



THE MASTER'S

The Master's University and Seminary
Underwritten by: Commercial Casualty Insurance Company
2018-2019 Student Health Plan
Group No: ST1021SH
Policy No: CCIC1819CASHIP19

Dear Students:

We are pleased to provide you with this summary of the Student Health Plan for the Master's University and Seminary. This plan is fully compliant with the Affordable Care Act.

Who Is Eligible To Enroll?

All traditional Undergraduate students are automatically enrolled at the time of registration unless proof of comparable coverage can be furnished.

Important Dates and Deadlines:

Open Enrollment Periods for all Dependents and Hard Waiver Students:
Fall Semester Deadline: September 11, 2018
Spring Semester Deadline: January 19, 2019

How Do I Enroll/Waive Coverage?

You must enroll in the student health insurance plan offered at The Master's University and Seminary unless you have comparable coverage. If you have an insurance plan with comparable coverage, you must provide proof of coverage through your online registration portal at the time of registration for classes. To enroll eligible dependents online, please visit www.jcbins.com.

Important Details

This ACA-compliant plan includes:

- Coverage while at school and at home
- Comprehensive coverage both for emergency and non-emergency situations
- Access to the Cigna OAP network

This Plan is paired with the Cigna OAP Network. Note that the benefits are not insured by Cigna or affiliates.

Cost and Periods of Coverage*

	Fall 8/1/18 to 1/9/19	Spring/Summer 1/10/19 to 7/31/19
Student Only	\$1,001	\$1,254
Spouse	\$1,001	\$1,254
Each Child	\$1,001	\$1,254

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

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 Travel Guard
- 24-hour Nurse Hotline
- 24/7 Behavioral Health Hotline/CareConnect.

Underwritten By:
Commercial Casualty Insurance Company

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

Servicing Agent:
JCB Insurance Solutions
www.jcbins.com
(661) 320-3036

Where Can I Obtain More Information About The Plan?

Get help with my Insurance Plan:	JCB Insurance Solutions www.jcbins.com (661) 320-3036
Insurance Benefits Claim Processing ID Cards	Consolidated Health Plans (CHP) www.chpstudenthealth.com (877) 657-5030
Find Network Provider:	Cigna Open Access Plus (OAP) www.cigna.com
Find Prescription Drug Provider:	BeRx www.berxplan.com
Nurse Hotline:	(800) 634-7629

HEALTH INSURANCE BENEFIT SUMMARY*

BENEFIT	IN-NETWORK	NON-NETWORK
Deductible	\$250	\$250
Out-of-Pocket Expense Limit	\$6,600 Individual \$13,200 Family	\$6,600 Individual \$13,200 Family
Coinurance Amount	80% of PA	60% of U&R
Preventive Care	100% of PA (No Cost Sharing)	60% of U&R \$20 Copayment (Deductible Applies)
Hospital Room & Board (Inpatient)**	80% of PA	60% of U&R
In Office Physician Visit/Consultant or Specialist	80% of PA After \$20 Copayment per Visit	60% of U&R After \$20 Copayment per Visit
Mental Health and Substance Abuse	80% of PA	60% of U&R
Emergency Services Expense	80% of PA	80% of PA
Diagnostic X-ray & Laboratory	80% of PA	60% of U&R
Outpatient Prescription Drugs	100% after Copay: <ul style="list-style-type: none"> • Generic: \$10 Copay • Preferred Drug: \$25 Copay • Non-Preferred Drug: \$50 Copay • Specialty Prescription Drug: \$50 Copay 	
PA= Preferred Allowance		U&R=Usual and Reasonable

*This is only a brief description of the coverage(s) available under Certificate form CA SHIP Cert (2018). The Certificate will contain 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

Exclusions and Limitations

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act or any state imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to You.

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 You 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. by the person's attending physician or dentist.
3. 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.
4. professional services rendered by an Immediate Family Member or anyone who lives with You.
5. weak, strained or flat feet, corns, calluses ingrown toenails except for Treatment because of Injury, infection or disease.
6. diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
7. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
8. 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.
9. any expenses in excess of Usual and Reasonable charges except as provided in the Certificate.
10. 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.
11. services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
12. expenses incurred after:
 - o The date insurance terminates as to the Insured Person, except as specified in the extension of benefits provision; and
 - o The end of the Policy Year specified in the Benefit Schedule.
13. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Certificate.
14. charges incurred for heat Treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
15. Weight management. Weight reduction. Nutrition programs. Treatment for obesity except surgery for morbid obesity (bariatric surgery). 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.
16. charges for hair growth or removal unless otherwise specifically covered under the Certificate.
17. expenses for radial keratotomy except as required for repair caused by a Covered Injury 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 Vision Care Benefit.
18. charges for hearing exams, hearing screening, hearing aids and the fitting or repair or replacement of hearing aids or cochlear implants except as specifically provided in the Certificate.
19. 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.
 - o 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.
 - o 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. In no event will any care and services for breast reconstruction or implantation or removal of breast prostheses be covered unless such care and services are performed solely and directly as a result of a Medically Necessary mastectomy.
20. Treatment to the teeth, including orthodontic braces and orthodontic appliances, or unless otherwise covered under the Pediatric Dental Care Benefit 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.
21. You are:
 - o committing or attempting to commit a felony, or
 - o being engaged in an illegal occupation.
22. braces and appliances, except as specifically provided in the Schedule of Benefits.
23. Custodial Care service and supplies.
24. charges for hot or cold packs.
25. expenses that are not recommended and approved by a Physician.
26. 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.
27. Sleep Disorders screening including testing, unless medically necessary.
28. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
 - o which does 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;
 - o for the purpose of weight control;
 - o fertility drugs;
 - o vitamins, minerals, unless prescribed for preventive purposes under ACA;
 - o food supplements, unless prescribed for the treatment of PKU;
 - o sexual enhancements drugs;
 - o dietary supplements;
 - o cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, except as specifically provided in the Certificate;
 - o 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;
 - o refills in excess of the number specified or dispensed after one (1) year of date of the prescription;

- o drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - o purchased after coverage under the Certificate terminates;
 - o consumed or administered at the place where it is dispensed;
 - o 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; o
29. non-chemical addictions.
- 30. non-physical, occupational, speech therapies (art, dance, etc.).
 - 31. modifications made to dwellings.
 - 32. general fitness, exercise programs.
 - 33. hypnosis.
 - 34. rolfing.
 - 35. biofeedback.
 - 36. hyperhidrosis.