

2018-2019

Student Health Insurance Plan

Policy No. 2018C3A00

Effective 8/14/18 - 8/19/19



Andrews University

Berrien Springs, MI

Underwritten by:



Administered by:

COMMERCIAL TRAVELERS
LIFE INSURANCE COMPANY

70 Genesee Street
Utica, NY 13502
1.800.756.3702

Product underwritten by National Guardian Life Insurance Company (NGL), Madison, WI, as Policy Form No. NBH-280 (2014) MI et al. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America a.k.a. The Guardian or Guardian Life

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Andrews University is pleased to announce that we have again partnered with Collegiate Risk Management in order to provide a comprehensive insurance plan for our students.

Because it is important to minimize the physical, mental and financial strain that would result from an accident or illness, students who are enrolled in half-time or above are **required** to maintain adequate health insurance coverage.

If you are already covered by a private health insurance policy, you may opt out of SHIP (Student Health Insurance Program) by following the procedure below. This must be done once at the beginning of each academic school year, or upon registration of a transfer student.

We strongly encourage you to purchase the SHIP program through Collegiate Risk Management if any of the following conditions apply:

1. You currently have no health insurance.
2. Your private health insurance has a deductible over \$500.00
3. You live outside of Michigan and have a Medicaid plan associated with that state which would not be effective with Michigan providers.
4. You have an HMO which provides coverage only for network providers who are not located close enough to Andrews to obtain services.
5. You are an international student.

Eligible students may purchase coverage for their dependents who also live at the same address. Eligible dependents are the insured's spouse and children up to 26 years of age. Dependent eligibility expires concurrently with that of the insured students. International students whose spouse and eligible children have accompanied them to the United States are encouraged to purchase SHIP coverage for themselves and their dependents.

Students who wish to apply for a waiver must be covered under a private insurance plan that meets the following criteria:

1. Unlimited maximum benefit for both accident and illness.
2. If you take a policy with a deductible, this must be less than or equal to \$500 in-network and \$1,000 out-of-network per individual.
3. No internal limits on Inpatient or Outpatient benefits
4. Co-insurance of 80% in network and 75% out-of-network. Domestic students can have 60% out-of-network)
5. Policy should cover the following with no limits or waiting periods:
 - Physician office visits
 - Preexisting conditions
 - Mental health
 - Maternity
 - Prescription Drugs (co-pay better than or equal to 50% of charges)
6. For international students (F and J visa holders) The Policy must include benefits of \$25,000 for repatriation and \$50,000 for medical evacuation minimally. All dependents must be covered.
7. Coverage of any dependents is optional for U.S. citizens and permanent residents.
8. Policy should remain in effect for the entire academic year.

You may attempt to waive SHIP beginning July 1, 2018 in registration central by completing the online waiver application and uploading a picture of the front and back of your insurance card, or by visiting the student insurance office in the Administration Building and presenting proof of insurance. The waiver deadline for Fall is September 20, 2018 and for Spring/Summer is January 20, 2019.

If you have not obtained a validated waiver by above date for each semester, or within 10 days of registration, whichever comes later, you will be automatically enrolled in the plan and the charges will be placed on your account. The charges can be removed only by applying in writing to stuins@andrews.edu with an appeal that includes proof of valid insurance, and must be submitted within 30 days. Acceptance of the petition is at the discretion of Collegiate Risk Management. Coverage for an annual policy is effective from August 14, 2018 to August 19, 2019. Pro-rating of rates will not be considered.

Premium Rates:

Annual: 08-14-2018 to 08-19-2019

Student	\$1,500
Student & 1 Dependent	\$3,000
Student & 2 Dependents	\$4,500
Each additional Dependent	\$1,500

Fall: 08-14-2018 to 01-08-2019

Student	\$ 582
Student & 1 Dependent	\$1,164
Student & 2 Dependents	\$1,746
Each additional Dependent	\$ 582

Spring/Summer: 01-08-2019 to 08-19-2019

Student	\$ 919
Student & 1 Dependent	\$1,838
Student & 2 Dependents	\$2,757
Each additional Dependent	\$ 919

Summer: 05-13-2019 to 08-19-2019

Student	\$ 407
Student & 1 Dependent	\$ 814
Student & 2 Dependents	\$1,221
Each additional Dependent	\$ 407

Rates include an administrative fee

Definitions

Accident means a sudden, unforeseeable external event that causes Injury to an Insured Person. The accident must occur while the coverage is in effect for the Insured Person.

Covered Injury means a bodily injury that is:

1. Sustained by an Insured Person while he/she is insured under the Policy or the School's prior policies; and
2. Caused by an accident directly and independently of all other causes.

Coverage under the School's policies must have remained continuously in force:

1. From the date of Injury; and
2. Until the date services or supplies are received,

for them to be considered as a Covered Medical Expense under the Policy.

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.

Dependent means:

1. An Insured Student's lawful spouse;
2. An Insured Student's dependent biological child, adopted child or stepchild under age 26; and
3. An Insured Student's unmarried biological or adopted child or stepchild who has reached age 26 and who is:
 - a. Primarily dependent upon the Insured Student for support and maintenance; and
 - b. Incapable of Self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap.Proof of the child's incapacity or dependency must be furnished to Us for an already enrolled child who reaches the age of limitation, or when an Insured Student enrolls a new disabled child under the plan.

Physician means a:

1. Physician of Medicine (M.D.); or
2. Physician of Osteopathy(D.O.); or
3. Physician of Dentistry (D.M.D. or D.D.S.); or
4. Physician of Chiropractic (D.C.); or
5. Physician of Optometry (O.D.); or
6. Physician 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 Physician in the state where the service is rendered.

A Physician 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 Physician must be prescribed by a Physician of Medicine.

Physician will also means 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 will be covered if performed by a Physician.

The term Physician does not mean any person who is an Immediate Family Member.

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.

Preferred Provider Network

To maximize savings and reduce out-of-pocket expenses, a Covered Person should select a Preferred Provider. It is to their advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these Providers have agreed to accept as payment for their services. Non-Preferred Care is subject to Usual and Customary (U&C) Charge allowance maximums. Any charges in excess of the U&C allowance are not covered under this plan.

University Medical Specialties, P.C. (UMS) and Lakeland Care, Inc. Physician Hospital Organization (PHO) are the Preferred Providers under your Plan. Charges in excess of the insurance payment are your responsibility. In order to use the services of a participating Provider, you must present an identification card, which is mailed to all students insured under the Andrews University Student Health Insurance Plan.

Lakeland Care 269-927-5207

Persons insured under this plan may choose to be treated within or outside of the PHCS Network. PHCS consists of hospitals, physicians, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates will vary according to the source of care as described under the Schedule of Benefits.

Referral to a network physician does not guarantee eligibility or right to student health benefits. Providers may be periodically added or deleted as participants in the PHCS Network. Not all physicians practicing at a hospital elect to participate in the PHCS Network. Insureds are responsible to verify that a provider is a participant prior to services being rendered.

You may contact PHCS for a list of participants at:
Toll-Free Phone 800-922-4362
Website www.phcs.com

It is the responsibility of the Covered Person to verify provider participation at the time services are rendered.

Extension of Benefits

Coverage under the Policy ceases at 12:01 a.m. on August 19, 2019. However, coverage for an Insured Person will be extended as follows: 1) If an Insured Person is hospital confined for Covered Injury or Covered Sickness on the date his or her Insurance terminates, we will continue to pay benefits for up to 31 days from the Termination Date while such confinement continues. 2) If an Insured Person is Totally Disabled due to a Covered Injury or Covered Sickness the coverage for that condition will be extended for up to a maximum of three months from the Termination Date.

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) Other _____

Preventive Services: Coinsurance, Copayments and Deductible are not applicable to Preventive Services. Benefits are paid at 100% of U&R.

Deductible: Non-network: \$500.00
Network: \$250.00

Hospital Inpatient Facility Copay: \$150.00

Out-of-Pocket Expense Limit: Non-network: \$13,200.00/Individual
Network: \$ 6,600.00/Individual
\$13,200.00/Family

Coinsurance:
Non-Network: 60% of U&R of Covered Medical Expenses
Network: 80% of PPO Allowance of Covered Medical Expenses

PREFERRED PROVIDER ORGANIZATION:

To locate a Lakeland Provider in Your area, consult Your Provider Directory or call 269-927-5207 or visit their website at www.lakelandcare.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
3. 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
Preadmission Testing	The Coinsurance Amount shown above
Physician's Visits while Confined:	The Coinsurance Amount shown above; Visit limited to one per day of Confinement
Inpatient Surgery: Surgeon Services Anesthetist Assistant Surgeon	The Coinsurance Amount shown above The Coinsurance Amount shown above The Coinsurance Amount shown above
Registered Nurse Services for private duty nursing while confined	The Coinsurance Amount shown above
Nervous, Mental or Emotional Disorders Treatment (Inpatient)	The Coinsurance Amount shown above subject to the Hospital Inpatient Facility Copay
Skilled Nursing Facility Benefit	The Coinsurance Amount shown above up to 45 days per Policy Year
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, ambulatory surgical center, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood & plasma	The Coinsurance Amount shown above subject to a \$150 Copay

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Rehabilitation Therapy (outpatient), includes: <ul style="list-style-type: none"> • Physical, Occupational Therapy and Chiropractic Care • Speech Therapy • Cardiac Rehabilitation and Pulmonary Rehabilitation 	The Coinsurance Amount shown above subject to \$15.00 Copay per visit subject to a combined benefit maximum of: 30 visits per Policy Year for Physical, Occupational and Chiropractic 30 visits per Policy Year for Speech 30 visits per Policy Year for Cardiac and Pulmonary Rehabilitation
Emergency Services Expenses	The In-Network Coinsurance Amount shown above subject to a \$250.00 Copay for ER; The Coinsurance Amount shown above subject to a \$50.00 Copay for Urgent Care
In Office Physician's Fees:	The Coinsurance Amount shown above per visit subject to \$20.00 Copay or \$15.00 Copay at UMS
Diagnostic X-ray Services	The Coinsurance Amount shown above
Laboratory Procedures (Outpatient)	The Coinsurance Amount shown above
Prescription Drugs	50% of U&R
Nervous, Mental or Emotional Disorders Treatment (Outpatient)	The Coinsurance Amount shown above
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	The Coinsurance Amount shown above
Home Health Care Expenses	The Coinsurance Amount shown above up to 60 visits per Policy Year
Hospice Care Coverage	The Coinsurance Amount shown above Up to 45 days per Policy Year
Other Benefits	
Ambulance Service	The Coinsurance Amount shown above
Substance Abuse Disorder Benefit	The Coinsurance Amount shown above
Weight Loss Services Benefit, including Bariatric Surgery	The Coinsurance Amount shown above, subject to the limits shown in the benefit description
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
Vision Care Benefit	100% of U&R for Preventive up to one (1) visit per Policy Year including frames & lenses subject to the limits described in the benefit

Pediatric Dental Care Benefit	100% of U&R for Preventive, 50% of U&R for all other services Subject to the limits described in the benefit
Accidental Injury Dental Treatment	The Coinsurance Amount shown above
Medical Treatment Received in Home Country (International Students and/or their Dependents Only)	No Benefit
BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Mandated Benefits	
Reconstructive Surgery after Mastectomy	The Coinsurance Amount shown above
Telemedicine Services Benefit	The Coinsurance Amount shown above
Diabetes Treatment and Self-Management Training Benefit	The Coinsurance Amount shown above
Autism Treatment Benefit	The Coinsurance Amount shown 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.

Prescription Drug Coverage

The cost of eligible prescription drugs is payable at 50%. Birth Control is included and payable at 100% for generic contraceptives. Prescriptions must be filled at an Optum Participating Pharmacy. Insured Persons will be given an insurance ID card which includes prescription drug information and should be shown to the Pharmacy as proof of coverage. A directory of participating pharmacies is available by calling Optum at 800-248-1062.

After you receive your insurance ID card, no claim forms need to be completed. After you receive the card you may call the toll-free customer service number listed on your card for assistance with pharmacy locations (800-248-1062). This number is effective for enrolled members only. You can access Optum online at www.optumrx.com.

Coverage for Mandated Benefits

Your Student Health Insurance Plan includes, but is not limited to, benefits for the following coverages as mandated by the state of Michigan: Reconstructive Surgery after Mastectomy; Telemedicine Services; Diabetes Treatment and Self-Management Training; Autism Treatment. See the Policy on file at the College for benefit amounts if you need to file a claim under one of these benefits. 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.

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 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** - 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 a 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 specifically provided in the schedule of benefits.
4. professional services rendered by an Immediate Family Member or any- one who lives with the Insured Person.
5. services or supplies in connection with eye examinations, eyeglasses or contact lenses, except those resulting from a Covered Accidental Injury or as specifically provided in the Schedule of Benefits.
6. weak, strained or flat feet, corns, calluses or ingrown toe nails.
7. Diagnostic procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.

8. treatment or removal of non-malignant moles, warts, boils, acne, actinic or seborrheic keratosis, dermatofibrosis or nevus of any description or form, hallus valgus repair, varicosity, or sleep disorders including the testing for same.
9. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
10. 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.
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, unless indicated otherwise on the Schedule of Benefits.
13. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate, intramural or club sports;
14. intentionally self-inflicted Injury, attempted suicide, or suicide, while sane or insane.
15. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
16. 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.
17. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under The Policy.
18. charges incurred for, acupuncture, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
19. expenses for weight increase or reduction, unless otherwise specifically covered under The Policy.
20. expenses for hair growth or removal, unless otherwise specifically covered under The Policy.
21. expenses for radial keratotomy
22. racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultralight 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.
23. 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).
24. treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
25. an Insured Person's: a) committing or attempting to commit a felony, b) being engaged in an illegal occupation, or c) participation in a riot.
26. braces and appliances, except as specifically provided in the Schedule of Benefits.
27. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
28. act of terrorism.

CLAIM PROCEDURE

In the event of an Injury or Sickness:

1. A claim form is not required to submit a claim. However, an itemized bill, HCFA 1500, or UB92 form should be used to submit expenses. If a referral was required, this form should accompany this submission. The Insured Student/Person's name and identification number need to be included.
2. Providers should submit claims within 90 days from the date of injury or from the date of the first medical treatment for a Sickness or as soon as reasonably possible. If a student is submitting the claim, a copy should be retained and claims should be mailed to the Claims Administrator, Commercial Travelers at the address on page number 14.
3. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator, Commercial Travelers Life Insurance Company. File claim within 30 days of Injury or first treatment for a Sickness. Bills must be received by Commercial Travelers within 90 days of service to be considered for payment.
4. If you disagree with a claim payment decision, an Insured Person has the right to file an appeal. The process for filing an appeal can be found in the Appeals Procedure sections of this brochure.

APPEAL PROCEDURE

If an Insured Person wishes to appeal an Adverse Determination based on a claim decision, contact the Claims Administrator either orally or in writing: Special Risk Claims, Commercial Travelers Life Insurance Company, 70 Genesee Street, Utica, NY 13502. Toll free: 800-756-3702.

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 and Teladoc.

On Call

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.

Teladoc - Plan begins Sept 15, 2018

The Andrews University student health insurance plan includes Teladoc. Teladoc, Inc. is a telemedicine company that uses telephone and video conferencing technology to provide on-demand remote medical care via mobile devices, the internet, video and phone. The company is the oldest and largest telemedicine company in the country and was launched in 2002.

Teladoc provides access to board-certified, state-licensed physicians 24 hours a day for non-emergency medical issues such as allergies, bronchitis, flu, strep throat, eye infections, sinus problems and UTIs via audio-video technology for consultations regarding medical advice, diagnoses and basic prescription medications.

Students will receive a welcome letter from Teladoc's Chief Medical Officer. Once the letter has been received members may go to www.teladoc.com or call 1-800-Teladoc to set up their accounts.

Claims Administered By:
Commercial Travelers Life Insurance Company
70 Genesee Street • Utica, NY 13502 1-800-756-3702

Electronic Claim Payor 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, go to:
www.studentplanscenter.com/privacy/NGLIC

or Request one from the School

or Request one from:

Commercial Travelers Life Insurance Company c/o Privacy Officer
70 Genesee Street
Utica, NY 13502

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

Serviced By:

Collegiate Risk Management

110 Athens Street • Tarpon Springs, FL 34689

1-800-922-3420

Website: www.collegiaterisk.com

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 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.