

2019–2020



STUDENT HEALTH INSURANCE PLAN

Policy No. 2019E2A00

Effective 8/25/19–8/25/20



ROSE-HULMAN INSTITUTE OF TECHNOLOGY

Terre Haute, IN

Serviced by:



ATTN: Student Team
200 South Wacker Drive, Suite 1000
Chicago, IL 60606
888-255-4029

Underwritten and Administered by:



**National Guardian
Life Insurance Company**
Student Insurance Division
Commercial Travelers Building
70 Genesee Street
Utica, NY 13502
1-800-756-3702

Product underwritten by

National Guardian Life Insurance Company (NGL), Madison, WI.

National Guardian Life Insurance Company is not affiliated with

The Guardian Life Insurance Company of America a.k.a. The Guardian or Guardian Life.

As Policy Form No.: NBH-280 (2018) IN

19-E2A00 Bro.

INTRODUCTION

This summary provides a brief description of the coverage for the Student Health Insurance Plan. Full details are in the Policy which may be reviewed at the Office of Insurance and Risk Management. Any discrepancy between this brochure and the Policy will be governed by the Policy.

This summary outlines the basic details of your insurance coverage which has been selected by Rose-Hulman Institute of Technology. This summary outlines the basic details of your insurance coverage which has been selected by Rose-Hulman Institute of Technology. An Insurance Information Card will be located at the Office of Insurance and Risk Management for those students who are covered under the Student Health Insurance Plan.

If you need any medical services, you are strongly advised to use the Student Health Service before incurring off-campus medical expenses.

ELIGIBILITY

Domestic Students: All Students attending Rose-Hulman Institute of Technology are eligible for and included in the Student Health Insurance Plan unless coverage has been specifically waived. If you do not desire to purchase this insurance coverage, you must complete an electronic online waiver form to waive the coverage no later than September 9, 2019. To waive online, go to: www.rose-hulman.edu

If you need additional information, please contact Susan Butts in the Office of Insurance and Risk Management, Facilities, Room F116, at 812-877-8457. If your waiver is not received by the time indicated above, you will automatically be included in the Plan.

International Students: As an international student with a current passport or student visa temporarily located outside your home country who has not been granted permanent residency status while engaged in educational activities through Rose-Hulman Institute of Technology, you are required to be insured under the Policy. To be a covered Person under the Policy, you must have paid the required premium and your name, student number and date of birth must have been included in the declaration made by your University or the Administrative Agent to the Insurer.

All Students, Domestic or International, must actively attend classes for at least the first 31 days of the period for which coverage is purchased, except in the case of medical withdrawal. The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

WHEN COVERAGE BEGINS AND ENDS

All Domestic and International Students attending Rose-Hulman Institute of Technology are eligible for and included in the Student Health Insurance Plan, unless coverage has been specifically waived. The cost for the entire College year is \$1,185 and is payable along with your student Fees at the beginning of the Fall Term. The Health Insurance Rates include premium payable to National Guardian Life Insurance Company as well as Administrative Fees payable to EIIA.

This Plan, subject to the benefits and exclusions outlined in this brochure, protects the insured Student of Rose-Hulman Institute of Technology and his/her insured Dependents 24-hours a day during the term of the Students Policy.

1. The Plan becomes effective August 25, 2019, and continues during the period for which the premium has been paid. The Master Policy expires at 12:01 a.m. on August 25, 2020.
2. In the event a Student ceases to be a Student at the Institute, coverage remains in effect until the end of the period for which premium has been paid. Upon any insured entering the armed forces of any country, coverage will automatically terminate and a pro-rata return of premium will be made upon request. **NO OTHER REFUNDS WILL BE MADE.**
3. Protection is in effect during all interim vacation periods.

DEPENDENT COVERAGE

Eligible Students may also insure, on a Voluntary Participation Basis, their eligible Dependents. Students who enroll their Dependents must enroll them within (31) days of the Insured Students enrollment in the Plan with the exception of adopted children or newborn children. They will be enrolled for the same term of coverage for which the Insured Student enrolls. Dependents of an Eligible International Student must possess a valid passport and a proper visa.

Students may enroll their eligible Dependents by completing the enclosed Dependent Enrollment Form. Submit this form, along with payment, to EIIA at the address located at the bottom of the Enrollment Form.

GENERAL INFORMATION

The Policy is underwritten by National Guardian Life Insurance Company, and is serviced by EIIA, 200 South Wacker Drive, Suite 1000, Chicago, IL 60606. All claims will be paid by National Guardian Life Insurance Company, Student Insurance Division, Commercial Travelers Building, 70 Genesee St., Utica, NY 13502.

**SCHEDULE OF BENEFITS
PLATINUM PLAN**

Actuarial Value: 90.85

Next Lower Metal Level: Gold

Preventative Services:

The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of Usual and Reasonable charge.

Deductible: \$0

Out-of-Pocket Expense Limit: Individual - \$2,500
Family - \$5,000

Coinsurance Amount: 80% of Usual and Reasonable Charge for Covered Medical Expenses

THE COVERED MEDICAL EXPENSE FOR AN ISSUED POLICY WILL BE:

- 1. THOSE LISTED IN THE COVERED MEDICAL EXPENSES PROVISION; AND**
- 2. ACCORDING TO THE FOLLOWING SCHEDULE OF BENEFITS.**

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Inpatient Benefits	
Hospital Room & Board Expenses	The Coinsurance Amount Stated Above
Hospital Intensive Care Unit Expense - <i>in lieu of normal Hospital Room & Board Expenses</i>	The Coinsurance Amount Stated 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 Stated Above
Preadmission Testing	The Coinsurance Amount Stated Above
Physician's Visits while Confined	The Coinsurance Amount Stated Above
Inpatient Surgery: Surgeon Services Anesthetist Assistant Surgeon	The Coinsurance Amount Stated Above The Coinsurance Amount Stated Above The Coinsurance Amount Stated Above
Registered Nurse Services for private duty nursing while confined	The Coinsurance Amount Stated Above
Physical Therapy (inpatient)	The Coinsurance Amount Stated Above
Skilled Nursing Facility Expense Benefit 90 days per Policy Year	The Coinsurance Amount Stated Above

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Extended Care Facility Expense Benefit	The Coinsurance Amount Stated Above
Mental Health Disorder Benefit	Same as any other Covered Sickness
Substance Use Disorder Benefit	Same as any other Covered Sickness
Outpatient Benefits	
Outpatient Surgery Surgeon Services Anesthetist Assistant Surgeon	The Coinsurance Amount Stated Above The Coinsurance Amount Stated Above The Coinsurance Amount Stated 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 Stated Above
Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy Habilitative Services are covered to the extent that they are Medically Necessary	The Coinsurance Amount Stated Above
Emergency Services Expenses	The Coinsurance Amount Stated Above
In Office Physician's Visits <i>(If an Urgent Care benefit is stated, use the same benefits as O/P Physician)</i>	The Coinsurance Amount Stated Above
Diagnostic X-ray Services	The Coinsurance Amount Stated Above
Laboratory Procedures (Outpatient)	The Coinsurance Amount Stated Above
Prescription Drugs	The Coinsurance Amount Stated Above Subject to \$5 Generic Copayment Subject to \$25 Preferred Brand Copayment Subject to \$50 Brand Copayment
Outpatient Maintenance Expense for services not otherwise covered but excluding surgery	The Coinsurance Amount Stated Above
Home Health Care Expenses	The Coinsurance Amount Stated Above
Hospice Care Coverage	The Coinsurance Amount Stated Above
Mental Health Disorder Benefit	Same as any other Covered Sickness
Substance Use Disorder Benefit	Same as any other Covered Sickness

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Other Benefits	
Ambulance Service	The Coinsurance Amount Stated Above
Braces and Appliances	The Coinsurance Amount Stated Above
Durable Medical Equipment	The Coinsurance Amount Stated 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 Stated Above
Accidental Injury Dental Treatment for Insured Person's over age 18	Subject to \$50 per tooth maximum \$500 per policy year
Student Health Center/Infirmary Expense	The Coinsurance Amount Stated Above
Sports Accident Expense - incurred as the result of the play or practice of Intercollegiate sports	The Coinsurance Amount Stated Above Up to \$600 per Accident
Pediatric Dental Care Benefit Preventive Dental Care limited to dental exams every 6 months <i>The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:</i> Emergency Dental Clinical Oral Evaluations Endodontic Services Periodontal Services Prothodontic Services Medically Necessary Orthodontic Care	See Benefit for limitations The Coinsurance Amount for Preventive Dental Care is 100% of Usual and Reasonable, limited to 1 dental exam every 6 months 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable
Pediatric Vision Care Benefit	100% Usual and Reasonable limited to 1 visit(s) and 1 pair of prescribed lenses and frames per Policy Year
Mandated Benefits	
Diabetes Equipment, Supplies and Service	Same as any other Covered Sickness
Diabetes Self-Management	The Coinsurance Amount Stated Above
Mastectomy, Reconstructive Surgery and Prosthetic Devices	Same as any other Covered Sickness
Mental Illness	Same as any other Covered Sickness
Dental Anesthesia Benefit	The Coinsurance Amount Stated Above

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.

MANDATED BENEFITS

The following benefits are mandated in the state of Indiana. They will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, copayment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness. 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.

Mandated benefits as required by the state which the policy is issued include but are not limited to: Mastectomy, Reconstructive Surgery and Prosthetic Devices; Diabetes Equipment, Supplies, Service and Self-Management; Mental Illness; and Dental Anesthesia. See the Policy on file with the school for further details on these benefits.

EXCLUSIONS

Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of that 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 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 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 specified for accidental Injury to the Insured Person's Sound, Natural Teeth.

4. services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury.
5. birth control, including elective surgical procedures or devices, except as specifically provided in the Schedule of Benefits.
6. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
7. 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.
8. 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.
9. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate sports in excess of \$600 per Accident.
10. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
11. intentionally self-inflicted Injury, attempted suicide, or suicide, while sane or insane.
12. expenses payable under any prior Policy which was in force for the person making the claim.
13. 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.
14. expenses incurred after: a) The date insurance terminates as to the Insured Person; b) The Maximum Benefit for each Covered Injury or Covered Sickness has been attained.
15. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
16. charges incurred for chiropractic care, acupuncture, physical therapy, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
17. 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)

COORDINATION OF BENEFITS

The Policy will coordinate benefits for expenses 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 and from this Plan will not be in excess of the total eligible expenses incurred.

CLAIM PROCEDURE

In the event of sickness or injury you should:

- If at school, report to the Student Health Service for attention. In the event additional examinations, lab test, X-rays, etc., are required off campus, be sure to take your Student Accident and Sickness Insurance ID card and your Rose-Hulman Institute of Technology ID with you to the doctor or hospital.
- If away from school, consult a physician and follow his/her instructions. Claim Forms and instructions on claim procedures are available at the Office of Insurance and Risk Management or by visiting the website: www.studentplanscenter.com

ALL COMPLETED CLAIM FORMS AND BILLS SHOULD BE RETURNED TO NATIONAL GUARDIAN LIFE INSURANCE COMPANY. This will allow the immediate establishment of a claim and provide quicker payments of medical charges.

Written notice of injury or sickness, upon which claim may be based, must be provided to the Company within 30 days of the date of the commencement of the first loss for which benefits arising out of each injury or sickness may be claimed, or as soon thereafter as is reasonably possible. Bills for which benefit is to be paid must be submitted within 90 days of the treatment.

GRIEVANCE AND APPEALS

If an Insured Person has a grievance or is appealing a grievance decision, contact The Claims Administrator either orally or in writing: National Guardian Life Insurance Company, Student Insurance Division, Commercial Travelers Building, 70 Genesee St., Utica, NY 13502. Toll free: 800-756-3702

Notice to insured: Upon the Insured Person's notice of a grievance, we or our agent shall provide timely, adequate, and appropriate notice to each insured of: 1) the grievance procedure required under Indiana law; 2) the external grievance procedure required under Indiana law; 3) information on how to file a grievance and a request for an external grievance review permitted under Indiana law; and 4) a toll free telephone number through which an Insured Person may contact Us at no cost to the Insured Person to obtain information and to file grievances.

Underwritten and Administered by
National Guardian Life Insurance Company
Student Insurance Division
Commercial Travelers Building
70 Genesee Street, Utica, NY 13502
Toll Free: 800-756-3702

as Policy Form # NBH-280 (2018) IN et al

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

Electronic Claim Payer

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, you may go to:

www.studentplanscenter.com/privacy/nglic

or Request one from the

Local Representative listed below

or Request one from:

National Guardian Life Insurance Company
Student Insurance Division
c/o Privacy Officer
Commercial Travelers Building
70 Genesee Street • Utica, NY 13502

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

Local Representative

EIIA

200 South Wacker Drive, Suite 1000
Chicago, IL 60606
888-255-4029

***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. 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.

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.