Underwritten by:

National Guardian Life Insurance Company

ahp | Academic HealthPlans℠

SMU®

Dallas, Texas

Student Health Insurance Plan 2019-2020

Policy Number: 2019A4A24

The 2019-2020 Student Health Insurance Plan is underwritten by National Guardian Life Insurance Company, NBH-280 (2014)PPO TX.
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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 #3 - 11/18/2019

Acne, warts and moles have been removed from the Elective Treatment Definition on page 11..

Revision #2 - 9/6/2019

Claims or Benefits Inquiries Payor ID has changed from 88091 to 62308.

Revision #1 - 8/28/2019

The following language was added to the Student Health Center section:
Prescriptions are available for a 90-day dispense at 3 times the copayment.

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

The Deductible is waived and Covered Expenses at the Student Health Center (SHC) will be payable at 80% for insured students who have paid the SMU Student Health Center fee. Adult Immunizations covered at the Student Health Center include TB skin test, MMR#1, MMR#2, Tdap, Td and Meningitis.

At SMU SHC: Prescriptions are payable at 100% after a $15 Copayment for each Generic Drug and $40 Copayment for each Brand Name Drug. Prescriptions are available for a 90-day dispense at 3 times the copayment.

Eligibility

DOMESTIC STUDENTS

All domestic students taking nine (9) credit hours or more are required to maintain health insurance as a condition of enrollment. A domestic student may waive out of the Policy by documenting current, comparable U.S. insurance coverage in the Student Center component of ***my.SMU.edu*** before the deadline each semester. Domestic students not waiving are required to enroll in the Student Health Insurance Plan.

To complete the waiver form or to elect coverage, go to the Student Center component of ***my.SMU.edu***. If you choose to elect coverage or do not waive coverage by the waiver deadline, the premium will be charged to your SMU student account. No changes will be made to a student's SMU account after August 7, 2019, for Fall 2019, or after December 7, 2019, for Spring 2020. For more detailed information, please visit ***smu.edu/healthinsurance***.

All domestic students taking between one (1) and eight (8) credit hours are eligible to enroll on a voluntary basis during the open enrollment period (prior to the waiver deadline) and have their premium billed to their SMU Student Account.

INTERNATIONAL STUDENTS

All International students are required to maintain the Student Health Insurance Plan as a condition of enrollment International students must enroll in the Student Health Insurance Plan unless they have a special waiver personally granted by the SMU Health Center staff. To view the requirements necessary to apply for a waiver, please go to ***smu.edu/healthinsurance***.

After enrolling for classes each semester, international students must elect coverage online by going to the student Center component of ***my.SMU.edu*** and selecting the "Health Insurance" button. The semi-annual premium will be charged to the student's SMU student account after they enroll in ***my.SMU.edu***.

Any international student not enrolled by the enrollment/waiver deadline will be enrolled automatically and will have the premium charged to their SMU student account. No changes will be made to a student's SMU account after August 7, 2019, for Fall 2019 or after December 7, 2019 for Spring 2020. For more detailed information, including a Frequently Asked Questions page, please visit ***smu.myahpcare.com***.

INTENSIVE ENGLISH PROGRAM (IEP) STUDENTS

All Intensive English Program (IEP) students must enroll in the Student Health Insurance Plan unless they have a special waiver personally granted by the Health Center staff. To view the requirements necessary to apply for a waiver go to ***smu.edu/healthinsurance***.

MEADOWS MASTERS OF MANAGEMENT PROGRAM

All Meadows Masters students will be automatically enrolled into the Student Health Insurance Plan from a list given to them by Meadows, and the premium will be charged to their student account.

All Meadows Masters students will be automatically enrolled into the Student Health Insurance Plan and the premium will be charged to their student account.

Eligibility continued

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.

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; an Insured Student's dependent biological child, adopted child or child pending adoption, child under a medical support order under an order issued under Chapter 154, Family Code, or enforceable by a court in this state, stepchild under age 26; and an Insured Student's grandchild who unmarried, under age 25 and dependent on the Insured Student for federal income tax purposes at the time application for coverage of the grandchild is made; and an Insured Student's covered dependent child 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 a Insured Student enrolls a new disabled child under the plan.

Coverage will continue for a child who is 26 or more years old, chiefly supported by the Insured and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to the Company within 31 days after the date the child ceases to qualify as a child for the reasons listed above. During the next two years, the Company may, from time to time, require proof of the continuation of such condition and dependence. After that, the Company may require proof no more than once a year. Dependent coverage is available only if the student is also insured. Dependent coverage must be the exact same coverage period of the Insured; and therefore, will expire concurrently with that of the student.

Newly Born Children A newborn child will automatically be covered for the first 31 days following the child's birth. To extend coverage for a newborn child past the 31 day period, the covered student must: 1) enroll the child within 31 days of birth, and 2) pay any required 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 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 ***smu.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 is 08/01/2019; or
- The beginning date of the term for which premium has been paid.

Effective and Termination Dates		
Domestic and International Students	**From**	**To**
Fall	08/01/19	01/01/20*
Spring/Summer	01/01/20	08/01/20*
Summer	05/01/20	08/01/20*
IEP International Students	**From**	**To**
Fall	09/09/19	01/06/20*
Spring	01/06/20	05/04/20*
MayMester	05/04/20	06/22/20*
Summer	06/22/20	09/09/20*
Meadows Master of Management Students	**From**	**To**
Fall	08/10/19	01/01/19*

***Coverage period ends at 12:01 a.m. 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:*		
Domestic and International Students	**From**	**To**
Fall	04/15/19	08/07/19
Spring/Summer	11/01/19	12/07/19
Summer	03/29/20	07/02/20
IEP International Students	**From**	**To**
Fall	08/15/19	10/10/19
Spring	10/31/19	02/20/20
MayMester	02/21/20	05/31/20
Summer	04/16/20	07/30/20
Meadows Master of Management Students	**From**	**To**
Fall	04/15/19	08/07/19

The coverage provided with respect to the Covered Person shall terminate *08/01/2020* at 12:01 a.m. standard 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.

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 1-855-357-0242 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 Cigna RX®: You must go to a pharmacy contracting with the Cigna 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 ***smu.myahpcare.com***.

Preventive Services

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

- 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.

Preventive Services continued

- 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/ for more information.

Schedule of Benefits

Preventive Services:
Network Provider: The Deductible, Coinsurance, and any Copyament are not applicable to Preventive Services. Benefits are paid at 100% of the PPO Allowance when services are provided through a Network Provider.

Non-Network Provider: The Deductible, Coinsurance, and any Copyament are not applicable to Preventive Services provided though a Non-Network Provider. Any Deductible, Coinsurance, and any Copyament for services provided by a Non-Network Provider are not applied toward the annual Out-of-Pocket Maximum. Benefits are paid at 60% of the Usual and Reasonable charge.

	Network Provider	Non-Network Provider
DEDUCTIBLE	**Individual: $400 Family: $1,200**	**Individual: $1,200 Family: $3,600**
OUT-OF-POCKET EXPENSE LIMIT	**Individual: $7,900 Family: $12,700**	**Individual: $10,000 Family: $37,500**
	Network Provider	**Non-Network Provider**
COINSURANCE AMOUNT	**80% of PPO Allowance for Covered Medical Expenses unless otherwise stated below**	**60% of Usual and Reasonable Charge for Covered Medical Expenses unless otherwise stated below**

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 Cigna Provider in your area, consult your Provider Directory. You may call toll-free 1-855-357-0242 or visit our website at ***smu.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

Benefits Per Covered Injury/Sickness	Network Provider	Non-Network Provider
Inpatient Benefits		
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
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
Physical Therapy	80% of PPO Allowance	60% of Usual and Reasonable Charge
Skilled Nursing Facility Benefit, 25 days per Policy Year *Precertification Required*	80% of PPO Allowance	60% of Usual and Reasonable Charge
Mental Health Disorder Benefit *Precertification Required*	Same as any other Covered Sickness	
Substance Use Disorder Benefit *Precertification Required*	Same as any other Covered Sickness	
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, 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 and speech therapy, 35 visits per Policy Year Habilitative Services are covered to the extent that they are Medically Necessary	80% of PPO Allowance	60% of Usual and Reasonable Charge
Emergency Services Expenses	80% of PPO Allowance Copayment: $250 Deductible waived Copayment waived if admitted	80% of PPO Allowance Copayment: $250 Deductible waived Copayment waived if admitted
In-Office Physician's Visits	100% of PPO Allowance Copayment: $30 Deductible Waived	60% of Usual and Reasonable Charge
Urgent Care Centers or Facilities	100% of PPO Allowance Copayment: $50 Deductible Waived	60% of Usual and Reasonable Charge
Diagnostic X-ray Services	80% of PPO Allowance	60% of Usual and Reasonable Charge

Benefits Per Covered Injury/Sickness	Network Provider	Non-Network Provider
Outpatient Benefits		
Laboratory Procedures	80% of PPO Allowance	60% of Usual and Reasonable Charge
Prescription Drugs, all prescriptions are limited to 30 day retail supply, Includes diabetic supplies.	***At pharmacies contracting with the Cigna Rx®*** 100% of PPO Allowance for Generic Copayment: $25 Preferred Brand Copayment: $50 Brand Copayment: $75	60% of Usual and Reasonable Charge for Generic Copayment: $25 Preferred Brand Copayment: $50 Brand Copayment: $75
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	80% of PPO Allowance	60% of Usual and Reasonable Charge
Routine Eye Exam (Adults), limited to one eye exam per Policy Year	100% of PPO Allowance	60% of Usual and Reasonable Charge
Mental Health Disorder Benefit	Same as any other Covered Sickness	
Substance Use Disorder Benefit	Same as any other Covered Sickness	
Other Benefits		
Ambulance Service	80% of PPO Allowance	80% of Usual and Reasonable Charge
Durable Medical Equipment	80% of PPO Allowance	60% of Usual and Reasonable Charge
Hearing Aid or Cochlear Implant Expense Benefit	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	
Consultant Physician Services, when requested by the attending physician	100% of PPO Allowance Copayment: $50 Deductible Waived	60% of Usual and Reasonable Charge
Accidental Injury Dental Treatment, for Insured Person's over age 18	80% of PPO Allowance	60% of Usual and Reasonable Charge
Student Health Center/Infirmary Expense	80% of Usual and Reasonable Charge Deductible Waived	
Pediatric Dental Care Benefit Preventive Dental Care limited to one (1) dental exam every six (6) months *The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:*	See Benefit for Limitations 100% of PPO Allowance for Preventive Services	See Benefit for Limitations The Coinsurance amount for Preventive Dental Care is 80% of Usual and Reasonable
Emergency Dental	50% of Usual and Reasonable	50% of Usual and Reasonable
Clinical Oral Evaluations	50% of Usual and Reasonable	50% of Usual and Reasonable
Endodontic Services	50% of Usual and Reasonable	50% of Usual and Reasonable
Periodontal Services	50% of Usual and Reasonable	50% of Usual and Reasonable
Prosthodontic Services	50% of Usual and Reasonable	50% of Usual and Reasonable
Medically Necessary Orthodontic Care	50% of Usual and Reasonable	50% of Usual and Reasonable
Pediatric Vision Care Benefit, limited to one (1) visit(s) and one (1) pair of prescribed lenses and frames per Policy Year	See Benefit for Limitations 100% of PPO Allowance for Preventive Services	60% of Usual and Reasonable Charge

Benefits Per Covered Injury/Sickness	Network Provider	Non-Network Provider
Mandated Benefits		
Temporomandibular Benefit, on the same basis as diagnostic or surgical treatment of conditions affecting other skeletal joints	80% of PPO Allowance	60% of Usual and Reasonable Charge
Amino Acid-based Elemental Formulas Benefit	Same as any other outpatient Prescription Drug	
Acquired Brain Injury Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Early Detection of Cardiovascular Diseases, Subject to $200 benefit limit every *five* years	80% of PPO Allowance	60% of Usual and Reasonable Charge
Clinical Trials Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Reconstructive Surgery for Craniofacial Abnormalities Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Dental Anesthesia Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Diabetes Expense Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Phenylketonuria Treatment Benefit	Same as any other outpatient Prescription Drug	
Prosthetic and Orthotic Devices Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Telehealth Services and Telemedicine Service Benefit	100% of PPO Allowance	100% of Usual and Reasonable Charge
Inpatient Mastectomy and Reconstructive Surgery Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Child Immunizations Benefit	Same as any other Preventive Service	
Hearing Test Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Must Offer Benefits		
Loss or Impairment of Speech and Hearing 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 Drug 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.

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 weight reduction, infertility (unless otherwise covered under the Invitro Fertilization Benefit), learning disabilities (unless otherwise covered under the Developmental Delays in Children Benefit), 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, 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

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:
    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.

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.

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, and Preferred Brand 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.

Heritable Disease means an inherited disease that may result in mental or physical retardation or death.

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.

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.

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.

Orthotic Device means a custom-fitted or custom-fabricated medical device that is applied to a part of the human body to correct a deformity, improve function, or relieve symptoms of a disease.

Out-of-pocket Expense Limit means the amount of Usual and Reasonable expenses that an Insured Person is responsible for paying.
The Out-of-Pocket Expense Limit is shown in the Schedule of Benefits. It 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.

Phenylketonuria means an inherited condition that, if not treated, may cause severe mental retardation.

Physician means a:

1. Physician of Medicine (M.D.); or
2. Physician of Osteopathy (D.O.); or
3. Physician of Dentistry (D.M.D. or D.D.S.); or
4. Physician of Chiropractic (D.C.); or
5. Physician of Optometry (O.D.); or
6. Physician 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 Physician in the state where the service is rendered.
A Physician 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 Physician of Psychology must be prescribed by a Physician 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.

Prosthetic Device means an artificial device designed to replace, wholly or partly, an arm or leg.

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

Skilled Nursing Facility means a facility constituted, licensed, and operated as set forth in applicable state law, which:

1. mainly provides Inpatient care and treatment for persons who are recovering from an illness or injury;
2. provides care supervised by a Physician;
3. provides 24 hour per day nursing care supervised by a full-time Registered Nurse;
4. is not a place primarily for care of the aged, Custodial or Domiciliary Care, or treatment of alcohol or drug dependency; and
5. is not a rest, educational, or custodial facility or similar place.

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.

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:

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

We, Us, or **Our** 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 would be eligible.
- preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy or considered a Preventive Service under Description of Benefits.
- medical services rendered by a 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 provided for Pediatric Dental Care.
- services or supplies in connection with eye examinations, eyeglasses or contact lenses except as specifically provided in the Schedule of Benefits.
- weak, strained or flat feet.
- 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 Intercollegiate, intramural or club;
- 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, 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 for radial keratomy.
- 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.
- 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). Plastic or Cosmetic Surgery does not include newborn congenital defects, reconstructive surgery incident to craniofacial abnormalities or a mastectomy.

- treatment to the teeth, including surgical extractions of teeth. This exclusions does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.

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 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. For more details, go to ***smu.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 1-855-357-0242. You may also view and download a copy from the website at: ***smu.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 ***smu.myahpcare.com*.**

Claim Procedure

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

1) Report to the Student Health Center for treatment or when not in school, 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.

Claims or Benefit Inquiries:
Customer Service: 1-800-780-7879
Payer ID #62308

Claims Mailing Address:
Cigna Healthcare
P.O. Box 188061
Chattanooga, TN 37422-8061

Plan Administered by:

ahp | Academic HealthPlans℠

Academic HealthPlans, Inc.
P.O. Box 1605
Colleyville, Texas 76034-1605
1-855-357-0242
Fax 1-855-858-1964
ahpcare.com

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