



HENDRIX

Student Health Insurance Plan

Plan Year
17/18

Designed Exclusively for the Students of:

HENDRIX COLLEGE

Conway, AR

2017 - 2018

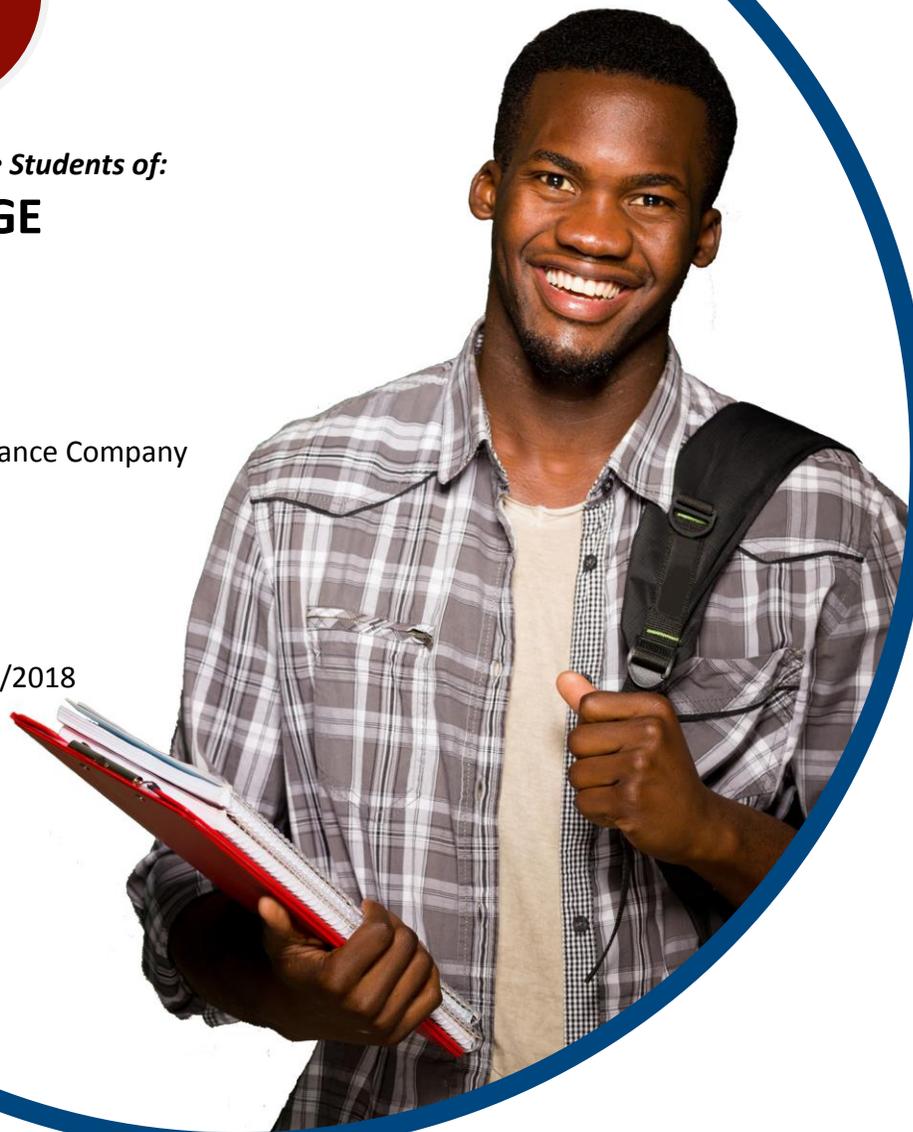
Underwritten by:

National Guardian Life Insurance Company
Madison, WI

Policy Number: 2017I5B37

Group Number: ST0854SH

Effective: 8/15/2017 – 8/15/2018



Administered by:

Consolidated Health Plans
2077 Roosevelt Ave | Springfield, MA



ST0854SH-1718(Bro.)

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WHERE TO FIND HELP

For Questions About:	Please Contact:
Insurance Benefits Enrollment Waiver	Niagara National Student Health Solutions 5001 Genesee Street Buffalo, NY 14225 Phone: 800-444-5530 FAX: 716-684-6285
Claims Processing ID Cards Preferred Provider Listings ID card Requests	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (877) 657-5030 www.chpstudent.com
Preferred PPO Provider Listings	Consolidated Health Plans or www.firsthealth.com
Prescription Drug Providers	OptumRX www.optumrx.com

AM I ELIGIBLE?

All Domestic and International Undergraduate students enrolled at Hendrix College will be enrolled automatically in this insurance plan. Unless proof of comparable coverage is provided, the cost of \$1,783 will be included in the tuition bill.

Students must actively attend classes for at least the first thirty-one (31) days after the date for which coverage is purchased. Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

HOW DO I WAIVE/ENROLL?

Eligible Students who DO NOT WANT to be enrolled in the Student Health Insurance Program must submit an online Waiver Form documenting proof of comparable coverage in another health insurance plan prior to the posted waiver date.

Recognizing that health insurance situations may change, students will be required to provide proof of comparable coverage each academic year in order to waive participation in the Student Health Insurance Program.

Please note: The Company issuing the policy used to waive inclusion in the Student Health Insurance Program must be wholly based in the United States.

QUALIFYING LIFE EVENT (QLE)

No changes of any type may be made during the plan year unless a qualified family or employment status change occurs. In all cases, the change in coverage must be consistent with the change in the person's family or employment status. If you do have a qualifying change in status, you have 31 days from the event to make changes to your elections by completing a Qualifying Event Notification form and paying any applicable premium.

EFFECTIVE DATES AND COSTS

The Policy is renewed as a new policy for the term August 15, 2017 to August 15, 2018 as Policy Number 201715B37. All time periods begin and end at 12:01 A.M., local time, at the Policyholder's address.

	ANNUAL* 8/15/17 – 8/15/18	SPRING/SUMMER* 1/15/18 – 8/15/18
Student	\$1,783	\$1,036

**The above rates include an administrative service fee*

Insurance under the policy will become effective on the later of:

1. The Policy effective date;

2. The beginning date of the term for which premium has been paid;
3. The day after the Enrollment Form (if applicable) and premium payment is received by the Company, its authorized agent or the School;
4. The day after the date of postmark if the Enrollment Form is mailed; or
5. For International Students or scholars, the date the Insured Person departs his or her Home Country to travel to the Country of Assignment. The scheduled arrival in the Country of Assignment must be no more than 48 hours later than the departure from the Home Country.

TERMINATION OF BENEFITS

An Insured Person's insurance will terminate on the earliest of:

1. The date the policy terminates for all insured persons; or
2. The end of the period of coverage for which premium has been paid; or
3. The date an Insured Person ceases to be eligible for the insurance; or
4. The date an Insured Person enters military service; or
5. For International Students, the date Insured Person departs the Country of Assignment for his/her Home Country (except for scheduled school breaks);
6. For International Students, the date the student ceases to meet Visa requirements;
7. On any premium due date the Policyholder fails to pay the required premium for an Insured Person except as the result of an inadvertent error.

PREMIUM REFUND POLICY

Premiums received by Us are fully earned upon receipt. Refund of premium will be considered only:

1. For any student who does not attend school during the first thirty-one (31) days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a full refund of the premium will be made.
2. For Insured Persons entering the Armed Forces of any country. Such persons will not be covered under the Policy as of the date of his/her entry into the service. A pro rata refund of premium will be made for such person upon written request received by Us within ninety (90) days of withdrawal from school.
3. For International Students, Scholars, Visiting Faculty member and/or their covered Dependents. We will refund a pro rata portion of the premium actually paid for any individual who:
 - a. Withdraws from School during his/her first semester; and
 - b. Returns to his/her Home Country.

A written request must be sent to us within 60 days of such departure.

No other refunds will be allowed.

EXTENSION OF BENEFITS

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

DEFINITIONS

These are key words used in the policy. They are used to describe the Policyholder's rights as well as Ours. Reference should be made to these words as the Policy is read.

Accident means a sudden, unforeseeable external event which results independently of disease, bodily infirmity, or any other cause that causes Injury to an Insured Person.

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

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

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

Coinsurance means the ratio by which We and the Insured Person share in the payment of Usual and Reasonable expenses for treatment. The Coinsurance percentage that We will pay is stated in the Schedule of Benefits.

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

Complications of Pregnancy also include non-elective cesarean section, termination of an ectopic pregnancy, and spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.)

Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, preeclampsia, and similar conditions not medically distinct from a difficult pregnancy.

Copayment means the amount of Usual and Reasonable expenses for treatment that We do not pay. The Insured Person is responsible for paying this portion of the expenses incurred. Any Copayment amounts are shown in the Schedule of Benefits.

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

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

Covered Injury means a bodily injury that is caused by the Accident directly and independently of all other causes. Coverage under the School's policies must be in force on the date the services and supplies are received for them to be considered as a Covered Medical Expense.

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

1. Not in excess of the Usual and Reasonable charges therefore;
2. Not in excess of the charges that would have been made in the absence of this insurance; and
3. Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

Covered Sickness means Sickness, disease or trauma related disorder due to Injury which:

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

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

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

1. Not necessitated by a pathological or traumatic change in the function or structure of any part of the body; and
2. Which occurs after the Insured Person's effective date of coverage.

Elective Treatment includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, preventive medicines or vaccines except when required for the treatment of Covered Injury or Covered Sickness to the extent coverage is not required by state or federal law.

Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, sub mucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include Plastic or Cosmetic Surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

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

Emergency Medical Condition means a medical condition which:

1. Manifests itself by acute symptoms of sufficient severity (including severe pain); and
2. causes a prudent layperson, who possesses an average knowledge of health and medicine, to reasonably expect that the absence of immediate medical attention might result in:
 - 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. The Formulary will include at least the greater of: (1) one drug in every category and class; or (2) the same number of drugs in each category and class, as in the state's Essential Health Benefit benchmark plan.

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.

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 rehabilitatory 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.

Hospital Outpatient Care means care in a hospital that usually does not require an overnight stay.

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.

Out-of-pocket Expense Limit means the amount of Usual and Reasonable expenses that an Insured Person is responsible for paying.

Physician means a:

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

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

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

Physician will also mean 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.

Preferred Brand Drug means a formulary drug that is within a select subset of therapeutic classes, which make up the formulary drug list.

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

Skilled Nursing Facility - 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.

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

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

PREFERRED PROVIDER INFORMATION

Your Coverage provides for the utilization of Network Providers in a Preferred Provider Organization (PPO). The Student Health Insurance Plan does not require you to use a Preferred Provider. However, the advantage to using a Preferred Provider is that these providers have agreed to accept a predetermined fee or Preferred Allowance as payment in full for their services. Consequently, when Insured Persons use Preferred Providers, out-of-pocket expenses may be lower because any applicable coinsurance will be based on a PPO Allowance (PA).

The Preferred Provider Organization for Your Coverage is First Health. A complete listing of First Health providers is available at www.firsthealth.com or www.chpstudent.com.

SCHEDULE OF BENEFITS

Benefit Period: When an Insured Person receives initial medical treatment within 30 days of the occurrence of a Covered Injury or at the onset of a Covered Sickness, eligible benefits will be provided for a continuous Benefit Period. The Benefit Period begins:

1. On the date of occurrence of such Covered Injury; or
2. From the first day of treatment of a Covered Sickness. The Benefit Period terminates at the end of, the Policy Term (+ Extension of Benefits – when appropriate).

Preventive Services: The Deductible is not applicable to Preventive Services. Benefits for services provided by a Network Provider are paid at 100% of the PPO Allowance of Covered Medical Expenses. Benefits for services provided by a Non-Network Provider are provided at the Coinsurance Amount shown below.

Deductible:

Network: \$50
 Non-Network: \$50

Out-of-Pocket Expense Limit:

Network: \$5,000
 Non-Network: \$10,000

Coinsurance:

Network: 100% of PPO Allowance of Covered Medical Expenses until the Insured Person has incurred \$1,000 of Covered Medical Expenses; then 80% PPO Allowance of Covered Medical Expenses.

Non-Network: 100% of U & R of Covered Medical Expenses until the Insured Person has incurred \$1,000 of Covered Medical Expenses; then 80% of U & R of Covered Medical Expenses.

PREFERRED PROVIDER ORGANIZATION: To locate a First Health Provider in Your area, consult Your Provider Directory or call toll free at **1-877-657-5030** or visit Our website at: www.chpstudent.com.

THE COVERED MEDICAL EXPENSE FOR AN ISSUED POLICY WILL BE:

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

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Inpatient Benefits	
Hospital Room & Board Expenses	The Coinsurance amount shown above
Hospital Intensive Care Unit Expense - <i>in lieu of normal Hospital Room & Board Expenses</i>	The Coinsurance amount shown above
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	The Coinsurance amount shown above

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Preadmission Testing	The Coinsurance amount shown above
Physician's Visits while Confined	The Coinsurance amount shown above
Inpatient Surgery: Surgeon Services Anesthetist Assistant Surgeon	The Coinsurance amount shown above The Coinsurance amount shown above The Coinsurance amount shown above
Therapy Services (inpatient)	The Coinsurance amount shown above
Outpatient Benefits	
Outpatient Surgery: Surgeon Services Anesthetist Assistant Surgeon	The Coinsurance amount shown above The Coinsurance amount shown above The Coinsurance amount shown above
Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services & supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood & plasma	The Coinsurance amount shown above
Outpatient Rehabilitation Therapy Includes Physical Therapy, Occupational Therapy, Speech Therapy and Chiropractic Services	The Coinsurance amount shown above Subject to an aggregate maximum of 90 visits of one hour or less per Policy Year
Emergency Services Expenses	The Coinsurance amount shown above
Habilitative Development Services	The Coinsurance amount shown above subject to a maximum of visits of 180 per Policy Year
In Office Physician's Fees:	The Coinsurance amount shown above subject to \$20 Copay
Diagnostic X-ray Services	The Coinsurance amount shown above
Laboratory Procedures (Outpatient)	The Coinsurance amount shown above
Prescription Drugs	The Coinsurance amount shown above subject to Generic Copay \$10.00 subject to Preferred Brand Copay \$20.00 subject to Brand Copay \$20.00
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	The Coinsurance amount shown above
Hospice Care Coverage	The Coinsurance amount shown above
Home Health Care Expenses	The Coinsurance amount shown above
Skilled Nursing Facility Benefit	The Coinsurance amount shown above for up to 60 days per policy year

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Other Benefits	
Ambulance Service	The Coinsurance amount shown above Ground Transportation limited to \$1,000 per trip / Air transportation limited to 1 air trip per Policy Year
Braces and Appliances	The Coinsurance amount shown above
Durable Medical Equipment	The Coinsurance amount shown above
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	The Coinsurance amount shown above subject to \$20 Copay
Psychological Testing and Evaluation Benefit	The Coinsurance amount shown above Limited to 15 hours per Policy Year
Clinical Trials Benefit	The Coinsurance amount shown above
Complications from Smallpox Vaccine Benefit	The Coinsurance amount shown above
Miscellaneous Health Intervention Benefits, includes Chelation Therapy, Contraceptive Devices, Dietary and Nutritional Counseling, Electrotherapy Stimulators, Enteral Feedings, High Frequency Chest Wall Oscillators, Inotropic Agents for Congestive Heart Failure, Trans-telephonic Home Spirometry, Vision Enhancement	The Coinsurance amount shown above
Accidental Injury Dental Treatment for Insured Persons over age 18	The Coinsurance amount shown above
Pediatric Dental Care Benefit	The Coinsurance Amount shown Subject to the limits described in the benefit
Pediatric Vision Care Benefit	The Coinsurance Amount shown above, subject to the limits described in the benefit
Sports Accident Expense - incurred as the result of the play or practice of intramural or club sports	The Coinsurance amount shown above
Medical Evacuation Expense - (International Students and/or their Dependents and Domestic Students participating in a study	100% U&R per evacuation
Repatriation Expense - (International Students and/or their Dependents and Domestic Student participating in a study abroad program)	100% U&R
Non-Emergency Care Treatment Outside of the U.S.	80% of Usual and Reasonable Charge for Covered Medical Expenses

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Mandated Benefits	
Speech or Hearing Impairment Benefit	The Coinsurance amount shown above
Diabetes Treatment and Self-Management Benefit	The Coinsurance amount shown above
In Vitro Fertilization Benefit	Same as any other Covered Sickness up to a maximum up to a maximum of \$15,000 per Insured Person's lifetime
Anesthesia and Hospital or Ambulatory Surgical Facility Services for Dental Procedures	The Coinsurance amount shown above
Treatment of Mental Health or Substance Abuse Benefit:	Same as any other Covered Sickness
Autism Benefit	The Coinsurance amount shown above with Applied Behavior Analysis annual limit of \$50,000 and limited to Insured Persons under 18 years of age
Medical and Low Protein Food Benefit	The Coinsurance amount shown above
Orthotic and Prosthetic Device Benefit	The Coinsurance amount shown above
Mastectomy and Breast Reconstruction Benefit	The Coinsurance amount shown above
Organ Transplant Benefit	The Coinsurance amount shown above
Gastric Pacemaker Benefit	The Coinsurance amount shown above
Pelvic, Cervical, Prostate And Colorectal Exam Expense Benefit	The Coinsurance amount shown above
Musculoskeletal Disorders of the Face, Neck or Head Benefit	The Coinsurance amount shown above

ACCIDENTAL DEATH AND DISMEMBERMENT

If, as the result of a covered Accident, an Insured Person sustains any of the following losses within the time shown in the Schedule of Benefits, We will pay the benefit shown.

Principal Sum for Double Dismemberment or Loss of Life\$1,000

½ Principal Sum for Single Dismemberment\$500

Loss must occur with 365 days of the date of a covered Accident.

Only one benefit will be payable under this provision, that providing the largest benefit, when more than one loss occurs as the result of any one Accident. This benefit is payable in addition to any other benefits payable under the Policy.

MEDICAL EVACUATION BENEFIT

Medical Evacuation Expense – If:

- a. An Insured Person is unable to continue his or her academic program as the result of a Covered Injury or Covered Sickness;
- b. That occurs while he or she is covered under the policy,
We will pay the necessary Usual and Reasonable charges for evacuation to another medical facility or the Insured Person's Home Country. Benefits will not exceed the specified benefit shown in the Schedule of Benefits. Payment of this benefit is subject to the following conditions:
 - a. The Insured Person must have been in a Hospital due to a Covered Injury or Covered Sickness for a confinement of five or more consecutive days immediately prior to medical evacuation;
 - b. Prior to the medical evacuation occurring, the attending Physician must have recommended and We must have approved the medical evacuation;

- c. We must approve the Usual and Reasonable Expenses incurred prior to the medical evacuation occurring, if applicable;
- d. No benefits are payable for Usual and Reasonable Expenses after the date the Insured Person's insurance terminates. However, if on the date of termination, the Insured Person is in the Hospital, this benefit continues in force until the earlier of the date the confinement ends or 31 days after the date of termination;
- e. Evacuation of the Insured Person to his or her Home Country terminates any further insurance under the Policy for the Insured Person; and
- f. Transportation must be by the most direct and economical route.

REPATRIATION OF REMAINS BENEFIT

Repatriation Expense- If the Insured Person dies while he or she is covered under the policy, We will pay a benefit. The benefit will be the necessary Usual and Reasonable charges for preparation, including cremation, and transportation of the remains to the Insured Person's place of residence in his or her Home Country. Benefits will not exceed the specified benefit shown in the Schedule of Benefits.

EXCLUSIONS

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

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

1. **International Students Only** - Eligible expenses within the Insured Person's Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
2. Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's Sound, Natural Teeth
3. Professional services rendered by an Immediate Family Member or anyone who lives with the Insured Person.
4. services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury or as specifically provided in the Schedule of Benefits.
5. Weak, strained or flat feet, corns, calluses or ingrown toenails.
6. Diagnostic or surgical procedures in connection with infertility except as specifically provided in the Schedule of Benefits
7. Expenses covered under any Workers' Compensation, Occupational Benefits Plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
8. Treatment of Nervous, Mental or Emotional Disorders or treatment of alcoholism or drug addiction except as specifically provided for in the Schedule of Benefits
9. 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.
10. Loss resulting from war, or any act of war, whether declared or not; or loss sustained while in the armed forces or any country or international authority, unless indicated otherwise on the Schedule of Benefits.
11. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any intercollegiate sport.
12. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
13. 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.
14. expenses incurred after:
 - The date insurance terminates as to the Insured Person;
 - The end of the Benefit Period specified in the Benefit Schedule.
15. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
16. Charges incurred for, acupuncture, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.

17. Expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
18. Expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury or as specifically provided in the Schedule of Benefits.
19. 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.
20. 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)
21. An Insured Person's:
 - Committing or attempting to commit a felony,
 - Being engaged in an illegal occupation, or
 - Participation in a riot.
22. custodial care service and supplies.

COORDINATION OF BENEFITS

The Policy will coordinate benefits for expense covered by any other valid and collectible medical, health or accident insurance or pre-payment plan as stated In the Policy. Payments from such coverage from the plan will not be in excess of the total eligible expenses incurred.

THIRD PARTY REFUND

When:

1. an Insured Person is injured through the negligent act or omission of another person (the "third party"); and
 2. benefits are paid under the Policy as a result of that Injury,
- We are entitled to a refund by the Insured Person of all Policy benefits paid as a result of the Injury.

The refund must be made to the extent that the Insured Person receives payment for the Injury from the third party or that third party's insurance carrier. We may file a lien against that third-party payment. Reasonable pro rata charges, such as legal fees and court costs, may be deducted from the refund made to Us. The Insured Person must complete and return the required forms to Us upon request.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy which, on its Effective Date, is in conflict with the statutes of the state in which the policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.

CLAIM PROCEDURES

In the event of either an Injury or a Sickness:

1. Report to their Physician, Hospital or the Hendrix College Student Health Services.
2. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, Social Security number or student ID number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
3. File claim within ninety (90) days of Injury or first treatment for a Sickness. Bills should be received by the Company within ninety (90) days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Please Send claims to:
 Consolidated Health Plans (CHP)
 2077 Roosevelt Avenue
 Springfield, MA 01104

CLAIMS APPEAL PROCESS

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an Insured Person who disagrees with how a claim was processed may appeal that decision. The Insured Person may request an appeal in writing within one hundred eighty (180) days of the date appearing on the EOB. The appeal request must include why the Insured Person disagrees with the way the claim was processed. The request must include any additional information he/she feels supports the request for appeal, e.g. medical records, physician records, etc. Please submit all requests to the Claims Administrator, Consolidated Health Plans.

Servicing Broker:

Niagara National/Student Health Care Solutions
5001 Genesee Street
Buffalo, NY 14225
800-444-5530

www.lowens@niagaranational.com

Claims Administrator:

CONSOLIDATED HEALTH PLANS

2077 Roosevelt Avenue
Springfield, MA 01104
Toll Free (877) 657-5030

www.chpstudent.com

Group Number: ST0854SH

This plan is underwritten by:

**National Guardian Life Insurance Company
Madison, WI**

As Policy form: NBH-280 (2014) AR et al

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

For a copy of the Company's privacy notice you may go to:

www.consolidatedhealthplan.com/about/hipaa

or

Request one from the Health Office at your School

or

Request one from:

National Guardian Life Insurance Company

C/O Privacy Officer

70 Genesee Street

Utica, NY 13502

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

Representations of the 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.

VALUE ADDED SERVICES

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

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:

www.chpstudent.com

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

Consolidated Health Plans provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-877-657-5030. **If you are traveling and need assistance in North America, call the Assistance Center toll-free at: 877.305.1966 or if you are in a foreign country, call collect at: 715.295.9311.** When you call, please provide your name, school name, the group number shown on your ID card, and a description of your situation. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.