Underwritten by:

National Guardian Life Insurance Company

ahp Academic HealthPlans

METROPOLITAN Community College

Omaha, Nebraska

Student Health Insurance Plan 2019-2020

Policy Number: 2019A4A14

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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

Metropolitan Community College requires that all F-1 international students obtain and maintain health insurance coverage while enrolled at the college. To assure compliance, all F-1 International students will be automatically enrolled in and charged the insurance premium for the Metropolitan Community College Student Health Insurance Plan.

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 lawful Domestic Partner; An Insured Student's dependent biological or adopted child or stepchild under age 26; and An Insured Student's unmarried biological or adopted child or stepchild who has reached age 26 and who is: a) primarily dependent upon the Insured Student for support and maintenance; and b) 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 an Insured Student enrolls a new disabled child under the plan.

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. To continue coverage beyond this initial 31-day period, the Insured Person must: 1) Notify Us of the birth; and 2) Pay 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 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 quarter, whichever applies. 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 **mccneb.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. local time at the University's address on the later of the following dates:

- The Policy effective date, 08/16/2019; or
- The beginning date of the term for which premium has been paid.
- For International Students 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 continuted)

EFFECTIVE AND TERMINATION DATES

	From	To
Fall	08/16/2019	11/19/2019*
Winter	11/19/2019	02/28/2020*
Spring	02/28/2020	05/23/2020*
Summer	05/23/2020	08/16/2020*

***Coverage period begins and ends at 12:01 AM local time at the Policyholder's address.**

OPEN ENROLLMENT PERIODS

The open enrollment periods during which students may apply for, or change, coverage for themselves, and/or their eligible spouses and/or dependents, is as follows:

	From	Through
Fall	07/17/2019	09/14/2019
Winter	10/22/2019	12/21/2019
Spring	01/29/2020	03/28/2020
Summer	04/24/2020	06/25/2020

The coverage provided with respect to the Covered Person shall terminate at 8/16/2020 at 12:01 a.m. local time on the earliest of the following dates:

- The date the Policy terminates 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.
- For International Students, 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.

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. For International Students, and/or their covered Dependents. We will refund a pro rata portion of the premium actually paid for any individual who: Withdraws from School during his/her first quarter; and Returns to his/her Home Country. A written request must be sent to us within 60 days of such departure.**

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 1-855-850-4296 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 for the condition. 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.

Pre-Certification Process

You must adhere to the Pre-certification process. Failure to comply with the Pre-certification requirements may result in a Pre-certification penalty. You are responsible for notifying the claims administrator at the phone number found on your ID card to begin the Pre-certification process. For inpatient benefits or surgery, the call must be made at leave 5 working days before Hospital Confinement or surgery.

The following inpatient benefits require Pre-certification:

1. All inpatient admissions to a Hospital, Skilled Nursing Facility, facility established primarily for the Treatment of Substance Use Disorder, or residential Treatment facility. The expected length of stay should be included in the notification.
2. All inpatient maternity care after the initial 48/96 hours.

Pre-certification is not required for Medical Emergency or Urgent Care; Hospital Confinement for maternity care; or Obstetric or gynecological care when provided by a Network Provider; or Outpatient treatment

Pre-certification does not guarantee that Benefits will be paid. Your Physician will be notified of Our decision.

Failure by the claims administrator to make a determination within the time periods stated in the policy will be deemed an Adverse Determination subject to an appeal.

The Insured Person should contact his or her Physician with question about any Precertification status.

Pharmacy Information

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 ***mccneb.myahpcare.com***.

Preventive Services

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/coverage/preventive-care-benefits/** for more information.

Schedule of Benefits

Preventive Services:
Network Preventive Services: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of Usual and Reasonable Charge, when provided by a network provider.

	Network Provider	Non-Network Provider
DEDUCTIBLE	**$250**	**$500**
OUT-OF-POCKET MAXIMUM EXPENSE LIMIT	**Individual: $6,600** **Family: $13,200**	**Individual: $25,000** **Family: $75,000**
	Network Provider	**Non-Network Provider**
COINSURANCE AMOUNT	**80% of PPO Allowance of Covered Medical Expenses**	**60% of Usual and Reasonable Charge for Covered Medical Expenses**

Benefit Payment for Network Providers and Non-Network Providers: The Policy provides benefits based on the type of health care provider the Insured Student and his or her Covered Dependent selects. 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 **mccneb.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.

Benefits Per Covered Injury/Sickness	Network Provider	Non-Network Provider
Inpatient Benefits		
Hospital Room & Board Expenses *Precertification Required*	80% of PPO Allowance	60% of Usual and Reasonable Charge
Hospital Intensive Care Unit Expense, in lieu of normal Hospital Room & Board Expenses *Precertification Required*	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's Visits while confined	80% of PPO Allowance	60% of Usual and Reasonable Charge

Benefits Per Covered Injury/Sickness	Network Provider	Non-Network Provider
Inpatient Benefits		
Inpatient Surgery: **Surgeon Services** **Anesthetist** **Assistant Surgeon** *Precertification Required*	80% of PPO Allowance 80% of PPO Allowance 80% of PPO Allowance	60% of Usual and Reasonable Charge 60% of Usual and Reasonable Charge 60% of Usual and Reasonable Charge
Registered Nurse Services for private duty nursing while confined	80% of PPO Allowance	60% of Usual and Reasonable Charge
Physical Therapy	80% of PPO Allowance after a $20 Copay per visit	60% of Usual and Reasonable Charge after a $40 Copay per visit
Skilled Nursing Facility Expense Benefit *Precertification Required*	80% of PPO Allowance	60% of Usual and Reasonable Charge
Outpatient Benefits		
Outpatient Surgery: **Surgeon Services** **Anesthetist** **Assistant Surgeon**	80% of PPO Allowance 80% of PPO Allowance 80% of PPO Allowance	60% of Usual and Reasonable Charge 60% of Usual and Reasonable Charge 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
Rehabilitation Therapy, including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy, limited to 90 visits per Policy year **Habilitative Services,** are covered at the Coinsurance Amount shown above to the extent that they are Medically Necessary	80% of PPO Allowance after a $20 Copay per visit	60% of Usual and Reasonable Charge after a $40 Copay per visit
Emergency Services Expenses $200 Copayment per visit	80% of PPO Allowance	80% of PPO Allowance
In-Office Physician's Visits	80% of PPO Allowance after a $20 Copay per visit	60% of Usual and Reasonable Charge after a $40 Copay per visit
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
Prescription Drugs	***At pharmacies contracting with the HealthSmart Rx®*** 100% of PPO Allowance after a $15 Copayment per Generic $45 Copayment per Preferred Brand $75 Copayment per Brand *75% after a maximum Copayment of $150 for Specialty Drugs*	
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 Up to 60 visits per Policy Year	80% of PPO Allowance	60% of Usual and Reasonable Charge
Hospice Care Coverage Up to 180 days	80% of PPO Allowance	60% of Usual and Reasonable Charge

Benefits Per Covered Injury/Sickness	Network Provider	Non-Network Provider
Other Benefits		
Ambulance Service	80% of PPO Allowance	80% of Usual and Reasonable Charge
Prosthesis and Orthotics	80% of PPO Allowance	60% of Usual and Reasonable Charge
Durable Medical Equipment	80% of PPO Allowance	60% of Usual and Reasonable Charge
Maternity Benefit	Same as any other Covered Sickness	
Routine Newborn Care	Same as any other Covered Sickness	
Pediatric Dental Care Benefit **Preventive Dental Care** The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care: Emergency Dental Clinical Oral Evaluations Endodontic Services Periodontal Services Prosthodontic Services Medically Necessary Orthodontic Care	See Benefit for limitations 100% Usual and Reasonable, limited to 2 dental exams every 12 months 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable	
Pediatric Vision Care Benefit, limited to 1 visit per Policy Year and 1 pair of prescribed lenses and frames	100% of PPO Allowance	60% of Usual and Reasonable Charge
Chiropractic Care	80% of PPO Allowance after a $20 Copay per visit	60% of Usual and Reasonable Charge after a $40 Copay per visit
Mental Illness Benefit	Same as any other Covered Sickness	
Consultant Physician Services, when requested by the attending physician	80% of PPO Allowance $20 Copay per visit	60% of Usual and Reasonable Charge after a $40 Copay per visit
Accidental Injury Dental Treatment for Insured Person's over age 18	80% of PPO Allowance	80% of Usual and Reasonable Charge
Sickness Dental Expense for Insured Person's over age 18	80% of PPO Allowance	60% of Usual and Reasonable Charge
Mandated Benefits		
Dental Anesthesia Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Diabetes Care Management Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge

Definitions

Accident means a sudden, unforeseeable external event that causes Injury to an Insured Person. The Accident must occur while coverage is in effect for the Insured Person.

Ambulance Service means transportation to a Hospital by an Ambulance Service.

Anesthetist means a Physician or nurse who administers anesthesia during a surgical procedure. He or she may not be an employee of the Hospital where the surgical procedure is performed.

Brand Name Drugs means drugs for which the drug manufacturer's trademark registration is still valid and where the trademarked or proprietary name of the drug still appears on the packaged label.

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.

Complications of Pregnancy means conditions that require Hospital confinements before the pregnancy ends and whose diagnoses are distinct from but caused or affected by pregnancy. These conditions are acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar conditions as severe as these.

- Complications of Pregnancy also include non-elective cesarean section, termination of an ectopic pregnancy, and spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.)
- Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, preeclampsia, and similar conditions not medically distinct from a difficult pregnancy.

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.

Country of Assignment means the country in which an Eligible International Student, scholar or visiting faculty member is:

1. Temporarily residing; and
2. Actively engaged in education or educational research related activities sponsored by the National Association for Foreign Student Affairs or its Member Organizations.

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.

(Definitions continued)

Dependent means:

- An Insured Student's lawful spouse or lawful Domestic Partner;
- An Insured Student's dependent biological or adopted child or stepchild under age 26; and
- An Insured Student's unmarried biological or adopted child or stepchild 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 an Insured Student enrolls a new disabled child under the plan.

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, 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.

Eligible Student means a student who meets all enrollment requirements of the School named as the Policyholder in the Insurance Information Schedule.

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:
   - 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.

Emergency Services means, with respect to an Emergency Medical Condition: transportation services, including but not limited to ambulance services, and covered inpatient and outpatient Hospital services furnished by a Hospital or Physician qualified to furnish those services that are needed to evaluate or Stabilize an Emergency Medical Condition.

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:

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.

(Definitions continued)

Formulary means a list of medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. The Formulary includes Generic Brand, Preferred Brand, Brand Drugs and Specialty Drugs.

Generic Drugs means a drug that is identical or bioequivalent to a Brand Named drug in dosage form, safety, strength, route of administration, quality, performance characteristics, intended use and is not protected by a patent.

Habilitative Services means Medically Necessary health care services and health care devices that assist an Insured Person in partially or fully acquiring or improving skills and functioning and that are necessary to address a health condition, to the maximum extent practical. These services address the skills and abilities needed for functioning in interaction with an individual's environment. Examples of health care services that are not habilitative services include, but are not limited to, respite care, day care, recreational care, residential treatment, social services, custodial care, or education services of any kind, including, but not limited to, vocational training.

Home Country means the Insured Student's country of citizenship. If the Insured Student has dual citizenship, his or her Home Country is the country of the passport he or she used to enter the United States. The Insured Student's Home Country is considered the Home Country for any dependent of an Insured Student while insured under the policy.

Hospital means an institution that:

1. Operates as a Hospital pursuant to law;
2. Operates primarily for the reception, care and treatment of sick or injured persons as inpatients;
3. Provides 24-hour nursing service by Registered Nurses on duty or call;
4. Has a staff of one or more Physicians available at all times; and
5. Provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis.

Hospital does not include the following:

1. Convalescent homes or convalescent, rest or nursing facilities;
2. Facilities primarily affording custodial, educational, or rehabilitory care; or
3. Facilities for the aged, drug addicts or alcoholics.

Hospital Confined or Hospital Confinement means a stay of eighteen (18) or more consecutive hours as a resident bed patient in a Hospital.

Immediate Family Member means the Insured Person and his or her spouse or the parent, child, brother or sister of the Insured Person or his or her spouse.

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

Insured Student means a student of the Policyholder who is eligible and insured for coverage under the policy.

International Student means an international student:

1. With a current passport and a student Visa;
2. Who is temporarily residing outside of his or her Home Country; and
3. Is actively engaged, on a full time basis, as a student or in educational research activities through the Policyholder.

In so far as the policy is concerned, permanent residents or those who have applied for Permanent Residency Status are not considered to be an International Student.

(Definitions continued)

Loss means medical expense caused by an Injury or Sickness which is covered by 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.

Mental Health Condition means any condition or disorder involving mental illness and substance abuse that falls under any of the diagnostic categories listed in the Mental Disorders Section of the International Classification of Disease and is not a Serious Mental Illness.

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.

Physician means a:

1. Doctor of Medicine (M.D.); or
2. Doctor of Osteopathy (D.O.); or
3. Doctor of Dentistry (D.M.D. or D.D.S.); or
4. Doctor of Chiropractic (D.C.); or
5. Doctor of Optometry (O.D.); or
6. Doctor of Podiatry (D.P.M.);

who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered.

A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a Health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

Physician will also means any licensed practitioner of the healing arts who We are required by law to recognize as a "Physician." This includes an acupuncturist, a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant, social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician.

The term Physician does not mean any person who is an Immediate Family Member.

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.

School or College means the college or university attended by the Insured Student.

Serious Mental Illness means any mental health condition that current medical science affirms is caused by a biological disorder of the brain and that substantially limits the life activities of the Insured Person with the Serious Mental Illness. Serious Mental Illness includes, but is not limited to schizophrenia, schizoaffective disorder, delusional disorder, bipolar affective disorder, major depression, and obsessive compulsive disorder.

Skilled Nursing Facility means a licensed institution devoted to providing medical, nursing, or custodial care for an Insured Person over a prolonged period, such as during the course of a chronic disease or the rehabilitation phase after an acute sickness or injury.

Sound, Natural Teeth means natural teeth. The major portion of a tooth must be present, regardless of fillings, and not carious, abscessed or defective. Sound, Natural Teeth will not include capped teeth.

(Definitions continued)

Specialty Drugs means drugs that are high-cost injectable, infused, oral, or inhaled drugs that generally require special storage or handling and close monitoring of the Insured Person's drug therapy.

Stabilize means, with respect to an Emergency Medical Condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

Treatment means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

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.

Visa, in so far as the policy is concerned, means the document issued by the United States Government that permits an individual to participate in the educational activities of a college, university or other institution of higher learning either as a student or in another academic capacity. An International Student must have and maintain a valid visa, either an F-1 (Academic), J-1 (Exchange) or M-1(Vocational) in order to continue as a student in the United States.

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

Exclusions and Limitations

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of the Act.

The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the Policy and as shown in the Schedule of Benefits.

- **International Students Only** -expenses incurred within the Insured Person's Home Country or country of regular domicile.
- medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits.
- 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 Pediatric Dental Care Benefit.
- professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
- radial keratotomy and 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 Pediatric Vision Care Benefit.
- diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
- sleep disorders including the testing for same.
- 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, 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 Intercollegiate.
- 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.
- expenses payable under any prior Policy which was in force for the person making the claim.
- expenses incurred during a Hospital emergency room visit which is not of an emergency nature.
- Injury sustained as the result of the Insured Person's operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
- expenses incurred after:
    - The date insurance terminates as to the Insured Person;
    - The Maximum Benefit for each Covered Injury or Covered Sickness has been attained; and
    - The end of the Benefit Period specified in the Benefit Schedule.

(Exclusions and Limitations continued)

- Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
- 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 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.
- 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.

The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company. These value added options are provided by GeoBlue.

Academic Emergency Services

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 yourStudent 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. For more details, go to **mccneb.myahpcare.com**.

Claim Procedure

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

1) Report 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 90 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 Medical Claims and Inquiries to:

Cigna PPO
PO Box 188061
Chattanooga, TN 37422-8061
EDI #62308

Submit all Other Claims and Inquiries to:

HealthSmart
3320 W. Market St., Suite 100
Fairlawn, OH 44333
Medical Providers Call: 1-844-763-2383
All Other Calls: 1-855-850-4296

Plan Administered by:

ahp | Academic HealthPlans™

Academic HealthPlans, Inc.
P.O. Box 1605
Colleyville, Texas 76034-1605
1-855-850-4296
Fax 1-855-858-1964
ahpcare.com

For more information about this plan please visit:
mccneb.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 1-855-850-4296. You may also view and download a copy from the website at: **mccneb.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 **mccneb.myahpcare.com.**