

Student Health Insurance Program

Designed for the
Students of

University of St. Augustine

*St. Augustine, FL
San Marcos, CA
Austin, TX*

2012-2013

Nationwide Life Insurance Company
Columbus, Ohio

Policy Number: 302-001-0910
Effective August 27, 2012 to August 26, 2013

NOTICE: Your student health insurance coverage, offered by Nationwide Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits for health insurance plans other than Student Health Insurance coverage for the 2012/2013 policy year. Minimum restrictions for policy year dollar limits for Student Health Insurance coverage are \$100,000 for the 2012/2013 policy year. Your Student Health Insurance coverage has a policy year limit of: \$100,000 per Policy Year. Be advised that you may be eligible for coverage under your parents' plan if you are under the age of 26. If you have any questions or concerns about this notice, contact Consolidated Health Plans at 413-733-4540.

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.

ELIGIBILITY

All students taking 6 or more credit hours are eligible to enroll in the Student Health Insurance Plan.

Students must actively attend classes for at least the first thirty-one (31) days after the date for which coverage is purchased. Home study, correspondence, internet and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. **If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.**

Eligible students who do enroll may also insure their Eligible Dependents. Eligible Dependents are the spouse and their children under twenty-six (26) years of age. The named Insured may also cover a dependent child to the end of the year in which the Dependent reaches age thirty (30) under certain circumstances (see definitions for details).

Dependent Eligibility expires concurrently with that of the Insured student.

EFFECTIVE DATES AND COST

This Plan, subject to the benefits and exclusions outlined in this brochure, protects the insured Student at home, at School, or while traveling – 24 hours a day – anywhere in the world during the term of the Student's policy including all interim vacation periods. The Policy on file at the University becomes effective at 12:01 a.m., on the following dates:

- August 27, 2012 – August 26, 2013 for Annual Plan;
- August 27, 2012 – December 31, 2012 for Fall Plan;
- December 31, 2012 – April 25, 2013 for Spring Plan; or
- April 25, 2012 – August 26, 2013 for Summer Plan.

Coverage becomes effective that date or the date application and full premium are received by the Company (or its authorized representative); whichever is later.

| | Annual 8/27/2012- 8/26/2013 | Fall 8/27/2012- 12/31/2012 | Spring 12/31/2012- 4/25/2013 | Summer 4/25/2013- 8/26/2013 |
|-------------------|--|---|---|--|
| Student | \$1,697 | \$599 | \$546 | \$585 |
| Spouse | \$5,636 | \$1,990 | \$1,815 | \$1,942 |
| Child(ren) | \$2,463 | \$869 | \$794 | \$849 |

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

TERMINATION OF COVERAGE

The Policy terminates at 11:59 p.m., August 26, 2013. Coverage terminates on:

- The termination date of the Policy;
- The date the Insured ceases to be an Eligible Person;
- The last day of the period for which premium was paid;
- The last date of the period for which premium has been paid following the date a Dependent ceases to be a Dependent as defined; or
- The date a Covered Person enters full active military service. Upon written request within sixty (60) days of leaving school, We will refund any unearned pro-rata Premium with respect to such person. We will refund the unearned pro-rata Premium to such person upon request. **No other refunds will be made.**

EXTENSION OF BENEFITS

The Coverage provided under this Policy ceases on the termination date. However, if an Insured is Totally Disabled on the termination date from a covered Injury or Sickness for which Benefits were paid before the termination date, Covered Medical Expenses for such Injury or Sickness will continue to be paid up to twelve (12) months.

However, if an Insured is pregnant on the Termination Date and the conception occurred while covered under this policy, Covered Medical Expenses for such pregnancy will continue to be paid through the term of the pregnancy.

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 paid.

PREFERRED PROVIDER NETWORK

The University of St. Augustine Student Health Insurance Plan provides access to hospitals and health care providers, who participate in Preferred Provider Networks, both locally and across the country. The advantage to using Preferred Providers is that these providers have agreed to accept a predetermined fee or Preferred Allowance as payment in full for their services. Consequently, when Insured Persons use Preferred Providers, out-of-pocket expenses will be less because any applicable coinsurance will be based on a Preferred Allowance.

The Insured Person should be aware that Preferred Provider Hospitals might be staffed with Out of Network Providers. As a result, receiving services or care from an Out of Network Provider at a Preferred Provider Hospital does not guarantee that all charges will be paid at the Preferred Provider level of benefits. The participation of specific providers in the Preferred Provider Networks is subject to change without notice. Insured Persons should always confirm when making an appointment that the provider participates in a Preferred Provider Network.

First Health Network is the Preferred Provider Network and provides access to providers located across the United States. To determine if a provider participates in First Health, students can call (800) 226-5116 or visit www.firsthealth.com. It is important that Insured Persons verify that their providers are Preferred Providers each time they call for an appointment or at the time of service.

“Preferred Providers” are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

“Preferred Allowance” means the amount a Preferred Provider will accept as payment in full for covered medical expenses.

“Out of Network” providers have not agreed to any prearranged fee schedules. Insureds may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are Insured’s responsibility.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

STUDENT HEALTH INSURANCE BENEFITS

After a \$250 per Policy Year Deductible for In-Network and \$500 per Policy Year for Out-of-Network, We will pay up to 90% of the Preferred Allowance (PA) for In-Network Providers, or 70% of the Reasonable and Customary (R&C) charges for Out-of-Network Providers, for Covered Expenses up to the Aggregate Policy Maximum of \$100,000 per Policy Year, for the following Covered Medical Expenses, according to the limitations outlined above and in the Schedule of Benefits.

| BENEFITS | In-Network Provider | Out-of-Network Provider |
|---|---------------------------|-------------------------|
| Aggregate Maximum Benefit | \$100,000 per Policy Year | |
| Annual Deductible | \$250 | \$500 |
| Out-of-Pocket Maximum , after the Out-of-Pocket maximum has been met, benefits will be paid at 100% of PA for in-network and 100% of R&C out-of-network. | \$3,500 | \$7,000 |

INPATIENT EXPENSE BENEFITS

| | | |
|--|---------------------------------|--|
| Hospital Room and Board , daily semi-private room rate and general nursing care provided by the hospital. | 90% of Preferred Allowance (PA) | 70% of Reasonable & Customary (R&C) Charges after deductible |
| Hospital Miscellaneous Expense , 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. | 90% of PA | 70% of R&C |
| Intensive Care Unit (ICU) | 90% of PA | 70% of R&C |
| Routine Newborn Care , up to a maximum of 4 days inpatient. | 90% of PA | 70% of R&C |

| | | |
|---|--|-------------------------------|
| Surgical Expense , When more than one (1) surgical procedure is performed through the same incision or in immediate succession, the additional surgery will be covered at 50%. | 90% of PA | 70% of R&C |
| Anesthetist | 90% of PA | 70% of R&C |
| Assistant Surgeon | 90% of PA | 70% of R&C |
| Registered Nurse | 90% of PA | 70% of R&C |
| Physician Visit , benefits are limited to one (1) visit per day and do not apply when related to surgery. | 90% of PA | 70% of R&C |
| Pre-Admission Testing | 90% of PA | 70% of R&C |
| Physical Therapy | 90% of PA | 70% of R&C |
| OUTPATIENT EXPENSE BENEFITS | | |
| Physician Visit | \$20 co-pay then 100% of PA | 70% of R&C |
| Day Surgery Miscellaneous , related to a schedule surgery performed in a Hospital, including the cost of operating room, laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. | 90% of PA | 70% of R&C |
| Surgical Expense , When more than one (1) surgical procedure is performed through the same incision or in immediate succession, the additional surgery will be covered at 50%. | 90% of PA | 70% of R&C |
| Anesthetist | 90% of PA | 70% of R&C |
| Assistant Surgeon | 90% of PA | 70% of R&C |
| Emergency Room Note: \$150 per visit co-payment is in addition to the policy year deductible. Co-pay waived if admitted. | \$150 co-pay then 100% of PA | \$150 co-pay then 100% of R&C |
| Diagnostic X-ray and Laboratory | 90% of PA | 70% of R&C |
| Physical Therapy | 90% of PA | 70% of R&C |
| Occupational Therapy | 90% of PA | 70% of R&C |
| Speech Therapy | 90% of PA | 70% of R&C |
| Radiation and Chemotherapy | 90% of PA | 70% of R&C |
| Injections | 90% of PA | 70% of R&C |
| MENTAL ILLNESS AND SUBSTANCE ABUSE | | |
| Inpatient Mental Illness | Paid as any other Sickness | Paid as any other Sickness |
| Outpatient Mental Illness | Paid as any other Sickness | Paid as any other Sickness |
| Alcohol or Drug Abuse | Paid as any other Sickness | Paid as any other Sickness |
| ADDITIONAL BENEFITS | | |
| Wellness/Preventive & Immunizations | 100% of PA + waiver of deductible | No Benefits |
| Consultant | 90% of PA | 70% of R&C |
| Ambulance: For medical emergency. | 90% of PA | 90% of R&C |
| Durable Medical Equipment and Supplies | 90% of PA | 70% of R&C |
| Maternity | Paid as any other Sickness | Paid as any other Sickness |
| Dental , treatment due to accidental Injury to Sound Natural Teeth only. Limited to \$1,000 per Policy Year. | 90% of PA | 90% of R&C |
| Prescription Drugs <ul style="list-style-type: none"> • The Rx maximum is a component of the Overall Plan Maximum and is not a separate Benefit Maximum; • Co-pays do not apply to preventive/wellness prescriptions; • Co-pays apply to 31 day supply; • Plan deductible does not apply to prescriptions; and • Must be filled at an Express Scripts Participating Pharmacy. | \$15 Co-pay for Generic Drugs \$0 Co-pay for Generic Contraceptives \$35 Co-pay for Brand Name Drugs \$70 Non-Formulary Brand Drugs | Not covered |

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death or Dismemberment or Loss of Sight, for a Loss as shown below, must result from a covered Accident, directly and independently of all other causes. The Accident must occur while the Covered Person is insured under this Policy, and the Loss must take place within one hundred eight (180) days after the covered Accident. The following shows the amounts We will pay for Loss of:

| | |
|---------------------|---------|
| Life | \$5,000 |
| Two or More Members | \$5,000 |
| One Member | \$2,500 |

Note: Loss shall mean, with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint, and with regard to eyes, entire or irrecoverable Loss of sight.

Only the largest benefit will be paid if more than one Loss results from any one Accident.

DEFINITIONS

The terms listed below, if used, have the meanings stated.

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

Company: Nationwide Life Insurance Company. Also hereinafter referred to as We, Our and Us.

Copayment: A specified dollar amount a Covered Person must pay for specified charges. The Copayment is separate from and not a part of the Deductible or Coinsurance or out-of-pocket maximum.

Covered Person: A person:

- Who is eligible for Coverage as the Insured or as a Dependent;
- Who has been accepted for Coverage;
- Who has paid the required Premium; and
- Whose Coverage has become effective and has not terminated.

Covered Medical Expense: Means the services and supplies, procedures and treatment described under Covered Services, subject to the terms, Conditions, limitations, and exclusions of the Policy.

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

Dependent: 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 under the age of twenty-six (26); or
- Child who is Dependent upon the Insured for support and maintenance, is twenty-six (26) through thirty (30) years of age and meets the following:
 - a. If the child is unmarried and does not have a dependent of his or her own;
 - b. If the child is a resident of this state or a full-time or part-time student; and
 - c. If the child is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.

The term child refers to the Insured's:

- 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; or
- Foster child is a Dependent from the moment of placement with the Insured as certified by the agency making the placement.

Doctor: 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.

Effective Date: The first date a Student or a covered Dependent becomes covered under this Policy.

Injury: Bodily Injury due to a sudden, unforeseeable, external event which results solely, directly and independently of disease, bodily infirmity or any other causes and occurs while coverage is in force.

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

Insured: The Covered Person who is enrolled at and meets the eligibility requirements of the Policyholder's school or Dependents of the Covered Person.

Medical Emergency: The unexpected onset of an Injury or Sickness which requires immediate or urgent medical attention which, if not provided, could result in a Loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective surgery, elective treatment or routine care.

Policy: The agreement between Us and the Policyholder which states the terms, Conditions, limitations and exclusions regarding Coverage.

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

Policyholder: The entity shown as the Policyholder on the Policy face page.

Pre-existing Condition: A Sickness or Injury for which 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.

Preferred Allowance: The amount a Network Provider has agreed to accept as payment in full for Covered Charges.

Reasonable and Customary expense: 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.

Sickness: 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, Our and Us: Nationwide Life Insurance Company.

You and Your: the Covered Person.

Male pronouns whenever used include female pronouns.

MANDATED BENEFITS

If You are enrolled in this Insurance Program, Policy Coverage also includes the following benefits, all subject to the Policy Limit, unless provided otherwise, and is subject to Policy Deductibles, limitations and exclusions where applicable.

Note: Wellness/preventive benefits under the Affordable Care Act (ACA) are required to meet federal regulations. Under ACA, states retain the ability to mandate benefits beyond those established by the federal mandate. Please see the Schedule of Benefits for coverage details.

AUTISM SPECTRUM DISORDER

Definitions:

(a) "Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including, but not

limited to, the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

(b) "Autism spectrum disorder" means any of the following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

1. Autistic disorder.
2. Asperger's syndrome.
3. Pervasive developmental disorder not otherwise specified.

(c) "Eligible individual" means an individual under 18 years of age or an individual 18 years of age or older who is in high school who has been diagnosed as having a developmental disability at 8 years of age or younger.

Benefits payable the same as any other physical illness and provided to eligible individual for:

- (a) Well-baby and well-child screening for diagnosing the presence of autism spectrum disorder.
- (b) Treatment of autism spectrum disorder through speech therapy, occupational therapy, physical therapy, and applied behavior analysis. Applied behavior analysis services shall be provided by an individual certified pursuant to s. 393.17 or an individual licensed under chapter 490 or chapter 491.

The coverage is subject to the following requirements:

- (a) Coverage limited to treatment that is prescribed by the Covered Person's treating physician in accordance with a treatment plan.
- (b) Coverage may not be denied on the basis that provided services are habilitative in nature.
- (c) Coverage may be subject to other general exclusions and limitations of the Policy.

BENEFITS FOR OUTPATIENT SERVICES

Benefits will be provided for treatment performed outside a Hospital for any Injury or Sickness as defined in the policy provided that such treatment would be covered on an inpatient basis and is provided by a health care provider whose services would be covered under the policy if the treatment were performed in a Hospital. Treatment of the Injury or Sickness must be a Medical Necessity and must be provided as an alternative to inpatient treatment in a Hospital. Reimbursement is limited to amounts that are Usual and Customary for the treatment or services.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the Policy.

BENEFITS FOR PROCEDURES INVOLVING BONES OR JOINTS OF THE JAW AND FACIAL REGION

Benefits will be paid the same as any other Injury or Sickness for diagnostic or surgical procedures involving bones or joints of the jaw and facial region, if, under accepted medical standards, such procedure or surgery is medically necessary to treat conditions caused by Injury Sickness or congenital or developmental deformity.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the Policy.

BENEFITS FOR POST DELIVERY CARE FOR A MOTHER AND HER NEWBORN INFANT

Benefits will be paid the same as any other Sickness for post-delivery care for a mother and her Newborn Infant. Benefits for post-delivery care shall include a postpartum assessment and newborn assessment and may be provided at the Hospital, at licensed birth centers, at the Physician's office, at an outpatient maternity center, or in the home by a qualified licensed health care professional trained in mother and baby care. Benefits shall include physical assessment of the newborn and mother, and the performance of any medically necessary clinical tests and immunizations in keeping with prevailing medical standards.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the Policy.

BENEFITS FOR DIABETES

Benefits will be provided for all medically appropriate and necessary equipment, supplies, and diabetes outpatient self-management training and educational services used to treat diabetes, if the patient's treating Physician or a Physician who specializes in the treatment of diabetes certifies that such services are necessary. Diabetes outpatient self-management training and educational services must be provided under the direct supervision of a certified diabetes educator or a board-certified endocrinologist. Nutrition counseling must be provided by a licensed dietitian.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the Policy.

BENEFITS FOR MAMMOGRAPHY

Benefits will be paid the same as any other Sickness for a mammogram according to the following guidelines:

- One baseline mammogram for women age thirty-five to thirty-nine, inclusive.
- A mammogram for women age forty to forty-nine, inclusive, every 2 years or more frequently based on the patients Physicians recommendation.
- A mammogram every year for women age fifty and over.
- One or more mammograms a year upon a Physician's recommendation, for any woman who is at risk for breast cancer because of a personal or family history of breast cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister, or daughter who has or has had breast cancer, or because a woman has not given birth before the age of 30.

Benefits are paid, with or without a Physician prescription, if the Insured obtains a mammogram in an office, facility, or health testing service that uses radiological equipment registered with the Department of Health and Rehabilitative Services for breast-cancer screening.

Deductible and Coinsurance do not apply to the mammography benefit.

BENEFITS FOR MASTECTOMIES, PROSTHETIC DEVICES AND RECONSTRUCTIVE SURGERY

Benefits will be paid the same as any other Sickness for Mastectomy, prosthetic devices, and Reconstructive Surgery incident to the Mastectomy. Breast Reconstructive Surgery must be in a manner chosen by the treating Physician, consistent with prevailing medical standards, and in consultation with the patient.

"Mastectomy" means the removal of all or part of the breast for medically necessary reasons as determined by a licensed Physician, and the term "breast reconstructive surgery" means surgery to reestablish symmetry between the two breasts.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the Policy.

BENEFITS FOR POST-SURGICAL MASTECTOMY CARE

Benefits will be paid the same as any other Sickness for outpatient post-surgical follow-up care in keeping with prevailing medical standards by a Physician qualified to provide post-surgical mastectomy care. The treating Physician, after consultation with the Insured, may choose that the outpatient care be provided at the most medically appropriate setting, which may include the Hospital, treating Physician's office, outpatient center, or home of the Insured.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the Policy.

BENEFITS FOR OSTEOPOROSIS

Benefits will be paid the same as any other Sickness for the medically necessary diagnosis and treatment of osteoporosis for high-risk individuals, including, but not limited to, estrogen-deficient individuals who are at clinical risk for osteoporosis, individuals who have vertebral abnormalities, individuals who are receiving long-term glucocorticoid (steroid) therapy, individuals who have primary hyperparathyroidism and individuals who have a family history of osteoporosis.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR CHILD HEALTH ASSURANCE

The benefits applicable for Dependent children shall include coverage for Child Health Supervision Services from the moment of birth to 16 years of age.

"Child Health Supervision Services" means Physician-delivered or Physician-supervised services which shall include as the minimum benefit coverage for services delivered at the intervals and scope stated below:

Child Health Supervision Services shall include periodic visits which shall include a history, a physical examination, a developmental assessment and anticipatory guidance, and appropriate immunizations and laboratory tests. Such services and periodic visits shall be provided in accordance with prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics. Minimum benefits are limited to one visit payable to one provider for all services provided at each visit.

BENEFITS FOR CLEFT LIP AND CLEFT PALATE

Benefits will be paid the same as any other Sickness for a child under the age of 18 for treatment of cleft lip and cleft palate. The benefit will include medical, dental, speech therapy, audiology, and nutrition services if such services are prescribed by the treating Physician and such Physician certifies that such services are medically necessary and consequent to treatment of the cleft lip or cleft palate.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the Policy.

BENEFITS FOR NEWBORN INFANT, ADOPTED OR FOSTER CHILD

Newborn Infant. All health insurance benefits applicable for children will be payable with respect to a child born to the Named Insured or Dependents after the Effective Date and while the coverage is in force, from the moment of birth. However, with respect to a Newborn Infant of a Dependent other than the Insured Person's spouse, the coverage for the Newborn Infant terminates 18 months after the birth of the Newborn Infant. The coverage for Newborn Infant consists of coverage for Injury or Sickness including necessary care and treatment of medically diagnosed congenital defects, birth abnormalities, or prematurity, and transportation cost of the newborn to and from the nearest available facility appropriately staffed and equipped to treat the newborn's condition, when such transportation is certified by the attending Physician as necessary to protect the health and safety of the Newborn Infant.

The Insured may notify the Company, in writing of the birth of the child not less than 30 days after the birth. If timely notice is given, the Company may not charge an additional premium for coverage of the Newborn Infant for the duration of the notice period. If timely notice is not given, the Company may charge the applicable additional premium from the date of birth. The Company will not deny coverage for a child due to failure to timely notify the Company of the child.

Adopted or Foster Child. The Named Insured's adopted child or foster child will be covered to the same extent as other Dependents from the moment of placement in the residence of the Named Insured. In the case of a newborn adopted child, coverage begins at the moment of birth and applies as for a newborn infant defined above if a written agreement to adopt such child has been entered into by the Named Insured prior to the birth of the child whether or not the agreement is enforceable. However, coverage will not continue to be provided for an adopted child who is not ultimately placed in the Named Insured's residence. The Pre-existing Conditions limitation will not apply to an adopted child, but will apply to a foster child. The Insured may notify the Company, in writing, of the adopted or foster child not less than 30 days after placement or adoption. If timely notice is given, the Company may not charge an additional premium for coverage of such child for the duration of the notice period. If timely notice is not given, the Company may charge the applicable additional premium from the date of adoption or placement. The Company will not deny coverage for a child due to failure to timely notify the Company of such child.

Benefits will also be provided for a foster child or other child placed in court-ordered temporary or other custody of the Insured from the moment of placement.

BENEFITS FOR HOSPITAL DENTAL PROCEDURES

Benefits will be paid the same as any other Sickness for general anesthesia and hospitalization services for dental treatment or surgery that is considered necessary when the dental condition is likely to result in a medical condition if left untreated. The necessary dental care shall be provided to an Insured who:

1. Is under 8 years of age and is determined by a licensed dentist, and the child's Physician to require necessary dental treatment in a Hospital or ambulatory surgical center due to a significantly complex dental condition or a developmental disability in which patient management in the dental office has proved to be ineffective; or
2. Has one or more medical conditions that would create significant or undue medical risk for the individual in the course of delivery of any necessary dental treatment or surgery if not rendered in a Hospital or ambulatory surgical center.

This benefit does not include the diagnosis or treatment of dental disease.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the Policy.

ENTERAL FORMULAS COVERAGE

Certain Prescriptions and non prescription enteral formulas, Benefits will be paid for prescription and nonprescription enteral formulas for home use which are physician prescribed as medically necessary for the treatment of inherited diseases of amino acid, organic acid, carbohydrate, or fat metabolism as well as malabsorption originating from congenital defects present at birth or acquired during the neonatal period. Coverage for inherited diseases of amino acids and organic acids shall include food products modified to be low protein, for any insured individual, through the age of 24. This section applies to any person or family notwithstanding the existence of any preexisting condition.

PRE-EXISTING CONDITION LIMITATION

Note: The Pre-existing Conditions Limitation does not apply to Covered Persons under age nineteen (19).

Pre existing Conditions are not covered for the first six (6) months following the Covered Person's Effective Date of Coverage under the Policy. There is no Coverage for Pre-existing Conditions unless the Covered Person has had twelve (12) months of Continuous Coverage. The Covered Person must provide us proof of prior Creditable Coverage. 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.

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. 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. 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, 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);
2. Treatment on or to the Teeth or gums (except as provided herein);
3. Elective termination of pregnancy;
4. Eyeglasses, contact lenses, including but not limited to routine eye refractions. Orthoptic Therapy, visual training or radial keratotomy or similar surgical procedures to correct vision, except as provided herein;
5. Hearing Screenings or hearing examinations or hearing aids and the fitting or repairing of hearing aids; except in the case of Accident or Injury;
6. Injury or Sickness for which Benefits are paid or payable under any workers' compensation or occupation disease law or act, or similar legislation;
7. Injury sustained while (a) participating in any intramural, intercollegiate, professional, semi-professional or club 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;
8. Treatments which are considered to be unsafe, Experimental, or Investigational by the American Medical Association (AMA), and resulting complications. Upon written request, claims denied under this provision may be reviewed by an independent medical review entity if You or Your Dependent has a terminal Condition that according to the health care Provider's current diagnosis, has a high probability of causing death within two (2) years from the date of the request for medical review.
9. 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.
10. 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;

11. 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, except tubal ligation; vasectomy;
12. Sexual reassignment surgery;
13. Services provided normally without charge by the health service of the Policyholder, or services covered or provided by a Student health fee;
14. For Injury resulting from parachuting, hang gliding, skydiving, parasailing, 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. Injuries sustained as a result of suicide or any attempt at suicide, including drug overdose or intentional/unintentional self-inflicted Injury or any attempt at intentional/unintentional self-inflicted Injury;
17. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment;
18. War or any act of war, declared or undeclared; or while in the armed forces of any country;
19. Obesity treatment: Services and associated expenses for the treatment of obesity, except counseling, 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; and
 - Surgery for removal of excess skin or fat;
20. Services received after the Insured's Coverage ends, except as specifically provided under the Extension of Benefits provision; and
21. 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. Anabolic steroids used for body building;
 - 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;
 - h. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 - i. Drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - j. Purchased after Coverage under the Policy terminates;
 - k. Consumed or administered at the place where it is dispensed;
 - 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.

EXCESS PROVISIONS

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance.

Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance or under an automobile insurance policy.

However, this Excess Provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as a result of the Insured's failure to comply with policy provisions or requirements.

Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

FrontierMEDEX ACCESS services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. FrontierMEDEX is your key to travel security.

For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.

If you have a medical, security, or travel problem, simply call FrontierMEDEX 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: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330.

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. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

CLAIM PROCEDURE

In the event of Covered Accident or Sickness:

1. Report to your Physician or a Hospital.
2. Notification of injury or sickness must be provided within thirty (30) days after the date of accident or the commencement of sickness. Itemized billings (Written Proof of Loss) should be submitted by Your health care provider or the Covered Person within ninety (90) days of treatment, or as soon as reasonably possible.

All itemized bills should be submitted to the Claims Administrator shown below:

For a copy of the Company's privacy notice, go to:

www.chpstudent.com

**Claims Administrator:
CONSOLIDATED HEALTH PLANS**

2077 Roosevelt Avenue
Springfield, MA 01104
(413) 733-4540

Or

Toll Free (800) 633-7867

**Servicing Agent:
Health Benefit Concepts, Inc.**

Albert C. Belanger
PO Box 15408
Surfside, SC 29587

Phone: 1-800-463-2317

Please visit our website, www.hbcstudent.com, for frequently asked questions and answers regarding this plan,

or

email us at al@hbcstudent.com

The Plan is underwritten by:
Nationwide Life Insurance Company
Policy Number: 302-001-0910

CLAIM APPEAL

To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plan's Appeal Department at the above address. 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.

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