

Andrews University

2015–2016

Student Health Insurance

Policy #: 2015E6A06

Underwritten by:

National Guardian Life Insurance Company
Madison, WI

As Policy Form: NBH-280(2014)MI et al

National Guardian Life Insurance Company is not affiliated
with Guardian Life Insurance Company of America
aka The Guardian or Guardian Life

Andrews University 2015–2016

Student Health Insurance Plan

All students of enrolled for half-time or above credit hours and whose main residence during the school year is listed within a 60 mile radius of the Berrien Springs, MI, campus must maintain current health insurance coverage. This requirement may be met through private or commercial coverage in which case, the student must show proof of current coverage. Failing to do that, the student will be automatically billed for student insurance through the University provided plan administered through and by Collegiate Risk Management.

Students who are in their last semester with less than six credits will be permitted to continue to carry insurance providing they have met the other requirements identified above.

All International students whose spouse and eligible dependent child(ren) have accompanied them to the United States are required to purchase coverage for themselves and their dependents under the Andrews University Student Health Insurance Plan SHIP. All other eligible students as described in the first paragraph above who are insured under the SHIP may also insure their eligible dependents. Eligible dependents are the insured's spouse and children up to 26 years of age. Dependent eligibility expires concurrently with that of the insured students.

The annual payment of \$1,541 is charged to the student's account at registration along with tuition and residence hall costs where applicable. Coverage is effective from August 15, 2015 for all students and continues for twelve consecutive months including interim and summer vacations.

Students must be enrolled and attend classes for at least the first 31 days of the period for which premium has been paid. The Plan Administrator maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If and when the Plan Administrator discovers that the policy Eligibility requirements have not been met, the only obligation of the Company is to refund premium.

This brochure provides a brief description of the important features of this SHIP. It is not a contract. Terms and conditions of coverage are set forth in policy number 2015E6A06 issued in Michigan to Andrews University, the Policyholder. The Policy is available for review at Andrews University. Please keep this material with your important papers.

Premium Rates:

Annual: 08-15-2015 to 08-15-2016

Student	\$1,541
Student & 1 Dependent	\$4,295
Student & 2 Dependents	\$6,451
Each additional Dependent	\$1,528

Fall: 08-15-2015 to 01-06-2016

Student	\$ 608
Student & 1 Dependent	\$1,694
Student & 2 Dependents	\$2,545
Each additional Dependent	\$ 603

Spring/Summer: 01-06-2016 to 08-15-2016

Student	\$ 933
Student & 1 Dependent	\$2,600
Student & 2 Dependents	\$3,906
Each additional Dependent	\$ 925

Summer: 05-05-2016 to 08-15-2016

Student	\$ 469
Student & 1 Dependent	\$1,306
Student & 2 Dependents	\$1,962
Each additional Dependent	\$ 465

Rates include an administrative fee

Definitions

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

Covered Injury means a bodily injury that is:

1. Sustained by an Insured Person while he/she is insured under this 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 this 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.

Dependent means:

1. An Insured Student's lawful spouse;
2. An Insured Student's dependent biological child, adopted child or stepchild under age 26; and
3. 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 of limitation, or when a Insured Student enrolls a new disabled child under the plan.

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 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 will be covered if performed by a Physician.

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

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.

Preferred Provider Network

To maximize savings and reduce out-of-pocket expenses, a Covered Person should select a Preferred Provider. It is to their advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these Providers have agreed to accept as payment for their services. Non-Preferred Care is subject to Usual and Customary (U&C) Charge allowance maximums. Any charges in excess of the U&C allowance are not covered under this plan.

University Medical Specialties, P.C. (UMS) and Lakeland Care, Inc. Physician Hospital Organization (PHO) are the Preferred Providers under your Plan. Charges in excess of the insurance payment are your responsibility. In order to use the services of a participating Provider, you must present an identification card, which is mailed to all students insured under the Andrews University Student Health Insurance Plan.

Lakeland Care 269-927-5207

It is the responsibility of the Covered Person to verify provider participation at the time services are rendered.

Extension of Benefits

Coverage under the Policy ceases at 12:01 a.m. on August 15, 2016. However, coverage for an Insured Person will be extended as follows: 1) If an Insured Person is hospital confined for Covered Injury or Covered Sickness on the date his or her Insurance terminates, we will continue to pay benefits for up to 31 days from the Termination Date while such confinement continues. 2) If an Insured Person is Totally Disabled due to a Covered Injury or Covered Sickness the coverage for that condition will be extended for up to a maximum of three months from the Termination Date.

**STUDENT HEALTH INSURANCE
SCHEDULE OF BENEFITS**

We will pay benefits for Covered Medical Expenses that are incurred by the Insured Person for Loss due to Covered Injury or Covered Sickness. Benefits payable are subject to any specified benefit maximum amounts, deductibles, coinsurance or copayments.

Deductible per Insured per Policy Year	\$50 In Network/\$100 Out of Network
Benefit Period	Policy Year
Medical Maximum	Unlimited
Out-of-Pocket Maximum	\$6,600 In Network/\$13,200 Out of Network
Coinsurance	Network: 80% of PPO Allowance Non-Network: 60% of U&R

Inpatient Benefits

Room and Board Expense \$150 copay	The Coinsurance Amount Shown Above
Intensive Care	The Coinsurance Amount Shown Above
Hospital Miscellaneous Expenses	The Coinsurance Amount Shown Above
Preadmission Testing	The Coinsurance Amount Shown Above
Nervous, Mental or Emotional Disorders (Inpatient)	The Coinsurance Amount Shown Above
Surgery	The Coinsurance Amount Shown Above
Anesthetist Services	The Coinsurance Amount Shown Above
Assistant Surgeon	The Coinsurance Amount Shown Above
Registered Nurse's Services	The Coinsurance Amount Shown Above
Physician Visits, limited to one per day of confinement	The Coinsurance Amount Shown Above
Skilled Nursing Facility	The Coinsurance Amount Shown Above

Subject to a maximum of 45 days per policy year

Outpatient Benefits

Surgery	The Coinsurance Amount Shown Above
Anesthetist Services	The Coinsurance Amount Shown Above
Assistant Surgeon	The Coinsurance Amount Shown Above
Outpatient Surgery Miscellaneous \$150 copay	The Coinsurance Amount Shown Above
Physician's Visits \$20 copay (\$15 copay at UMS)	The Coinsurance Amount Shown Above
Rehabilitative Therapy (PT, OT & ST) \$15 copay	The Coinsurance Amount Shown Above
Emergency Services Expenses	80% Coinsurance In or Out of Network including Urgent Care \$250 ER co pay & 50 UC copay
Diagnostic X-ray Services	The Coinsurance Amount Shown Above
Laboratory Procedures (Outpatient)	The Coinsurance Amount Shown Above
Prescription Drugs (Rx Card)	Payable at 50%
(Deductible not applicable; generic contraceptives payable at 100%)	
Nervous, Mental or Emotional Disorders (Outpatient)	The Coinsurance Amount Shown Above
Outpatient Miscellaneous Expenses	The Coinsurance Amount Shown Above
Home Health Care (60 visits per policy year)	The Coinsurance Amount Shown Above
Hospice	The Coinsurance Amount Shown Above
Preventative Services* (No cost sharing)	100% of Usual and Reasonable

Other Benefits

Ambulance Service	The Coinsurance Amount Shown Above
Substance Abuse Disorders	The Coinsurance Amount Shown Above
Maternity Benefit	Same as any other covered sickness
Routine Newborn Care	Same as any other covered sickness
Durable Medical up to \$2,500 per Policy Year	The Coinsurance Amount Shown Above
Accidental Injury Dental	The Coinsurance Amount Shown Above
Pediatric Vision	100% of Usual and Reasonable for preventive, up to 1 visit per policy year, including frames and lenses
Pediatric Dental	100% of Usual and Reasonable for preventive, 50% Usual and Reasonable for other services
Consultant Physician	The Coinsurance Amount Shown Above when prescribed by the attending physician
Weight Loss Services, including Bariatric Surgery	The Coinsurance Amount Shown Above Subject to Limits shown in benefit description
Medical Treatment Received in Home Country (International Students Only)	No Benefit

* Please visit www.healthcare.gov/what-are-my-preventive-care-benefits/ for more information.

Essential Health Benefits

The plan will include coverage for Essential Health Benefits in the following general categories and the items and services covered within the categories: Ambulatory patient services; Emergency services, Hospitalization, Maternity and newborn care; Mental health and substance use disorder services, including behavioral health treatment; Prescription drugs; Rehabilitative and habilitative services and devices; Laboratory services; Preventive and wellness services and chronic disease management; and Pediatric services, including oral and vision care. Essential Health Benefits are not subject to annual or lifetime dollar limits. If additional care, treatment or services are added to the list of Essential Health Benefits by a governing authority, the policy benefits will be amended to comply with such change. Please refer to www.studentplanscenter.com for an updated copy of this brochure when additional care, treatment or services are added to your Student Health Insurance Plan.

Prescription Drug Coverage

The cost of eligible prescription drugs is payable at 50%. Birth Control is included and payable at 100% for generic contraceptives. Prescriptions must be filled at a Catamaran Participating Pharmacy. Insured Persons will be given an insurance ID card which includes prescription drug information and should be shown to the Pharmacy as proof of coverage. A directory of participating pharmacies is available by calling Catamaran at 800-248-1062.

After you receive your insurance ID card, no claim forms need to be completed. After you receive the card you may call the toll-free customer service number listed on your card for assistance with pharmacy locations (800-248-1062). This number is effective for enrolled members only. You can access Catamaran online at www.mycatamaranrx.com.

Coverage for Mandated Benefits

Your Student Health Insurance Plan includes, but is not limited to, benefits for the following coverages as mandated by the state of Michigan: Reconstructive Surgery after Mastectomy; Telemedicine Services; Diabetes Treatment and Self-Management Training; Autism Treatment. See the Policy on file at the College for benefit amounts if you need to file a claim under one of these benefits. If any Preventive Services Benefit is subject to the mandated benefits required by state law, they will be administered under the federal or state guideline, whichever is more favorable to the student.

Exclusions and Limitations

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 this Policy and as shown in the Schedule of Benefits.

1. **International Students Only** - expenses incurred within the Insured Person's Home Country or country of regular domicile, that exceeds the benefit amount shown in the Schedule of Benefits.
2. 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.
3. dental treatment including orthodontic braces and orthodontic appliances, except as specifically provided in the schedule of benefits.
4. professional services rendered by an Immediate Family Member or anyone who lives with the Insured Person.
5. services or supplies in connection with eye examinations, eyeglasses or contact lenses, except those resulting from a Covered Accidental Injury or as specifically provided in the Schedule of Benefits.
6. weak, strained or flat feet, corns, calluses or ingrown toe nails.
7. Diagnostic procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
8. treatment or removal of non-malignant moles, warts, boils, acne, actinic or seborrheic keratosis, dermatofibrosis or nevus of any description or form, hallus valgus repair, varicosity, or sleep disorders including the testing for same.
9. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
10. 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.
11. 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.
12. 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.
13. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate, intramural or club sports;
14. intentionally self-inflicted Injury, attempted suicide, or suicide, while sane or insane.
15. Loss resulting from playing, practicing, traveling to or from, or

- participating in, or conditioning for, any professional sport;
16. 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.
17. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
18. charges incurred for, acupuncture, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
19. expenses for weight increase or reduction, unless otherwise specifically covered under the policy.
20. Expenses for hair growth or removal, unless otherwise specifically covered under the policy.
21. expenses for radial keratotomy
22. 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.
23. 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).
24. treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Policydefinition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
25. an Insured Person's: a) committing or attempting to commit a felony, b) being engaged in an illegal occupation, or c) participation in a riot.
26. braces and appliances, except as specifically provided in the Schedule of Benefits.
27. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
28. act of terrorism.

CLAIM PROCEDURE

In the event of an Injury or Sickness:

1. A claim form is not required to submit a claim. However, an itemized bill, HCFA 1500, or UB92 form should be used to submit expenses. If a referral was required, this form should accompany this submission. The Insured Student/Person's name and identification number need to be included.
2. Providers should submit claims within 90 days from the date of injury or from the date of the first medical treatment for a Sickness or as soon as reasonably possible. If a student is submitting the claim, a copy should be retained and claims should be mailed to the Claims Administrator, Commercial Travelers at the address on page number 14.
3. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator, Commercial Travelers Mutual Insurance Company. File claim within 30 days of Injury or first treatment for a Sickness. Bills must be received by Commercial Travelers within 90 days of service to be considered for payment.
4. If you disagree with a claim payment decision, an Insured Person has the right to file an appeal. The process for filing an appeal can be found in the **Appeals Procedure** sections of this brochure.

APPEAL PROCEDURE

If an Insured Person wishes to appeal an Adverse Determination based on a claim decision, contact the Claims Administrator either orally or in writing: Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502. Toll free: 800-756-3702.

On Call

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

ON CALL INTERNATIONAL Global Assistance Program

The Global Assistance Program (GAP) is supplemental to the Student Insurance Plan. The GAP provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center at 1-855-226-7915 (toll free) or collect at 1-603-952-2045. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance.

The Global Assistance Program is effective when you are outside your home country, or over 100 miles from home within the United States or when you are traveling.

The following emergency services are included*:

Emergency Medical Evacuation and Repatriation If you suffer an accident, injury or sickness resulting in a serious medical condition which in the opinion of the On Call physician requires transportation to be treated adequately, On Call will arrange and pay for air and/or surface transportation, medical care during transportation, communication and all usual and customary ancillary charges incurred in moving and transporting you to the nearest hospital where appropriate medical care is available.

After being treated at a medical facility, On Call will arrange and pay for the transport of the Participant with a qualified medical attendant to the Country of Domicile or Country of Residence for further medical treatment or recovery should it be deemed medically necessary by the On Call physician.

Return of Remains In the event of death, On Call shall make the arrangements and pay for casket or air tray, preparation and transportation of his/her remains to his/her place of residence or to the place of burial.

Return of Dependent Children If your Dependent(s) are present but left unattended as a result of your hospitalization or Medical Evacuation, On Call shall make and pay for travel arrangements to return them home, including a non-medical escort as needed. This service has a limit of \$5,000.

Visit by Family / Friend If the Participant has or will be hospitalized for more than five (5) days while traveling, On Call shall make and pay for travel arrangements and suitable hotel accommodations for a person of your choice to join them. This service includes flights and up to \$200 a day for hotel for a maximum of seven (7) days, up to a combined service limit of \$5,000.

*On Call International must pay and arrange for all services included above, reimbursement for self-paid expenses will not be considered; it is not insurance but it is added as a service in your Student Health Insurance Policy.

Additional Medical and Travel Assistance

If there are third party costs associated with the following services, On Call will notify you and you will be responsible for the costs: **Pre-Trip Information**; **Referral** to the nearest, most appropriate medical facility, and/or provider; **Medical monitoring** by board certified emergency

physicians in the United States; **Guarantee of Payment** to provider and assistance in coordinating insurance benefits; **Prescription Replacement Assistance** or Dispatch of Medicine if not available locally; **Emergency Message Forwarding** to family, friends, personal physician, school etc; **Emergency Travel Arrangements** for disrupted travel; **Legal Consultation and Referral**; **Interpreter Assistance and Referral**; **Lost Luggage Assistance**; **Lost/Stolen Travel Documents Assistance**.

24 Hour Nurse Helpline

Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. A Registered Nurse counselor will provide a clinical assessment to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose Member's ailments.

Contact On Call International to access any of the GAP services described above.

Toll Free from U.S. and Canada: 1-855-226-7915

Collect Worldwide: 1-603-952-2045

mail@oncallinternational.com

This is only an outline of services and terms, conditions and exclusions apply.

Claims Administered By:
Commercial Travelers Mutual Insurance Company
70 Genesee Street • Utica, NY 13502
1-800-756-3702

Electronic Claim Payor ID: 88091

***For Summary of Benefits & Coverage, Brochures,
Forms & Claim Information go to:***
www.studentplanscenter.com

For a copy of the Company's Privacy Notice, go to:
www.commercialtravelers.com/privacy.html
or ***Request one from the School***
or ***Request one from:***

Commercial Travelers Mutual Insurance Company
c/o Privacy Officer • 70 Genesee Street
Utica, NY 13502

***(Please indicate the school you attend
with your written request.)***

Serviced By:
Collegiate Risk Management
110 Athens Street • Tarpon Springs, FL 34689
1-800-922-3420
Website: www.collegiaterisk.com

***Representations of this plan
must be approved by the Company.***

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary State approvals. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.