

**2005-2006  
INTERNATIONAL  
AND  
DOMESTIC  
STUDENT  
ACCIDENT  
& SICKNESS  
INSURANCE  
PLAN**

Policy  
#CUH200903

Underwritten by:  
COMBINED INSURANCE  
COMPANY OF AMERICA

## INTRODUCTION

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This is a brief description of the Student Health Plan provided for students enrolled at Notre Dame de Namur University. This plan is underwritten by Combined Insurance Company of America. The exact provisions governing this insurance are contained in the Master Policy issued to the University located in the Health and Wellness Services Office located in Campus Life. Please review this brochure carefully. If you have any questions, contact ECI at 1-866-780-3824.

## ELIGIBILITY

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All full-time undergraduate and resident students who are enrolled in 12 or more credit hours and are actively attending classes on campus are required to enroll. All graduate students who are enrolled in 3 or more credit hours and are actively attending classes on campus are eligible to enroll. Waiver may only be granted to people who meet the waiver criteria. Go to website <http://www.ndnu.edu/student-services/health.html> for instructions.

All international students, visiting faculty, scholars or other persons possessing and maintaining a current passport and valid visa status (F-1, J-1 or M-1, etc.), engaged in educational activities at the University who are temporarily located outside their home country and have not been granted permanent residency status, are required to be insured under the Policy. Waiver may only be granted to people who meet the waiver criteria. (A person who is an immigrant or permanent resident alien is not eligible for coverage under the international plan and must follow the domestic requirements.)

To be an Insured Person under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes on campus for 45-days following the date of enrollment in this plan and/or pursuant to their visa requirements for the period for which coverage is purchased, except in the case of medical withdrawal or during school authorized breaks.

The Company maintains its right to investigate student 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 a pro-rata refund of premium.

## DEPENDENT COVERAGE

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Dependent coverage is not being provided by Combined Insurance Company of America. For alternative dependent coverage, please contact ECI at 1-866-780-3824.

## WHEN COVERAGE BEGINS

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Insurance under the Policy will become effective at 12:01 a.m. on the latest of:

1. The Policy effective date, August 1, 2005;
2. The beginning date of the term for which premium has been paid;
3. The day after the Enrollment Form (if applicable) and premium payment are received by the Company, Authorized Agent or University;
4. The day after the date of postmark if the Enrollment Form is mailed; or
5. For International Students and Scholars, the date the Insured Person departs his or her Home Country to travel to the Country of Assignment, provided that the scheduled arrival in the Country of Assignment is no more than 48 hours later than the departure from the Home Country.

**IMPORTANT NOTICE - Premiums will not be pro-rated if the student enrolls in classes past the first date of coverage for which he or she is applying.**

## WHEN COVERAGE ENDS

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Insurance of all Insured Persons terminates, at 12:01 a.m. on the earliest of:

1. The date the policy terminates for all Insured Persons, August 1, 2006;
2. The end of the period of coverage for which premium has been paid;
3. The date the Insured Person ceases to be eligible for the insurance;
4. The date the Insured Person enters military service;
5. For International Students, the date the Insured Person departs the Country of Assignment for his or her Home Country, except for school authorized breaks; or
6. For International Students, the date the Insured student ceases to meet visa requirements.

**IMPORTANT NOTICE - Coverage is not automatically renewed. Eligible Students must re-enroll when coverage terminates to maintain coverage.**

## CONTINUOUS COVERAGE

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Coverage for an Insured Person will be considered continuous during consecutive periods of insurance under the Policy when premium payment is received by the Plan Administrator, ECI, within 31 days of the Policy effective date regardless of any breaks in calendar days between consecutive periods of insurance.

## EXTENSION OF BENEFITS AFTER TERMINATION

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If this Policy terminates while an Insured Person is incurring medical expenses or being treated in the Student Health Center for a condition that began prior to termination of the Plan, We will cover that condition for 30 days from the date of termination or, if earlier, the end of the condition.

If an Insured Person is totally disabled on the date his or her insurance terminates, We will continue to cover such Insured Person during the disability for twelve (12) months, or, if earlier, until the Total Disability ceases or the Per Condition Maximum Benefit has been reached.

**“Total Disability”** means the inability to perform each and every duty of any business or occupation for which the Insured Person is reasonably fitted by education, training and experience.

This extension of benefits provision is subject to the same maximums as those in effect when coverage ended.

## IMPORTANT NOTICES/REFUNDS

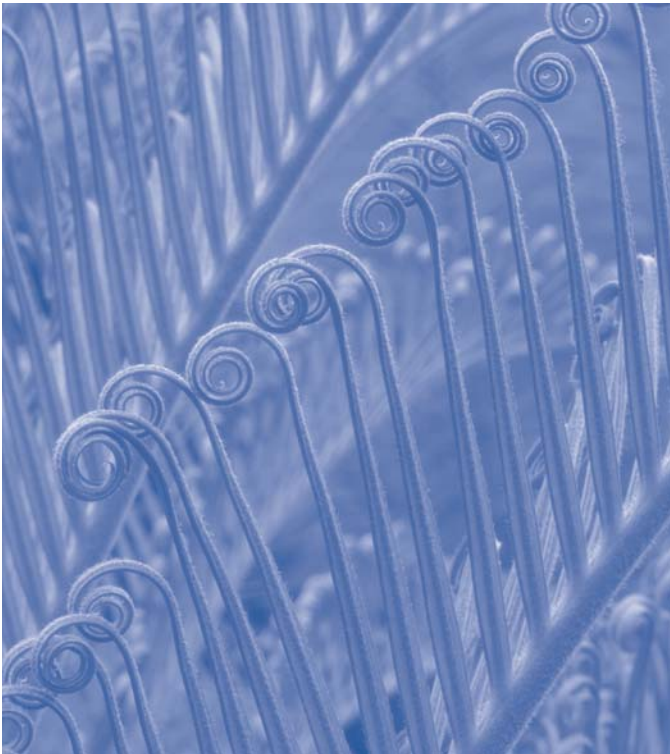
Premiums received by the Company are fully earned upon receipt. Refund of premium will be considered only:

1. For any student who does not attend school during the first forty-five (45) days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a refund of the unused premium will be made. This includes a student who never showed up, dropped out or withdrew from school during this period; or
2. For an Insured Person entering the Armed Forces of any country. Such person will not be covered under the Policy as of the date of his/her entry into the service. A pro-rata refund of premium will be made for such person within 90 days of withdrawal from school when written notice is received by the Company.

Refunds of premium for the above instances will be considered only upon written request received by **ECI** within 45 days of the quarter/semester beginning date except as otherwise noted. **No other refunds will be allowed.** Please see the policy on file with the School for further refund restrictions.

## PROGRAM COSTS

|  | <b>ANNUAL</b><br>8/01/05 -<br>8/01/06 | <b>FALL</b><br>8/01/05 -<br>1/13/06 | <b>SPRING/SUMMER</b><br>1/13/06 -<br>8/01/06 | <b>SUMMER</b><br>5/10/05 -<br>8/01/06 |
|--|---------------------------------------|-------------------------------------|--|---------------------------------------|
| Domestic or<br>International<br>Student Only | \$905                                 | \$382                               | \$524  | \$249                                 |



## DEFINITIONS

**Accident** means a specific unforeseen event, which happens while the Insured Person is covered under this Policy and which directly, and from no other cause relates in an Injury.

**Covered Charge or Expense** as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Plan is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits Provision.

**Deductible** means the amount of Expenses for covered services and supplies which must be incurred by the Insured Person before specified benefits become payable.

**Doctor** as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification.

**Injury** means bodily injury caused by an Accident, which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.

**Insured Person** means an Insured Student while insured under this Plan.

**Loss** means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

**Medical Emergency** means 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 or routine care.

**Medically Necessary** means that a service, drug, or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply shall be considered "needed" if it: (a) is ordered by a licensed Doctor; and (b) is commonly and customarily recognized through the medical professions as appropriate for the particular Injury or Sickness for which it was ordered. A service, drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

**Preferred Allowance** means the amount a Network Provider will accept as payment in full for Covered Charges.

**Reasonable and Customary Expenses** means fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

**Sickness** means sickness or disease which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

**We, Us, and Our** means Combined Insurance Company of America.

## PREFERRED PROVIDER

Although you may use any Provider you wish, we strongly encourage you to utilize the Preferred Provider, which is CCN/First Health, a network of hospitals, physicians, and other care providers which have agreed to limit the amount they charge for certain services, which will leave you with reduced Out-of-Pocket expenses.

**If non-PPO providers are used for medical treatment, the Student Health Plan will pay 50% of the Reasonable and Customary charges which will leave the insured with a higher out-of-pocket expense. If PPO Providers are used, the Student Health Plan will pay 80% of the PPO Allowance. It is therefore in your best interest to utilize PPO Providers when possible.**

Show your Insurance ID card to the CCN/First Health Provider before services are rendered to receive services at discounted rates. A list of CCN/First Health providers is available by contacting CCN/First Health at:

CCN/First Health  
1-888-685-7774  
[www.ccnusa.com](http://www.ccnusa.com)

Providers may not be available for all types of Treatment nor in all geographical areas.

If you have coverage with another insurance company, you should follow their requirements regarding choice of providers and the filing of claims. You should file your claim first with that company. After they have paid their benefits, this Plan will pay any allowable amounts of your remaining bills.

## MANDATED BENEFITS

### Severe Mental Illness:

If an Insured Person requires treatment for Severe Mental Illness, We will pay for such treatment of a person of any age under the same terms and conditions applied to other medical conditions. The benefits shall include the following:

- (a) Outpatient services;
- (b) Inpatient hospital services;
- (c) Partial hospital services; and
- (d) Prescription drugs, if this Policy includes prescription drug coverage.

We cover such charges the same way We treat Covered Charges for any other Sickness.

Severe Mental Illness means: Schizophrenia; Schizoaffective disorder; Bipolar disorder (manic-depressive illness); Major depressive disorders; Panic disorder; Obsessive-compulsive disorder; Pervasive developmental disorder or Autism; Anorexia nervosa; and Bulimia nervosa.

### Mammography Examination Expense Benefit:

We will pay the Covered Percentage of the Covered Charges incurred for a mammography exam. The charges must be incurred while the Insured Person is insured for these benefits. Benefits will be paid for mammography exam charges incurred for the following:

- (a) One baseline Mammogram for a woman thirty-five through thirty-nine years of age;
- (b) One Mammogram every twenty-four months for a woman forty through forty-nine years of age, inclusive, or more frequently upon recommendation of a Doctor;

## MANDATED BENEFITS (CON'T)

- (c) One Mammogram every twelve months for a woman fifty years of age or older. We cover such charges the same way We treat Covered Charges for any other Sickness.

### Reconstructive Breast Surgery Expense Benefit:

We cover charges following a covered Mastectomy for the following services:

- (a) Reconstruction of the breast on which the Mastectomy has been performed;
- (b) Surgery and reconstruction of the non-diseased breast to restore and Achieve Symmetry;
- (c) Prosthetic Devices and treatment of physical complication for all stages of a Mastectomy, including lymphedema (swelling associated with the removal of lymph nodes); and
- (d) Hospitalization, for a length of stay as determined by the attending Doctor and surgeon in consultation with the Insured Person, and consistent with sound clinical principles and processes. We cover such charges the same way We treat Covered Charges for any other Sickness.

### Reconstructive Surgery Expense Benefit:

We cover charges for Reconstructive Surgery that is necessary to improve function or create a normal appearance. Exception: Cosmetic Surgery is performed to alter or reshape normal structures of the body in order to improve the patient's appearance and is therefore not a Covered Charge. We cover such charges the same way We treat Covered Charges for any other Sickness.

### Diabetes Expense Benefit:

We cover charges for the following Medically Necessary diabetes equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin using diabetes, and gestational diabetes even if the items are available without a prescription:

- (a) Blood glucose monitors and blood glucose testing strips;
- (b) Blood glucose monitors designed to assist the visually impaired;
- (c) Insulin pumps and all related necessary supplies;
- (d) Ketone urine testing strips;
- (e) Lancets and lancet puncture devices;
- (f) Pen delivery systems for the administration of insulin;
- (g) Podiatric devices to prevent or treat diabetes-related complications;
- (h) Insulin syringes; and
- (i) Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin.

We also cover charges for the following prescription items if the items are determined to be Medically Necessary:

- (a) Insulin;
- (b) Prescriptive medications for the treatment of diabetes; and
- (c) Glucagons.

The diabetes outpatient self-management training and educational services, including medical nutrition therapy, shall be provided upon the direction of the Insured Person's participating Doctor, and provided by an appropriately licensed or registered health care professional. We cover such charges the same way We treat Covered charges for any other Sickness.

## MANDATED BENEFITS (CON'T)

### **Laryngectomy Expense Benefit:**

We pay benefits for charges for Prosthetic Devices to restore a method of speaking for the Insured Person incident to a Laryngectomy. We cover such charges the same way We treat Covered Charges for any other Sickness.

### **Phenylketonuria Expense Benefit:**

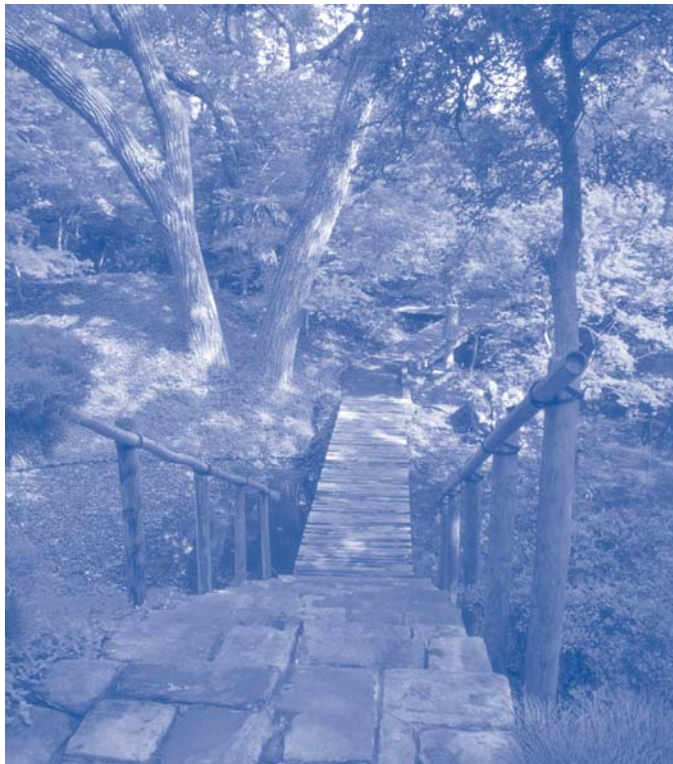
We will cover charges for the testing and treatment of Phenylketonuria (PKU) including those Formulas and Special Food Products that are part of a diet prescribed by a licensed Doctor and managed by a health care professional in consultation with a Doctor who specializes in the treatment of metabolic disease. Such coverage is provided if the diet is deemed Medically Necessary to avoid the development of serious physical or mental disabilities or to promote normal development for function as a consequence of Phenylketonuria (PKU). We cover such charges the same way We treat Covered Charges for any other sickness.

### **Osteoporosis Expense Benefit:**

We will cover charges for services related to diagnosis, treatment, and appropriate management of Osteoporosis. Such services may include, but need not be limited to all Food and Drug Administration approved technologies, including bone mass measurement technologies as deemed medically appropriate. We cover such charges the same way We treat Covered Charges for any other Sickness.

### **Prostate Cancer Screening Benefit:**

We cover the screening for and diagnosis of prostate cancer, including, but not limited to, prostate-specific antigen testing and digital rectal examinations when Medically Necessary.



## COVERED MEDICAL EXPENSES

### **Hospital Room and Board Expense Benefit:**

If an Insured Person requires confinement in a hospital, We will pay the Covered Charges incurred as shown in the Schedule of Benefits up to the semi-private rate.

### **Miscellaneous Hospital Expense Benefit:**

If an Insured Person incurs Expenses during a hospital confinement or day surgery on an outpatient basis, We will pay the Covered Charges incurred as shown in the Schedule of Benefits. Such Expenses include: (a) anesthesia, anesthesia supplies and services; (b) operating, delivery and treatment rooms and equipment; (c) diagnostic x-ray and laboratory tests; (d) lab studies; (e) oxygen tent; (f) blood and blood services; (g) prescribed drugs and medicines; (h) medical and surgical dressings, supplies, casts and splints; (i) radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; (j) chemotherapy treatment with radioactive substances; (k) intravenous injections and solutions and their administration; (l) inpatient physical and occupational therapy; and (m) other necessary and prescribed hospital expenses. Pre-Admission Test Expense Benefits will be covered under this benefit.

### **In-Hospital Doctor's Fees and Medical Expense Benefit:**

If an Insured Person, who is confined as a resident bed-patient in a hospital, requires the services of a Doctor, who may or may not have performed the surgery on the Insured Person, We will pay the Covered Charges incurred as shown in the Schedule of Benefits.

### **Licensed Nurse Expense Benefit:**

If an Insured Person requires the services of a licensed nurse or licensed practical nurse during a hospital confinement, We will pay the Covered Charges incurred as shown in the Schedule of Benefits.

### **Surgical Expense Benefit (Inpatient or Outpatient):**

We will pay the Covered Charges incurred as shown in the Schedule of Benefits for surgery performed by a licensed Doctor (In or Out of the Hospital). Benefits will be paid in accordance with the MDR Schedule for Reasonable and Customary Expense.

### **Multiple Surgical Procedures Expense Benefit:**

When Injury or Sickness requires multiple Surgical Procedures through the same incision, We will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Charge of the most expensive Surgical Procedure in an amount equal to 50 percent of the covered Percentage of the Covered Charge for these procedures.

### **Anesthetist Expense Benefit:**

If an Insured Person requires the services of an anesthetist during a surgical operation, We will pay the Covered Charges incurred as shown in the Schedule of Benefits.

### **Assistant Surgeon Expense Benefit:**

If an Insured Person requires the services of an assistant surgeon during a surgical operation, We will pay the Covered Charges incurred as shown in the Schedule of Benefits.

### **Outpatient Expense Benefit:**

If, by reason of Injury or Sickness, an Insured Person incurs expenses in a Doctor's office, Hospital outpatient department, emergency room, clinical lab, radiological facility, or other similar facility licensed by the state, We will pay the Covered Charges incurred for Outpatient Services as shown in the Schedule of Benefits.

## COVERED MEDICAL EXPENSES (CONT)

### ***Covered Charges for Outpatient Services are charges for the following services:***

(a) a Doctor's office / acupuncturist visits, while not Hospital Confined; (b) a hospital outpatient department, urgent care facilities; (c) emergency room, for Medical Emergencies; (d) diagnostic x-ray and laboratory testing; (e) blood and blood services, if provided and billed by a Hospital or other facility; (f) shots and injections when administered at the Doctor's office; (g) radiation therapy, intravenous chemotherapy, kidney dialysis; inhalation therapy; or (h) radiological lab or other similar facility licensed by the state.

### ***Accidental Dental Expense Benefit:***

When an Insured Person incurs expenses for dental treatment for Injury to sound, natural teeth, We will pay the Covered Charges incurred as shown in the Schedule of Benefits.

### ***Ambulance Expense Benefit:***

If an Insured Person requires the use of a community or hospital ambulance for a Medical Emergency, We will pay the Covered Charges incurred as shown in the Schedule of Benefits.

### ***Maternity Expense Benefit:***

We will pay benefits for an Insured Person's Covered Charges for maternity care, including hospital, surgical and medical care. We cover charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and a minimum of 96 hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a health care facility, unless the attending Doctor in consultation with the mother, makes a decision for an earlier discharge from the hospital. For a mother and newborn child who remain in the hospital for the minimum length of time stated above, We will pay for one home health care visit if prescribed by the attending Doctor. For a mother and newborn child who have a shorter hospital stay, We will pay for one home visit scheduled within 24 hours after hospital discharge; and an additional home visit if prescribed by an attending provider. Covered services may be provided by a certified nurse-midwife under qualified medical direction if he or she is affiliated with or practicing in conjunction with a licensed facility. Charges for home visits are not subject to any Deductible, co-insurance or co-payments. We cover such charges the same way We treat Covered Charges for any other Sickness.

### ***Routine Newborn Care:***

If expenses are incurred for Routine Newborn Care during the 31 days immediately following the birth of an Insured Person, the Company will pay the expenses incurred not to exceed the benefit specified in the Schedule of Benefits. Such expenses include, but are not limited to, the following: 1) Charges made by a Hospital for routine well baby nursery care when there is a distinct charge separate from the charges for the mother's care; 2) Inpatient Physician visits for routine examinations and evaluations; 3) Charges made by Physician in connection with a circumcision; 4) Routine laboratory tests; 5) Postpartum home visits prescribed for a newborn; and 6) Follow-up office visits for the newborn subsequent to discharge from a Hospital.

Benefits payable under this provision are NOT payable under the Child Health Supervision Services (Well Child Care) Benefit of the policy.

### ***Cytologic Screening (Pap Smear) Expense Benefit:***

We cover charges for Expenses incurred for an annual Cytologic Screening (Pap Smear) or more frequently when recommended by a Doctor, nurse practitioner, or a certified nurse midwife. Such benefits will include the examination, laboratory fee, and the Doctors interpretation of the laboratory results. We cover such charges the same way We treat Covered Charges for any other Sickness. Cytologic Screening means a pap test to detect cervical cancer through the simple microscope examination of cells scraped from the surface of the cervix.

## 24-HOUR NURSE ADVICE LINE

Wouldn't you feel better knowing you could get health care answers from a Registered Nurse 24 hours a day? Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. ON CALL provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's ailments. Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives students access to a toll-free nurse information line 24-hours a day, 7 days a week. One phone call is all it takes to access a wealth of useful health care information at 1-800-850-4556.

## PRESCRIPTION DRUG PLAN

### **EXPRESS SCRIPTS**

Benefits are provided through Express Scripts, a point-of-service Provider. Please call 1-800-206-4005 for questions regarding benefits or network participating pharmacies. If an Insured Person incurs Rx claims within the first 6 weeks of the semester, the Insured Person must pay for the Rx and submit a claim to Express Scripts *after* the 6th week at:

Express Scripts, Inc  
PO Box 66773  
St. Louis, Missouri 63166-6673  
Attn: Claims Department  
1-800-206-4005  
RxBIN: 003858 RxPCN: A4 RxGrp: AM2E

After 6 weeks, the Insured Person may go to any network pharmacy and pay required co-pay of \$15 for generic, \$25 for brand, \$40 for brand name when generic is available.

When the generic drug is available and you choose to purchase a brand name drug, even when the doctor writes "dispense as written" or "may not substitute", you must pay the \$40 co-pay.

After you have exhausted the \$500 annual maximum, prescriptions can be purchased at a network pharmacy at a discounted rate, but you will be responsible for payment on these prescriptions.

**If you do not use a participating pharmacy, you are responsible for the full cost of the prescription. For information about participating pharmacies or to obtain other information, please call Express Scripts at 1-800-206-4005.**

# SCHEDULE OF MEDICAL BENEFITS

Insured's are responsible for a \$100 deductible per policy year. We will pay the Covered Expenses as shown in the Schedule of Medical Benefits if an Insured requires treatment by a Doctor. We will pay 50% of the Reasonable and Customary charges for out-of-network providers and 80% of the Preferred Allowance for PPO Network Providers incurred for Medically Necessary Covered Expenses. Benefit payments are subject to the deductibles, co-insurance factors and benefit maximums shown below. Benefits will be paid up to the Benefit Maximum of \$50,000 per Covered Injury or per Covered Sickness. The Benefit Maximum for Covered Expenses incurred as a result of intentionally, self-inflicted Injury, suicide or attempted suicide is limited to \$2,000.

## **INPATIENT BENEFITS**

|   | <b>PPO</b>                | <b>NON-PPO</b>            |
|---|---------------------------|---------------------------|
| Hospital Room & Board Expenses.....<br>(not to exceed semi-private room rate)   | 80% PPO Allowance         | 50% R&C                   |
| Hospital Misc Expenses, including but not limited to services and supplies.....<br>such as the cost of operating room, lab tests, x-ray examinations, anesthesia, drugs<br>(excluding take-home drugs) or medicines, therapeutic services and supplies. | 80% PPO Allowance         | 50% R&C                   |
| Doctor's Visits (one visit per day when surgery benefit not paid).....  | 80% PPO Allowance         | 50% R&C                   |
| Surgery.....  | 80% PPO Allowance         | 50% R&C                   |
| Assistant Surgeon.....  | 20% Paid Surgical Expense | 20% Paid Surgical Expense |
| Anesthetist, in connection with inpatient surgery.....  | 80% Surgery Allowance     | 50% R&C                   |
| Physical Therapy (if ordered by licensed Doctor) (one (1) visit per day).....   | Paid under Hosp Misc      | Paid under Hosp Misc      |
| Severe Mental Illness (\$1,000 Policy Year Max).....  | 80% PPO Allowance         | 50% R&C                   |

## **OUTPATIENT BENEFITS**

|  | <b>PPO</b>                           | <b>NON-PPO</b>                       |
|--|--------------------------------------|--------------------------------------|
| Outpatient/Day Surgery (\$1,500 Policy Year Maximum).....<br>Includes services related to scheduled surgery performed in a hospital: operating room<br>expenses, lab and diagnostic tests, exams (including professional fees) | 80% PPO Allowance                    | 50% R&C                              |
| Doctor's Visits, includes acupuncturist (one visit per day when a surgery benefit is not paid).....<br>Not subject to the deductible unless Miscellaneous Outpatient Expense Benefits are utilized                             | \$20 co-pay                          | 50% R&C                              |
| Surgeon and Assistant Surgeon Fees.....  | 80% PPO Allowance                    | 50% R&C                              |
| Anesthetist, in conjunction with outpatient surgery.....   | 80% PPO Allowance                    | 50% R&C                              |
| Miscellaneous Outpatient Expense (MOE).....<br>(\$1000 Policy Year Max) For services and supplies such as lab tests, X-rays, therapeutic<br>services, misc. supplies.  | 80% PPO Allowance                    | 50% R&C                              |
| Medical Emergency Expenses.....  | Paid under MOE                       | Paid under MOE                       |
| <b>If non-emergency reimbursed at 50%</b> .....  | \$100 co-pay non-admitted            | \$100 co-pay non-admitted            |
| Physical Therapy (if ordered by licensed Doctor) (one (1) visit per day).....  | Paid under MOE                       | Paid under MOE                       |
| Radiation & Chemotherapy.....  | 80% PPO Allowance                    | 50% R&C                              |
| Severe Mental Illness (\$1,000 policy year max).....   | \$50 per visit,<br>one visit per day | \$50 per visit,<br>one visit per day |
| Alcohol and Substance Abuse (\$5,000 policy year max).....   | 80% PPO Allowance                    | 50% R&C                              |

## **OTHER BENEFITS**

|   | <b>PPO</b>                 | <b>NON-PPO</b> |
|---|----------------------------|----------------|
| Durable Medical Equipment (\$150 Policy year max).....<br>(Rental or Purchase, whichever is less) | Paid under MOE             | Paid under MOE |
| Maternity/Complications of Pregnancy.....   | Same as any other Sickness |                |
| Routine Newborn Care (\$750 Policy year max).....   | 80% PPO Allowance          | 50% R&C        |
| Participation in Intercollegiate Sports (\$500 Policy year max).....                              | Same as any other Injury   |                |

## **MISCELLANEOUS BENEFITS**

|   |  |         |
|---|--|---------|
| Ambulance Services.....   | 100% up to \$800 policy year max           |         |
| Consultant Doctor Fee.....  | Paid under MOE                             |         |
| Dental Treatment (Injury Only/\$1,000 Policy Year Max).....   | 100% up to \$250 policy year max per tooth |         |
| Prescription Drugs (\$500 policy year max) - See page 12.....<br>\$15 (generic), \$25 (brand name) or \$40 (brand name when generic is available) | 100%, subject to co-pays                   |         |
| Motor Vehicle Accident (\$10,000 per Accident).....   | 80% PPO Allowance                          | 50% R&C |
| Emergency Medical Evacuation Expense Benefit.....   | Up to Plan Maximum of \$50,000             |         |
| Repatriation of Body Remains Expense Benefit.....   | Up to Plan Maximum of \$50,000             |         |

*See Policy for further details of benefit descriptions. Policy is on file at the School.*

# EXCLUSIONS

The Policy does not cover nor provide benefits for:

1. Pre-Existing Conditions as defined in this Plan;
2. Services normally provided without charge by the Policyholder's student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
3. Preventative medicines, serums, or vaccines, except as specifically provided;
4. Speech therapy treatment, except as specifically provided;
5. Private duty nursing or skilled nursing services;
6. Home health care services, except as specifically provided;
7. Care and/or treatment in skilled nursing facility;
8. Organ transplants;
9. Hospice services;
10. Non-prescription drugs or medicines;
11. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;
12. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, and professional sports in excess of \$500 per Policy Year, intercollegiate club sports, and professional sports;
13. Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
14. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungee cord jumping;
15. Correction of congenital defects except as specifically provided;
16. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
17. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to natural teeth;
18. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain;
19. Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided in the Extension of Benefits Provision, when applicable;
20. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
21. Charges for treatment of any Injury or Sickness due to an Insured Person's commission of, or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
22. Injury due to participation in a riot;
23. For services or supplies rendered by a close relative of the Insured Person. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and sisters;
24. Personal hygiene/convenience items; telephone consultations, missed appointments, photocopies or medical records, or completion of claim forms; expenses incurred for custodial care or services not needed to diagnose or treat an Injury or Sickness, including but not limited to services related to the activities of daily living;

25. Expenses incurred in connection with foot care only to improve comfort or appearance such as care for weak, strained or flat feet; subluxation; corns; calluses; bunions, except open cutting operations; routine care of toenails, except for the removal of the nail root and necessary services in treatment of metabolic or peripheral-vascular disease; treatment of the instability and imbalance of the feet; and any tarsalgia, metatarsalgia. Expenses incurred for the care and treatment of Injury, infection, or diseases are not excluded;
26. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;
27. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
28. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
29. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
30. Marriage, family, and group counseling;
31. Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasik or other vision procedures except as required for repair caused by a covered Injury;
32. Routine periodical physical examinations and routine chest x-rays, except as specifically provided;
33. Expenses incurred for allergy testing and allergy treatment;
34. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
35. Expenses for any service or supply not specified in this Policy as a covered service;
36. An amount of a charge in excess of the Reasonable and Customary Expense;
37. Elective Treatment or elective surgery, except as specifically provided;
38. Services not Medically Necessary;
39. Expenses for emergency room treatment for an Injury or Sickness not a Medical Emergency as defined in this Policy, including emergency "follow-up" visits;
40. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route;
41. Treatment of alcohol and substance abuse except as specifically provided;
42. For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile;
43. Suicide, attempted suicide, or intentionally self-inflicted injury, in excess of \$2,000;
44. Any loss sustained or contracted in consequence of the Insured Person's being intoxicated or under the influent of any narcotic unless administered on the advice of a Doctor;
45. Expense incurred for: tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; and learning disabilities or disorders or Attention Deficit Disorder;
46. Voluntary or elective abortion;
47. Expense incurred for any service, treatment or supplies for the diagnosis or treatment of sexual dysfunction (including erectile dysfunction). This includes, but is not limited to, drugs, laboratory and x-ray tests, counseling, transsexual procedures or penile prostheses necessary due to any medical condition or organic disease. A penile prosthesis will be eligible for payment only after prostate surgery;

## EXCLUSIONS (CONT)

48. Expense incurred for: topical acne treatments, moles, non-malignant warts or lesions, fertility medication; legend vitamins or food supplements; smoking deterrents; immunization agents; biological sera; drugs to promote or stimulate hair growth; experimental drugs; drugs dispensed in a rest home or hospital, except as provided under the Hospital Expense Benefit;
49. Expenses incurred for services or supplies for the diagnosis and treatment of sleep disorders, including but not limited to apnea monitoring and sleep studies;
50. Hearing aids, including exams for fitting, except as required to correct damage caused by an Injury which occurs while the patient is covered by this Plan, provided they are obtained within four months of the date of the Injury;
51. Professional services billed by a Doctor or nurse who is an employee of a hospital or skilled nursing facility, and who is paid by that facility for the service;
52. Nicotine addiction.

## REIMBURSEMENT & SUBROGATION

If We pay covered expenses for an accident or injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our Reimbursement rights are limited by the amount You recover. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

## ACCIDENTAL DEATH AND DISMEMBERMENT

When, because of an Injury, the Insured Person suffers any of the following Losses within 365 days from the date of the accident, We will pay as follows:

|   |           |
|---|-----------|
| LOSS OF:  |           |
| Life  | \$ 10,000 |
| One hand  | \$ 5,000  |
| One foot  | \$ 5,000  |
| Sight of one eye  | \$ 5,000  |
| Loss of more than one of the above losses due to one accident | \$ 10,000 |

### CLASS OF INSURED PRINCIPAL SUM:

|                 |           |
|-----------------|-----------|
| Covered Student | \$ 10,000 |
|-----------------|-----------|

Loss of hands and feet means the loss at or above the wrist or ankle joints.

Loss of eyes 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: (1) by physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by this Plan; (2) by an infection, unless it is caused solely and independently by a covered accident; (3) for Expenses for which a contributing cause was the Insured Person's commission of, or attempt to commit a felony, or for which an Insured Person's engagement in an illegal occupation was the contributing cause; or (4) while the Insured Person is legally intoxicated or under the influence of any drug results directly from a surgical operation made necessary solely by any Injury covered by this Plan. In addition to the above, this provision is subject to the exclusions as provided.

## EXCESS PROVISION

No benefit under this Policy is payable for any Expense incurred for Injury or Sickness which is paid or payable by other valid and collectible medical, health or Accident insurance. Injury arising out of an automobile accident is limited to \$10,000 per Accident.

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

## PRE-EXISTING CONDITIONS LIMITATION

A "Pre-Existing Condition" is a Sickness, Injury or related condition for which medical advice, diagnosis care or treatment was recommended or received by a Doctor during the six (6) consecutive months prior to the Effective Date of the Insured Person's coverage under this Plan.

The Pre-Existing Condition Waiting Period is six (6) months. Coverage will not be provided for a Pre-Existing Condition until the waiting period has elapsed. The Pre-Existing Condition Waiting Period applies to all persons covered under this Plan and begins on the Insured Person's Effective Date. If an Insured Person receives treatment or service for a Pre-Existing Condition:

- (a) We will not pay benefits for such condition until the day after a six (6) consecutive month period has passed from the Insured Student's effective date; and
- (b) We will pay only for Loss or Expense incurred after such six (6) consecutive month period.

A period of Creditable Coverage will be credited if the previous Creditable Coverage was continuous to a date not more than 62 days prior to the Effective Date of the new coverage. Payment will be in accord with the provisions of this Plan. If the Insured Person has a lapse in coverage, the Pre-Existing Condition Waiting Period will have to be satisfied again.

Creditable Coverage:

This term means the following; hospital, medical or surgical coverage an Insured Person had prior to the Effective Date under this Plan:

- (a) An employee group health plan;
- (b) Health insurance or Health Maintenance Organization Coverage;
- (c) Medicare;
- (d) Medicaid;
- (e) Chapter 55 of Title 10, United States code (CHAMPUS);
- (f) A medical care program of the Indian Health Services or of a tribal organization;
- (g) A state health benefits risk pool;
- (h) A health plan offered under the Federal Employee Health Benefits Program;
- (i) A public health plan as defined under Federal regulations;
- (j) A health benefit plan under Section 5(e) of the Peace Corps Act; or
- (k) Any other similar coverage permitted under State/Federal law or regulations.

Exceptions:

The Pre-Existing Condition exclusion does not apply to pregnancy, including complications, if such condition is covered under this Plan.

# GLOBAL EMERGENCY TRAVEL ASSISTANCE SERVICES

## ON-CALL INTERNATIONAL

Included in this health insurance program is access to ON-CALL INTERNATIONAL, a 24-hour worldwide assistance network for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included, but not limited to:

1. Referral to the nearest, most appropriate medical facility, and/or Provider.
2. Medical monitoring by board certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and insured.
4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriations.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Contact *On Call International* for any of these services:

Toll Free from U.S. and Canada: 1-800-850-4556  
[www.oncallinternational.com](http://www.oncallinternational.com)

## EMERGENCY MEDICAL EVACUATION EXPENSE BENEFIT

This benefit applies only to Domestic Students while studying abroad and International Students. This benefit will pay benefits for the Covered Percentage of the Covered Charges incurred subject to the Deductible shown in the Plan of Insurance, if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person.

Emergency Medical Evacuation means: after being treated at a local Hospital; the Insured Person's medical condition warrants transportation to his/her home country to obtain further medical treatment to recover.

Covered Expenses are Expenses up to the maximum stated in the Plan of Insurance; for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by the Company.

Transportation means any land, water or air conveyance required to transport the Insured Person during an Emergency Medical Evacuation. Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to; air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Doctor.

# REPATRIATION OF BODY REMAINS EXPENSE BENEFIT

This benefit applies only to Domestic Students while Studying Abroad and International Students. In the event of the death of an Insured Person, We will pay the actual charges for preparing and transporting that person's remains to his or her foreign home. This will be done in accord with all legal requirements in effect at the time the body remains are to be returned to his or her home.

We will pay the Covered Percentage of the Covered Charges incurred subject to the Benefit Maximum shown in the Plan of Insurance.

## HOW TO FILE A CLAIM

In the event of Injury or illness:

1. Insured Students are strongly encouraged to call **Health & Wellness Services** during business hours at 650-508-3756 for necessary advice, or call the Nurse Advice Line at 1-800-850-4556. If you are unable to report to **Health & Wellness Services**, then secure treatment at the nearest doctor or hospital.
2. In most cases the provider will file your bills for you. However, if you do pay for services out-of-pocket and want to be reimbursed, you will need to submit a claim form with your itemized bills. **Submit claim form along with copies of your itemized bills within 90 days from date of first treatment to:**

AmeriBen/IEC Group  
PO Box 7186  
Boise, ID 83707  
Plan #0805015

For claims questions call toll free:  
1-800-953-1801

Download a claim form from the following sites:

<https://services.ameriben.com>  
[www.ndnu.edu/student-services/health.html](http://www.ndnu.edu/student-services/health.html)

**IT IS ADVISABLE TO RETAIN COPIES OF ITEMIZED HOSPITAL OR PHYSICIAN BILLINGS, AND COMPLETED CLAIM FORMS FOR FUTURE REFERENCE.**

3. Coverage is excess to all other insurance. Claims must be filed with your other insurance carrier(s) prior to filing under this Plan. If you have coverage with another insurance company, you should follow their requirements regarding choice of providers and the filing of claims. You should file your claim first with that company. After they have paid their benefits, this Plan will pay any allowable amounts of your remaining bills.

**Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

# APPEAL PROCEDURE

**Internal Appeal:** If Your claim is denied You will be notified of the reason with a description of any additional information that may be necessary to appeal the denial. If You or Your provider would like additional information or have a complaint concerning the denial, please contact the Claims Administrator. The Claims Administrator will address concerns and attempt to resolve the complaint. If the Administrator is unable to resolve the complaint over the phone, You may file a written internal appeal by writing to them. Please include Your name, social security number, home address, policy number and any other information or documentation to support the appeal.

**External Appeal (Independent Medical Review):** Under California State Law, You have the right to an External Appeal through a process called Independent Medical Review or IMR. IMR is only applicable when a claim is denied because services are not Medically Necessary OR the services are Experimental or Investigational OR a claim is denied for emergency or urgent medical services. You or Your provider must have filed an Internal Grievance and either (a) have received a written notification that an otherwise covered health care service has been denied through the internal appeal process; or (b) the internal grievance is unresolved after thirty days. An external appeal may only be requested if the denied service is a covered benefit under the plan.

Information on how to file for IMR, the timeframes and the required application will be sent to you at the time of the claim denial.

## PRIVACY NOTICE

Under HIPAA's Privacy Rule We are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your enrollment materials. If, at any time, you wish to request a copy of Combined Insurance Company of America's Privacy Notice, write to 5050 Broadway, Chicago, IL 60640, Attn: HIPAA Privacy Office, or call 1-800-225-4500, select HIPAA.

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary states approvals. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

### SERVICING AGENT:

ECI  
PO Box 264  
Jefferson, CO 80456  
1-866-780-3824  
[info@evansconsult.com](mailto:info@evansconsult.com)

Contact for any issues related to your eligibility, appeals, or questions not related to benefits or claims.

### UNDERWRITTEN BY:

Combined Insurance Company of America  
Policy #CUH200903

### CLAIMS ADMINISTERED BY:

AmeriBen/IEC Group  
PO Box 7186  
Boise, ID 83707  
Toll Free: 1-800-953-1801  
<https://services.ameriben.com>  
Plan #0805015

Contact for any claims or benefit questions.

### PRESCRIPTION DRUGS ADMINISTERED BY:

Express Scripts, Inc.  
PO Box 66773  
St Louis, MO 63166-6673  
[www.express-scripts.com](http://www.express-scripts.com)  
1-800-206-4005  
RxBIN: 003858 RxPCN: A4 RxGrp: AM2E

### PREFERRED PROVIDER:

CCN/First Health  
[www.ccnusa.com](http://www.ccnusa.com)  
1-888-685-7774

### 24-HOUR NURSE ADVICE LINE:

On-Call International  
Toll Free from U.S. and Canada  
1-800-850-4556

### EMERGENCY ASSISTANCE SERVICES:

On-Call International  
Toll Free from U.S. and Canada  
1-800-850-4556

### NDNU HEALTH & WELLNESS SERVICES:

[www.ndnu.edu/student-services/health.html](http://www.ndnu.edu/student-services/health.html)  
650-508-3756

Policy  
#CUH200903

Underwritten by:  
COMBINED INSURANCE  
COMPANY OF AMERICA

