

ahp

Academic
HealthPlans



2015-2016

Student Health Insurance Plan

THROUGH
INDEPENDENCE ADMINISTRATORS

Benefits are underwritten by QCC Insurance Company.
Administrative services performed by Independence Administrators.

Policy Number: 103391-15

Please read the brochure to understand your coverage.

Eligibility

All currently enrolled full time students are required to enroll. Full time students are defined as **Undergraduate students taking 9 or more credit hours** and **Graduate students taking 3 or more credit hours**. The applicable premium will be charged to the student's tuition bill. Students who waive out of the plan are required to submit proof of other comparable coverage. Once proof of other coverage is received and accepted the applicable premium will be removed from the bill. **International students** may not waive out of the plan. **Part time students** are not eligible.

Eligible students who enroll may also insure their Dependents for an additional cost. Dependent enrollment must take place at the time of student enrollment (or within 30 days if tuition billed) or beginning with the next enrollment period, with the exception of newborn or adopted children or a Qualifying Event. Dependent coverage is available only if the student is also enrolled as a student or under the coverage. Dependent coverage must be the exact same coverage period of the Subscriber and therefore will expire concurrently with that of the student. Eligible Dependents are the spouse, children from the moment of birth to age 26 and adopted children from the date of placement with the student. Students must pay Academic HealthPlans directly for Dependent coverage.

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 cost, starting from the date of birth. Newborn children are covered for any Injury or Illness including the necessary care and treatment of medically diagnosed congenital anomaly and birth abnormalities.

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 contract provided, within 31 days of the qualifying event, students should send a copy of the Certificate of Creditable Coverage, the Qualifying Events Form and 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 or quarter, whichever applies. However, the effective date will be the later of the date the student enrolls for coverage under the contract and pays the required premium, or the day after the prior coverage ends. You may download a form from lincoln.myahpcare.com.

Effective And Termination Dates

Coverage becomes effective at 12:00 a.m. at the University's address the later of the following dates:

- 1) The effective date of the contract or policy, August 11, 2015; or
- 2) The date the premium is received by AHP or its authorized representative.

Coverage is effective as follows:

| | From | Through |
|------------------------|-------------|----------------|
| Annual | 08/11/2015 | 08/10/2016 |
| Spring/Summer Semester | 01/10/2016 | 08/10/2016 |

The plan covers Injuries sustained and Illness contracted and causing loss commencing during the covered period.

The coverage provided with respect to the Named Subscriber shall terminate at 11:59 p.m. on the earliest of the following dates:

- 1) The last day of the period through which the premium is paid;
- 2) August 10, 2016;
- 3) The date the eligibility requirements are not met; or
- 4) The date the Subscriber enters full time active duty in the Armed Forces.

Refunds of premium are allowed only upon entry into the Armed Forces, and the plan receives proof of active duty. Otherwise, all premiums received by the plan will be considered fully earned and non-refundable. The contract issued to the University is a Non-Renewable, One-Year Term contract. It is the Subscriber's responsibility to enroll for coverage each year in order to maintain continuity of coverage.

Alternative Coverage - If you no longer meet the eligibility requirements contact Academic HealthPlans at (855) 850-4297 prior to your termination date.

Outpatient Prescription Drug Benefit

Outpatient prescription drugs are provided through a prescription drug program managed by FutureScripts®.

For Retail, there is a \$10 copayment for each generic prescription drug, a \$30 copayment for brand name prescription drugs and a \$50 copayment for non-preferred prescription drugs up to a 30 day supply.

For Mail-Order, there is a \$20 copayment for each generic prescription drug, a \$60 copayment for brand name prescription drugs and a \$100 copayment for non-preferred prescription drugs up to a 90 day supply.

After you have reached your maximum, you can use your ID card at a FutureScripts participating pharmacy for discounts.

In order to access this program, go to a pharmacy within the FutureScripts network. Present your insurance ID card to the pharmacy to identify yourself as a participant in this Plan. Eligibility status will be on-line at the pharmacy. You can locate a participating pharmacy by calling (888) 678-7013 or visit the website at lincoln.myahpcare.com ("Find a Pharmacy" Link under Benefits).

Preferred Provider Benefits

Preferred Providers allow the Subscriber to maximize the benefits offered under this program. You should seek treatment from preferred health care providers, which include hospitals, doctors, ancillary, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates.

Home or away, you'll have access to preferred doctors and hospitals through the BlueCard® program. BlueCard gives you access to the preferred health care providers of independent Blue Cross® and Blue Shield® plans across the country. For a list of providers go to lincoln.myahpcare.com ("Find a Doctor or Hospital" link under Benefits) or you may call (888) 547-5080.

Under the BlueCard® Program, you may obtain covered services from either Preferred or Non-Preferred health care providers. Some Non-Preferred providers have agreed to accept contracted rates as payment in full and will not balance bill you.

When you obtain health care services through the BlueCard program outside the Independence Administrators network, the amount you pay for covered services is calculated on the lower of: the billed charges for your covered services, or the negotiated price established by the local Blue Cross or Blue Shield plan with which the provider has made this arrangement.

Coordination of Benefits

If a Covered Person is eligible for benefits under this insurance Plan and any other group or blanket plans, the Company will coordinate the benefits payable under this Plan with the benefits payable under the other group or blanket plans.

Conversion of Coverage

1. If an individual ceases to be a Subscriber under the Contract, the individual is eligible for coverage under an individual conversion contract then available from the Carrier. The coverage may be different from the coverage provided under the Contract. Evidence of insurability is not required. This option is not available to Subscribers who have been covered under the Educational Institution's plan for less than three months, to Subscribers whose termination of coverage under the group contract was for failure to pay any required contribution, or to Subscribers who obtain replacement group coverage within 31 days.
2. The Educational Institution will give a Subscriber written notice of the privilege of conversion to a conversion contract and its duration within fifteen (15) days before or after the date of termination of coverage under the Contract.
3. Direct payment for coverage under the conversion contract must be made from the date the person ceases to be a Subscriber under the Contract.
4. The conversion contract will be effective on the date of termination of the Subscriber's coverage under the Contract.
5. Written application for the conversion contract must be made to the Carrier no later than 31 days after termination under the Contract.
6. If the Subscriber is eligible for another health insurance plan which is available to the Educational Institution where the Subscriber is employed or with which the Subscriber is affiliated, a conversion contract will not be available.
7. The conversion contract will not be available to any Subscriber where the Educational Institution terminates the Contract in favor of group coverage by another organization or where the Educational Institution terminates the Subscriber in anticipation of terminating the Contract in favor of group coverage by another organization.

SCHEDULE OF BENEFITS

This Schedule of Benefits describes benefits, maximums, and allowances of the coverage provided in the Contract for each Subscriber.

Subject to the exclusions, conditions and limitations of this Plan, a Subscriber is entitled to benefits for the Covered Services described in this *Schedule of Benefits* during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limit or Lifetime Maximum. The percentages for Coinsurance and Covered Services shown in this *Schedule of Benefits* are not always calculated on actual charges.

NOTICE: This Plan contains Patient Care Management provisions for all inpatient admissions and certain outpatient procedures. If you do not comply with these provisions, benefits may be reduced or considered not eligible. Please read the section entitled Patient Care Management carefully. The number to call for Patient Care Management is (877) 385-6243.

| SERVICE | If the Subscriber uses a Preferred Provider or a BlueCard Provider, the Plan will pay: | If the Subscriber uses a Non-Preferred Provider, the Plan will pay: |
|--|--|---|
| Benefit Period | Plan Year | |
| Annual Maximum Lifetime Maximum | Unlimited per person combined Preferred and Non- Preferred Unlimited | |
| Deductible (Subscriber's Responsibility) | | |
| Subscriber's Deductible | \$250 | \$600 |
| Maximum Out-of-Pocket Expense (per Plan Year; includes deductible, coinsurance, and medical copayments) | | |
| Per Subscriber | \$6,250 | \$12,700 |
| Primary and Preventive Care | | |
| Office Visits | | |
| Preventive Visit | 100% | 60% after deductible |
| Primary Care Visit | 80% after a Copayment of \$25 per visit | 60% after deductible |
| Pediatric Preventive Care | | |
| Subscribers up to age 21 | 100% | 60% after deductible |
| Immunizations | | |
| | 100% | 60% after deductible |
| Adult Preventive Care | | |
| | 100% | 60% after deductible |
| Routine Gynecological Examination, Pap Smear (Limit 1 per plan year) | | |
| | 100% | 60% after deductible |

| SERVICE | If the Subscriber uses a Preferred Provider or a BlueCard Provider, the Plan will pay: | If the Subscriber uses a Non-Preferred Provider, the Plan will pay: |
|--|--|--|
| Mammograms (Limit 1 per plan year) | 100% | 60% after deductible |
| Inpatient Benefits | | |
| Hospital Services Precertification required for all Inpatient admissions other than an admission for Emergency Care or Maternity Care. | 80% after deductible Benefit Period Maximum: 365 Inpatient days. | 60% after deductible Benefit Period Maximum: 70 Inpatient days. This maximum is part of, not separate from, Preferred days maximum. |
| Medical Care | 80% after deductible | 60% after deductible |
| Skilled Nursing Care Facility Maximum of 120 Inpatient days per Benefit Period. | 80% after deductible | 60% after deductible |
| Inpatient /Outpatient Benefits | | |
| Hospice Services Respite Care: Maximum of 7 days every 6 months. Inpatient respite has a limit of up to 5 days per confinement and 10 days per hospice period. | 80% after deductible | 60% after deductible |
| Colonoscopy | 80% after deductible | 60% after deductible |
| Maternity/Ob-Gyn/ Family Services | | |
| Maternity / Obstetrical Care | | |
| Professional Service (Copayment applies to first visit only) | \$25 Copayment per visit, 80% after deductible | 60% after deductible |
| Facility Service | 80% after deductible | 60% after deductible |
| Elective Abortions | | |
| Outpatient Facility Charges | 80% after deductible | 60% after deductible |
| Newborn Care | 80% after deductible | 60% after deductible |

| SERVICE | If the Subscriber uses a Preferred Provider or a BlueCard Provider, the Plan will pay: | If the Subscriber uses a Non-Preferred Provider, the Plan will pay: |
|---|--|---|
| <p>Mental Health / Psychiatric Care</p> <p>Inpatient Treatment for Mental Illness and Serious Mental Illness <i>Preferred Benefit Period Maximum: 365 Inpatient days.</i> <i>Non-Preferred Benefit Period Maximum: 70 Inpatient days. This maximum is part of, not separate from, Preferred days maximum.</i> Professional Service) Facility Service</p> <p>Outpatient Treatment for Mental Illness and Serious Mental Illness</p> | <p>80% after deductible 80% after deductible</p> <p>80% after deductible</p> | <p>60% after deductible 60% after deductible</p> <p>60% after deductible</p> |
| <p>Treatment of Alcohol or Drug Abuse and Dependency Inpatient Hospital Detoxification and Rehabilitation <i>Preferred Benefit Period Maximum: 365 Inpatient days.</i> <i>Non-Preferred Benefit Period Maximum: 70 Inpatient days. This maximum is part of, not separate from, Preferred days maximum.</i> Professional Service Facility Service</p> <p>Hospital and Non-Hospital Residential Care</p> | <p>80% after deductible 80% after deductible</p> <p>80% after deductible</p> | <p>60% after deductible 60% after deductible</p> <p>60% after deductible</p> |

| SERVICE | If the Subscriber uses a Preferred Provider or a BlueCard Provider, the Plan will pay: | If the Subscriber uses a Non-Preferred Provider, the Plan will pay: |
|--|---|--|
| Treatment of Alcohol or Drug Abuse and Dependency | | |
| Outpatient Treatment | 80% after deductible | 60% after deductible |
| Surgical Services | | |
| Outpatient Facility Charges | 80% after deductible | 60% after deductible |
| Outpatient Professional Charges | 80% after deductible | 60% after deductible |
| Inpatient Anesthesia | 80% after deductible | 60% after deductible |
| Inpatient Facility Charges | 80% after deductible | 60% after deductible |
| Inpatient Professional Charges | 80% after deductible | 60% after deductible |
| Inpatient Second Surgical Opinion | 80% after deductible | 60% after deductible |
| Transplant Services | | |
| Inpatient Facility Charges | 80% after deductible | 60% after deductible |
| Outpatient Facility Charges | 80% after deductible | 60% after deductible |

| SERVICE | If the Subscriber uses a Preferred Provider or a BlueCard Provider, the Plan will pay: | If the Subscriber uses a Non-Preferred Provider, the Plan will pay: |
|--|--|--|
| Outpatient Benefits | | |
| Ambulance Services | 80% after deductible | 80% after deductible |
| Ambulance Non-Emergency Services | 80% after deductible | 60% after deductible |
| Autism Spectrum Disorders Benefit Period Maximums and visit limits do not apply. | Same cost-sharing as any other medical service within the applicable medical service (e.g. Therapy Services, Diagnostic Services, etc.). | Same cost-sharing as any other medical service within the applicable medical service (e.g. Therapy Services, Diagnostic Services, etc.). |
| Diabetic Education Program Copayments, Deductibles and Maximum amounts do not apply to this benefit. | 100% | 0% Benefits for Non-Preferred services are not available |
| Diabetic Equipment and Supplies | 80% after deductible | 60% after deductible Benefit period Maximum \$2,500 |
| Diagnostic Services Routine Diagnostic / Radiology Services Non-Routine Diagnostic / Radiology Services (including MRI/MRA, CT scans, PET scans) Laboratory and Pathology Tests Lab work for sexually transmitted disease testing | \$15 Copayment per visit then 80% after deductible \$15 Copayment per visit then 80% after deductible \$15 Copayment per visit then 80% after deductible \$15 Copayment per visit then 80% after deductible | 60% after deductible 60% after deductible 60% after deductible 60% after deductible |
| Durable Medical Equipment Precertification of Non-Preferred supplies is required for items with a billed amount that exceeds \$250 (includes replacements and repairs). | 80% after deductible | 60% after deductible Benefit Period Maximum: \$2,500.00 of Non-Preferred Durable Medical Equipment |

| SERVICE | If the Subscriber uses a Preferred Provider or a BlueCard Provider, the Plan will pay: | If the Subscriber uses a Non-Preferred Provider, the Plan will pay: |
|--|---|---|
| Emergency Care Services (Commencing within 72 hours of following the onset of the medical emergency) | \$250 Copayment, then 80% after deductible | \$250 Copayment, then 80% after deductible |
| Home Health Care (120 days per Plan year maximum) | 80% after deductible | 60% after deductible |
| Injectable Medications Biotech / Specialty Injectables Standard Injectables | 80% after deductible 80% after deductible | 60% after deductible 60% after deductible |
| Medical Foods and Nutritional Formulas | 80% after deductible | 60% after deductible |
| Non-Surgical Dental Services (Dental Services as a result of Accidental Injury) | 80% after deductible | 60% after deductible |
| Routine Dental Visit includes but not limited to exams, x-rays, and screenings | 100% up to a \$100 maximum per policy year | |
| Orthotics | 80% after deductible | 60% after deductible Precertification of Non-Preferred supplies is required for items with a billed amount that exceeds \$500 (including replacement and repairs). |
| Podiatric Care | \$25 Copayment then 80% after deductible | 60% after deductible |
| Private Duty Nursing Services Benefit Period Maximum: 360 hours Preferred/Non-Preferred | 80% after deductible | 60% after deductible |
| Prosthetic Devices | 80% after deductible | 60% after deductible Precertification of Non-Preferred supplies is required for items with a billed amount that exceeds \$500 (including replacement and repairs). |
| Specialist Office Visits | \$25 Copayment then 80% after deductible | 60% after deductible |
| Spinal Manipulation Services Benefit Period Maximum: 20 Preferred/Non-Preferred visits | 80% after deductible | 60% after deductible |

| SERVICE | If the Subscriber uses a Preferred Provider or a BlueCard Provider, the Plan will pay: | If the Subscriber uses a Non-Preferred Provider, the Plan will pay: |
|---|--|---|
| <p>THERAPY SERVICES</p> <p>Cardiac Rehabilitation Therapy Benefit Period Maximum: 36 Preferred/Non-Preferred sessions</p> <p>Chemotherapy</p> <p>Dialysis</p> <p>Infusion Therapy</p> <p>Orthoptic / Pleoptic Therapy Lifetime Maximum: 8 Preferred/Non-Preferred sessions</p> <p>Pulmonary Rehabilitation Therapy Benefit Period Maximum: 36 Preferred/Non-Preferred sessions</p> <p>Physical Therapy / Occupational Therapy Benefit Period Maximum: 36 Preferred/Non-Preferred sessions of Physical Therapy / Occupational Therapy combined Benefit Period Maximum amounts that apply to Physical Therapy do not apply to the treatment of lymphedema related to mastectomy.</p> <p>Radiation Therapy</p> <p>Speech Therapy Benefit Period Maximum: 20 Preferred/Non-Preferred sessions</p> | <p>\$25 copayment then 80%</p> <p>80% after deductible</p> <p>80% after deductible</p> <p>80% after deductible</p> <p>\$25 copayment then 80%</p> <p>\$25 copayment then 80%</p> <p>\$25 copayment then 80%</p> <p>80% after deductible</p> <p>\$25 copayment then 80%</p> | <p>60% after deductible</p> <p>60% after deductible</p> <p>60% after deductible</p> <p>60% after deductible</p> <p>60% after deductible</p> <p>60% after deductible</p> <p>60% after deductible</p> <p>60% after deductible</p> <p>60% after deductible</p> |
| <p>Prescription Drug Benefit Administered by FutureScripts</p> | <p>Copayment Per Prescription or Refill: Retail – \$10 Generic/\$30 Brand/\$50 Non-Preferred (provides up to a 34 day supply) Mail Order – \$20 Generic/\$60 Brand/\$100 Non-Preferred (provides up to a 90 day supply)</p> | |

| SERVICE | If the Subscriber uses a Preferred Provider or a BlueCard Provider, the Plan will pay: | If the Subscriber uses a Non-Preferred Provider, the Plan will pay: |
|--|--|---|
| Prescription Drug Benefit Administered by FutureScripts | Copayment Per Prescription or Refill: Pharmacy – \$20 Brand/\$10 Generic/\$40 Non-Preferred (provides up to a 30 day supply) Mail Order – \$40 Brand/\$20 Generic/\$80 Non-Preferred (provides up to a 90 day supply) <i>Plan Covers: Oral Contraceptives, Insulin, Needles and Syringe</i> | |

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| <p>Pediatric Dental Services Ages 0-18 Administered by United Concordia Benefits available through United Concordia. For more information, please contact United Concordia at (866) 568-5994.</p> <p>Pediatric Vision Benefits Ages 0-18 Eye Examination <i>(including dilation)</i> Preferred/Non-Preferred Benefit 100% for Preferred Provider 100% Non-Preferred Provider Period Maximum: 1 examination</p> <p>Spectacle Lenses <i>(includes oversize lenses, tinting of plastic lenses, scratch resistant coating, polycarbonate lenses)</i> Preferred/Non-Preferred Benefit Period Maximum: 1 set</p> <ul style="list-style-type: none"> • Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses <p>Frames Benefit Period Maximum: 1 set Preferred/Non-Preferred</p> <p>Medically Necessary Contact Lenses <i>(with prior authorization)</i></p> <ul style="list-style-type: none"> • Materials, Evaluation, Fitting & Follow-Up Care |
|--|

While the PPO Plan has an extensive network, it may not contain every provider that a Subscriber elects to see. To receive the maximum benefits available under this program, a Subscriber must obtain Covered Services from Preferred Providers that participate in the PPO Network or is a Blue Card PPO Provider. A Subscriber may obtain Covered Services from participating Professional Providers who are not part of the PPO Network but have agreed to accept contracted rates as payment in full and will not balance bill you. However, a Subscriber will be subject to Non-Preferred “Out-of-Network” Coinsurance and Deductibles.

In addition, this PPO Plan allows a Subscriber to obtain Covered Services from Non-Preferred Providers. If a Subscriber uses a Non-Preferred Provider he or she will be reimbursed for Covered Services but will incur significantly higher out-of-pocket expenses including Deductibles, Coinsurance. In certain instances, the Non-Preferred Provider also may charge a Subscriber for the balance of the provider’s bill. This is true whether a Subscriber uses a Non-Preferred Provider by choice, for level of expertise, for convenience, for location, because of the nature of the services or based on the recommendation of a provider. For payment of Covered Services provided by a Non-Preferred Provider, please refer to the definition of Covered Expense. All Pennsylvania state mandated benefits will be provided to all Covered Students and their Dependents.

Cost Of The Insurance

You will be informed of the amount of your contribution when you are asked to enroll.

Medical Management Precertification Program

You, your doctor, or your hospital must call the customer service number on your ID card to fulfill your Plan's precertification requirements.

You must certify all inpatient hospital admissions and certain surgical and diagnostic procedures (listed here).

- For *non-emergency* admissions or procedures — Call for precertification *before* you enter the hospital or undergo the procedure.
- For *emergency* admissions — Call for precertification within 48 hours or 2 business days after the admission.
- For *emergency surgery* or diagnostic procedures relating to emergency services — Call for precertification within one working day, or as soon as reasonably possible.
- For *transplant* services — Call as soon as your doctor confirms the need for an organ or tissue transplant.
- For *maternity* prenotification — Call as soon as you confirm the pregnancy.

What procedures require precertification?

Inpatient care

- Hospital inpatient admissions
- All inpatient surgery and procedures
- Psychiatric and substance abuse inpatient and partial admissions
- Rehabilitation admissions
- Skilled nursing facility admissions, subacute and long term acute care admissions

Diagnostic procedures

- PET, CT, CTA, MRA, MRI scans
- Cardiac blood pool imaging or MUGA
- Myocardial perfusion imaging
- Single Photo Emission Computerized Tomography (SPECT)

Ancillary Services

- Hospice
- Home health care
- Home infusion
- Private duty nursing
- Non-emergency ambulance



Outpatient surgical procedures

- Arthroplasty
- Arthroscopy, diagnostic and surgical (includes arthroscopic knee surgery)
- Bariatric procedures and surgery including gastric bypass
- Bunionectomy
- Carpal tunnel release
- Hernia repair (ventral and abdominal; not inguinal)
- Hip, total
- Hysterectomy
- Knee, total
- Pain management services that include injections and blocks: epidural, facet, and trigger point
- Penile prosthesis insertion
- Sinus surgery
- Spinal/vertebral surgery
- Temporomandibular joint surgery
- Treatment of medical complications of cosmetic surgery
- Uvulopalatopharyngoplasty (UPP)
- Wisdom teeth removal/oral surgery performed in Short Procedure Unit (SPU)

Potential cosmetic/reconstructive procedures

Surgery and procedures that are potentially cosmetic in nature, such as, but not limited to: abdominoplasty; breast implants, insertion; dermabrasion; and scar revision.

Therapy, restorative, and durable medical equipment services

- Cardiac/pulmonary rehabilitation
- Prosthesis/orthotics
- Durable medical equipment over \$250
- Outpatient cancer chemotherapy

For medical or surgical precertification, call Patient Care Management at the number on your ID card. For mental health and substance abuse precertification, call Patient Care Management or Magellan Behavioral Health at the number on your ID card. Precertification services are available 24 hours a day, 7 days a week, including holidays.

Medical management services are provided by AmeriHealth Administrators, an independent company. Magellan Behavioral Health is an independent company providing behavioral health services.

Colorectal Cancer Screening Coverage

Coverage for colorectal cancer screening is as shown in the Schedule of Benefits under Preventive Care for Adults.

Symptomatic individuals;

- Colonoscopy
- Sigmoidoscopy
- Colorectal Screening Tests (any combination thereof as determined by the treating Physician)

Non-symptomatic individuals covered over age 50;

- Annual Fecal Occult Blood Test
- Sigmoidoscopy - a screening barium enema test once every five years
- Colonoscopy once every 10 years
- Colon Cancer test at least once every 5 years

Non-symptomatic coverage for individuals at high or increased risk of colorectal cancer under age 50;

- Colonoscopy
- Any combination of colorectal cancer screening tests.

Definitions

Covered Expense means expenses actually incurred by or on behalf of a Subscriber for treatment, services and supplies not excluded or limited by the contract. Coverage under the contract must remain continuously in force from the date of the Covered Accident or Illness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge was rendered or obtained.

Doctor means a health care provider acting within the scope of his or her license and rendering care or treatment to a Subscriber that is appropriate for the conditions and locality. It will not include a Subscriber or a member of the Subscriber's immediate family or household.

Illness means sickness, disease or condition of the Subscriber that causes a loss for which a Subscriber incurs medical expenses while covered under the contract. All related conditions and recurrent symptoms of the same or similar condition will be considered one Illness.

Injury means bodily harm sustained by a Subscriber that results directly and independently from all other causes from a covered accident. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Medical Necessity means a treatment, service or supply that is: 1) required to treat a covered Injury or Illness; 2) prescribed or ordered by a Doctor or furnished by a hospital; 3) performed in the least costly setting required by the Subscriber's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The cost of the alternative to be the Covered Expense must be approved by Independence Administrators.

Subscriber means a person in a class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person.

Certificate of Creditable Coverage

Your coverage under this health plan is "creditable coverage" under Federal Law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this Plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health Plan terminates. A Certificate of Creditable Coverage may be requested in writing from Academic HealthPlans.

Exclusions and Limitations

This is a list of the exclusions included in the Independence Administrators Student Health Benefits program. The full list of exclusions also appears in the benefit booklet.

Covered medical charges do not include any charges:

1. for any service, treatment, Surgery, Supply, drug or medicine that:
 - a. is not Medically Necessary for the care or treatment of an Accidental Injury or Illness; or
 - b. is not recommended by a Doctor; or
 - c. are Experimental/Investigational, except, as approved by Independence Administrators, Routine Costs Associated with a Qualifying Clinical Trial that meets the definition of a Qualifying Clinical Trial under the Contract;
2. incurred prior to the effective date of coverage under the Contract;
3. incurred on or after the date coverage terminates under the Contract, except as provided in Termination of Coverage;
4. for routine physicals, immunizations and screening (except for mandated benefits as provided herein), premarital or pre-employment examinations, rest cures, research studies or any other services or Supplies which are not necessary for the diagnosis, care or treatment of an Illness or Accidental Injury unless specifically included herein;
5. for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form;
6. for Custodial Care, Maintenance Care or palliative care or treatment, unless specifically included herein;

Exclusions and Limitations Continued

7. for developmental delays or learning disabilities not related to an organic origin;
8. for professional services for weight control programs or diet centers unless it is an essential part of the treatment for an illness or injury covered by the Contract;
9. for blood, blood components or blood plasma that is donated or otherwise replaced;
10. for medical or surgical Supplies, except as specifically provided herein;
11. for personal hygiene, convenience items and non-medical items such as, but not limited to, air conditioners, humidifiers, physical fitness equipment, television, beauty/barber shop services or guest tray, whether or not recommended by a Doctor;
12. for orthodontics (or braces) or any other dental services, treatment, surgery or Supplies, except as specifically provided herein;
13. for hearing aids or examinations for the prescription or fitting of hearing aids;
14. for local infiltration anesthesia when billed separately;
15. for correction of myopia or hyperopia by means of corneal microsurgery, such as keratomileusis, keratophakia, and radial keratotomy and all related services;
16. for routine foot care, for treatment of bunions (except capsular or bone surgery), toenails (except surgery for ingrown toenails), corns, calluses, fallen arches, flat feet, weak feet, chronic foot strain, symptomatic complaints of the feet, or non-rigid foot orthotics;
17. for Cosmetic Surgery except those performed to correct a condition resulting from an accident or illness which occurs while covered under the Contract;
18. for the treatment of infertility, including drugs or medication other than those services necessary to diagnose the cause of infertility and surgical correction;
19. for the reversal of elective sterilization;
20. for any treatment leading to or in connection with transsexual surgery;
21. for artificial insemination;
22. for in-vitro fertilization or in-vivo fertilization;
23. for treatment of sexual dysfunction not related to organic disease;
24. for any service, treatment, Surgery, Supply, drug or medicine furnished by a spouse, parent or child of a Subscriber for whom the charge is being made;
25. for any service, treatment, Surgery, Supply or drug and medicine furnished for the care of any Accidental Injury or illness which is covered by Workers' Compensation or Occupational Disease Law;
26. for any service, treatment, Surgery, Supply, drug or medicine furnished for the treatment of an Accidental Injury or illness due to an act of war, declared or undeclared, participation in a riot or illegal occupation, commission of or attempt to commit a felony;

Exclusions and Limitations Continued

27. for volunteer services;
28. for services of which there is no legal obligation to pay;
29. for any service, treatment, Surgery, Supply, drug or medicine that a Subscriber is eligible to receive from the Veterans Administration Hospital for which the Subscriber has no legal obligation to pay or the Department of Defense for active military personnel for which a Subscriber is eligible. This exclusion applies even if the Subscriber has not taken the necessary action to obtain such benefits;
30. for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid under a plan or policy of motor vehicle insurance, including a certified self-insured plan, or payable in any manner under the Pennsylvania Motor Vehicle Financial Responsibility law;
31. for payment made under Medicare when Medicare is primary or would have been made if the Subscriber had been enrolled for Medicare and claimed Medicare benefits, however, this exclusion shall not apply when the Educational Institution is obligated by law to offer the Subscriber all the benefits of the Contract and the Subscriber so elects this coverage as primary;
32. for well baby care, unless specifically included in this book;
33. for expenses incurred for services or Supplies provided by the Educational Institution's health service, infirmary or hospital, or by health care providers employed by the Educational Institution
34. for expenses incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, (except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route); or skydiving;
35. for expenses incurred for voluntary or elective abortions unless specifically included in this book;
36. for expenses incurred for Accidental Injury resulting from the travel to, or play or practice of interscholastic, intercollegiate or professional sports activity unless specifically included in this book;
37. for services for Autism Spectrum Disorders that exceed the Annual Benefit Maximum shown in the Schedule of Benefits;
38. for expenses related to organ donation for non-subscriber recipients;
39. for self-injectible drugs;
40. for cranial prostheses including wigs to replace hair;
41. for music therapy, equestrian therapy, and hippotherapy;
42. for alternative therapies/complementary medicine.

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 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; doctor, dentist or ophthalmologist 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 closest adequate facility, repatriation home for continued care 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 7 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:**

<http://aes.mysearchlightportal.com>

Login: AHPAES

Password: student1

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

(855) 464-8975 call toll free from the US or Canada

+ 1 (603) 328-1362 call collect from anywhere

Email: mail@oncallinternational.com

This only 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 AES, there is no claim process for reimbursement of self-paid expenses.

Academic Emergency Services (AES) is a global emergency services product provided by On Call International, a separate and independent company. AES provides medical evacuation, repatriation, AD&D, emergency medical and travel assistance, travel information and other services for Academic Health Plans (AHP). On Call is solely responsible for its product and services.

Claim Procedure

In the event of Injury or Illness the student should:

- 1) Contact Student Health Services for treatment or referral; or when not in school, 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 medical and hospital bills along with Subscriber's name, address, social security number and name of University. Written notice must be given within 60 days after expenses are incurred for Covered Expenses.
- 3) Save all Itemized Bills, including those being accumulated to satisfy the Deductible. An Itemized Bill from a Doctor or a Hospital must include:
 - a. the name of the health care provider;
 - b. the name of the patient who received services or supplies;
 - c. the date(s) services or supplies were provided;
 - d. each charge, service, supply;
 - e. a description of the services or supplies; and
 - f. diagnosis or Illness.

Medical Providers:

Submit Independence Administrators or Personal Choice® network area claims to:

**Independence Administrators
c/o Processing Center
P.O. Box 21974 • Eagan, MN 55121
Payer ID #54763**

**Medical Providers outside the
Independence Administrators and Personal Choice Networks:
File claims with your local Blue Cross and Blue Shield licensee.**

**Medical Providers Call: 1-888-547-5080
All Other Calls: (855) 850-4297**



**Academic
HealthPlans**

Academic HealthPlans, Inc.
P.O. Box 1605
Colleyville, Texas 76034-1605
(855) 850-4297
fax (817) 809-4701
www.AcademicHealthPlans.com

Benefits are underwritten by QCC Insurance Company
d/b/a Independence Administrators.

Certain administrative services are performed by Independence Administrators.
Independence Administrators and QCC Insurance Company are independent licensees
of the Blue Cross and Blue Shield Association.

BlueCard and the Blue Cross and Blue Shield names and symbols are registered marks
of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

**For more information about this Plan, please visit:
lincoln.myahpcare.com**

Campus Assistance:
Student Health Services
(215) 951-2986

Important Notice

This information is 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 contract or Policy issued in the state in which the contract or Policy was delivered. Complete details may be found in the contract or Policy on file at your school's office. The contract and Policy are subject to the laws of the state in which they were 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 Independence Administrators' HIPAA Privacy Notice upon request. Please write to Academic HealthPlans, Inc., P.O. Box 1605, Colleyville, TX 76034-1605 or call (855) 850-4297. You may also view and download a copy from the website at lincoln.myahpcare.com.

