

# Student Health Insurance Summary

Designed for  
Students of

**CENTENARY  
COLLEGE**

Hackettstown, NJ

**2015–2016**

Policy No. 2015G3A53

*Underwritten by*

National Guardian Life Insurance Company  
as policy form # NBH-280 (2013) NJ et al

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

15-G3A53(Bro.)

To: Centenary College Students

The cost of this plan is included in your student health fee. The College has arranged for the group student health insurance plan outlined in this brochure to be available for the students of Centenary College. The plan is underwritten by National Guardian Life Insurance Company, hereafter referred to as the Company, and the local representative is T.L. Groseclose Associates, Inc.

All full-time students are automatically enrolled in the injury/sickness plan at a cost of \$750 for the Fall. This fee is included in your first semester bill and includes the cost of managing the plan.

The college realizes that many students are covered under their parent's policies or have coverage of their own. Please be certain to verify that you remain eligible under these plans and compare them to the student plan in cost and coverage.

This summary contains a brief description of the benefits of the plan. **Please read it carefully.** Should you have questions regarding the coverage please contact T.L. Groseclose directly at 609-279-1500. Claim forms can be obtained in the Student Health Center.

Period of Coverage	Cost
Annual—8/20/15–8/20/16	\$750*
Spring—1/19/16–8/20/16	\$375*

(\*includes the cost of managing the plan.)

#### ELIGIBILITY AND COST

All eligible full-time students are automatically enrolled in this plan.

#### EFFECTIVE AND TERMINATION DATES

Coverage is in effect 24 hours a day. Annual coverage will be in effect from 8/20/15 or the date of premium payment, whichever is later, until 8/20/16. For students enrolled only during the Spring Semester, coverage will be effective from 1/19/16 or the date of premium payment, whichever is later, until 8/20/16. Coverage under the Plan expires at 12:01 A.M. 8/20/16.

D.D.S.); or 4. Doctor of Chiropractic (D.C.); or 5. Doctor of Optometry (O.D.); or 6. Doctor 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 doctor in the state where the service is rendered. A Doctor 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 Doctor of Psychology must be prescribed by a Doctor of Medicine.

**Physician** will also mean any licensed practitioner of the healing arts who we are required by law to recognize as a "Physician." This includes an acupuncturist, a registered nurse, a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant, social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician. The term Physician does not mean any person who is an Immediate Family Member.

**Usual and Reasonable (U & R)** 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.

#### 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 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. preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy.
3. medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as provided in the Schedule of Benefits.
4. dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental injury to Your Sound, Natural Teeth.

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#### Underwritten by:

National Guardian Life Insurance Company

#### Claims Administered by:

Commercial Travelers Mutual Insurance Company  
70 Genesee Street  
Utica, New York 13502  
1-800-756-3702

Possession of this card does not guarantee eligibility.  
The student must be enrolled in the plan.  
Eligibility is subject to Verification by Plan Administrator.

5. professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
6. services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury or except as specifically provided under the Policy.
7. treatment or removal of nonmalignant moles warts, boils, acne, actinic or seborrheic keratosis, dermatofibrosis or nevus of any description or form, hallus valgus repair, varicocity, or sleep disorders including the testing for same.
8. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
9. charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
10. 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.
11. 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 Insurance Information Schedule.
12. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any intercollegiate sports.
13. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sports;
14. treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
15. Injury sustained as the result of Your operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
16. expenses incurred after: a) The date insurance terminates as to the Insured Person; and b) The Maximum Benefit for each Covered Injury or Covered Sickness has been attained.
17. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
18. charges incurred for acupuncture, physical therapy, 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, and hair growth or removal unless otherwise specifically covered under the policy.
20. expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury.
21. racing or speed contests skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.
22. 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 and 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).
23. 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.
24. 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.
25. elective abortions.
26. allergy testing or treatment.
27. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
28. custodial care service and supplies.
29. expenses that are not recommended and approved by a Physician.

#### CLAIM PROCEDURES

In the event of a non-emergency injury or sickness, student should: 1) If in the immediate area during Student Health Center hours, report at once to the Student Health Center for treatment or a referral. If the Health Center is closed, or in the event of an emergency, seek immediate treatment from the nearest doctor or hospital. You may search for an in-network healthcare provider on the plan website at: [www.studentplanscenter.com](http://www.studentplanscenter.com). 2) If away from the area, secure treatment from a hospital or physician recognized by the law of the state in which treatment is received. The Student Health Center will provide necessary instructions for filing claims. 3) Prompt notification of claims for accident or sickness should be furnished to the Claims Administrator at the address below.

Completed claim forms and medical bills must be submitted within 90 days from the date of service. Additional bills must be received within 90 days of the date of service to be considered for payment. 4) You must fill out a claim form. They will be made available at the Student Health Center.

**Commercial Travelers Mutual Insurance Company**  
ATTN: College Claim Department  
70 Genesee St. • Utica, NY 13502 • 1-800-756-3702

#### **HOW TO FILE AN APPEAL**

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator at the address listed above. See your Certificate of Insurance for full Appeal Procedure.

**Note:** The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employer's plan within 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact the Claims Administrator at the address listed above when you need such certification.

#### **Local Representative:**

**T.L. GROSECLOSE ASSOCIATES, INC.**  
190 Tamarack Circle • Skillman, NJ 08558 • 609-279-1500

#### **Network Provider:**

QualCare • 800-254-2139 • [www.qualcareinc/providers.com](http://www.qualcareinc/providers.com)  
To search for a provider go to QualCare website

#### **Claims Administered & Underwritten by:**

**COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY**  
70 Genesee Street • Utica, New York 13502  
For Claims or Eligibility call 1-800-756-3702  
Electronic Claim Payor ID: 88091

For Summary of Benefit & Coverage, Brochures, Forms  
and Claim Information go to:  
[www.studentplanscenter.com](http://www.studentplanscenter.com)

For a copy of the Company's Privacy Notice, you may go to:  
[www.commercialtravelers.com/privacy.html](http://www.commercialtravelers.com/privacy.html)

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.)*  
*Representations of this plan must be approved by the Company.*

## SCHEDULE OF BENEFITS

We will pay benefits for Covered Medical Expenses that are incurred by the Insured Person for Loss due to Covered Injury or Covered Sickness. Benefits payable are subject to the any specified benefit maximum amounts, deductibles, coinsurance or copayments.

Annual Maximum Benefit for Accident and Sickness		Unlimited	
Benefit Period		Policy Year	
Preventive Services		100% of U&C with no copayment, coinsurance or deductible	
Deductible		\$0 per Policy Year	
Out-of-Pocket Expense Limit		\$2,500	
Coinsurance		80% of Covered Medical Expense	
<b>Inpatient Benefits</b>		<b>Outpatient Benefits (continued)</b>	
<b>BENEFITS FOR COVERED INJURY/SICKNESS</b>	<b>BENEFIT AMOUNT PAYABLE</b>	<b>BENEFITS FOR COVERED INJURY/SICKNESS</b>	<b>BENEFIT AMOUNT PAYABLE</b>
Hospital Room & Board Expenses	The Coinsurance Amount shown above	Diagnostic X-ray Services	The Coinsurance Amount shown above
Hospital Intensive Care Unit Expense, in lieu of normal Hospital Room & Board Expenses	The Coinsurance Amount shown above	Laboratory Procedures	The Coinsurance Amount shown above
Hospital Miscellaneous Expenses, for services & supplies	The Coinsurance Amount shown above	Prescription Drugs (Rx Card)	100% of U&R; subject to Generic Copay of \$10; subject to Preferred Brand Copay of \$25; subject to Brand copay of \$50
Preadmission Testing	The Coinsurance Amount shown above	Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	The Coinsurance Amount shown above
Physician's Visits while Confined	The Coinsurance Amount shown above	Hospice	The Coinsurance Amount shown above
Inpatient Surgery: Surgeon Services	The Coinsurance Amount shown above	Rehabilitation Therapy and Habilitative Services	The Coinsurance Amount shown above
Anesthetist	The Coinsurance Amount shown above	<b>Other Benefits</b>	
Assistant Surgeon	The Coinsurance Amount shown above	<b>BENEFITS FOR COVERED INJURY/SICKNESS</b>	<b>BENEFIT AMOUNT PAYABLE</b>
Registered Nurse Services for private duty nursing while confined	The Coinsurance Amount shown above	Ambulance Service	The Coinsurance Amount shown above
Physical Therapy (inpatient)	The Coinsurance Amount shown above	Maternity Benefit	Same as any other Covered Sickness
Skilled Nursing Facility	The Coinsurance Amount shown above	Routine Newborn Care	Same as any other Covered Sickness
Bariatric Surgery	The Coinsurance Amount shown above	Pediatric Vision & Dental Care	100% of U&C for Preventive; 1 vision exam and 2 dental check-ups per policy year
<b>Outpatient Benefits</b>		Braces and Appliances	The Coinsurance Amount shown above
<b>BENEFITS FOR COVERED INJURY/SICKNESS</b>	<b>BENEFIT AMOUNT PAYABLE</b>	Durable Medical Equipment	The Coinsurance Amount shown above
Outpatient Surgery: Surgeon Services	The Coinsurance Amount shown above	Chiropractic	The Coinsurance Amount shown above, 30 visit maximum
Anesthetist	The Coinsurance Amount shown above	Routine Eye Exam (adult)	The Coinsurance Amount shown above
Assistant Surgeon	The Coinsurance Amount shown above	Urgent Care Center or Facility	The Coinsurance Amount shown above
Outpatient Surgery Miscellaneous	The Coinsurance Amount shown above	Accidental Death & Dismemberment	\$5,000 Principal Sum
Physical Therapy (outpatient)	The Coinsurance Amount shown above	Medical Treatment Received in Home Country (International Students Only)	No Benefit
Emergency Services Expenses	The Coinsurance Amount shown above		
In Office Physician's Fees	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](http://www.studentplanscenter.com) for an updated copy of this brochure when additional care, treatment or services are added to your Student Health Insurance Plan.

## 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 New Jersey: Treatment of Non-pervasive Developmental Disability Benefit; Infant Formulae Benefit; Audiology and Speech Language Pathology Benefit; Therapeutic Treatment of Inherited Metabolic Disease Benefit; Treatment of Cancer; Bone Marrow Transplants Benefit; Dental Treatment for the Severely Disabled or Children Benefit; Hemophilia Treatment Expense Benefit; Orthotic or Prosthetic Appliances Benefit; Screening for Newborn Hearing Loss Benefit; Home Health Care Benefit; Treatment of Wilms' Tumor Benefit; Mastectomy and Reconstructive Breast Surgery Benefit; Treatment of Diabetes Benefit; Mammography Benefit; Diagnosis and Treatment of Infertility; Registered Nurse First Assistant; Oral Anticancer Medication; Sickle Cell Diagnosis and Treatment; and Prostate Screening Benefit. 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.

## EXTENSION OF BENEFITS

Coverage under this Policy ceases on the Termination Date shown in the Insurance Information Schedule. However, coverage for an Insured Person will be extended as follows: 1. If an Insured Person is Totally Disabled due to Covered Injury or Covered Sickness, We will continue to cover Treatment for the Covered Injury or Covered Sickness causing the Total Disability for 12 months from the Termination Date; and 2. Regarding expenses incurred for a covered pregnancy, We will continue to cover expenses incurred or services or supplies are provided in connection with maternity resulting from conception prior to the Termination Date.

## DEFINITIONS

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

**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. Covered Sickness includes Mental Health Disorders and Substance Use Disorders.

**Medical Necessity or Medically Necessary** means or describes a health care service that a Physician, exercising his or her prudent clinical judgment, would provide to an Insured Person for the purpose of evaluating, diagnosing, or treating a Covered Sickness, Covered Injury, disease, or its symptoms and that is: 1. in accordance with the generally accepted standards of medical practice; 2. clinically appropriate, in terms of type, frequency, extent, site, and duration; 3. considered effective for the Insured Person's Covered Sickness, Covered Injury, or disease; 4. not primarily for the convenience of the Insured Person or the Physician; and 5. not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that Insured Person's Covered Sickness, Covered Injury, or disease.

**Physician** means a: 1. Doctor of Medicine (M.D.); or 2. Doctor of Osteopathy (D.O.); or 3. Doctor of Dentistry (D.M.D. or

800-254-2139

[www.qualcareinc/providers.com](http://www.qualcareinc/providers.com)



**PLEASE RETAIN THIS CARD  
THIS IS TO CERTIFY THAT**

Name of Insured

**IS PARTICIPATING IN THE 2015-2016 STUDENT HEALTH  
INSURANCE PLAN FOR  
CENTENARY COLLEGE—Policy#: 2015G3A53**