

# Student Health Insurance Plan 2017-2018

Please read the brochure to understand your coverage.



Ada, OK



Underwritten by:  
 **National Guardian**  
Life Insurance Company

Policy Number: 2017A4A08

 **Academic**  
HealthPlans™

The 2017-2018 Student Health Insurance Plan is underwritten by National Guardian Life Insurance Company, NBH-280(2014) OK. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

2017ECOK-B  
AHP-BRO(16) NGL-ECOK

# Table of Contents

<b>03</b>	Eligibility Effective and Termination Dates
<b>04</b>	Effective and Termination Dates (Continued) Extension of Benefits Coordination of Benefits
<b>05</b>	Schedule of Medical Expense Benefits
<b>09</b>	Definitions
<b>11</b>	Exclusions and Limitations
<b>13</b>	Academic Emergency Services
<b>14</b>	Claim Procedure
<b>15</b>	Important Notice Privacy Disclosure Summary of Benefits and Coverage

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.

## Eligibility

All registered international students are required to enroll in the Student Health Insurance Plan, or provide proof of comparable coverage. The insurance premium will be automatically assessed on the student's tuition bill. In order to have the insurance premium removed from the tuition, students must complete the online waiver at [ecok.myahpcare.com](http://ecok.myahpcare.com) by August 25, 2017 for the fall and January 29, 2018 for the spring.

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 and television (TV) courses 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.

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.

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 Academic HealthPlans. 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 [ecok.myahpcare.com](http://ecok.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:

- 1) The Policy effective date; or
- 2) The beginning date of the term for which premium has been paid.
- 3) For International Students or scholars, the date the Insured Person departs his or her Home Country to travel to the Country of Assignment. The scheduled arrival in the Country of Assignment must be no more than 48 hours later than the departure from the Home Country.

Effective and Termination Dates		
	From	Through
Annual	08/01/17	07/31/18
Fall	08/01/17	01/08/18
Spring/Summer	01/09/18	07/31/18

(Effective and Termination Dates continued)

## Open Enrollment Periods

The open enrollment periods during which students may apply for, or change is as follows:

	From	Through
Annual/Fall	06/19/17	09/29/17
Spring	11/06/17	02/02/18

The coverage provided with respect to the Covered Person shall terminate 8/1/18 at 12:01 a.m. (7/31/18 at 11:59 p.m.) standard time on the earliest of the following dates:

- 1) The date the Policy terminates for all insured persons; or
- 2) The end of the period of coverage for which premium has been paid; or
- 3) The date an Insured Person ceases to be eligible for the insurance; or
- 4) The date an Insured Person enters military service.
- 5) For International Students, the date Insured Person departs the Country of Assignment for his/her Home Country (except for scheduled school breaks); or
- 6) For International Students, the date the student ceases to meet Visa requirements.

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 1-855-871-9859 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

Coverage under the Policy ceases on the Termination Date shown in the Insurance Information Schedule. However, coverage for an Insured Person will be extended as follows: If an Insured Person is Hospital confined for Covered Injury or Covered Sickness on the date his or her insurance terminates, we will continue to pay benefits for up to a minimum of 90 days from the Termination Date while such confinement continues.

## 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 Benefits

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

The following services shall be covered without regard to any Deductible or Coinsurance requirement that would otherwise apply:

1. 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.
2. 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.
3. 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.
4. 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.

\* Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for more information

<b>MAXIMUM BENEFIT</b> <i>(per Insured Person, per Policy Year)</i>	<b>UNLIMITED</b>	
<b>DEDUCTIBLE</b> <i>(per Insured Person, per Policy Year)</i> <i>*The plan Deductible will be waived and benefits will be paid at 100% at the Student Health Center.</i>	<b>\$100</b>	
<b>INDIVIDUAL OUT-OF-POCKET MAXIMUM EXPENSE LIMIT**</b> <i>(per Insured Person, per Policy Year)</i>	<b>\$6,600</b>	
<b>FAMILY OUT-OF-POCKET MAXIMUM EXPENSE LIMIT**</b> <i>(per Family, per Policy Year)</i>	<b>\$13,200</b>	
	<b>Network Provider</b>	<b>Non-Network Provider</b>
<b>COINSURANCE</b>	<b>80%</b> of PPO Allowance for covered Medical Expenses unless otherwise stated	<b>60%</b> of Usual and Reasonable Charge for covered Medical Expenses unless otherwise stated

*\*\*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:** The Policy provides benefits based on the type of health care provider selected. The 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 [ecok.myahpcare.com](http://ecok.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 [ecok.myahpcare.com](http://ecok.myahpcare.com).

**THE COVERED MEDICAL EXPENSE FOR AN ISSUED POLICY WILL BE:**

- 1. THOSE LISTED IN THE COVERED MEDICAL EXPENSES PROVISION; AND**
- 2. ACCORDING TO THE FOLLOWING SCHEDULE OF BENEFITS; AND**
- 3. DETERMINED BY WHETHER OR NOT THE SERVICE OR TREATMENT IS PROVIDED BY A NETWORK PROVIDER OR NON-NETWORK PROVIDER.**

<b>Inpatient Benefits</b>	<b>Network Provider</b>	<b>Non-Network Provider</b>
<b>Hospital Room &amp; Board Expenses</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Hospital Intensive Care Unit Expense</b> , in lieu of normal Hospital Room & Board Expenses	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Hospital Miscellaneous Expenses</b> , 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
<b>Preadmission Testing</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Physician Visits while confined</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Inpatient Surgery:</b> Surgeon Services Anesthetist Assistant Surgeon	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Registered Nurse Services</b> , for private duty nursing while confined	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Physical Therapy</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Skilled Nursing Facility Benefit</b> , limited to 30 days per Policy Year	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Outpatient Benefits</b>	<b>Network Provider</b>	<b>Non-Network Provider</b>
<b>Outpatient Surgery:</b> Surgeon Services Anesthetist Assistant Surgeon	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Outpatient Surgery Miscellaneous</b> , 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
<b>Outpatient Rehabilitation Therapy Services</b> , including physical, occupational and manipulative therapy	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Chiropractic Care</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Emergency Services Expenses, \$50 Deductible per visit</b>	80% of PPO Allowance	80% of PPO Allowance
<b>In-Office Physician's Fees</b> , including licensed registered nurse's and licensed physician's assistant's Fees	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Private Duty Nursing</b> , by a Registered Nurse. Limited to 85 visits per Policy Year	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Diagnostic X-ray Services</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Outpatient Laboratory Procedures</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Shots and Injections</b> , unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge

<b>Outpatient Benefits</b>	<b>Network Provider</b>	<b>Non-Network Provider</b>
<b>Prescription Drugs</b> , all prescriptions are limited to 30 day retail supply, Includes diabetic supplies.	<i>At pharmacies contracting with the HealthSmart Rx®</i> 100% of PPO Allowance after a \$15 Copayment per Generic Drug \$30 Copayment per Preferred Brand Drug \$60 Copayment per Brand Drug	60% of PPO Allowance after a \$15 Copayment per Generic Drug \$30 Copayment per Preferred Brand Drug \$60 Copayment per Brand Drug
<b>Outpatient Miscellaneous Expense</b> , for services not otherwise covered but excluding surgery	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Home Health Care Expenses</b> , limited to 30 visits per Policy year	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Hospice Care Coverage</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Other Benefits</b>	<b>Network Provider</b>	<b>Non-Network Provider</b>
<b>Ambulance Service</b>	80% of PPO Allowance	80% of Usual and Reasonable Charge
<b>Braces and Appliances</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Durable Medical Equipment</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Maternity Benefit</b>	Payable on the same as any other Covered Sickness	
<b>Routine Newborn Care</b>	Payable on the same as any other Covered Sickness	
<b>Consultant Physician Services</b> , when requested by the attending physician	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Accidental Injury Dental Treatment</b> , for Insured Person's over age 18	80% of PPO Allowance	80% of Usual and Reasonable Charge
<b>*Student Health Center/Infirmary Expense</b>	100% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived	
<b>Sports Accident Expense</b> , incurred as a result of the play or practice of Intercollegiate sports, <b>\$2,500 maximum.</b> <i>No additional premium required</i>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Mandated Benefits</b>	<b>Network Provider</b>	<b>Non-Network Provider</b>
<b>Low-dose Mammography Screening Benefit</b>	100% of PPO Allowance	100% of Usual and Reasonable Charge
<b>Osteoporosis Benefit</b>	Subject to the Deductible and Coinsurance Amount shown and limited to \$150 per test unless otherwise covered as a Preventive Service	
<b>Diabetes Benefit</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Mastectomy and Reconstructive Surgery Benefit</b>	Payable on the same basis as other surgical coverage	
<b>Dental Coverage for Anesthesia and Hospitalization Benefit</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Prostate Cancer Screening Benefit</b>	100% of PPO Allowance	100% of Usual and Reasonable Charge

Mandated Benefits	Network Provider	Non-Network Provider
<b>Colorectal Cancer Screening Benefit</b>	100% of PPO Allowance	100% of Usual and Reasonable Charge
<b>Chemotherapy: Wigs and Scalp Protheses Benefit, limited to \$150 per Policy Year</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Orally Administered Anticancer Medications, limited to \$100 per filled prescription</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Severe Mental Disorder Benefit</b>	Payable on the same as any other Covered Sickness	
<b>Autistic Disorder Benefit</b>	Payable on the same as any other Covered Sickness	
<b>Pediatric Dental Care Benefit, limited to one exam every 6 months</b>	100% of PPO Allowance for Preventive Services  50% of Usual and Reasonable Charge for all other covered services	60% of Usual and Reasonable Charge for Preventive Services  50% of Usual and Reasonable Charge for other covered services
<b>Pediatric Vision Care Benefit, limited to one visit per Policy Year and one pair of prescribed lenses and frames</b>	100% of PPO Allowance for Preventive Services	60% of Usual and Reasonable Charge for Preventive Services



# 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:

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

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

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

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

1. Not in excess of the Usual and Reasonable charges therefore;
2. Not in excess of the charges that would have been made in the absence of this insurance; and
3. 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:

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

**Deductible** means the dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable under the Policy. The amount of the Deductible and the frequency (annual or per occurrence) will be shown in the Schedule of Benefits.

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

1. not necessitated by a pathological or traumatic change in the function or structure of any part of the body; and
2. 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 (not including diagnosis of 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.

**Emergency Medical Condition** means a medical condition which:

1. manifests itself by acute symptoms of sufficient severity (including severe pain); and
2. 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:
  - a. 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;
  - b. Serious impairment to bodily functions; or
  - c. 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:

*(Definitions continued)*

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

**Insured Person** means an Insured Student or dependent of an Insured Student while insured under the Policy.

**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.

**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:

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

**We, Our, Us** means National Guardian Life Insurance Company or its authorized agent.

## Exclusions and Limitations

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

- International Students Only - Eligible expenses within the Insured Person's Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
- dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's Sound, Natural Teeth or as specifically covered under the Policy.
- services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
- services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury or as specifically covered under the Policy.
- weak, strained or flat feet, corns, calluses or ingrown toenails.
- diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
- birth control, including elective surgical procedures or devices, except as specifically provided in the Schedule of Benefits or as required under law.
- treatment or removal of nonmalignant moles warts, acne.
- 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 war or any act of war, whether declared or not when serving in the military or an auxiliary unit thereto, 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 intramural or club 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.
- Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
- charges incurred for 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 except Medically Necessary bariatric surgery, and hair growth or removal unless otherwise specifically covered under the policy.
- expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury or as specifically covered under the Policy.
- racing or speed contests skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.

*(Exclusions and Limitations continued)*

- expenses incurred for Plastic or Cosmetic Surgery, unless needed to repair conditions resulting from an accidental injury or for the improvement of the physiological functioning of a malformed body member, except for services related to orthognathic surgery, osteotomy or any other form of oral surgery, dentistry, or dental processed to the teeth and surrounding tissue.
  - For the purposes of this provision, **Reconstructive Surgery** 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) In no event will any care and services for breast reconstruction or implantation or removal of breast prostheses be covered unless such care and services are performed solely and directly as a result of a Medically Necessary mastectomy.
- 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 exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits or to services specifically covered under the Policy.
- An Insured Person's:
  - committing or attempting to commit a felony;
  - being engaged in an illegal occupation; or
  - participation in a riot.
- elective abortions.

# Academic Emergency Services

**These services are not part of the National Guardian Life Insurance Company health 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](http://aes.myahpcare.com)

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

**1-855-873-3555** call toll free from the US

**+ 1-410-453-6354** call collect from anywhere

**Email:** [assistance@ahpcare.com](mailto: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.

# Claim Procedure

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

- 1) Contact your private healthcare provider or hospital.

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

- 2) Mail to the address below all prescription drug receipts (for providers outside those contracting with HealthSmart Rx<sup>®</sup>), 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 Healthcare  
PO Box 188061  
Chattanooga, TN 37422-8061

Medical Providers Call: 1-844-221-0954

All Other Calls: 1-855-871-9859

**Plan Administered by:**



Academic HealthPlans, Inc.  
P.O. Box 1605  
Colleyville, Texas 76034-1605  
1-855-871-9859  
Fax 1-855-858-1964  
***ahpcare.com***

**For more information about this plan please visit:  
[ecok.myahpcare.com](http://ecok.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 1-855-871-9859. You may also view and download a copy from the website at: [ecok.myahpcare.com](http://ecok.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 [ecok.myahpcare.com](http://ecok.myahpcare.com).