

# University of the Incarnate Word

## 2018-2019 Student Health Plan

Group No: ST0948SH

Policy No: CCIC1819TXSHIP03

Dear Students:

We are pleased to provide you with this summary of the Student Health Plan for University of the Incarnate Word. This plan is fully compliant with the Affordable Care Act.

### Who Is Eligible To Enroll?

Registered domestic, domestic medical and high school students taking 12 or more credit hours and international students, scholars, and visiting faculty taking 1 or more credit hours and having a J-1, F-1 or M-1 visa are eligible to enroll in this plan. Dependents of eligible students are also eligible to enroll.

### How Do I Enroll?

Domestic students are automatically enrolled in this insurance plan at registration, unless you waive coverage. International students are required to purchase this insurance plan and do not have the option to waive coverage. Student premium is added to your tuition bill. Students may enroll eligible dependents on a voluntary basis.

### How Do I Waive Coverage?

Domestic students can waive coverage by providing proof of other comparable medical insurance coverage. Go to website [www.chpstudenthealth.com](http://www.chpstudenthealth.com) and complete the online waiver form by the waiver period deadline dates below. International students do not have option to waive coverage.

### Waiver Period Deadline Dates

Annual/Fall	September 15, 2018
New Students Spring	January 31, 2019
Returning Students Spring	January 31, 2019

### Cost and Periods of Coverage\*

	Annual 8/1/18 to 7/31/19	Fall 8/1/18 to 2/1/19	New Students Spring 1/1/19 to 7/31/19	Returning Students Spring 2/1/19 to 7/31/19
Student	\$1,400	\$706	\$814	\$694
Spouse	\$1,400	\$706	\$814	\$694
Each Child	\$1,400	\$706	\$814	\$694
3 or More Children	\$4,200	\$2,118	\$2,442	\$2,082

\*The above rates include an administrative fee. Dependent rates are in addition to the student rate.

### HEALTH INSURANCE BENEFIT SUMMARY\*

BENEFIT	NETWORK	NON-NETWORK
Benefit Maximum	Unlimited	
Annual Deductible	\$100	\$200
Out-of-Pocket Maximum	\$2,500 Individual \$5,000 Family	\$5,000 Individual
Coinsurance	90% of PA	70% of U&C
Preventive Care	100% of PA (no cost sharing)	70% of U&C
Hospital Room & Board (Inpatient)**	90% of PA	70% of U&C
Surgery (Inpatient or Outpatient)	90% of PA	70% of U&C
In Office Physician Visit	100% of PA, after \$25 copay per visit	70% of U&C
Emergency Services Expense	100% of PA, after \$250 copay per visit Copay waived if admitted	100% of U&C, after \$250 copay per visit Copay waived if admitted
Urgent Care Centers or Facilities	90% of PA, after \$250 copay per visit	70% of U&C, after \$250 copay per visit
Diagnostic X-ray & Laboratory	90% of PA	70% of U&C
Mental Health and Substance Abuse	Same as any Sickness	Same as any Sickness
Outpatient Prescription Drugs (Non-Network benefits provided on a reimbursement basis)	100% of PA, after: \$10 copay Generic \$25 copay Preferred Brand \$50 copay non-Preferred Brand \$50 copay Specialty (copay per drug)	70% U&C, after: \$10 copay Generic \$25 copay Preferred Brand \$50 copay non-Preferred Brand \$50 copay Specialty (copay per drug)
Student Health Center	100% of actual charges for covered expenses after \$10 copay per visit; deductible waived	
PA= Preferred Allowance		U&C=Usual and Customary
*This is only a brief description of the coverage(s) available under Certificate form TX SHIP CERT (2018). The Certificate will contain the reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.		
**All inpatient confinements require pre-certification. The phone number can be found on the back of the Insured's ID card. The call should be made prior to Hospital Confinement. In the case of an emergency, the call should take place as soon as reasonably possible		

**Underwritten By:**  
Commercial Casualty Insurance Company

**Plan Administrator:**  
Consolidated Health Plans, Inc.  
2077 Roosevelt Ave.  
Springfield, MA 01104  
chsstudenthealth.com  
(877) 657-5030

**Servicing Agent:**  
Paul Fisher  
Pinnacle Student Insurance  
2021 W State Hwy 46, Suite 101  
New Braunfels, TX 78132  
(877) 626-0360  
Paul@psihealthplans.com

Where Can I Obtain More Information About The Plan?	
Enroll Dependents Waive Coverage Insurance Benefits Claim Processing ID Cards	Consolidated Health Plans (CHP) <a href="http://www.chpstudenthealth.com">www.chpstudenthealth.com</a>
Find Network Provider	CHP or PHCS PPO <a href="http://www.multiplan.com">www.multiplan.com</a>
Find Prescription Drug Provider	BeRx Pharmacy Network <a href="http://www.berxplan.com">www.berxplan.com</a>

The following Value-Added Services are not part of the Policy and are not underwritten by Commercial Casualty Insurance Company. The services are provided by Independent vendors and are included if the student participates in the student health plan.

- Vision discount program through Davis Vision
- Medical travel assistance through Scholastic Emergency Services
- 24-hour nurse line through Ask Mayo Clinic

## Exclusions

**Exclusion Disclaimer:** Any exclusion in conflict with the Patient Protection and Affordable Care Act, Texas Insurance Code, Texas Administrative Code, or any other applicable law in this state will be administered to comply with the requirements of federal or state guideline, which ever is more favorable.

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

- 1. International Students Only** - Eligible expenses within Your 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. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the Student Health Center or by the person's attending physician or dentist.
3. Professional services rendered by an Immediate Family Member or anyone who lives with You. This exclusion does not apply to Dental services.
4. Medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits or as part of the Student Health Center benefits provided by this plan.
5. Weak, strained or flat feet, corns, calluses ingrown toenails except for Treatment because of Injury, infection or disease.
6. Surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
7. Prescription contraceptive diaphragms are covered but limited to one (1) per Policy Year.
8. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
9. 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.
10. Any expenses in excess of Usual and Customary charges except as provided in the Certificate.
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.
13. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
14. 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 You are required to pay.
15. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
16. Expenses payable under any prior Certificate which was in force for the person making the claim.
17. Injury sustained as the result of the Insured Person's operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
18. Expenses incurred after: a. The date insurance terminates as to an Insured Person, except as specified in the extension of benefits provision and b. The end of the Policy Year specified in the Benefit Schedule.
19. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Certificate.
20. Charges incurred for acupuncture, heat Treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
21. Weight management. Weight reduction, Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Care Services benefit, or otherwise specifically covered under the Certificate
22. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
23. Expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses except as required for repair caused by a Covered Injury. Office visit exam for the fitting of prescription contact lenses, or duplicate spare eyeglasses or lenses or frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes or unless otherwise covered under the Pediatric and Adult Vision Care Benefit.
24. 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.
25. 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 or alter their personal concept of body image.
  26. Treatment to the teeth, including orthodontic braces and orthodontic appliances, including surgical extractions of teeth. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
  27. You are:
    - committing or attempting to commit a felony,
    - being engaged in an illegal occupation, or
    - participation in a riot.
  28. Elective abortions.
  29. Braces and appliances, except as specifically provided in the Schedule of Benefits.
  30. Congenital defects, except as provided for newborn or adopted children added after the effective date of coverage.
  31. Custodial Care service and supplies.
  32. Charges for hot or cold packs.
  33. Services of a private duty Nurse.
  34. Expenses that are not recommended and approved by a Physician.
  35. Sexual reassignment surgery, except as provided when Medically Necessary or when Treatment is covered under the Certificate. This exclusion does not include related mental health counseling or hormone therapy.
  36. Routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, donor services if the recipient is not an Insured Person under this plan, or services for or related to the transplantation of animal or artificial organs or tissues.
  37. Cosmetic procedures related to Gender Dysphoria including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, breast augmentation, body contouring, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants.
  38. Sleep Disorders screening including testing.
  39. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
    - Which do not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided in the Prescription Drug Benefit section of this plan;
    - Drugs with over-the-counter equivalents;
    - Brand-Name Prescription Drugs with generic equivalents;
    - Allergy sera and extracts administered via injection;
    - for the purpose of weight control;
    - Fertility drugs;
    - Sexual enhancement drugs;
    - Vitamins, minerals, food supplements;
    - Dietary supplements
    - Cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or Treatment of acne except as specifically provided in the Certificate;
    - Blood glucose meters, asthma holding chambers and peak flow meters are eligible health services, but are limited to one (1) prescription order per Policy Year;
    - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
    - Drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
    - Purchased after coverage under the Policy terminates;
    - Consumed or administered at the place where it is dispensed;
    - If the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason.
    - Bulk chemicals;
    - Non-insulin syringes surgical supplies durable medical equipment/medical devices with the exception of diabetic blood monitors and kits;
    - Stimulants;
    - Repackaged products;
    - Blood components;
    - immunology products
  40. Non-chemical addictions.
  41. Non-physical, occupational, speech therapies (art, dance, etc.).
  42. Modifications made to dwellings.
  43. General fitness, exercise programs.
  44. Obesity Treatment.
  45. Hypnosis.
  46. Rolfing.
  47. Biofeedback.
  48. Hyperhidrosis.