Student
Health
Insurance
Program

Designed for the Students of
Champlain College
Burlington, Vermont 05402-0670

2012-2013
Effective August 9, 2012 to August 8, 2013

Underwritten by:
Companion Life Insurance Company
Columbia, SC
As policy form # BSHP-POL
Policy Number: 2012I5A07

IMPORTANT NOTICE
This information provides a brief description of the important features of this Insurance program. It is not a contract. Terms and conditions of the coverage are set forth in policy number 2012I5A07 issued in Vermont for Champlain College. Please keep this material with your important papers.

Form No.: 12-I5A07 (Bro.)

This Student Health Insurance coverage is compliant with the HHS ruling of March 16, 2012 that pertains to student health insurance; however, it may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits pertaining to other types of health insurance other than Student Health Insurance. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Your student health insurance coverage has an annual limit of $100,000 on all covered benefits. If you have any questions or concerns about this notice, contact the Underwriting Company stated in this brochure. You may be eligible for coverage under a group health plan of a parent’s employer or under a parent’s individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent’s plan for more information.

OVERVIEW OF PLAN
Champlain College offers its students a comprehensive Student Health Insurance Program providing coverage for Accident and Sickness expenses.

Premium - Annual Premium (including a school Administration Fee) is $1,500 ($750 per semester).

NOTE: All Allied Health students are required to purchase the insurance unless proof of coverage from a personal plan that is equal to or exceeds this plan is provided to the College by August 27, 2012.

EFFECTIVE AND TERMINATION DATES
Effective Dates: Insurance under the Policy will become effective on:
1. August 9, 2012 to August 8, 2013 for Annual Plan.
2. August 9, 2012 to December 18, 2012 for Fall Semester.
4. All full-time students are automatically enrolled into the plan unless they submit proof of other coverage by completing the student insurance waiver online.

Termination Dates: An Insured Person’s insurance will terminate on the earliest of:
1. The date this 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. For students who graduate in December, or who are no longer enrolled at mid-semester, coverage expires on 12/18/12, and students entering in January are covered only for the semester beginning January; or
5. The date an Insured Person enters military service.

PLN COVERAGE
Student Health Insurance Program Information
This brochure is a brief description of the Student Health Insurance Program. This plan is underwritten by Companion Life Insurance Company. The exact provisions governing this insurance are contained in the master policy (referred to below as “this policy” or “the policy”) issued to the College and may be viewed at the Finance Office. Please retain this brochure for future reference. The master policy shall control in the event of any conflict between this brochure and the policy.

ELIGIBILITY
All registered full-time students (12 credits or more) of Champlain College are eligible and will automatically be enrolled unless proof of personal coverage is provided to the College by completing an online waiver by August 27, 2012.

Students enrolled in the Allied Health Program for at least 1 course, are required to participate in the Student Health Insurance Plan unless proof of personal coverage equal to or exceeding the school Plan is provided to the College by August 27, 2012.

Students enrolled for less than 12 credits (unless in Allied Health Program) are not eligible to participate.
SURGICAL EXPENSE (In or out of hospital) - 80% of the U&C

Assistant Surgeon or an Anesthetist not employed or retained by the

PHYSICIAN EXPENSE (In or out of hospital, including one annual physical) - 80% of U&C charges for the non-surgical services of a physician, limited to one (1) visit per day after a $15 co-pay.

AMBULANCE EXPENSE – 80% of U&C for a professional ground ambulance to or from a hospital, when required due to the emergency nature of the accident or sickness.

DENTAL EXPENSE –
A. Up to $50 for dental treatment of an accidental injury to sound, natural teeth.
B. Up to $75 per tooth for the extraction of impacted or unerupted wisdom teeth.

ABORTION EXPENSE - up to $375 for voluntary termination of pregnancy, provided the pregnancy commences while insured. No other policy benefits are payable for abortion.

CAT SCAN, MRI EXAMS, LASER TREATMENT, etc. - 80% of the U&C charge for special high-cost procedures such as CAT scans, MRI exams, laser treatments, etc.

RADIATION AND CHEMOTHERAPY - 80% of U&C charges for radiation therapy or chemotherapy.

MATERNITY CARE - the same benefits as payable for any sickness will be payable.

REPATRIATION AND MEDICAL EVACUATION COVERAGE - In addition to the coverage provided by this plan through Companion Life Insurance Company, Champlain College offers Repatriation and Medical Evacuation coverage as shown below:

REPATRIATION - $7,500 per person - In the event of the death of a covered person who is a student, the Company will reimburse Champlain College for those expenses as may reasonably be incurred up to the maximum limit of $7,500 in connection with the preparation and transportation of the body including but not limited to, the cost of embalming and coffin, to the person’s place of residence in his/her home country, provided the student is studying outside his/her home country. This benefit does not include the transportation expenses of anyone accompanying the body, nor does it extend to repatriation of spouses, same-sex spousal equivalents, or children.

PREVENTIVE AND WELLNESS SERVICES: Coverage will be provided for preventive and wellness services payable at U&C, not subject to a deductible, co-pay or coinsurance.

DEFINITIONS

Accident means an, unexpected and unintended event, which is the direct cause of an Injury. The Accident must occur while the Covered Person is insured under the Policy.

Injury means accidental bodily harm sustained by a Covered Person that results directly and independently of disease and any bodily infirmity from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Sickness means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one Sickness.

Preexisting Condition means any condition, Injury or Sickness for which the Covered Person incurred expenses, received medical treatment, or consulted a health care professional within the 12 months immediately preceding the effective date of coverage.

Usual and Customary Charge means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

ACCIDENT AND SICKNESS

When hospital or medical care is required for Injury or Sickness, this plan will pay the Usual and Customary (U&C) charges incurred within 52 weeks after the insured student first receives medical treatment. Payment will be made as allocated below for covered medical expenses incurred while insured, up to a Policy Year Maximum Benefit of $100,000.

Expenses otherwise covered will be payable for a Pre-Existing Condition, up to $1,500 in a policy year for accident or sickness, except to the extent such expenses are payable under any prior policy in the absence of this policy.

HOSPITAL ROOM AND BOARD - 80% of the semi private room rate.

HOSPITAL MISCELLANEOUS EXPENSE - 80% of the U&C charge for x-ray examinations, laboratory tests, anesthesia supplies and equipment use, medicines, use of operating room, casts and temporary surgical appliances when the insured is confined as a bed patient in a hospital.

HOSPITAL INTENSIVE CARE EXPENSE - 80% of the U&C charge.

DAY SURGERY HOSPITAL EXPENSE - 80% of the U&C charge for miscellaneous hospital charges for day surgery (exclusive of the Surgery Expense benefit).

OUTPATIENT EXPENSE – 80% of U&C charges for outpatient x-rays, laboratory tests, and physical therapy.

EMERGENCY ROOM – 80% of U&C charges after a $50 co-pay per Emergency room visit.

PRESCRIPTION MEDICINE EXPENSE (No cost share for generic prescription contraceptives) - after a $50 deductible per Insured person, per policy year, 80% of the U&C charge for medicines prescribed by a doctor. This benefit shall also include payment for prescriptions for orthotics, braces, crutches, surgical appliances, and mental health conditions.

COORDINATION OF BENEFITS (COB)

This provision applies to persons covered by the Policy and one or more other medical plans. This Plan is excess to any other plan of medical insurance the Covered Person may have.

No benefit is payable for any Covered Expense incurred, which is paid or payable by any other valid and collectible insurance. Covered Expenses does not include any amounts not covered by the primary carrier due to penalties for failure to comply with policy provisions or requirements.

This provision will not apply to the first $100 of incurred Covered Expense.

NON-DUPLICATION OF BENEFITS LIMITATION

If benefits are payable under more than one (1) benefit provision contained in the Policy, benefits will be payable only under the provision providing the greater benefit.

SURGICAL EXPENSE (In or out of hospital) - 80% of the U&C charge for surgery. When surgery requires the services of an Assistant Surgeon or an Anesthetist not employed or retained by the hospital, up to 20% of the amount payable for each professional.

AMBULANCE EXPENSE – 80% of U&C for a professional ground ambulance to or from a hospital, when required due to the emergency nature of the accident or sickness.
If a Covered Student incurs medically necessary Doctor prescribed Home Health Care Expense, we pay 80% of such Eligible Expense incurred within 12 months from the date of the first Home Health Care visits, subject to:

- annual deductible of $50

LOW PROTEIN MODIFIED FOOD PRODUCT BENEFIT – Coverage will be provided for the Medically Necessary treatment of an inherited metabolic disease on the same basis as any other Covered Sickness. Such treatment will include the cost of low protein food products that are part of a diet prescribed by a licensed Physician and managed by a health care professional in consultation with a Physician who specializes in the treatment of metabolic disease. Such diet must be deemed Medically Necessary to avert the development of serious physical and mental disabilities or to promote normal development or function as a consequence of the inherited metabolic disease.

We will provide coverage for this benefit only to the extent that the cost of Medically Necessary formulas and special food products exceeds the cost of a normal diet.

DIABETES COVERAGE - We will pay Eligible Expenses for the equipment, supplies and outpatient diabetes self-management training and education. This includes medical nutrition therapy for the treatment of insulin dependent diabetes, insulin using diabetes, gestational diabetes and noninsulin using diabetes if prescribed by a Doctor.

TREATMENT TO BONES OR JOINTS IN THE FACE, NECK OR HEAD – The Company will pay the expenses incurred for the diagnosis and Medically Necessary treatment, including surgical and nonsurgical procedures, for a musculoskeletal disorder that affects any bone or joint in the face, neck or head. The musculoskeletal disorder must be the result of an accident, trauma, congenital defect, developmental defect or pathology. The benefits provided under this provision will be the same as that provided for any other musculoskeletal disorder in the body. Benefits will be provided for treatment prescribed or administered by either a Physician or a dentist. This provision does not provide benefits for dental services for the diagnosis or treatment of dental disorders or dental pathology primarily affecting the gums, teeth or alveolar ridge.

CONTRACEPTIVE COVERAGE – The Company will pay the expenses incurred for outpatient contraceptive services as follows:

1. Sterilizations, payable as an outpatient surgery benefit; and

2. If prescription drugs coverage is a benefit of this policy, the purchase of all prescription contraceptives and prescription contraceptive devices approved by the Federal Food and Drug Administration.
TREATMENT OF MENTAL HEALTH CONDITION BENEFIT – We will pay benefits for the eligible expenses incurred for inpatient treatment and outpatient visits to the same extent that coverage is provided for any other sickness.

For the purpose of this benefit Mental Health Condition means any condition or disorder involving mental illness or alcohol or substance abuse that falls under any of the diagnostic categories listed in the mental disorders section of the international classification of disease, as periodically revised.

To be eligible for coverage under this section:

1. For service to be rendered for the treatment of mental illness shall be:
   a. By a licensed or certified mental health professional; or
   b. In a mental health facility qualified pursuant to rules adopted by the Secretary of Human Services or in an institution, approved by the Secretary of Human Services that provides a program for the treatment of a mental health condition pursuant to a written plan. A nonprofit hospital or a medical service corporation may require a mental health facility or licensed or certified mental health professional to enter into a contract as a condition of providing benefits.

2. For the treatment of alcohol or substance abuse:
   a. By a substance abuse counselor or other person approved by the Secretary of Human Services based on rules adopted by the Secretary that establish standards and criteria for determining eligibility under this subdivision; or
   b. In an institution, approved by the Secretary of Human Services, that provides a program for the treatment of alcohol or substance dependency pursuant to a written plan.

AUTISM SPECTRUM DISORDER BENEFIT - We will pay benefits for the eligible expenses incurred for the diagnosis and treatment of Autism Spectrum Disorders to the same extent that coverage is provided for any other sickness. Coverage includes Applied Behavior Analysis, supervised by a nationally board-certified behavior analyst, for children between the ages of 18 months and six (6) years of age or entry into first grade, whichever comes first. Treatment of autism spectrum disorders means the following care prescribed, provided, or ordered for an individual diagnosed with one or more Autism Spectrum Disorders by a physician licensed pursuant to Chapter 23 of Title 26 or a psychologist licensed pursuant to Chapter 55 of Title 26 if such physician or psychologist determines the care to be medically necessary: Habilitative or Rehabilitative Care, Pharmacy Care, Psychiatric Care, Psychological Care or Therapeutic Care.

TOBACCO CESSATION BENEFIT - We will provide coverage for at least one 3-month supply per year of FDA-approved Tobacco Cessation Medication, including Over the Counter (OTC) medication, when prescribed by a licensed health care provider. Tobacco Cessation Medication means all therapies approved by the federal Food and Drug Administration (FDA) for use in tobacco cessation.

GENERAL ANESTHESIA FOR CERTAIN DENTAL PROCEDURES BENEFIT - We will cover charges incurred for general anesthesia administered by a licensed anesthesiologist or certified registered nurse anesthetist for dental procedures performed in a hospital or ambulatory surgical center setting on the following insureds:

1. An Insured Person's covered Dependent 7 years or younger who is unable to receive needed dental treatment in an outpatient setting due to the Dependent's age and the condition or problem is significantly complex to require a Hospital or Ambulatory Surgical Center to perform the dental procedure safely and effectively;
2. An Insured Person's covered Dependent 12 years or younger who has documented phobias or mental illness who has urgent and complex dental needs and a superior result is expected from dental care provided under general anesthesia that delaying or deferring can be expected to result in infection, loss of teeth, or other oral or dental morbidity;
3. An Insured Person who has exceptional medical circumstances or a developmental disability which places the Insured Person as serious risk.

ANTICANCER MEDICATION BENEFIT - We will provide coverage for orally administered anticancer medications used to kill or slow the growth of cancerous cells on the same basis as intravenously administered or injected anticancer medication.

EXCLUSIONS AND LIMITATIONS

Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of the Act. The plan does not cover nor provide benefits for:

1. Expenses incurred for dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth. This exclusion does not apply to the repair of injuries to sound natural teeth caused by a covered Injury, and except as specifically provided in the Hospitalization and Anesthesia for Dental Procedures expense benefit;
2. Expenses in connection with services and prescriptions for eye examinations, eye refractions, eye glasses or contact lenses, or the fitting of eyeglasses or contact lenses, radial keratotomy or laser surgery for vision correction or the treatment of visual defect or problems;
3. War, or any act of war, whether declared or undeclared; service in the Armed Forces of any country. Loss which occurs during or as a result of committing or attempting to commit an assault, felony, or participation in a riot or insurrection, engaging in an illegal occupation;
4. Suicide, or any attempt thereat or self-inflicted injuries while sane;
5. Expenses incurred for Injury or Sickness for which benefits paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
6. Treatment, services or supplies, in a Veteran's Administration or Hospital owned or operated by a national government or its agencies unless there is a legal obligation for the Covered Person to pay for treatment;
7. Elective Surgery or Elective Treatment as defined by the Policy;
8. Expenses in connection with cosmetic treatment or cosmetic surgery, except:
   a. a covered Injury that occurred while the Covered Person was insured;
   b. a covered child' congenital defect or anomaly; or
   c. as specifically provided for in the Policy.
9. Injuries arising out of playing or participating in any Club or Intramural sport contest or competition, traveling to or from such sport, contest or competition as a participant; or participation in any practice or conditioning program for such sport, contest, or competition (Club and Intramural sports are covered under an accident-only policy issued to the school up to $10,000 for students enrolled in this Student Health Insurance plan);
10. Reproductive/Infertility procedures and fertility tests, including but not limited to: family planning, fertility tests, infertility (male or female), including any supplies rendered for the purpose or
with the intention of achieving conception; premarital examinations. Examples of fertilization procedures are: ovulation induction; in vitro fertilization; embryo transplant; or similar procedures that augment or enhance the Covered Person’s reproductive ability; impotence organic or otherwise;

11. Expenses incurred in connection with voluntary sterilization reversal, vasectomy reversal and sexual reassignment;

12. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of any Injury or Sickness, except as specifically provided by the Policy;

13. Charges that are not Medically Necessary or in excess of the Usual and Customary charge.

PRE-EXISTING CONDITION LIMITATION
(Not applicable to any Covered Person under the age of 19.)
The Policy does not cover Preexisting Conditions for the first six (6) months following the effective date of insured persons coverage. However, the Company will waive this Limitation if you:

1. Have been Continuously Insured for at least 12 consecutive months under one (1) or more student insurance policies issued to the School; or

2. Can provide satisfactory evidence of prior Creditable Coverage. To qualify for this waiver, you must fulfill all of the following requirements:
   • You must not be covered under any other health insurance.
   • You must have had health insurance for a total of 18 months, with no break in coverage longer than 63 days.
   • Your most recent coverage must meet the definition of Creditable Coverage given in the Policy.

CONTINUOUSLY INSURED
This means that you have maintained continuous coverage under this Policy and/or prior student health insurance policies issued to the School. If you were previously covered under the School’s plan and re-enroll for coverage within 31 days following expiration of your coverage under a preceding student health insurance Policy, you will have maintained continuous insurance. If you do not enroll within this time frame, you will have a break in continuous insurance. Any Injury sustained or any Sickness originating before or during such break will be considered a Preexisting Condition.

RIGHT OF REIMBURSEMENT If a Covered Person incurs expenses for Sickness or Injury that occurred due to the negligence of a third party: (a) We have the right to reimbursement for all benefits We have paid from any and all damages collected from the third party for those same expenses whether by action at law, settlement or compromise by the Covered person, Covered Person’s parents, it the Covered Person is a minor, or Covered Person’s legal representative as a result of that Sickness or Injury, and (b) We are assigned the right to recover from the third party, or his or her insurer, to the extent of the benefits paid for that Sickness or Injury. We shall have the right to reimbursement out of all funds that the Covered Person, the Covered person’s parents, if the Covered Person is a minor, or the Covered Person’s legal representative, is or was able to obtain for the same expense we have paid as a result of that Sickness or Injury.

The Covered Person or the Covered Person’s parents if the Covered Person is a minor is required to furnish any information or assistance or provide any documents that we may reasonably require in order to obtain our rights under this provision. This provision applies whether the third party admits liability or not.

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 must request an appeal in writing within 180 days of the date appearing on the EOB. The appeal request must include any additional information to support the request for appeal, e.g. medical records, physician records, etc. Please submit all requests to the Claims Administrator at the address on page 15.

YOUR RIGHT TO AN EXTERNAL REVIEW
If you have appealed a claim decision and exhausted all applicable internal review procedures you have a legal right to an independent external review. This review is available when requested in writing provided the decision to be reviewed requires the plan to expend at least $100 for the service and the decision by the plan is based on one of the following reasons:

1. The health care service is a covered benefit that we have determined not to be medically necessary;

2. A limitation was placed on the selection of a health care provider that is inconsistent with limits imposed by this plan and any applicable laws and rules;

3. The health care treatment has been determined to be experimental, investigational or an off-label drug; or

4. The health care service involves a medically-based decision that a condition is preexisting.

Your request must be filed on a form provided to you by the Division and shall include either the $25 fee or a request for a waiver or reduction of the fee, a general release executed by you, the Insured, for all medical records pertinent to the appeal, identification of the health insurer by whom you are covered and which made the decision at issue, and a statement that all internal appeals have been exhausted. Forms are available from, and shall be mailed to, the following address:

Division of Health Care Administration
External Appeals Program
89 Main Street - Drawer 20
Montpelier, VT 05620-3601
800-631-7788 or 802-828-2900

Claims Administrator:
CONSOLIDATED HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
(413) 733-4540 or Toll Free (800) 633-7867
www.chpstudent.com
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:
Commercial Travelers Mutual Insurance Company
C/O Privacy Officer
70 Genesee Street
Utica, NY 13502
(Please indicate the school you attend with your written request)

All questions regarding enrollment status should be submitted to Champlain College:
Champlain College
Office of Student Accounts
P.O. Box 670
Burlington, Vermont 05402-0670
(802) 860-2741
The Plan is underwritten by Companion Life Insurance Company
Columbia, SC
Policy Number: 2012I5A07

“Representations of this plan must be approved by the Company.”

Any provision of the Policy or the brochure which is in conflict with the statutes of the state, in which the Policy is issued, will be administered to conform with the requirements of the state statutes.

Please keep this brochure as a general summary of the insurance. The Master Policy on file at the College contains all of the provisions, exclusions, and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

VALUE ADDED SERVICES

VISION DISCOUNT PROGRAM
For Vision Discount Benefits please go to:
www.chpstudent.com

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE
FrontierMEDEX ACCESS services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. FrontierMEDEX is your key to travel security.
For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.
If you have a medical, security, or travel problem, simply call FrontierMEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330.
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. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.