Student Health Insurance Plan 2016-2017

Please read the brochure to understand your coverage.

Pacific University Oregon

Underwritten by:
National Guardian Life Insurance Company

Policy Number: 2016A4A12

ahp | Academic HealthPlans℠

The 2016-2017 Student Health Insurance Plan is underwritten by National Guardian Life Insurance Company, NBH-280(2014)OR.
National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

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Rev 05/2017

NOTICE OF CHANGE

The benefits contained within this document have been revised since the initial publication. The revisions are included within the body of this document and are detailed below.

Revision #5 - 05/31/2017

1. Consultant Physician Services
   - Added the $25 In=Network copay.

Revision #4 - 02/16/2017

1. Qualifying Event
   - Corrected where Qualifying Event forms are to be sent from Academic HealthPlans to Pacific University.

Revision #3 - 01/17/2017

1. Outpatient In-Office Physician's Fees
   - added "(Deductible Waived)" to the Specialist Visit benefit
   - added "(Deductible Waived)" to the Other Practitoner Office Visit benefit
2. Mandated Benefits
   - added "(Deductible Waived)" and "($25 Copayment)" to the Mental Illness and Chemical Dependency Benefits, up to 45 days of inpatient treatment in a policy year benefit

Revision #2 - 01/06/2017

1. Outpatient In-Office Physician's Fees
   - added "no cost sharing" to the Routine Physical for Adults benefit
   - changed "copayment is not applicable" to "copayment does not apply" for clarity
   - added "(Deductible Waived)" to the "Primary Care Visit to Treat an Injury or Illness" benefit for clarity
   - the text "Coinsurance" replaced "Copayment" in the first definition
   - Copayment definition was added

Revision #1 - 11/10/2016

1. Added "misc. supplies" to the benefit description for Outpatient Surgery Miscellaneous.
2. Corrected the 2nd and 3rd tier prescription drug benefit type from "$40 Copayment per Brand Drug" and "$65 Copayment per Preferred Brand Drug" to "$40 Copayment per Preferred Brand Drug" and "$65 Copayment per Brand Drug" respectively.
3. Included the maximum in the benefit description for Mental Illness and Chemical Dependency Benefits.
4. Removed $25 copay from the benefit description for Inpatient Physician's Visits.

Table of Contents

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

Student Health Center Information

Pacific University Student Health Center provides primary healthcare services at two locations, Forest Grove and Hillsboro. All charges for services at the Student Health Center are covered at 100% and the deductible is waived.

All services are by appointment—please call 503-352-2269.

For information on locations, hours, and services provided please visit ***www.pacificu.edu/healthcenter***

Eligibility

All Domestic students enrolled in (3) or more credit hours and Psychology Graduate students enrolled in (1) or more credit hours are required to participate in the Student Health Insurance Plan. The premium is automatically billed on the tuition billing statement. If a student has comparable coverage a waiver may be completed online prior to the deadline.

All International students and scholars registered/enrolled with VISA status (F-1, J-1 or M-1), who have not been granted permanent residency, are required to be insured under this plan, unless the student has comparable coverage and completes an online waiver prior to the deadline. Exception: J-1 students are required to meet their specific waiver requirements as outlined online and also complete an online waiver prior to the deadline.

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

Eligible students who enroll may also insure their Dependents. Dependent enrollment must take place at the time of student enrollment (or within 30 days if tuition billed), with the exception of newborn or adopted children or a Qualifying Event. **Dependent** means: An Insured Student's lawful spouse or registered Domestic Partner, including a same-sex spouse legally married to the Insured Student in a marriage ceremony validly performed in Oregon or other jurisdiction; an Insured Student's dependent biological or adopted child, child placed for adoption, foster child, or stepchild or a child covered due to a court or an administrative order under age 26; and an Insured Student's unmarried biological or adopted child or stepchild or a child covered due to a court or an administrative order who has reached age 26 and who is: primarily dependent upon the Insured Student for support and maintenance; and incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap. Proof of the child's incapacity or dependency must be furnished to Us for an already enrolled child who reaches the age limitation, or when a Insured Student enrolls a new disabled child under the plan. Coverage will not be denied to a child just because the child was born out of wedlock, not claimed as a dependent on the **Insured Student's** federal tax return, or that the child does not reside with the **Insured Student** or in **Our** service area.

Newly Born Children: A newly born child of an Insured Person will be covered from the moment of birth. Such newborn child will be covered for Covered Injury or Covered Sickness for an initial period of 31 days. This includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities from the moment of birth. If an additional premium is required, We must receive: Notification of the birth within 31 days of the birth; and Payment of any additional premium.

Qualifying Event: Eligible students who have a change in status and lose coverage under another Health Care Plan are eligible to enroll for coverage under the Policy provided, within 31 days of the qualifying event, students should send a copy of the Certificate of Creditable Coverage, the completed Qualifying Events Form and the letter of ineligibility to Pacific University. A change in status due to a qualifying event includes, but is not limited to, loss of a spouse, whether by death, divorce, annulment or legal separation. The premium will be the same as it would have been at the beginning of the semester. However, the effective date will be the later of the date the student enrolls for coverage under the Policy and pays the required premium, or the day after the prior coverage ends. You may download a form from ***pacificu.myahpcare.com***. You are entitled to the benefits described in this brochure, if you have enrolled for this insurance and paid the premium.

Effective and Termination Dates

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

- The Policy effective date, 05/02/2016; or
- The beginning date of the term for which premium has been paid.

For each individual group coverage periods, please view the premium cost at ***pacificu.myahpcare.com***.

Open Enrollment Periods

For specific group open enrollment periods during which students may apply for, or change, coverage for themselves, and/or their eligible spouses and/or dependents, please go the enrollment tab at ***pacificu.myahpcare.com****.*

The coverage provided with respect to the Covered Person shall terminate at 11:59 p.m. standard time on the earliest of the following dates:

- The date this Policy terminates, 08/12/2017, for all insured persons; or
- The end of the period of coverage for which premium has been paid; or
- The date an Insured Person ceases to be eligible for the insurance; or
- The date an Insured Person enters military service.

You must meet the eligibility requirements listed herein each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 31 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. **Refunds of premium are allowed only upon entry into the Armed Forces, and the Company receives proof of active duty. Otherwise all premiums received by the Company will be considered fully earned and nonrefundable.**

The Policy issued to the University is a Non-Renewable, One-Year Term Policy. However, if you still maintain the required eligibility you may purchase the plan the next year. It is the Covered Person's responsibility to enroll for coverage each year in order to maintain continuity of coverage. If you no longer meet the eligibility requirements contact Academic HealthPlans at (855) 856-2383 prior to your termination date.

Coverage Period Notice

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

Extension of Benefits

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

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

Coordination of Benefits

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

Schedule of Medical Expense Benefits *(Injury and Sickness)*

Preventive Services: Coinsurance, Copayments and Deductible are not applicable to Preventive Services. Benefits are paid at 100% of Usual and Reasonable Charge:

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

Maximum Benefit *(per Insured Person, per Policy Year)*	**Unlimited**	
	Network Provider	**Non-Network Provider**
Deductible *(per Insured Person, per Policy Year. The deductible is waived for services received at the Student Health Center)*	**$300**	**$550**
Individual Out-of-Pocket Maximum Expense Limit*	**$5,000**	**$10,000**
Family Out-of-Pocket Maximum Expense Limit*	**$10,000**	**N/A**
	Network Provider	**Non-Network Provider**
Coinsurance *(Not Applicable to Preventive Services)*	**80%** of PPO Allowance of Covered Medical Expenses	**60%** of Usual and Reasonable Charge for Covered Medical Expenses

**The Out-of-Pocket Expense Limit provides a cap on the amount of Covered Medical Expenses an Insured Person has to pay. Expenses that are not eligible or amounts above any Maximum Benefit do not apply toward the Out-of-Pocket Expense Limit. However, the Insured Person's Coinsurance amounts, Deductibles, and Copayments will apply toward the Out-of-Pocket Expense Limit.*

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

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

AT PHARMACIES CONTRACTING WITH THE HEALTHSMART RX®: You must go to a pharmacy contracting with the HealthSmart RX® in order to access this program. Present your insurance ID card to the pharmacy to identify yourself as a participant in this plan. Eligibility status will be online at the pharmacy. You can locate a participating pharmacy online at ***pacificu.myahpcare.com*** **by clicking on the "Find a Pharmacy" link under Benefits.**

Inpatient Benefits	Network Provider	Non-Network Provider
Hospital Room & Board Expenses	80% of PPO Allowance	60% of Usual and Reasonable Charge
Hospital Intensive Care Unit Expense, in lieu of normal Hospital Room & Board Expenses	80% of PPO Allowance	60% of Usual and Reasonable Charge
Hospital Miscellaneous Expenses, for services & supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts & temporary surgical appliances, oxygen, blood & plasma, misc. supplies	80% of PPO Allowance	60% of Usual and Reasonable Charge
Preadmission Testing	80% of PPO Allowance	60% of Usual and Reasonable Charge
Physician Visits while confined	80% of PPO Allowance	60% of Usual and Reasonable Charge
Inpatient Surgery: **Surgeon Services** **Anesthetist** **Assistant Surgeon**	80% of PPO Allowance	60% of Usual and Reasonable Charge
Registered Nurse Services	80% of PPO Allowance	60% of Usual and Reasonable Charge
Physical Therapy	80% of PPO Allowance	60% of Usual and Reasonable Charge
Inpatient Rehabilitation and Habilitation Services Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Outpatient Benefits	**Network Provider**	**Non-Network Provider**
Outpatient Surgery: **Surgeon Services** **Anesthetist** **Assistant Surgeon**	80% of PPO Allowance	60% of Usual and Reasonable Charge
Outpatient Surgery Miscellaneous, excluding not-scheduled surgery – expenses for services & supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood & plasma	80% of PPO Allowance	60% of Usual and Reasonable Charge
Outpatient Facility Fee	80% of PPO Allowance	60% of Usual and Reasonable Charge
Outpatient Rehabilitation Services (includes Physical Therapy) see policy for benefit limit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Emergency Services Expenses, $50 Copayment per visit *(Deductible waived)*	80% of PPO Allowance	80% of Usual and Reasonable Charge for Emergency 60% of Usual and Reasonable Charge for Non-Emergency

Outpatient Benefits	Network Provider	Non-Network Provider
In-Office Physician's Fees **Primary Care Visit to Treat an Injury or Illness** *(Deductible waived)* **Routine Physical for Adults,** payable the same as any other Preventive Services *(No cost sharing)* **Specialist Visit** *(Deductible Waived)* **Other Practitioner Office Visit** *(Deductible Waived)* **Urgent Care** *(Copayment does not apply)*	80% of PPO Allowance after a $25 Copayment	60% of Usual and Reasonable Charge
Diagnostic X-ray Services	80% of PPO Allowance	60% of Usual and Reasonable Charge
Laboratory Procedures	80% of PPO Allowance	60% of Usual and Reasonable Charge
Imaging Tests	80% of PPO Allowance	60% of Usual and Reasonable Charge
Shots and Injections, unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Prescription Drugs	***At pharmacies contracting with the HealthSmart Rx®*** 100% of PPO Allowance after a $20 Copayment per Generic Drug $40 Copayment per Preferred Brand Drug $65 Copayment per Brand Drug	N/A
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	80% of PPO Allowance	60% of Usual and Reasonable Charge
Home Health Care Expenses	80% of PPO Allowance	60% of Usual and Reasonable Charge
Hospice Care Coverage	80% of PPO Allowance	60% of Usual and Reasonable Charge
Chiropractic Services	80% of PPO Allowance after a $25 Copayment	60% of Usual and Reasonable Charge
Other Benefits	**Network Provider**	**Non-Network Provider**
Ambulance Service, Ground and/or Air Transportation	80% of PPO Allowance	80% of Usual and Reasonable Charge
Braces and Appliances	80% of PPO Allowance	80% of Usual and Reasonable Charge
Durable Medical Equipment	80% of PPO Allowance	80% of Usual and Reasonable Charge
Maternity Benefit	*Payable the same as any other Covered Sickness*	
Routine Newborn Care	*Payable the same as any other Covered Sickness*	
Consultant Physician Services, when requested by the attending physician	80% of PPO Allowance after a $25 Copayment	80% of Usual and Reasonable Charge

Other Benefits	Network Provider	Non-Network Provider
Student Health Center/Infirmary Expense, 31 day supply (Deductible waived and all Services rendered at the Student Health Center are paid at 100%)	SHC Services: 100% of PPO Allowance/Deductible waived SHC Rx: 100% of PPO Allowance after $10 copayment Titers: 100% of PPO Allowance at SHC /up to $50 for Titers drawn at other clinics	N/A
Abortion Expense	80% of PPO Allowance	60% of Usual and Reasonable Charge
Prosthetic and Orthotic Devices	80% of PPO Allowance	60% of Usual and Reasonable Charge
Mandated Benefits	**Network Provider**	**Non-Network Provider**
Treatments of Bones and Joints of the Jaw, Face, or Head Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Anesthesia and Hospitalization for Dental Procedures Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Diabetes Benefit	*Payable the same as any other Covered Sickness*	
Mastectomy Benefit and Reconstructive Breast Surgery	80% of PPO Allowance	60% of Usual and Reasonable Charge
Clinical Trials Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Mental Illness and Chemical Dependency Benefits, up to 45 days of inpatient treatment in a policy year *(Deductible Waived) ($25 copayment)*	*Payable the same as any other Covered Sickness*	
Tobacco Use Cessation Program	*Payable up to $500 for enrollees aged 15 and older*	
Traumatic Brain Injury	*Medically necessary therapy and services for the treatment of traumatic brain injury*	
Diagnosis and Treatment of Lymphedema Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Osteoporosis Coverage/Bone Mass Measurement Benefit	*Payable the same as any other Preventive Services*	
Colorectal Cancer Screening Benefit	*Payable the same as any other Preventive Services*	
Coverage for Hearing Aids Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Mammography and Cervical Cancer Screening Benefit	*Payable the same as any other Preventive Services*	
Prostate Cancer Benefit	*Payable the same as any other Preventive Services*	
Required Surveillance Tests for Ovarian Cancer Benefit	*Payable the same as any other Covered Sickness*	
Congenital Anomaly Including Cleft Lip/Palate Benefit	*Payable the same as any other Covered Sickness*	

Mandated Benefits	Network Provider	Non-Network Provider
Pediatric Vision Care Benefit, limited to one visit per Policy Year and one pair of prescribed lenses and frames	80% of PPO Allowance	60% of Usual and Reasonable Charge
Pediatric Dental Care Benefit, limited to one dental exam every 6 months	80% of PPO Allowance	60% of Usual and Reasonable Charge
Cosmetic or Reconstructive Surgery Benefit	*Payable the same as any other Covered Surgery*	
Skilled Nursing Facility Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge

Definitions

Coinsurance means the ratio by which We and the Insured Person share in the payment of Usual and Reasonable expenses for treatment. The Coinsurance percentage that We will pay is stated in the Schedule of Benefits.

Copayment means the amount of Usual and Reasonable expenses for treatment that We do not pay. The Insured Person is responsible for paying this portion of the expenses incurred. Any Copayment amounts are shown in the Schedule of Benefits.

Covered Injury means a bodily injury that is:

- Sustained by an Insured Person while he/she is insured under this Policy or the School's prior policies; and
- Caused by an accident directly and independently of all other causes.

Coverage under the School's policies must have remained continuously in force:

- From the date of Injury; and
- Until the date services or supplies are received, for them to be considered as a Covered Medical Expense under this Policy.

Covered Medical Expense means those charges for any treatment, service or supplies that are:

- Not in excess of the Usual and Reasonable charges therefore;
- Not in excess of the charges that would have been made in the absence of this insurance; and
- Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

Covered Sickness means Sickness, disease or trauma related disorder due to Injury which:

- causes a loss while the Policy is in force; and
- which results in Covered Medical Expenses.

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

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

Elective Treatment includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, infertility, learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, preventive medicines or vaccines except when required for the treatment of Covered Injury or Covered Sickness to the extent coverage is not required by state or federal law. **Elective Surgery** includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, submucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include Plastic or Cosmetic Surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

Definitions continued

Emergency Medical Condition means a medical condition which:

- manifests itself by acute symptoms of sufficient severity (including severe pain); and
- causes a prudent layperson, who possesses an average knowledge of health and medicine, to reasonably expect that the absence of immediate medical attention might result in:
  - Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
  - Serious impairment to bodily functions; or
  - Serious dysfunction of any bodily organ or part.

Essential Health Benefits mean benefits that are defined as such by the Secretary of Labor and are to be provided in a manner that is equal to the scope of benefits provided under a typical employer plan. This applies to the following general categories and the items and services covered within the categories:

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health treatment;
- Prescription drugs;
- Rehabilitative and habilitative services and devices;
- Laboratory services;
- Preventive and wellness services and chronic disease management; and
- Pediatric services, including oral and vision care.

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

Network Providers are Physicians, Hospitals and other healthcare providers who have contracted with Us to provide specific medical care at negotiated prices.

Nervous, Mental or Emotional Disorder means any neurosis, psychoneurosis, psychopathy, psychosis or mental or emotional disease of disorder of any kind.

Non-Network Providers have not agreed to any pre-arranged fee schedules.

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

PPO Allowance means the amount a Network Provider will accept as payment in full for Covered Medical Expenses.

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

Usual and Reasonable means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for a:

- Like service by a provider with similar training or experience; or
- Supply that is identical or substantially equivalent.

Exclusions and Limitations

Except as specified in this Policy, coverage is not provided for loss or charges incurred by or resulting from:

- preventive medicines or vaccines of any kind except as specifically provided under the Policy.
- well baby care other than as shown in the Schedule of Benefits.
- dental treatment including orthodontic braces and orthodontic appliances, except as specified in the Schedule of Benefits.
- services or supplies in connection with eye examinations, eyeglasses or contact lenses, except as shown in the Schedule of Benefits for Pediatric Vision Care.
- diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
- expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
- charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
- any expenses in excess of Usual and Reasonable charges.
- loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a 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 anywhere in the world.
- loss resulting from participation in war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Schedule of Benefits.
- loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for any sports.
- loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
- treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.

Exclusions and Limitations continued

- Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
- charges incurred for chiropractic care, acupuncture, physical therapy, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
- expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
- expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from Reconstructive Surgery:
    - For the purposes of this provision, **Reconstructive Surger**y means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
    - For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance).
- treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusions does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
- an Insured Person's:
    - Committing or attempting to commit a felony,
    - being engaged in an illegal occupation, or
    - Participation in a riot.
- expenses that are not recommended and approved by a Physician.

Academic Emergency Services

These services are not part of the National Guardian Life health insurance plan.

To ensure immediate access to assistance if you experience a crisis while traveling over 100 miles from home, or outside your home country, Academic HealthPlans has included Academic Emergency Services (AES) benefits in your student health plan coverage. AES offers a wide range of services and benefits to provide everything you need to prepare for your international experience, as well as get the help or information you need in a crisis, no matter how large or small.

The following services and benefits are available to you 24 hours a day, 7 days a week:

Medical Assistance: Pre-travel information; physician referrals; medical monitoring to ensure adequate care; 24/7 Nurse Help Line; prescription assistance or medicine dispatch.

Emergency Medical Evacuation and Repatriation: Unlimited benefit for evacuation from inadequate facility to a higher level of care facility, repatriation home for continued care if medically necessary, or recovery and repatriation of deceased remains.

Accidental Death and Dismemberment: $25,000 benefit

Emergency Family Assistance: Benefits for visit of a family member or friend if hospitalized for 3 or more days, return of children if left unattended, bereavement reunion, emergency return home in the event a participant's family member suffers life threatening illness or death and return of participant's personal belongings in the event of evacuation or death.

Travel, Legal and Security Assistance: Pre-travel destination information or security advice; assistance locating lost luggage; passport replacement assistance; emergency travel arrangements; translation assistance; interpreter referral; legal consultation and referral; emergency message forwarding.

Preparing for your time away from home is easy, simply visit the Academic Emergency Services portal:

aes.myahpcare.com

Login: AHPAES
Password: Student1

To obtain additional pre-travel information or advice, or in the event of a medical, travel or security crisis, call Academic Emergency Services immediately.

(855) 873-3555 call toll free from the US

+ 1 (410) 453-6354 call collect from anywhere

Email: assistance@ahpcare.com

This provides you with a brief outline of the services available to you. Terms, conditions, limitations and exclusions apply. All services must be arranged and paid for through the AES service provider, UnitedHealthcare Global. There is no claim process for reimbursement of self-paid expenses unless specifically described in the service plan.

Academic Emergency Services (AES) is a global emergency services product. These services are provided by a separate and independent company from AES or Academic HealthPlans. AES provides medical, security and natural disaster evacuation services, repatriation of remains, emergency medical and travel assistance, travel information and other services for Academic HealthPlans. UnitedHealthcare Global is solely responsible for its product and services.

Claim Procedure

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

1) Report to the Student Health Center for an appointment, or when not available, to your Doctor or Hospital. Covered Persons should go to a participating Doctor or Hospital for treatment if possible.

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

2) Mail to the address below all medical and Hospital bills along with patient's name and Insured student's name, address, Social Security Number and name of the University under which the student is Insured.

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

Submit all Claims or Inquiries to:

Cigna
PO Box 188061
Chattanooga, TN 37422-8061

Medical Providers Call: (844) 763-1327

All Other Calls: (855) 856-2383

Plan Administered by:

Academic HealthPlans, Inc.
P.O. Box 1605
Colleyville, Texas 76034-1605
(855) 856-2383
Fax (855) 858-1964
www.ahpcare.com

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

Important Notice

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

Privacy Disclosure

Under HIPAA's Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You will receive a copy of the NGL HIPAA Privacy Notice upon request. Please write to Academic HealthPlans, Inc., P.O. Box 1605, Colleyville, TX 76034-1605 or call (855) 856-2383. You may also view and download a copy from the website at: ***pacificu.myahpcare.com*.**

Summary of Benefits and Coverage

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

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