Insured's unmarried:

- Natural child;
- Stepchild or foster child; A stepchild is a Dependent on the date the Insured marries the child's parent.
- Adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.
- Foster child is a Dependent from the moment of placement with the Insured as certified by the agency making the placement.

Effective Date means the first date a Student or a covered Dependent becomes covered under this Policy.

Emergency means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The Condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:

- 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;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part.

Illness means Sickness or disease.

Injury: Bodily Injury due to a sudden, unforeseeable, external event which:

- Results solely, directly and independently of disease, bodily infirmity or any other causes;
- Occurs after the Covered Person's Effective Date of Coverage;
- Occurs while Coverage is in force.

All injuries sustained in any one (1) Accident, including all related Conditions and recurrent symptoms of these injuries, are considered a single Injury.

Policy Year means the period of twelve (12) months following the Policy's Effective Date.

Pre-existing Condition: A Sickness or Injury for which symptoms, medical care, treatment, diagnosis or advice was received or recommended within the six (6) consecutive months prior to the Covered Person's Effective Date of Coverage under the Policy. Pre existing Condition means any Condition:

- a) that would have caused an ordinary prudent person to seek medical advice, diagnosis, care or treatment during the six (6) months immediately prior to an Insured's Effective Date of Coverage; or
- b) for which medical advice, diagnosis, care or treatment was recommended or received within the six (6) months immediately prior to an Insured's Effective Date of Coverage.

Prescription Drugs means drugs which may only be dispensed by written prescription under Federal law, and approved for general use by the U.S. Food and Drug Administration (FDA). The Drugs must be dispensed by a licensed pharmacy Provider for out of Hospital use. Coverage for a Prescription Drug will not be excluded for a particular indication on the grounds that the drug has not been approved by the FDA for that indication, if such drug is recognized for treatment of such indication in one of the standard reference compendia or in

the medical literature as recommended by current American Medical Association (AMA) policies. Prescription Drug Coverage shall also include Medically Necessary supplies associated with the administration of the drug.

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:

- The actual amount charged by the Provider;
- The negotiated rate, if any; or
- The charge which 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 Us for the same service or supply.

No payment will be made under this Policy for any expenses incurred which in the judgment of the Company are in excess of Reasonable and Customary expense.

Sickness means illness, disease, pregnancy and Complications of Pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

We, Us or Our means Nationwide Life Insurance Company.

You, Your or Yours means Covered Persons.

Male pronouns whenever used include female pronouns

PRE-EXISTING CONDITIONS LIMITATION

There is no Coverage for Pre-existing Conditions unless the Covered Person has had six (6) months of Continuous Coverage. The Covered Person must provide us proof of prior Creditable Coverage.

This limitation will not apply if, during the period immediately preceding the Covered Person's Effective Date of Coverage under this Policy, the Covered Person was covered under prior Creditable Coverage for six (6) consecutive months. Prior Creditable Coverage of less than six (6) months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Conditions will apply only if the Covered Person becomes eligible and applies for Coverage within sixty-three (63) days of termination of his or her prior Coverage.

Continuous Coverage: The period of time that a Covered Person is continuously insured under this Policy and/or any prior Creditable Coverage with no greater than a sixty-three (63) day lapse between the Effective Date of Coverage under this Policy and the termination of prior Creditable Coverage.

PREFERRED PROVIDER INFORMATION

We encourage Covered Persons to use Preferred Providers by providing benefit incentives when Preferred Providers are used. **The Preferred Provider for this plan is PHCS Preferred Provider Network.**

In the event of an Emergency Admission, services rendered by any Hospital due to and within the first twenty-four (24) hours after the onset of the Emergency are covered as if the service had been provided by a Preferred Hospital.

A Covered Person is not required to seek treatment from a Preferred Provider. Each Covered Person is free to elect the services of a Provider and Benefits payable will be made in accordance with the terms and Conditions of this benefit.

We do not make any representation or warranty as to the medical competence or ability of a Preferred Provider or to their respective staff or Doctors. We shall not have any liability or responsibility, direct, indirect, vicarious or otherwise, for any actions or inactions, whether negligent or otherwise, of the Preferred Provider, their staff or Doctors.

Out-of-Network Provider: Any Hospital or Doctor that is not a member of the Preferred Provider network arrangement that has contracted with Us.

Preferred Provider: Any Hospital or Doctor that has contracted with Us to provide services, as described in this Policy, through a Preferred Provider network arrangement, to be reimbursed at discounted fees.

For a complete listing of PHCS Preferred Providers, go to www.phcs.com or contact Consolidated Health Plan at www.chpstudent.com or (800) 633-7867 for assistance.

PRE-CERTIFICATION POLICY

This plan does not require pre-certification of benefits. Please refer to the schedule of benefits section of the policy for covered benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT OR LOSS OF SIGHT BENEFIT

If the Eligible Person, within one hundred eighty (180) days from the date of an Accident which occurs while Coverage is in force, dies as the result of Injury from such Accident, We will pay the Eligible Person's beneficiary the amount for Loss of life as shown on the Schedule of Benefits. If the Eligible Person, within one hundred eighty (180) from the date of an Accident, which occurs while Coverage is in force, suffers dismemberment as the result of Injury from such Accident, We will pay the Eligible Person the amount set opposite such Loss, as shown on the Schedule of Benefits. If more than one (1) such Loss is sustained as the result of one (1) Accident, we will pay only one (1) amount the largest to which the Eligible Person or his or her beneficiary would be entitled.

<u>FOR LOSS OF:</u>	<u>AMOUNT</u>
Life	\$10,000
Two (2) or more Member	\$10,000
One (1) Member	\$5,000
Thumb or Index Finger	\$1,000

Loss of hand or foot means Loss by severance at or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable. Loss of a thumb and index fingers means Loss by severance at or above the metacarpophalangeal joints, which are the joints between the fingers and the hand.

Any benefit payable under this part will be in addition to any benefit otherwise payable under this Policy. This benefit is subject to all the terms, Conditions and exclusions of this Policy.

BASIC ACCIDENT AND SICKNESS PLAN

After the Deductible has been met, the Policy will pay 80% of Preferred Provider or 60% of Out-of-Network of Covered Medical Expenses. When an Insured has incurred \$3,000 in Out-of-Pocket expenses for Preferred Providers, or \$6,000 in Out-of-Pocket expenses Out-of-Network, per Policy Year, payment will increase to 100% of Covered Medical Expenses up to the Maximum Benefit. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider and Out-of-Network, unless noted below.

Covered Medical Expenses are:

	In Network Provider	Out of Network Provider
Aggregate Maximum Benefit, for each Injury or Sickness	\$250,000	
Deductible, per Policy Year	\$150	\$300
INPATIENT EXPENSE BENEFIT	In Network Provider	Out of Network Provider
Hospital Expense , daily semi-private room rate; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies.	80% of Preferred Allowance (PA)	60% of Reasonable and Customary Charges (R&C)
Intensive Care Unit	Paid under Hospital Expense	
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth. (4 days Hospital Confinement expense maximum)	Paid as any other Sickness	
Registered Nurse's Services , private duty nursing care	80% of PA	60% of R&C
Physician's Visits , benefits are limited to one (1) visit per day. Benefits do not apply when related to surgery.	80% of PA	60% of R&C
Biologically Based Mental Illness	Paid as any other Sickness	

Psychotherapy for Non-Biologically Based Mental Illness , Benefits are limited to one (1) visit per day, \$5,000 maximum per Policy Year.	80% of PA	60% of R&C
SURGICAL EXPENSE BENEFITS (Inpatient or Outpatient)	In Network Provider	Out of Network Provider
Surgeon's Fees , in accordance with data provided by Ingenix. If two (2) or more 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 50% of all subsequent procedures.	80% of PA	60% of R&C
Assistant Surgeon , only if medically necessary for the medical procedure.	80% of PA	60% of R&C
Anesthetist , professional services in connection with surgery.	80% of PA	60% of R&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies.	80% of PA	60% of R&C
Pre-Admission Testing , when incurred within seven (7) days of surgery.	80% of PA	60% of R&C
OUTPATIENT EXPENSE BENEFITS	In Network Provider	Out of Network Provider
Physician's Visits , benefits are limited to one (1) visit per day. Benefits for Physician's Visits do not apply when related to Surgery or Physiotherapy.	100% of PA after a: \$10 copay per Physician visit or \$20 copay per Specialist visit	60% of R&C

Physiotherapy , including Therapeutic Modalities. Benefits are limited to one (1) visit per day, five (5) visits maximum per Injury or Sickness.	80% of PA	60% of R&C
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	80% of PA after a: \$50 copay per visit (waived if admitted) Or \$25 Urgent Care copay per visit	80% of R&C \$50 Deductible per visit (waived if admitted) / \$25 Urgent Care Deductible per visit
Tests and Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	80% of PA	60% of R&C
Diagnostic X-ray & Laboratory , \$1,000 maximum	80% of PA	60% of R&C
Radiation and Chemotherapy	80% of PA	60% of R&C
Prescription Drugs , \$1,500 maximum per Policy Year	80% of Expenses Incurred	
Biologically Based Mental Illness	Paid as any other Sickness	
Psychotherapy for Non-Biologically Based Mental Illness , including all related or ancillary charges incurred as a result of a Mental Illness (including Prescription Drugs). Benefits are limited to one (1) visit per day, \$500 maximum Per Policy Year.	80% of PA	60% of R&C
ADDITIONAL BENEFITS	In Network Provider	Out of Network Provider
Ambulance Services	80% of PA	80% of R&C
Treatment of Alcoholism , limited to \$550 maximum per Policy Year.	80% of PA	60% of R&C
Durable Medical Equipment , eligibility will be based on Medical Necessity. Durable Medical Equipment and medical supplies must be prescribed by a Doctor.	80% of PA	80% of R&C

Consultant Physician Fees , when requested by the attending Physician. One (1) visit maximum.	80% of PA	60% of R&C
Dental Treatment , made necessary by Injury to Sound, Natural Teeth only.	80% of PA	80% of R&C
Maternity/Complications of Pregnancy	Paid as any other Sickness	
Maternity Testing , This Policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other Policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered.	80% of PA	60% of R&C

Well Child Expense , for preventive and primary care services, with unlimited visits up to the age of 12, and in accordance with the American Academy of Pediatrics guidelines for children ages 12-18.	Age 0-1: 100% to \$500 (and \$75 for hearing screenings), then covered at 80% of PA Age 2-12: 100% to \$150, then 80% of PA Age 12-18: 80% of PA	Age 0-1: 100% to \$500 (and \$75 for hearing screenings), then 60% of R&C Age 2-12: 100% to \$150, then 60% of R&C Age 12-18: 60% of R&C
Home Country Expense , incurred during brief return visits to your home country, sixty (60) days coverage maximum per Policy Year.	80% of PA	80% of R&C
Medical Evacuation Expense	100% of R&C	
Repatriation Expense	100% of R&C	

MANDATED BENEFITS

Policy coverage also includes the following benefits subject to Policy Deductibles, limitations and exclusions where applicable.

Biologically Based Mental Illnesses: Coverage for Biologically Based Mental Illnesses will be the same as any other sickness if:

- 1) The biologically based mental illness is clinically diagnosed by a physician authorized to practice medicine and surgery or osteopathic medicine and surgery, a licensed psychologist, a professional clinical counselor, professional counselor, a licensed independent social worker; or a licensed clinical nurse specialist whose nursing specialty is mental health; and
- 2) The prescribed treatment is not experimental or investigational, having proven its clinical effectiveness in accordance with generally accepted medical standards.

Treatment of Alcoholism: Subject to the deductible and copayment provisions of the Policy, coverage is provided for the treatment of alcoholism up to a maximum amount of \$550 per Policy Year. The services must be performed by or under the clinical supervision of a licensed physician or a licensed psychologist, whether performed in an office, an a hospital, in a community mental health facility, or in an alcoholism treatment facility so long as the hospital or facility is approved by the joint commission on accreditation of hospitals or certified by the department of health.

Mammography Screening: Benefits shall cover expenses for an Insured for a screening mammography to detect the presence of breast cancer in accordance with all of the following: 1) For women age 35 through 39, one (1) screening mammography; 2) For women age 40 through 49, one screening mammography every other year; 3) For women age 50 through 64, one screening mammography every year; 4) If a licensed Physician has determined that the Insured has risk factors to breast cancer, one screening mammography every year.

Cytologic Screening: Benefits will be paid for a Cytologic Screening once a year or more frequently if recommended by a Doctor. Such benefits will include the examination, laboratory fee and the Doctor's interpretation of the laboratory results.

Benefits for Cancer Clinical Trials: Benefits will be paid the same as any other Sickness for Routine Patient Care administered to an Insured participating in any stage of an Eligible Cancer Clinical Trial, if those expenses would be paid if the Insured was not participating in a clinical trial.

COORDINATION OF BENEFITS PROVISION

This coordination of benefits ("COB") provision applies to this Policy when a Covered Person has health care coverage under more than one plan. It applies to all sections of the Policy that pay Benefits for Covered Charges except the Prescription Drug Benefit if it is contained in this Policy.

The total benefit received from all Plans may not exceed 100% of Allowable Expenses.

SUBROGATION

If the Insured suffers an Injury or Sickness through the act or omission of another person, and if Benefits are paid under this Policy due to such Injury or Sickness, then We will be entitled to a refund of all Benefits We have paid from such recovery, as permitted by law. The refund of Benefits shall be allowable to the extent the Insured recovers or may recover for the same Injury or Sickness from another plan, including a third party, its insurer, or the Insured's uninsured motorist insurance. Further, We have the right to offset subsequent Benefits payable to the Insured under the Policy against such recovery.

MEDICAL EVACUATION BENEFIT

If the Insured Student cannot continue his academic program because he sustains an Injury or becomes ill while Insured under the Policy or if an Insured Dependent sustains an Injury or becomes ill, we will pay for the Reasonable and Customary Charges incurred for a medical evacuation of the Covered Person to or back to the Covered Person's home country or country of regular

domicile, subject to the Coinsurance, Deductible, Copayment, maximums and limits as stated in the Schedule of Benefits and subject to the Exclusions and Limitations provisions. However, the Pre-existing Conditions Limitation does not apply to this provision. No payment will be made under this provision unless the evacuation follows a Hospital Confinement of at least seven (7) days. Before we make any payment, we require written certification by the Doctor that the evacuation is Medically Necessary. Any expense for medical evacuation requires Our prior approval and coordination. Once evacuation is made outside the country, Coverage terminates. This benefit does not include the transportation expense of anyone accompanying the body, visitation expenses or funeral expenses.

REPATRIATION BENEFIT

If the Covered Person dies while Insured under the Policy, We will pay for the Reasonable and Customary Charge incurred for embalming, and/or cremation and returning the body to his place of residence in his home country or country of regular domicile, subject to the Coinsurance, Deductible, Copayment, maximums and limits as stated in the Schedule of Benefits and subject to the Exclusions and Limitations provision. Expenses for repatriation of remains require the Policyholder's and Our prior approval. If you are a United States citizen, your home country is the United States.

This benefit does not include the transportation expense of anyone accompanying the body, visitation expenses or funeral expenses.

EXCLUSIONS

Unless specifically included, no Benefits will be paid for: a) Loss or expense caused by, contributed to, or resulting from; b) treatment, services, or supplies for, at, or related to:

1. Acne; acupuncture; allergy, including allergy testing;
2. Addictions such as nicotine addiction, caffeine addiction and non-chemical addictions such as gambling, sexual, spending, shopping, working and religious; and codependency;
3. Vaccinations, inoculations and preventive shots: a) required for travel; b) required for employment; c) provided as wellness or prevention other than well baby/child or specifically listed immunizations provided herein.
4. Routine newborn, infant care, well baby nursery and related Doctor charges including circumcision and congenital conditions, except as specifically provided for in this Policy for newborn or adopted infants;
5. Cosmetic surgery, plastic surgery, resulting complications, consequences and after effects or other services and supplies that We determine to be furnished

primarily to improve appearance rather than a physical function or control of organic disease except as provided herein or for treatment of an Injury that is covered under the Policy. Improvements of physical function does 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, rhinoplasty, lipectomy, sagging eyelids, prominent ears, skin scars, baldness, and correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants (except for correction or deformity resulting from mastectomies or lymph node dissections);

6. Custodial Care;
7. TMJ and/or treatment on or to the teeth or gums (except as provided herein);
8. Treatment, service, or supply which is not Medically Necessary as determined by Nationwide Life Insurance for the diagnosis, care or treatment of the Sickness or Injury involved;
9. Elective termination of pregnancy including the morning after pill, plan B;
10. Treatment (other than surgery) of chronic conditions of the foot including, but not limited to, weak or fallen arches, flat or pronated foot, subluxations of the foot, foot strain, care of corns, calluses, toenails or bunions, any type of massage procedure on or to the foot, corrective shoes, shoe inserts and orthotics;
11. For Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drug or use of legal medicines that are not taken in the dosage or for the purposed as prescribed by the Covered Person's Doctor;
12. Injury or Sickness for which Benefits are paid or payable under any workers' compensation or occupation disease law or act, or similar legislation;
13. 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) while participating in any practice or conditioning program for such sport, contest, or competition;
14. Treatments which are considered to be unsafe, Experimental, or Investigational by the American Medical Association (AMA), and resulting complications.
15. Solid organs, including but not limited to: autologous and allogenic bone marrow transplants, autologous and allogenic stem cell transplants, including non-human organs or bone marrow; Anything caused by,

- contributed to, or resulting from an organ transplant, including complications thereof;
16. Services for the treatment of any Injury or Illness incurred while committing or attempting to commit a felony; or while taking part in an insurrection or riot; or fighting, except in self-defense;
 17. Under the Prescription Drug Benefit, when included, 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) used for body building (anabolic steroids); e) for the treatment of infertility; f) used for Birth control of any means, including plan B or Morning After Pill; g) for sexual enhancement; h) used for cosmetic purposes, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or treatment of acne; i) for the treatment of toe nail/finger) fungus; j) for refills in excess of the number specified or dispensed after one (1) year of date of the prescription; k) for an amount that exceeds a thirty (30) day supply; l) for drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs; m) purchased after Coverage under the Policy terminates; n) consumed or administered at the place where it is dispensed; o) the FDA determines is: Contraindicated for the treatment of the Condition for which the drug was prescribed; or Experimental for any reason.
 18. Reproductive/Infertility services including but not limited to: fertility tests, infertility (male or female) including any services or supplies rendered for the purpose or with the intent of inducing conception except as specifically provided in this Policy. Examples of fertilization procedures are ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproductive ability; artificial insemination; premarital examination; impotence, organic or otherwise; sterilization or sterilization reversal; vasectomy;
 19. 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; Injury resulting from parachuting, hang gliding, skydiving, parasailing or bungee jumping; 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;
 20. Sleep disorder, unless considered to be Medically Necessary.
 21. Injuries sustained as a result of suicide or any attempt at suicide, including drug overdose or intentional self-inflicted Injury or any attempt at intentional self-inflicted injury;

22. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment;
23. War or any act of war, declared or undeclared; or while in the armed forces of any country;
24. Nutrition counseling services, genetic counseling and genetic studies;
25. General fitness, exercise programs, health club memberships and weight loss programs. Exercise machinery or equipment, including but not limited to treadmill, stair steps, trampolines, weights, sports equipment, support braces used primarily for use during any sport or in the course of employment, any equipment obtainable without a Doctor's prescription;
26. Obesity treatment: Services and associated expenses for the treatment of obesity and any resulting complications, consequences and after effects of treatment that involves surgery and any other associated expenses, including, but not limited to: Gastric or intestinal bypasses; Gastric balloons; Stomach stapling; Wiring of the jaw; Panniculectomy; Appetite suppressants; Surgery for removal of excess skin or fat; and
27. Vitamins, minerals, food supplements, herbs, herbal Formulas, or home remedies; except as herein provided.

CONFORMITY WITH STATE STATUTES

If any provision of this Policy is contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

CLAIM PROCEDURES

In the event of Injury or Sickness, students should:

1. Report to their Physician or Hospital.
2. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, Social Security number or student ID number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
3. File claim within sixty (60) days of Injury or first treatment for a Sickness. Bills should be received by the Company within ninety (90) days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

There is no utilization review performed on this Policy.

CLAIMS APPEAL PROCESS

To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plan's Appeal Department at 2077 Roosevelt Avenue, Springfield, MA 01104. Include your name, phone number, address, school attended and email address, if available.

Claims will be reviewed and responded to within sixty (60) days by Consolidated Health Plans.

Translation services area available to assist insured's, upon request, related to administrative services.

Claims Administrator:
CONSOLIDATED HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
(413) 733-4540
Toll Free (800) 633-7867
www.chpstudent.com

This plan is underwritten and offered by:
NATIONWIDE LIFE INSURANCE COMPANY
Columbus, Ohio
Policy Number: 302-540-3408

For a copy of the Company's privacy notice, go to:
www.chpstudent.com

Plan Arranged by:
THE HARBOUR GROUP OF OHIO, L.L.C.
66 Remick Blvd
Springboro, OH 45066
(800) 252-8160
www.hginsurance.com

Online Access to Account Information:

Insureds have online access to claims status, Explanation of Benefits, correspondence and coverage information via www.chpstudent.com. Insureds can also print a temporary ID card, request a replacement ID card and locate network providers from www.chpstudent.com.

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

VALUE ADDED SERVICES

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:
www.chpstudent.com/student_health

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

MEDEX Assistance Corporation provides you with a comprehensive program with 24/7 emergency medical assistance including emergency evacuation and repatriation and other travel assistance services when you are 100 or more miles away from home.

Your MEDEX identification card is your key to travel security.

For general inquiries regarding our international assistance coverage, please call Consolidated Health Plans at 800-633-7867.

If you have a medical or travel problem, simply call MEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center *toll-free* at: 800-527-0218 or if you are in a foreign country, call *collect* at: 410-453-6330.

If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.