



Procurement Services
Lucas Administrative Center, 617
1 Nunn Drive
Highland Heights, KY 41099
859.572.6605
FAX 859.572.6995

ADDENDUM NO: 1

IFB/RFP No: NKU-27-19

Commodity: International Student Health Insurance

Date: 3/26/2019

Due Date: 4/9/2019

BIDDER/RESPONDER SHALL CONFORM TO THE FOLLOWING CHANGES AS SAME SHALL BECOME BINDING UPON THE CONTRACT TO BE ISSUED IN RESPONSE TO THIS INVITATION FOR BID.

Please see the following questions / answers:

1. Please provide claims report and Loss Ration Report for the prior 3 years?

Our claims report and loss rotation report for the prior 3 years are located in appendix A of this document.

2. Please provide current rates?

\$118.81 per student per month, billed by semester (fall and spring) with a summer only and medevac/repatriation only option for students with approved waivers.

3. Please provide current plan summary?

Our current plan summary is located in appendix B of this

4. Is there an opportunity to offer a different program structure

There is an opportunity to offer different program structures. We will evaluate off the requirements of the RFP, but will also review other options if presented.

5. Do the students go online to enroll / pay for the insurance on their own or does NKU enroll students via a roster and pay an invoice on a scheduled basis?

NKU enrolls students via a roster and pays an invoice on a scheduled basis.

6. Have there been any changes to the plan design in the prior 3 years?

There have been minor changes to the plan over the prior 3 years. These include additional Tuberculosis Test Benefit and an increase in Wellness Benefit.

7. Are there any benefits or enhancements the University is specifically interested in for this plan for the coming year?

The university is interested in the option of coverage for F-2 or J-2 dependents for the coming year. There are no additional benefits it is specifically interested in for the 2019-2020 plan year.

8. Can we submit our response to the RFP electronically?

No, please reference page 5 of the RFP.

The bidder shall submit, by the time and date specified via US Postal Service, courier or other delivery service, its bid response in a **sealed package** addressed to:

**Jennifer Moeves
Buyer, Procurement Services
Lucas Administrative Center, Suite 617
1 Nunn Drive
Northern Kentucky University
Highland Heights, KY 41099**

Both inner and outer envelopes/packages should bear respondent's name and address, and clearly marked on package(s) as follows:

**RFP NKU-27-19
International Student Health Insurance**

9. Do you expect major changes in the number of international students for the coming year?

NKU does not expect any major changes in the number of international students enrolled for the coming year.

10. Are there any coverages or issues that you are currently having issues with on your current plan for international students?

We have not experienced any coverage issues on our current plan for international students.

11. Overview of Health Center, Counseling Center, and On-Campus Pharmacy (if applicable). Have SHC Services and/or fees charged to the SHIP changed in the past (3) years? Will they change for 2019-20?

Fees are charged (billed) for visits with the Health Center nurse practitioner. Acute visits and well physicals are the most common billable visits. Diagnostics, such as strep, mono and influenza tests are also covered under the current plan. Immunizations are also covered. Fees have increased and will increase based

solely upon usual, customary and reasonable (UCR) rates. There is no on campus pharmacy. Counseling services are also billed with 30 sessions per academic year covered.

12. Is a referral required by the Student Health Center in order to obtain care off-campus? If yes, what is the penalty? Are there exceptions (i.e. emergent care)?

Students may currently choose to see a network health care provider with no referral. For facilities other than the Student Health Center, a co-pay is required. Orders for further diagnostics (i.e., MRI, X-rays) and referrals to specialists can be written by our nurse practitioner.

13. Have there been any changes to the waiver criteria for the previous (3) Years?

Yes. NKU moved to a “hard” waiver in 2017. Students have the option of submitting a waiver application, if eligible, within the first two weeks of the semester start. They must submit all necessary documentation to the International Office, who then determines whether to waive health insurance for a qualifying student. Waivers are considered only in the following circumstances:

- F-1 Students - students who are sponsored entirely by the government of their home country, including health insurance coverage OR students who have comparable insurance provided through U.S. employment or through a parent or spouse’s U.S. employment. No foreign-based policies are accepted.
- J-1 Students – eligible for waiver if submitting an insurance plan that complies with US State Department J-1 coverage requirements.

14. Will all vendors’ questions and responses be distributed review?

Yes, all vendor questions and responses are enclosed in addendum # 1.

15. Will the University accept an ACA compliant student health plan?

There is an opportunity to offer different plans, including those ACA compliant.

16. Please confirm enrollment requirements for current year and any changes contemplated for '19/'20?

All international students in F-1 or J-1 immigration status are required to be enrolled in NKU-sponsored health insurance, unless approved for waiver. No changes are currently being contemplated for 2019-2020.

17. Are International Students billed for the student health plan on their tuition with the ability to waive OR are International Students offered this student health plan on a voluntary basis?

International students are automatically enrolled and billed health insurance as part of their tuition and fees. During the first two weeks of the semester, they may apply for a waiver if eligible. If approved for a waiver, they are then refunded and unenrolled from the university sponsored health insurance plan.

18. If International Students are billed for the student health plan on their tuition what is the criteria allowing them to waive from the plan?

Students have the option of submitting a waiver application, if eligible, within the first two weeks of the semester start. They must submit all necessary proof of insurance documentation to the International Office, who then determines whether to waive health insurance for a qualifying student. Waivers are considered only in the following circumstances:

- F-1 Students - students who are sponsored entirely by the government of their home country, including health insurance coverage OR students who have comparable insurance provided through U.S. employment or through a parent or spouse's U.S. employment. No foreign-based policies are accepted.
- J-1 Students – eligible for waiver if submitting an insurance plan that complies with US State Department J-1 coverage requirements.

19. If vendors require additional information based on responses will this be allowed?

Questions may be asked. The deadline for questions for this RFP was on 3/14/2018. All questions that were received by this date, are answered in this addendum.

20. Regarding the Intercollegiate Sports benefit of \$2,500 PPY. Is this a separate policy? If so, Please provide.

The intercollegiate sports benefit is not a separate policy.

Data Needed For Policy Years: 2018-19, 2017-18, 2016-17, 2015-16	Additional Detail Needed
Please provide Brochures and Plan Design Changes for each of the years noted above.	Plan brochure only available for current year (appendix C). Plan summaries for 17-18 and 16-17 (appendix C).
Enrollment Breakdown by Member Count for each of the years noted above. (By Month and Semester if Available)	Enrollment data available in attachment 1. No dependents were enrolled, and this only includes international students. Undergraduate vs graduate data is not available.
Commissions and/or Fees Included in Rates for each of the years noted above.	No commission or fees are included in rates listed.
Premium/Total Paid Claims for each of the years noted above. (By Month if Available)	Enrollment data available in attachment 6. No dependents were enrolled, and this only includes international students. Undergraduate vs graduate data is not available.
High Dollar Claims over \$50K for each of the years noted above	There were NO high-dollar claims (\$50k and above) for any of the policy years noted.

Total Paid Claims Medical vs Pharmacy for each of the years noted above (By Month if Available)	Data not available.
Top 25 Provider Report Medical Paid Claims for each of the years noted above	Data not available.
Top 25 Pharmacy Report RX Paid Claims for each of the years noted above	Data not available.
Census Data (if applicable)	Data not available.
Dental and vision plan and historical experience	Quote not requested.

21. What are the age demographic of students – under age 25, 25 to 29 and 30 to 64?

For spring 2019:

- Under 25: 152 (75%)
- 25-29: 37 (18%)
- 30-64: 15 (7%)

22. Dependents, please provide number of insured dependents for the last 3 years

The current policy plan and the plan for the last 3 years has not included dependent coverage.

23. Does the school have a student health center?

- a. If yes, what are the treatments available to students and the respective fee schedule?

Please see appendix E for services

24. Are there any specific or mandatory coverage requirements to be included?

Coverage must comply with US State Department J-1 coverage requirements. In addition, each plan must have:

- A low deductible or co-pay
- No co-pay at Student Health Office
- Health and accident coverage
- At least 80% coverage until maximum \$3,000 has been paid
- 100% thereafter for an Annual Benefit Maximum of at least \$500,000
- In-patient benefits
- Out-patient benefit, including doctor visits, x-ray, lab, prescription drugs
- Mental health coverage
- Intercollegiate Sports benefit
- Medical evacuation and repatriation coverage

25. Plan Design

- a. Are you happy with the current benefits and coverage?

Yes, we are satisfied with our current benefits and coverage.

- b. Do you think the current benefits need to be increased recognizing there would likely be an increase in the premium?; or
c. Are you more concerned with keeping the cost of the plan lower and more affordable for students?

We are more concerned with keeping the cost of the plan lower and more affordable for students.

26. Intercollegiate Sports Benefit:

- a. Please complete the attached questionnaire.

The completed questionnaire can be found on appendix D.

- b. Please provide historical claims details specifically related to intercollegiate sports injuries

Historical claims data specifically related to intercollegiate sports injuries is not available.

27.) J1 visitors

- a. On page 9, RFP lists ability to purchase a 'month-to-month' plan for J1 visitors.
b. Is this separate from the required plan for international students?
c. How many J1 visitors does NKU receive per year?

The option to purchase a "month-to-month" plan is primarily for a small amount of J-1 interns or scholars who visit NKU for a short period of time, usually during the summer months. The coverage itself is the same coverage for international students, however the coverage period is often only 2-3 months in order to accommodate their shorter duration of stay. NKU receives less than 15 J-1 interns and approximately 35 J-1 students per year – roughly 50 J visitors total.

APPENDIX A
Claim & Loss Rotation



Multi Year Claims Report

Group Name
NORTHERN KENTUCKY UNIVERSITY

School #
554

Printed on
3/14/2019

Claim Count		
Plan Year	Student Count	# of Claims
2018 - 2019	230	349
2017 - 2018	246	815
2016 - 2017	296	1005
2015 - 2016	319	545
2014 - 2015	190	259

Loss Ratio				
Plan Year	Total Premium Received	Risk Premium	Claims Paid	Loss Ratio
2018 - 2019	\$289,658.78	\$232,804.62	\$29,781.89	13%
2017 - 2018	\$303,675.12	\$242,172.56	\$115,794.19	48%
2016 - 2017	\$343,381.56	\$270,983.61	\$160,510.04	59%
2015 - 2016	\$251,484.75	\$249,009.75	\$74,861.11	30%
2014 - 2015	\$180,629.78	\$151,054.67	\$54,692.36	36%

Claim Detail				
Plan Year	Students with one claim	Students with 2 claims	Students with 3 or more claims	Students Utilizing the Plan
2018 - 2019	24	6	11	41
2017 - 2018	27	7	33	67
2016 - 2017	13	49	84	146
2015 - 2016	31	10	57	98
2014 - 2015	11	6	13	30

Type of Service (TOS)				
TOS Detail	Top TOS Name	Top TOS Amount	2nd TOS Name	2nd TOS Amount
2018 - 2019	ADULT ROUTINE	\$5,586.06	OFFICE VISIT	\$4,621.18
2017 - 2018	INPATIENT HOSP FACILITY	\$23,355.12	EMERG ROOM FACILITY	\$18,592.00
2016 - 2017	INPATIENT HOSP FACILITY	\$44,597.28	EMERG ROOM FACILITY	\$16,993.11
2015 - 2016	EMERG ROOM FACILITY	\$14,191.34	OP HOSP SURG FACILITY	\$11,881.41
2014 - 2015	INPATIENT HOSP FACILITY	\$9,613.53	EMERG ROOM FACILITY	\$8,713.07
	3rd TOS Name	3rd TOS Amount	4th TOS Name	4th TOS Amount
2018 - 2019	MENTAL HEALTH - OFFICE	\$4,406.30	TUBERCULOSIS	\$3,046.88
2017 - 2018	PREGNANCY	\$10,528.05	OFFICE VISIT	\$8,648.45
2016 - 2017	PREGNANCY	\$16,191.35	OFFICE VISIT	\$13,888.15
2015 - 2016	ADULT ROUTINE	\$8,939.14	OFFICE VISIT	\$8,540.30
2014 - 2015	OFFICE VISIT	\$5,930.05	ADULT ROUTINE	\$4,771.69

Risk Premium is the pool of funds used to pay claims incurred

Total Premium includes: Network Fees, Nurseline, Morneau Shepell, Scholastic Emergency Services, Taxes, etc.

Possible claims pending for 2018-2019 can affect Loss Ratio

Please note that loss ratios are subject to change, based upon when claims are received and paid

APPENDIX B
2018-2019 Plan Summary

2018-2019 International Student Insurance Plan Summary

For additional information, please visit us at www.lewermark.com/nku or call 1-800-821-7710.

Carry your LewerMark Insurance ID Card with you at all times

2018-2019 Benefits	Medical Insurance Benefits Per Policy Year For Northern Kentucky University (\$500,000— 100% of Allowed Charge/80% of Reasonable and Customary Expenses)
Maximum Per Injury or Sickness	\$500,000
Policy Year Maximum Benefit	\$500,000
Annual Deductible	\$0
Pre-Existing Condition Benefit (6 months)	\$2,500
Student Health Center or approved Walk-in Clinic	\$0 copay for eligible benefits
Copay Per Office Visit	In Network: 100% after \$20 copay Out of Network: 80% after \$35 copay
Copay Per Hospital Visit	In Network: 100% after a \$50 admittance copay Out of Network: 80% after a \$70 admittance copay
Wellness Benefit	100% up to \$500 per policy year
Tuberculosis Testing Benefit	\$110.60 maximum
Emergency Ambulance Services	Up to policy maximum by ground Up to a maximum of \$10,000 by air
Emergency Room Visit	\$100 in network copay/\$200 out of network copay
Prescription Drugs (up to \$2,500 per policy year outpatient)	100% covered if dispensed as inpatient in the hospital or 50% covered if dispensed as outpatient at a in-network pharmacy
Medical Treatment of a Mental Condition	Maximum of 30 days inpatient, maximum of 30 outpatient visits
Physiotherapy (only when prescribed by a Physician)	20 visits per policy year
Medical Evacuation	\$50,000*
Repatriation	\$25,000*

*Scholastic Emergency Services provides additional benefits.

Services below are included in your plan with 24/7 translation assistance.

Scholastic Emergency Services (SES)
An Assist America Partner

1-877-488-9833

In the event of an emergency, SES offers a wide variety of services, at no additional charge to the student.

- Medical Evacuation or Transport
- Compassionate Family Visit
- Repatriation of Mortal Remains

MyNurse 24/7
Medical Help Line

1-866-549-5076

Speak with a nurse about your health, illness or where to go if you feel sick or are injured.

- Friendly, experienced, Registered Nurses help you decide what your best choices are.
- Assistance with any Health Issues or Questions
- General Health and Wellness Information

Morneau Shepell
Counseling Services

1-866-743-7732

Student Support Advisors can help you anytime, anywhere with:

- Adapting to new cultures
- Being successful at school
- Relationships with friends and family
- Stress, anxiety, sadness, loneliness and more

What is the network LewerMark uses? Northern Kentucky University uses First Health, a nationwide provider network. If you choose to go to a provider outside of the First Health network, you may have to pay extra money out of pocket.

How do I find a doctor? Click on the Search for a Doctor link on your insurance website found at the top of this document. Click 'First Health Network' then 'Start Now' and type the zip code of the area in which you would like to search. You will need to search by provider type (i.e. Physician, Urgent care center, Hospital).

What is a copay? This is the amount of out of pocket expenses that you must pay the doctor, clinic, or hospital for each visit.

What is included in the Wellness Benefit? The Wellness Benefit covers 100% (up to \$500 per school year) of any combination of routine/sports physicals, gynecologic health screenings, immunizations, and tuberculosis tests. See plan brochure for more details.

The provider says I am not on the insurance list. There is a chance at the beginning of the term that we have not received the enrollment information from your school. The school needs to send us notification that you are enrolled in the insurance plan. We will reimburse your eligible visit if the provider requires payment up front. You may contact us at 1-800-821-7710.

What is an EOB? An EOB, or Explanation of Benefits, is a form you will receive online if you visit a provider. It shows the charges, discounts, and any amount that is still owed. You will also receive an email that your EOB is available online to review. An EOB is not a bill.

When should I use the Emergency Room? Hospital Emergency Rooms (ERs) are set up to focus on medical emergencies, not routine health care. Many health problems are not emergencies. If you are unsure whether the problem is an emergency:

- Call [MyNurse](#) 24/7 for help at **1-866-549-5076** — *no additional charge and available in over 200 languages*
- Go to your Student Health Center or walk-in clinic, if open
- Go to the **ER** if you feel the problem is so serious that it cannot wait until your Student Health Center or walk-in clinic is open

What happens if my claim is rejected? Call LewerMark at 1-800-821-7710 or email lewermarksupport@lewer.com. Occasionally, claims can be rejected if the doctor provides the wrong number or information. We will research the claim and let you know the status. If you receive an Claims Questionnaire, this must be completed and returned before your claim can be processed.

What is the 'Make Your Mark' Scholarship Program? It's a scholarship contest available for international students. Please visit www.lewermark.com for more information.

Exclusions & Limitations: The following is a partial list of examples of expenses which are not covered:

- Medical Treatment received by the Covered Person in his or her home country or country of regular domicile
- Medical Treatment or diagnosis of sleep disorders, including but not limited to apnea monitoring & sleep studies
- Medical Treatment received in connection with teeth, gums, or jaw unless for an injury to sound natural teeth
- Hearing aids, eyeglasses and contact lenses
- Medical Treatment for Alopecia (loss of hair), Acne, or excessive sweating
- Medical Treatment related to infertility
- Medical Treatment for injuries sustained while participating in hazardous or adventure sports
- Medical Treatment for injury or sickness arising from an intentionally self-inflicted action, suicide, or attempted suicide, while sane or insane (in excess of benefits provided elsewhere in the coverage, if any)
- Antibody testing for immunizations and testing for allergies
- Medical Treatment for injury or sickness sustained while the Covered Person was under the influence of illegal narcotics or a non-prescribed controlled substance, or as the result of the legal or illegal consumption of alcohol
- Medical Treatment received due to a Pre-Existing Condition or complication thereof. However, Pre-Existing Conditions will be payable under the Policy after the Covered Person's coverage has been in force for six consecutive months. Please note that a pregnancy which begins prior to Policy's Effective Date will not be covered under the Policy
- After hours and weekend facility fees, unless related to Emergency Services

Note: This list of examples is not complete; see your plan brochure for a complete list of exclusions. Plan benefits are subject to the terms and conditions of the insurance policy.

APPENDIX C
Plan Brochure

Northern Kentucky
University
2018 - 2019



International Student
Health Insurance
Plan Brochure

www.lewermark.com/nku

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Program Managed and Administered by:

The Lewer Agency, Inc. *(the “Program Manager”)*

4534 Wornall Road | Kansas City, MO 64111 | 1(800) 821-7710

Underwritten by:

Sirius International Insurance Corporation *(the “Company”)*

UK Branch | 20 Fenchurch Street, 4th Floor | London EC3M 3BY, UK

Policy Number: LM-183319

IMPORTANT CONTACT INFORMATION

LEWERMARK CUSTOMER SERVICE



For questions regarding benefits or claims status, contact:

- Toll Free: **1 (800) 821-7710** (Monday–Friday, 8:00 a.m. to 6:00 p.m. CT)
- Chat us at: www.lewermark.com
- Email us at: lewermarksupport@lewer.com
- Your school webpage: www.lewermark.com/nku
- The Lewer Agency, Inc. | Student Insurance | P.O. Box 32247 | Kansas City, MO 64171

INTERNATIONAL STUDENT SUPPORT PROGRAM



The International Student Support Program is designed to help international students face the challenges of balancing school, adjusting to a new culture and adapting to their other responsibilities.

- Download: Free “**My SSP**” app from your device’s app store today
- Web: us.myissp.com
- Toll Free: **1 (866) 743-7732**
- Phone: **001-416-380-6578** (If calling outside of North America)
- Available 24/7

MYNURSE 24/7



MyNurse 24/7 provides you with free access to speak with a nurse regarding your health questions or concerns anytime day or night.

- Toll Free: **1 (866) 549-5076**
- Available 24/7

SCHOLASTIC EMERGENCY SERVICES



Students, staff or parents should contact Scholastic Emergency Services if there is a life-threatening emergency or illness.

- Toll Free: **1 (877) 488-9833** (Toll free inside the USA)
- Phone: **1 (609) 452-8570** (If calling outside of the USA)
- Email: medservices@assistamerica.com
- Web: www.assistamerica.com/students.aspx
- Reference Number: **01-AA-LEW-05034**
- Available 24/7

PPO NETWORK



To locate doctors and facilities within the First Health network, visit:

- [Web: http://www.firsthealthinternational.com](http://www.firsthealthinternational.com)

INTERNATIONAL STUDENT SUPPORT PROGRAM

Tailored Support for International Students

The International Student Support Program is designed to help international students face the challenges of balancing school, adjusting to a new culture and adapting to their other responsibilities.



Help is available from a network of qualified professionals for no additional charge

Morneau Shepell's International Student Support Advisors can help anytime, anywhere with:

- Adapting to new cultures
- Being successful at school
- Relationships with friends and family
- Stress, sadness, loneliness and more

Students can connect with an Advisor who:

- Speaks their language
- Understands their culture
- Keeps their information confidential
- Is available 24/7 and at no cost to the student

CONTACT MORNEAU SHEPELL 24/7

1(866) 743-7732

001-416-380-6578

(If calling outside of North America)

MYNURSE 24/7

Medical Help Line for International Students

MyNurse 24/7 features friendly, experienced, Registered Nurses who can help you decide what your best choices are, and are available day or night. They can assist you with any health issues or questions, and can provide general health and wellness information.



Both the call and the service are free and available 24 hours, 365 days a year. In addition, translator services are available in 200 languages.

CONTACT MYNURSE 24/7

1(866) 549-5076

Call toll-free 24 hours, 365 days a year
In case of emergency, call 911

When should I think about going...

TO THE STUDENT HEALTH CENTER OR URGENT CARE

- Colds, Coughs, and Sore Throats •
- Earaches •
- Minor Cuts •
- Potential Muscle / Ligament Strain •
- Sunburn / Minor Cooking Burn •
- Itchy Skin/ Rashes •
- Fever / Flu •
- Sexually Transmitted Diseases •
- Pregnancy Testing •
- Problems with Urination •

TO THE EMERGENCY ROOM

- Loss of Consciousness
- Intolerable / Uncontrollable Pain
- Shortness of Breath
- Chest Pain / Pressure
- Poisoning
- Major Injuries
- Severe / Worsening Insect Bite or Allergic Reaction
- Unable to Move
- Severe Bleeding
- Deep Cuts requiring stitches
- Broken Bone

Note: LowerMark does not offer medical advice. This information is presented to help international students better understand the U.S. health care provider and delivery system. In all situations, you should rely on your own best judgement in choosing when and where to receive health care services.

SCHOLASTIC EMERGENCY SERVICES (SES)

Service Arrangement for Emergency Situations

Students, staff and/or parents should contact Scholastic Emergency Services if there is a life-threatening emergency or illness. Scholastic Emergency Services is a service-arranger, not insurance, so please contact them first as they cannot reimburse for any services you pay for or use. SES will not pay for services on a reimbursement basis, so you must contact them immediately.



If you call 911 for a medical emergency, your next phone call should be to Scholastic Emergency Services. They will make all arrangements for you to provide for the following:

- Assistance Finding a Provider
- Translation Assistance
- Medical Evacuation or Transportation
- Critical Care Monitoring
- Compassionate Family Visit
- Medical Trauma Counseling
- Prescription Assistance
- Emergency Message Transmission
- Repatriation or Return of Mortal Remains

IMPORTANT: You must call SES prior to using any of the above services

CONTACT SES 24/7

1 (877) 488-9833 (Toll free inside the USA)

1 (609) 452-8570 (If calling outside the USA)

Reference Number: **01-AA-LEW-05034**

HOW TO PRINT AN ID CARD

To print an ID card, go to www.lewermark.com and at the top of the page, under **My Account**, click **Student**.

Using the drop-down menus, select your state and school.


Once you are at the login screen, your user name is your student ID number, and the default password is your date of birth (mmddyyyy). *For example: July 8, 1998 would be 07081998.*

Click the menu icon in the upper left-hand corner and select **Online ID Card**.


Download to print or save your card electronically.

Note: If you are a returning student who has logged into your online account before, you may have changed your password from your date of birth. Use that password instead.

If you are unable to retrieve your insurance card, please call LewerMark at **1 (800) 821-7710, Option 2**.



Submit Medical Claims to First Health Network
PO Box 3084
Farmington, MI 48333
Client's Payor ID: 96708



SCRIPWORLD
An Aetna Company

ID: 123456789
INSURED: Student
GROUP: LewerMark University
GROUP #: 123

Office Visit Copay: \$20	Scrip World (PBM)
Hospital Copay: \$50	Rx Bin 004336
ER Copay: \$100	RxPCN ADV
	Rx Gp RX2741

LewerMark Customer Service 800-821-7710 www.lewermark.com

LewerMark Student Health Insurance

For information concerning eligibility, benefits or claims call LewerMark at 800-821-7710 or lewermarksupport@lewer.com

<p>Scrip World Pharmacy Help: Pharmacy: 800-364-6331 Member: 866-475-7589</p>	<p>For Other Claims Mail To The Lewer Agency, Inc. P.O. Box 32247 Kansas City, MO 64171</p>
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Scholastic Emergency Services (Reference # 01-AA-LEW-05034):
 877-488-9833 inside the USA or 609-452-8570 outside of the USA
Morneau Shepell's International Student Support Program
 (Help Line): 800-227-8620 or visit www.mystudentaupport.com
24 Hour Nurse Line: 866-549-5076
 To find a First Health provider visit: www.myfirsthealth.com or
 For provider locator assistance toll-free number: 800-226-5116
 Benefits are not insured by First Health or affiliates
Possession of this card does not guarantee coverage.
 Underwriter: Sirius International Corporation UK Branch

HOW TO FIND A DOCTOR

Go to www.lewermark.com and select **Resources**. Select **Find a Doctor or Pharmacy**, and then **Find a FIRST HEALTH Provider**. Click **Start now**, then choose the type of provider you're looking for - **Physician, Hospital, Urgent care center, Lab and radiology or All providers**.

Type the zip code of the area in which you would like to search. You can change the radius of the search area if need be - the default is 10 miles. Click **Search now**. You can then sort the results alphabetically or by distance.



Locate a Provider
English | Español

Home - Network selection - Search criteria

Type of provider

What type of provider are you looking for?

* Provider type:
 Physician
 Hospital
 Urgent care center
 Lab and radiology
 All providers

Search by

Do you want to search by ZIP or state?

*Select ZIP or state:

*ZIP code:

Please enter a valid ZIP code. [Find a Zip code.](#)

* Search by ZIP code

within: miles

Adjust slider to increase or decrease distance

* Search by state

Distance:


Minimum 5 miles
Maximum 100 miles

[\[+\] Show more options](#)

[Clear criteria](#)
Search now

WHAT IS A CLAIMS QUESTIONNAIRE?

You may receive a questionnaire in the mail after you visit the doctor or go the hospital. This is called a Claims Questionnaire. When we receive your claim for a medical condition or an accident, we use it to find out more information in order to process your claim. A sample questionnaire is shown below:

CLAIMS QUESTIONNAIRE <i>Administered by: The Lewer Agency, Inc.</i>	Please submit completed form to: lewermarksupport@lewer.com The Lewer Agency PO Box 32247 Kansas City, MO 64171	
	Important: An incomplete questionnaire could result in the delay of processing your claim.	
Your Name: _____	Date of Birth (mm/dd/yyyy): _____	
Name of Your School: _____	Your Insurance I.D. Number: _____	
Your Present mailing address: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female _____	
Your E-mail address: _____	Visa Type: ____ Home Country: _____	
If you are not the student, please fill out the following:		
Name: _____	Date of Birth (mm/dd/yyyy): _____	
Relationship to student: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
If your claim was the result of an injury or an accident, please complete the following:		
Date of injury or date your symptoms were first noticed: _____		
If your claim was the result of an injury or accident, please provide as many details as possible. If this was due to a car accident or crime, please attach copy of police report and your driver's license: _____		

Was injury the result of participation in Intercollegiate College Sports? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which sport? _____		
If no, was injury the result of participation in Intramural/Club Sports? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which sport? _____		

If your claim was the result of sickness, please complete the following:		
Provide the name and address of doctor who is treating you for this condition: _____		

Have you ever been treated for this condition before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide the date when you were first seen or treated by a doctor for this condition (include treatment in your home country) in the last 12 months: _____		

List all medications that you are currently taking: _____		
Do you have any other insurance (school insurance, travel insurance, auto insurance, spouse's insurance)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, have you filed a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List the insurance company's name, address, phone number and policy number(s): _____		

To fill out a full Claims Questionnaire, please go to:
www.lewermark.com/claim-forms and submit.

SCHEDULE OF BENEFITS

The Policy provides different levels of benefits and copayments depending on where the Covered Person chooses to receive care or whether or not he or she uses the services of a Participating Provider. A Covered Person is free, however, to use the provider of his or her choice. The following benefits are available, per Covered Person, up to the amounts shown.

POLICY BENEFITS – PER COVERED STUDENT

Policy Year Maximum Benefit	\$500,000
Lifetime Maximum Benefit per Covered Injury or Covered Sickness	\$500,000
Annual Deductible- Applies to all Covered Benefits except to Prescription Drugs and Medical Treatment received at Student Health Centers	None
Policy Out-of-Pocket Expense Maximum	\$3,000
Pre-Existing Condition Benefit – First six months of continuous coverage	\$2,500

COPAYMENTS

	In-Network	Out-of-Network
Student Health Center	\$0	-
Office Visit	\$20	\$35
Hospital	\$50	\$70
Hospital Emergency Room	\$100	\$200

COINSURANCE

In-Network Provider	100% of Allowed Charge
Out-of-Network Providers	80% of Reasonable and Customary Expenses

When a Covered Person has satisfied the Policy Out-of-Pocket Expense Maximum during the policy year, all levels of Coinsurance will increase to 100% for any additional Covered Expenses incurred during the remainder of the policy year, and Copayment charges will no longer apply except as pertains to covered prescription drugs. Benefits will be paid at this level unless stated otherwise in the Covered Expense section or in the Exceptions and Exclusions section. In addition, any benefit maximums will still apply and the Covered Person will not be reimbursed for any Copayments.

Satisfaction of the Policy Out-of-Pocket amount will not apply to outpatient prescription drugs expenses. Copay and coinsurance will continue to apply to the prescriptions drugs outpatient benefit.

SCHEDULE OF BENEFITS (CONTINUED...)

PRESCRIPTION DRUG BENEFITS

Dispensed by a Student Health Center	100% of each 30 day supply
Dispensed by a Participating Network Pharmacy	50% of each 30 day supply
Prescription Contraceptives	Oral birth control covered at 100% at a retail participating network pharmacy.
	Select non-oral birth control covered at 50% at a retail participating network pharmacy.
Dispensed while Inpatient at a Hospital	100%
Prescription Drug Benefit Maximum	\$2,500

With respect to outpatient prescriptions, the Policy will pay the stated percentage for each 30 day supply, until the stated Prescription Drug Benefit Maximum has been met.

Payments toward the Prescription Drug Out-of-Pocket Expense Maximum will not count toward satisfying the Policy Out-of-Pocket Expense Maximum.

Don't forget to bring your ID card when you visit the doctor or the pharmacy!

SCHEDULE OF BENEFITS (CONTINUED...)

COVERED BENEFITS	In-Network	Out-of-Network
Hospital Room and Board at Semi-Private Room Rate	100%	80%
Intensive Care Unit (Average Charge)	100%	80%
Urgent Care	100%	80%
Outpatient Medical Care and Supplies	100%	80%
Pregnancy Benefits	100%	80%
Laboratory, X-Ray, and Diagnostic Examinations	100%	80%
Professional Ground Ambulance for Emergency Services	100%	100%
Professional Air Ambulance For Emergency Services	100%, up to a maximum of \$10,000 per incident	80%, up to a maximum of \$10,000 per incident
Infusion Therapy Benefit	100%, up to a maximum of \$10,000 per policy year	80%, up to a maximum of \$10,000 per policy year
Renal Dialysis/Hemodialysis Benefit	100%, up to a maximum of \$10,000 per policy year	80%, up to a maximum of \$10,000 per policy year
Medical Treatment of a Mental Condition	Inpatient – Aggregate maximum of 30 days per policy year Outpatient – Aggregate maximum of 30 visits per policy year	
Medical Treatment of Alcoholism or Drug Dependency	Inpatient – Aggregate maximum of 30 days per policy year Outpatient – Aggregate maximum of 30 visits per policy year	
Wellness Benefit (Not subject to Copay or Deductible)	Covered up to \$500	
Tuberculosis Testing Benefit	Up To \$110.60 per policy year	
Immunization Benefit	Included in the Wellness Benefit	
Physiotherapy Benefit	Up to 20 visits per policy year A Copayment applies for each visit	
Acupuncture and Chiropractic Benefit	Up to \$50 per visit after satisfaction of Copayment Maximum Benefit of \$500 per policy year	
Intramural/Recreational/Club Sports Benefit	100%	80%
Intercollegiate Sports Benefit	\$2,500	
Aeronautics Benefit	Not covered	
Self-Inflicted Injury Benefit	\$10,000 per policy year	
Elective Abortion	\$1,000 per policy year	
Dental Injury Benefit	Up to \$2,500 per policy year	
Palliative Treatment of Dental Pain Benefit	Not covered	
Continuation Benefit	Available up to a maximum of 13 weeks or up to a Maximum Benefit of \$10,000, whichever is reached first	
Medical Evacuation Benefit	Up to \$50,000 of Reasonable Expenses	

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFITS

Applies only to Covered Students; terminates at age 65

Principal Sum: \$10,000

Loss must occur within 90 days of the Covered Accident

INSURED STUDENT'S COVERED LOSS	AD&D BENEFIT
Life	100% of the Principal Sum
Quadriplegia (the total Paralysis* of both upper and lower limbs)	100% of the Principal Sum
Paraplegia (the total Paralysis* of both lower limbs)	50% of the Principal Sum
Hemiplegia (the total Paralysis* of upper and lower limbs on one side of the body)	50% of the Principal Sum
Two or more Members**	100% of the Principal Sum
One Member**	50% of the Principal Sum
Irrecoverable loss of sight of both eyes	100% of the Principal Sum
Irrecoverable loss of sight of one eye	50% of the Principal Sum
Irrecoverable loss of speech and hearing in both ears	100% of the Principal Sum
Irrecoverable loss of speech or hearing in both ears	50% of the Principal Sum
Thumb and index finger of same hand	25% of the Principal Sum

***Paralysis** means loss of use, without severance, of a limb. This loss must be determined by a Physician to be complete and not reversible.

****Member** means hand, foot, or eye (sight).

COVERED MEDICAL EXPENSES

The Company will pay benefits subject to the exclusions, limitations, and all other provisions of the Policy, for a Covered Expense if:

1. the Copayment amount, if any, is met;
2. the expense is incurred due to a Covered Injury or Covered Sickness;
3. the Covered Person has not exceeded the Policy's benefit maximums.

The Company will consider each Covered Expense to be incurred on the date the medical care or supply is received. Pursuant to determining Eligibility for benefits and subject to the limits shown in the Schedule of Benefits, the Policy will pay benefits for the following Covered Expenses:

1. **Medical Treatment:** for the diagnosis and Medical Treatment by a Physician or a Registered Nurse.
2. **Room and Board:** for daily Hospital room and board not exceeding the Hospital's Average Semiprivate Charge and Intensive Care Unit charges.
3. **Outpatient Medical Care:** for charges by a Hospital for outpatient medical care received on an outpatient basis and medical supplies which are used on the premises of a Hospital.
4. **Home Health Care Services:** for home health care services which are performed by a licensed home health care agency, which have been prescribed by a Physician, and which are performed in lieu of Hospital services, provided the Hospital services would have been Covered Expenses under the Policy.
5. **Diagnostic Testing:** for laboratory, x-ray, diagnostic imaging, and other diagnostic examinations.
6. **Prescription Drugs:** for prescription drugs as shown in the Schedule of Benefits.
7. **Urgent Care:** for care received in an urgent care center or facility.
8. **Emergency Ambulance Service:** for professional ambulance assistance for Emergency Services or required in connection with an Emergency Medical Condition by ground or by air to a Hospital. (See Medical Evacuation Benefit for air service to a Covered Person's home country.)
9. **Orthopedic Devices, Prosthetic Devices, or Hospital Equipment:** for the following types of prescribed orthopedic or prosthetic devices or Hospital equipment:
 - a. man-made limbs or eyes for the replacing of natural limbs or eyes;
 - b. casts, splints or crutches;
 - c. purchase of a truss or brace;
 - d. oxygen and rental of equipment for giving oxygen;
 - e. rental cost, up to the purchase price, of a standard wheelchair or Hospital bed;
 - f. rental of dialysis equipment and supplies;
 - g. colostomy bags and ureterostomy bags; and
 - h. two external post-operative breast prostheses.

The Policy will not cover rental charges for equipment in excess of the purchase price of the equipment.

10. **Mental Conditions:** for the Medical Treatment of a mental condition either in an inpatient facility, or on an outpatient basis in either an individual or group setting.
11. **Alcoholism or Drug Dependency:** for Medical Treatment of alcoholism or drug dependency either in an inpatient facility, or on an outpatient basis in either an individual or group setting.
12. **Wellness Benefit:** for any combination of the following: routine physical or health examinations, sports physicals, gynecologic health screenings, routine baseline or screening mammograms, prostate and/or colorectal examinations and related laboratory tests, annual health checkups, immunizations indicated on the Recommended Immunization Schedule by the Centers for Disease Control and Prevention, and tuberculosis tests.
13. **Physiotherapy, Acupuncture, and Chiropractic Benefits:** for Physiotherapy, Acupuncture, and Chiropractic services which are prescribed by a Physician, which are incurred while not confined in a Hospital, and which are billed by a Physician, chiropractor, or physiotherapist, shall not exceed the maximum amounts shown below. Charges in excess of these maximums shall not be included as Covered Expenses under the Policy.

COVERED MEDICAL EXPENSES (CONTINUED...)

14. **Pregnancy Benefits:** For pregnancy coverage including post-delivery inpatient Hospital care for a mother and her newly born child in accordance with the guidelines recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists which is 48 hours following a vaginal delivery, or 96 hours following a caesarean section. A decision to shorten the length of stay may be made by the attending Physician in consultation with the mother.

In order to be considered eligible for Pregnancy Benefits, conception must have occurred following the Effective Date of the Covered Person's coverage. If the Covered Person is eligible for Pregnancy Benefits, benefits will be payable on the same basis as Covered Expenses for any other Covered Sickness.

15. **Post-Mastectomy Coverage:** for charges for a Medically Necessary mastectomy which may also include coverage of the following:
- physical complications during any stage of the mastectomy, including lymphedemas;
 - reconstruction of the breast;
 - surgery on the non-diseased breast to attain the appearance of symmetry between the two breasts; and
 - two external breast prostheses.

Covered Expenses for the above are payable on the same basis as Covered Expenses for any other surgery. This coverage will be provided in consultation with the attending Physician and the patient.

16. **Medical Evacuation Benefit:** Subject to prior approval from the Program Manager or its authorized representative, for reasonable expenses related to the air evacuation of an injured or sick Covered Person (and a Health Care Provider or Escort if such is directed by the attending Physician) to the Covered Person's home country or country of regular domicile, provided the air evacuation:
- is upon the attending Physician's written certification;
 - results from a Covered Injury or Covered Sickness; and
 - does not occur prior to the benefit approval.
17. **Repatriation Benefit:** Subject to prior approval from the Program Manager or its authorized representative, for reasonable expenses incurred in connection with the preparation and transportation of the body of a deceased Covered Person to his or her place of residence in his or her home country. This benefit does not include transportation expenses of any person accompanying the body.
18. **Continuation Benefits:** for Covered Expenses incurred, while Hospital confined, as indicated in the Schedule of Benefits for a Covered Injury or Covered Sickness for which a Covered Person has a continuing claim on the date his or her coverage terminates. Benefits payable under this provision will terminate if a Covered Person becomes covered, for the Covered Injury or Covered Sickness for which benefits were continued, under any other medical coverage.
19. **Radiation Therapy and Chemotherapy:** Covered Expenses for radiation therapy, infusion therapy, and chemotherapy or oral chemotherapy drugs which are prescribed and administered by a licensed Physician. Prior authorization is not required.
20. **Infusion Therapy:** Covered Expenses for infusion therapy for chronic conditions prescribed and administered by a licensed Physician. Infusion therapy required for cancer and cancer-related conditions will be considered under the Radiation Therapy and Chemotherapy provision.
21. **Renal Dialysis/Hemodialysis:** Covered Expenses for Renal Dialysis/Hemodialysis prescribed and administered by a Physician.
22. **Allergy Treatment:** Covered Expenses for Medically Necessary treatment of allergies, as diagnosed and prescribed by a Physician.
23. **Injectable and Provider-Administered Drugs:** Injectable drugs and other drugs administered in a Physician's office or other outpatient setting.
24. **Diabetes Coverage:** Covered Expenses for medical supplies, equipment and education for diabetes care for all diabetics.
25. **Skilled Nursing Facility:** Covered Expenses for items and services provided as an inpatient in a skilled nursing bed of skilled nursing facility or hospital, including room and board in semi-private accommodations; rehabilitative services; and drugs, biologicals, and supplies furnished for use in the skilled nursing facility and other Medically Necessary services and supplies. Benefits are limited to 30 days per policy year. Custodial or residential care in a skilled nursing facility or any other facility is not covered except as rendered as part of hospice care.

COVERED MEDICAL EXPENSES (CONTINUED...)

26. **Dental Injury Benefit:** for charges related to the Medical Treatment of natural teeth damaged as the result of a Covered Injury.
27. **Intramural/Recreational/Club Sports Benefit:** for charges related to Injuries arising out of practice for or participation in intramural, recreational or club sports.
28. **Self-Inflicted Injury Benefit:** For charges related to Medical Treatment required as the result of an intentionally self-inflicted injury or sickness, suicide, or attempted suicide, while sane or insane.
29. **Intercollegiate Sports Benefit:** For charges related to Injuries arising out of practice for or participation in intercollegiate sports.

EXCEPTIONS AND EXCLUSIONS

Unless specifically provided for elsewhere under the Policy, the Plan does not provide benefits, nor is any premium charged, for any Medical Treatment not expressly indicated in the Covered Expense section.

For further clarity, please note that the Plan does not provide benefits, nor is any premium charged, for:

1. Medical Treatment for which benefits are excluded, excepted, or limited elsewhere in the Policy;
2. Medical Treatment received by the Covered Person in his or her home country or country of regular domicile;
3. Medical Treatment received due to a Pre-Existing Condition or complication thereof in excess of benefits provided elsewhere in this coverage, if any. Medical Treatment for Pre-Existing Conditions will be payable under the Policy after the Covered Person's coverage has been in force for six consecutive months. However, a pregnancy which is conceived prior to the Covered Person's Effective Date of Coverage will not be covered under the Policy.
4. Medical Treatment which is not Medically Necessary, as defined in the Policy;
5. Medical Treatment for which no charge is made or for which no payment would be required if the Covered Person did not have this insurance; or to the extent the Covered Person received any discount, credit, or reduction due to an agreement with the provider;
6. Medical Treatment normally provided without charge by employees or Physicians employed by, under contract with, or retained by the Participating School, unless provided in a Student Health Center by its employees;
7. Medical Treatment required for any Covered Injury or Covered Sickness which occurs while the Covered Person is employed with the Participating School in any capacity, whether paid or unpaid; or to the extent such Covered Injury or Covered Sickness is covered under: any occupational benefit plan; any Worker's Compensation or similar law; or any medical payments under individual automobile insurance (except for no-fault auto insurance);
8. Expenses in excess of the Reasonable and Customary charge;
9. Hearing aids, eye glasses, or contact lenses and the fitting or servicing thereof, except that the Policy will cover these expenses if the need for such results directly from a Covered Injury or covered eye surgery;
10. Intrauterine devices (IUDs) and all procedures related to the placement and/or removal of IUDs;
11. Care services of birth doulas, companions, or birth supporters who assist a woman before, during and/or after childbirth, or for planned childbirth deliveries at home and associated services;
12. Elective or preventive surgery or any Medical Treatment related to an elective or preventive surgery including, but in no way limited to, tubal ligation, vasectomy, breast reduction or enlargement, circumcision, or the correction or treatment of a deviated septum;
13. Medical Treatment related to learning disabilities;
14. Immunizations (except as listed in Covered Expenses), immunization antibody testing, allergy tests, vitamins, and antitoxins;
15. Cosmetic, plastic, reconstructive, or restorative surgery unless such are Covered Expenses incurred for repair of a disfigurement caused from:
 - a Covered Injury;
 - a birth defect of an insured Eligible Dependent born while the mother was insured under the Policy; or
 - a mastectomy (refer to the Post-Mastectomy Coverage provision);
16. Medical Treatment related to organ transplants, whether as donor or recipient;
17. Medical Treatment for injuries sustained in practice for or participation in Intercollegiate Sports in excess of benefits provided elsewhere in this coverage, if any;
18. Medical Treatment for injury or sickness sustained while taking part in the commission of an assault or felony in excess of benefits provided elsewhere in the coverage, if any;
19. Medical Treatment arising out of aeronautics or air travel, except while riding as a passenger on a regularly scheduled commercial airline in excess of benefits provided elsewhere in the coverage, if any;
20. Medical Treatment for injury or sickness arising from an intentionally self-inflicted action, suicide, or attempted suicide, while sane or insane in excess of benefits provided elsewhere in the coverage, if any;
21. Medical Treatment received in connection with the teeth, gums, jaw, or structures directly supporting the teeth; myofascial pain, or temporomandibular joint dysfunction in excess of benefits provided elsewhere in the coverage, if any;

EXCEPTIONS AND EXCLUSIONS (CONTINUED...)

22. Medical Treatment for Injuries sustained while participating in hazardous or adventure sports of any kind, including but not limited to hoverboard usage, hang gliding, skydiving, parachuting, vehicle racing of any kind, any rodeo activity, BASE jumping, kiteboarding, mountaineering or climbing or trekking above elevation 4500 meters above ground level or without proper ropes or guides, luge, motocross, Moto-X, ski jumping, off-piste or off-trail skiing or snowboarding, sub-aquatic activities below 50 meters, whitewater rafting exceeding Class IV difficulty;
23. Medical Treatment for injury or sickness sustained by reason of a motor vehicle or motorcycle accident
 - to the extent that benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such benefits,
 - if the Covered Person was operating the motor vehicle or motorcycle while intoxicated or impaired under the laws of the state in which the accident occurred,
 - if the Covered Person was operating the motor vehicle or motorcycle while without a driver's license or permit recognized as valid under the laws of the state in which the accident occurred, or
 - if the Covered Person was not operating the motor vehicle or motorcycle in conformity with the restriction of the driver's license or permit;
24. Medical Treatment for injury or sickness sustained while the Covered Person was under the influence of illegal narcotics or a non-prescribed controlled substance, or as the result of the legal or illegal consumption of alcohol;
25. Compound, Specialty, and Experimental drugs;
26. Medical Treatment related to infertility;
27. Medical Treatment involved in the cessation or deterrence of any tobacco use;
28. Medical Treatment or diagnosis of sleep disorders, including but not limited to apnea monitoring and sleep studies;
29. Medical Treatment intended to correct an abnormal or irregular walking pattern by altering slightly the angles at which the foot strikes a walking or running surface;
30. Transcutaneous Electrical Nerve Stimulation (TENS) units;
31. Medical Treatment for obesity, including bariatric surgery and anorectics;
32. Medical Treatment for benign Gynecomastia (abnormal breast enlargement in males);
33. Medical Treatment related to sex transformation surgery or the reversal thereof;
34. Medical Treatment for Alopecia (loss of hair), Acne, or excessive sweating (Hyperhidrosis);
35. Lab specimen handling and delivery fees;
36. After hours and weekend facility fees, unless related to Emergency Services;
37. Genetic medicine, genetic testing, surveillance testing and/or screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy;
38. Medical Treatment related to any previously known Congenital Condition, whether or not the Covered Person has previously sought treatment for the condition;
39. Private duty nursing;
40. Injuries or Sickness resulting from War, Terrorism, or Mass Destruction; or from Cyber Attacks (see Policy for full details).

DEFINITIONS

Allowed Charge means the discounted fee that the provider network negotiates with doctors, hospitals, and other health care providers in the network.

Area means the location where the medical care or supplies are given within a region large enough to get a cross section of providers of medical care or supplies, as determined by the Program Manager.

Average Semiprivate Charge means (1) the standard charge by the Hospital for semiprivate room and board accommodations, or the average of such charges where the Hospital has more than one established level of such charges, or (2) 80% of the lowest charge by the Hospital for single bed room and board accommodations where the Hospital does not provide any semiprivate accommodations.

Close Relative means the spouse, children, siblings, parents, and aunts and uncles of a Covered person.

Club Sports means participation in sports as part of a club or team which may or may not be affiliated with the Participating School in which the athletes compete competitively with other similar clubs or teams.

Coinsurance means the percentage of a Covered Expense for which the Covered Person is responsible. Coinsurance is separate from and is not a part of the Copayment.

Congenital Condition means a disease or physical abnormality present at or before birth, regardless of cause.

Copayment means that portion of a Covered Expense a Covered Person is required to pay out of his or her pocket before benefits will be paid for any remaining portion. The Copayment is separate from and is not a part of the Coinsurance.

Covered Accident means an unexpected occurrence which is directly caused by external, visible means and which results in a Covered Injury to a Covered Person, and that occurs while coverage is in force for the Covered Person under the Policy.

Covered Dependent When coverage for dependents is indicated on the Participating School's application and on the Schedule of Benefits, **Covered Dependent** means any dependent of a Covered Student who meets all of the following eligibility criteria:

1. is the Covered Student's lawful spouse, or unmarried child who is under the age of 19 and is a full-time student unless disabled;
2. resides with the Covered Student;
3. is enrolled for coverage under the Policy at the same time of the Covered Student enrolls;
4. has a current passport and visa (non-domiciled United State Citizen - passport only); and
5. is temporarily outside his or her home country or country of regular domicile as a nonresident alien in the United States.

A dependent child includes a Covered Student's natural child; step-child; adopted child; or a child placed for adoption which means the assumption and retention of a legal obligation for the total or partial support of a child in anticipation of the adoption of such child. In cases where a Covered Student places a child for adoption, the child's association with the Covered Student is considered terminated upon the termination date of such legal obligation.

A Covered Student's dependent child who is born in the United States will be considered a dependent who may be considered eligible for coverage if Dependent coverage is indicated in the Educational Institution's application for coverage.

A Covered Student's disabled, unmarried dependent child may continue to be a Covered Dependent beyond age 19 if all of the following, additional conditions are met:

1. The child became disabled before reaching age 19;
2. The child is incapable of self-sustaining employment because of developmental disability or physical handicap and is chiefly dependent upon the Covered Student for support and maintenance;
3. The student remains insured under this Policy;
4. The child's premiums must be paid on time and in full;
5. Within 30 days of the child reaching age 19, the Covered Student furnishes a Statement of Disability to the Program Manager, the approval of such statement is required for the child to continue eligibility; and
6. The Covered Student provides satisfactory proof to the Program Manager of the child's disability and dependent status when requested. Such proof shall be without cost to the Company or the Program Manager. The Program Manager will not ask for proof more often than once a year after the two-year period following the child's attainment of age 19.

DEFINITIONS (CONTINUED...)

Covered Expense means only the expense actually incurred by a Covered Person for Medical Treatment which is Medically Necessary and which:

- is prescribed by a Physician for the therapeutic management of a Covered Injury or Covered Sickness;
- is not excluded by any provisions contained in the Policy; and
- is not more than the Reasonable and Customary charges, as defined by the Policy.

To determine if the amounts charged for Medical Treatments are Reasonable and Customary, the Program Manager will consider those Medical Treatments usually administered and the fees usually charged for a like Medical Treatment in the Area in which the service is rendered or the supply provided.

If the Covered Person utilizes the services of a Participating Provider, Covered Expense means the agreed upon rate set between the Program Manager and such provider for Medical Treatment which meet all of the above standards.

When the Covered Person utilizes the services of an Out-of-Network provider, the Covered Expense may be based on 150% for physician and 175% for facility of the published rates allowed by the Centers for Medicare and Medicaid Services (CMS) for the same or similar services within the geographic market. In the event a Medicare-based amount is not available, the amount will be determined using a similar reference-based schedule as determined by the plan.

Covered Injury means bodily harm resulting, directly and independently of any sickness, and which is caused by, arises out of, or results from a Covered Accident or the sudden onset of physical trauma to that Covered Person. All injuries sustained in any one Covered Accident, including all related conditions and recurring symptoms, will be considered as one Covered Injury.

Covered Person means a Covered Student, as defined above, and any of his or her Covered Dependents.

Covered Sickness means an illness, disease, or condition that impairs a Covered Person's normal functioning of mind or body and which is not the direct result of an injury or accident. All related disorders and recurrent symptoms of the same or a similar illness, disease, or condition will be considered the same Covered Sickness. A Covered Sickness includes pregnancy when conception occurred while the Covered Person was insured under the Policy.

Covered Student means an Eligible Student, as defined in the Schedule of Benefits, of a Participating School which has submitted an application for coverage which has been accepted by the Program Manager, and for whom premium has been paid when due.

Deductible means the amount that the Covered Person must pay out of pocket before benefits may be payable under the Policy.

Emergency Medical Condition means a Covered Injury or Covered Sickness that manifests itself by acute symptoms, including severe pain, of sufficient severity that a prudent lay person with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

- serious jeopardy to the health of the individual, or in the case of a pregnant woman, the woman or her unborn child;
- serious impairment to bodily functions; or
- serious dysfunction of any bodily organ or part.

Emergency Services means covered inpatient and outpatient Medical Treatment that is furnished by a provider who is qualified to furnish the services, and that is needed to evaluate or stabilize an Emergency Medical Condition. Reimbursement for Emergency Services shall not be denied solely on the grounds that services were performed by a noncontracted provider.

Experimental means a Medical Treatment that has not been demonstrated in scientifically valid clinical trials and research studies to be safe and effective for a particular indication. For further clarity, a Medical Treatment is Experimental:

- if the drug or device cannot lawfully be marketed without approval of the United States Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished; except where the drug is recognized for treatment of a particular cancer in at least one standard reference compendia or the drug is recommended for that particular type of cancer based on substantially accepted peer-reviewed medical literature;
- if reliable evidence shows that the Medical Treatment is the subject of ongoing Phase I, II, or III clinical trials or under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy, or its efficacy as compared with the standard means of treatment or diagnosis; or
- if reliable evidence shows that the consensus of opinion among experts regarding the Medical Treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its efficacy, or its efficacy as compared with the standard means of treatment or diagnosis.

DEFINITIONS (CONTINUED...)

Full-Time Studies means the enrollment and active participation in at least the minimum number of credit hours in which an international student must be enrolled and actively attending classes in the United States per the terms of the applicable student visa. Full-Time Studies includes participation in no more than one online or television course per term; any online or television coursework in excess of one course per term does not count toward fulfilling the full-time status requirement for eligibility. Home study and correspondence courses do not count toward fulfilling the full-time status requirement for eligibility.

Hospital means only such a facility that meets all of the following conditions:

- operates as a Hospital pursuant to law for the care and treatment of sick or injured individuals;
- has permanent and full-time care for bed patients;
- has a staff of one or more licensed Physicians available at all times;
- provides 24-hour a day care by Registered Nurses on duty or call;
- has surgical facilities; and
- is not primarily engaged in business as a nursing home, home for the aged, or any similar establishment or any separate wing, ward or section of a Hospital used as such.

Hospital can also refer to a free standing surgical center that meets all of the following standards:

- is a licensed public or private place;
- has an organized medical staff of Physicians;
- has permanent facilities that are equipped and operated mainly for doing surgery and giving skilled nursing care; and
- has Registered Nurse services when a patient is in the facility.

Intensive Care Unit means a specifically designated unit of a Hospital exclusively reserved for critically ill or injured patients requiring constant audio-visual observation, as prescribed by the attending Physician, which provides room and board, trained and qualified personnel whose duties are primarily confined to such unit, and special equipment or supplies immediately available on a stand-by basis, and segregated from the rest of the Hospital's facilities.

Intercollegiate Sports means participation in a sports program or competition (including but not limited to involvement in any game, match, exhibition, scrimmage, practice, sanctioned training activity, joint practice, or tryout) in which the athletes compete competitively with other universities or colleges and which may or may not be regulated by a collegiate athletic association.

Intramural Sports means participation in sports organized and played within the Participating School or within a local, formalized league.

Medical Treatment means any and all medical care, treatment, services, supplies, procedures, or drugs that may administered to an Covered Person to address a sickness or injury.

Medically Necessary means those Medical Treatments, provided or prescribed by a Physician or at a Hospital, that are necessary and appropriate for the diagnosis or management of a Covered Sickness or Covered Injury in accordance with generally accepted standards of medical practice in the United States at the time the Medical Treatment is provided. When specifically applied to a confinement, Medically Necessary means that the diagnosis or management of the symptoms or condition cannot be safely provided on an outpatient basis.

A Medical Treatment shall not be considered as Medically Necessary if it:

- is Experimental, investigational, or furnished in connection with medical research;
- is provided solely for the convenience of the patient, the patient's family, Physician, Hospital, or any other provider;
- exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate, and appropriate diagnosis or treatment;
- could have been omitted without adversely affecting the person's condition or the quality of medical care;
- involves the use of a medical device, drug, or substance not formally approved by the United States Food and Drug Administration except as permitted by regulations drafted in accordance with applicable federal law; or
- involves Medical Treatment not considered reasonable and necessary by the Centers for Medicare and Medicaid National Coverage Determinations Manual.

We retain the right to determine whether a Medical Treatment is Medically Necessary.

DEFINITIONS (CONTINUED...)

Mental Condition means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases as a Mental Disorder.

Network means a compilation of health care providers, such as Physicians and Hospitals, that have agreed to accept reduced payments for Medical Treatment received by the Covered Person. The Covered Person has discretion to visit any health care provider, regardless whether that provider is included in the Network (In-Network) or does not participate in the Network (Out-of-Network). Regardless whether the Covered Person elects to utilize an In-Network or Out-of-Network health care provider, he or she may still incur out-of-pocket expenses.

Participating Provider means a Physician or a Hospital that agrees to provide Medically Necessary Medical Treatment at set rates.

Participating School means the educational institution that has elected to offer coverage to its Eligible Students under the Policy through submission of a completed application for coverage which includes participation in the Trust, which has been accepted by the Program Manager, and for which coverage has become effective and has not terminated.

Physician means a legally licensed practitioner of the healing arts who is practicing within the scope of his or her license while performing a particular service which is covered under the Policy. For the sake of clarity, Physician includes Nurse Practitioners. Physician does not include:

- a practitioner of chiropractic or alternative medicine;
- any Covered Person;
- a Close Relative of a Covered Person; or
- an individual residing at the same legal residence of the Covered Person.

Physiotherapy means the Medical Treatment of a Covered Sickness or Covered Injury by the use of physical means including, but not limited to, air, heat, light, water, electricity, or active exercise.

Policyholder means the entity to which the Policy is issued. The Policyholder is shown on the first page of the Policy.

Pre-Existing Condition means either or both of the following:

- an injury or sickness about which the Covered Person
 - has consulted a Physician;
 - had medicine prescribed; or
 - is receiving or has received medical care during the six-month period immediately preceding the Covered Person's Effective Date of Coverage under the Policy; or
- a pregnancy which originated prior to the Covered Person's Effective Date of Coverage under the Policy.

Reasonable and Customary means the most common charge for similar Medical Treatment within the Area in which the charge is incurred. The most common charge means the lesser of:

- the actual amount charged by the provider;
- the negotiated rate, if any; and
- the fee often charged in the Area where the service was performed.
- up to 200% of the Medicare published rate for the same or similar service.

Recreational Sports means competitive physical activities that are played primarily for fun or as a past time.

Registered Nurse or Nurse means a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other similar state authority. Registered Nurse does not include:

- any Covered Person;
- a Close Relative of a Covered Person; or
- an individual residing at the same legal residence of the Covered Person.

Sound Natural Teeth means teeth that are free of active or chronic clinical decay, have at least 50% bone support and are functional in the arch.

DEFINITIONS (CONTINUED...)

Student Health Center means an ambulatory care facility affiliated or contracted with a Participating School that, at a minimum, maintains a staff consisting of a nurse director/nurse practitioner, staff Nurses, and either a staff Physician or an arrangement with a Physician to perform office visits. In the event a Participating School does not otherwise have a Student Health Center, the Participating School may request permission from the Program Manager to designate a Walk-In Pharmacy Clinic to be treated as a Student Health Center for the purposes of the Policy.

Walk-In Pharmacy Clinic means a clinic which is set-up inside a larger retail operation, such as a pharmacy or retail store, and which provides basic care for minor injuries and illnesses, and may provide vaccinations, immunizations, annual physicals, health screenings, and diagnostic tests.

ELIGIBILITY AND PARTICIPATION

The Company has appointed the Program Manager to administer the coverage on its behalf. References to the Program Manager throughout this coverage are considered to include the Company where appropriate. Any notice delivered to the Program Manager shall be considered received by the Company.

Eligible Student: An Eligible Student is a registered and enrolled student of a Participating School who is all of the following:

1. a legal resident of a country other than the United States, its territories and possessions;
2. is enrolled and actively engaged in Full-Time Studies;
3. has not applied for or been granted permanent residency status in the United States, its territories or possessions; and
4. holds and continually maintains an F-1, M-1, J-1, Q-1 or other designated category of student visa or immigration status.

Upon receipt of premium, participating Eligible Students are covered under the plan anywhere in the world except their home country. Note that insurance eligibility can be verified with medical providers upon receipt of enrollment.

An "Eligible Student" refers to an international student of the Certificate holder who meets all of the following:

- The student must be enrolled and actively engaged in full-time studies. For the purposes of plan eligibility...
 - o a student is actively engaged in full-time studies if, based on the student's attendance and participation, he or she is eligible to receive a completed grade or credit in all of his or her courses at the conclusion of the relevant term.
 - o in order to be considered as "full-time," the student must be enrolled and actively engaged in at least the minimum number of credit hours which are required per the terms of the student's visa (F-1, M-1, J-1). Consult the definition of an Eligible Student in the coverage Certificate for more information.
- The student must begin the term actively attending class for up to 31 consecutive days following the beginning of the then-current term, unless the student is unable to attend class due to an acute Bodily Infirmary or Injury. Please refer to the definition of an Eligible Student in the coverage Certificate.
- The student must continuously maintain status under his or her applicable visa type. In the event a student fails to continuously maintain his or her status, the school or its designated student advisor must work with the student in taking the necessary steps to bringing the student's student visa back to status. Failing to maintain student visa status will put the student out of status and will make the student ineligible for coverage.

Note: No claims can be paid until The Lower Agency receives the full amount of premium for all Eligible Students participating in the coverage.

Students should maintain their health insurance coverage during breaks and vacation periods in order to avoid gaps in coverage and being subject to pre-existing condition limitations.

Visiting Faculty and Scholars: Visiting Faculty and/or Scholars who possess and maintain current passports and valid J-1 visa status may be considered for coverage under the Policy if engaged in educational activities with the Participating School.

Optional Practical Training: An eligible Optional Practical Training student with the applicable F-1 Visa may be considered eligible for coverage for a period of time no longer than twelve months while he or she is participating in Optional Practical Training work which is directly related to the major area of study. STEM OPT extension students are not eligible for coverage.

Newborn Infants - Sick Baby Care: A newborn child of a Covered Student or Covered Dependent will automatically be considered a Covered Dependent for 30 days from the moment of birth only for Covered Expenses incurred which are due directly to a Covered Injury or Covered Sickness, premature birth, or birth abnormalities which exist at birth up to a maximum benefit of \$50,000.

IMPORTANT NOTICES

This insurance coverage is issued in consideration of timely payment of the required Premium and the statements set forth in the application for the Policy and each Participating School's application, each of which is attached to and made part of the Policy.

Important notices regarding the Patient Protection and Affordable Care Act (PPACA)

This insurance is not subject to, and does not provide certain insurance benefits required by, PPACA. The insurance benefits are stated in the Policy and each Participating School's Schedule of Benefits.

PPACA requires U.S. citizens and certain U.S. residents to obtain PPACA-compliant insurance coverage unless they are otherwise exempt from PPACA. In certain circumstances penalties may be imposed on U.S. citizens and residents who do not maintain PPACA compliant insurance coverage or who cease to qualify for exemption. Each Covered Person should consult a licensed, qualified attorney or tax professional to determine if PPACA's requirements applies to him or her.

This insurance is not a substitute for PPACA compliant medical coverage. Lack of Minimum Essential Coverage may result in an additional payment with a Covered Person's taxes.

The Policy provides limited benefits and is not intended to cover all medical expenses. Please read it carefully. The Policy is nonparticipating.

No action at law or in equity may be brought to recover on the Policy before the end of 60 days and after proof in writing of the loss has been given, as required by the Policy. No such action may be brought after three years from the time written proof of loss is required to be given.

Service of Legal Process

Subject to and without limiting, expanding, superseding, modifying or waiving any of the foregoing terms contained in this Section, pursuant to any statute of any State, territory or district of the United States which makes provision thereof, the Company hereby designates the Superintendent, Commissioner, or Director of Insurance (or such other officer specified for that purpose in the statute), or his successor or successors in office, as its true and lawful attorney, under a special power of attorney, upon whom may be served any lawful process issued in connection with the initiation of any action, suit or proceeding instituted by or on behalf of a Covered Person arising out of this insurance. Such process may be submitted specifically to the Commissioner of Insurance for the Michigan Department of Insurance and Financial Services, 530 W. Allegan Street, 7th Floor, Lansing, MI 48933, or the Superintendent, Commissioner, or Director of Insurance of the state in which the Covered Person resides. Further, the Company hereby designates and appoints John P. Dearie, Jr., Esq., Edwards & Angell, LLP, 750 Lexington Avenue, New York, New York 10022, as its attorney-in-fact and agent for service of process to whom the said officer or Commissioner is authorized to mail or serve any such process or a true copy thereof.

2017-2018 International Student Insurance Plan Summary

LewerMark is pleased to provide the international student medical insurance plan at Northern Kentucky University for the 2017-2018 school year. LewerMark Student Insurance protects you while you are at school and when traveling or studying abroad.

For additional information, please visit us at www.lewermark.com/nku or call 1-800-821-7710.

Carry your LewerMark Insurance ID Card with you at all times

2017-2018 Benefits	Medical Insurance Benefits Per Policy Year for Northern Kentucky University ((\$500,000 – 100/80))
Maximum Per Injury or Sickness	\$500,000
Policy Year Maximum Benefit	\$500,000
Pre-Existing Condition Benefit (6 months)	\$2,500
Student Health Center or approved Walk-in Clinic	\$0 copay for eligible benefits
Copay Per Office Visit	In Network: 100% after \$20 copay Out of Network: 80% after \$35 copay
Copay Per Hospital Visit	In Network: 100% after a \$50 admittance copay Out of Network: 80% after a \$70 admittance copay
Wellness Benefit (up to \$500 per policy year)	100% of charges at Student Health Center or approved Walk-in Clinic 50% of charges at other providers
Tuberculosis Testing Benefit	\$110.60 Maximum
Emergency Ambulance Services	Up to policy maximum by ground Up to a maximum of \$10,000 by air
Emergency Room Visit	\$100 in network copay/\$200 out of network copay*
Prescription Drugs (up to \$2,500 per policy year outpatient)	100% covered if dispensed as inpatient in the hospital or 50% covered if dispensed as outpatient at a Cigna pharmacy
Medical Treatment of a Mental Condition	Maximum of 30 days inpatient, maximum of 30 outpatient visits
Physiotherapy (only when prescribed by a Physician)	20 visits per policy year
Medical Evacuation	\$50,000**
Repatriation	\$25,000**

*An additional copayment of \$200 will be assessed for non-emergent use of Emergency Room Services

**Scholastic Emergency Services provides additional benefits.

Services below are included in your plan with 24/7 translation assistance.

Scholastic Emergency Services (SES)

An Assist America Partner

1-877-488-9833

In the event of an emergency, SES offers a wide variety of services, at no additional charge to the student.

- Medical Evacuation or Transport
- Compassionate Family Visit
- Repatriation of Mortal Remains

MyNurse 24/7 Medical Help Line

1-866-549-5076

Speak with a nurse about your health, illness or where to go if you feel sick or are injured.

- Friendly, experienced, Registered Nurses help you decide what your best choices are.
- Assistance with any Health Issues or Questions
- General Health and Wellness Information

LewerMark Student Assist Counseling and Legal Services

1-855-492-3624

The Counseling Center is a safe and secure way for students to get short-term counseling on issues including:

- Stress Management
- Anxiety, Depression
- Substance Abuse
- Legal Advice

What is the network LewerMark uses? LewerMark Student Insurance uses CIGNA, a nationwide provider network. If you choose to go to a provider outside of the CIGNA network, you may have to pay extra money out of pocket.

How do I find a doctor? Go to www.lewermark.com. Click on 'Customer Resources', then click on 'Find a Doctor or Pharmacy'. Under "Search Location", type the zip code of the area in which you would like to search. Click "Pick" under "Select a Plan". Click on "Medical Plans", and then select "PPO, Choice Fund PPO". You can then search by specialty or provider name.

What is a copay? This is the amount of out of pocket expenses that you must pay the doctor, clinic, or hospital for each visit.

What is included in the Wellness Benefit? The Wellness Benefit covers 50% (up to \$500 per school year) of any combination of routine/sports physicals, gynecologic health screenings, immunizations, and tuberculosis tests. These benefits are covered at 100% (up to \$250 per school year) at your on-campus Student Health Center or LewerMark approved walk-in clinic: Walgreens Walk-In Clinic, CVS MinuteClinic, and Walmart Walk-In Clinic.

The provider says I am not on the insurance list. There is a chance at the beginning of the term that we have not received the enrollment information from your school. The school needs to send us notification that you are enrolled in the insurance plan. We will reimburse your eligible visit if the provider requires payment up front. You may contact us at 1-800-821-7710.

What is an EOB? An EOB, or Explanation of Benefits, is a form you will receive online if you visit a provider. It shows the charges, discounts, and any amount that is still owed. You will also receive an email that your EOB is available online to review. An EOB is not a bill.

When should I use the Emergency Room? Hospital Emergency Rooms (ERs) are set up to focus on medical emergencies, not routine health care. Many health problems are not emergencies. If you are unsure whether the problem is an emergency:

- Call **MyNurse** 24/7 for help at **1-866-549-5076** — *no additional charge and available in over 200 languages*
- Go to your Student Health Center or walk-in clinic, if open
- Go to the **ER** if you feel the problem is so serious that it cannot wait until your Student Health Center or walk-in clinic is open

What happens if my claim is rejected? Call LewerMark at 1-800-821-7710 or email lewermarksupport@lewer.com. Occasionally, claims can be rejected if the doctor provides the wrong number or information. We will research the claim and let you know the status. If you receive an Claims Questionnaire, this must be completed and returned before your claim can be processed.

What is the 'Make Your Mark' Scholarship Program? It's a scholarship contest available only to international students enrolled in LewerMark Student Insurance plans. Please visit www.lewermark.com for more information.

Exclusions & Limitations: The following is a partial list of examples of expenses which are not covered:

- Medical Treatment received by the Covered Person in his or her home country or country of regular domicile
- Medical Treatment or diagnosis of sleep disorders, including but not limited to apnea monitoring & sleep studies
- Medical Treatment received in connection with teeth, gums, or jaw unless for an injury to sound natural teeth
- Hearing aids, eyeglasses and contact lenses
- Medical Treatment for Alopecia (loss of hair), Acne, or excessive sweating
- Medical Treatment related to infertility
- Medical Treatment for injuries sustained while participating in hazardous or adventure sports
- Medical Treatment for injury or sickness arising from an intentionally self-inflicted action, suicide, or attempted suicide, while sane or insane (in excess of benefits provided elsewhere in the coverage, if any)
- Antibody testing for immunizations and testing for allergies
- Medical Treatment for injury or sickness sustained while the Covered Person was under the influence of illegal narcotics or a non-prescribed controlled substance, or as the result of the legal or illegal consumption of alcohol
- Medical Treatment received due to a Pre-Existing Condition or complication thereof. However, Pre-Existing Conditions will be payable under the Policy after the Covered Person's coverage has been in force for six consecutive months. Please note that a pregnancy which begins prior to Policy's Effective Date will not be covered under the Policy
- After hours and weekend facility fees, unless related to Emergency Services

Note: This list of examples is not complete; see your plan brochure for a complete list of exclusions. Plan benefits are subject to the terms and conditions of the insurance policy.

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Wellness Benefit (up to \$250 per policy year)	100% of charges at a Student Health Center 50% of charges at other providers
Emergency Ambulance Services	Up to a maximum of \$1,000 by ground Up to a maximum of \$10,000 by air
Emergency Room Visit	\$100 in network copay/\$200 out of network copay*
Prescription Drugs (up to \$2,500 per policy year outpatient)	100% covered if dispensed as inpatient in the hospital or 50% covered if dispensed as outpatient at a Cigna pharmacy
Medical Treatment of a Mental Condition	Maximum of 30 days inpatient, maximum of 10 outpatient visits
Physiotherapy, Acupuncture, and Chiropractic Benefit (only when prescribed by a Physician)	Up to \$50 per visit after copay (up to \$1,000 per policy year)
Medical Evacuation	\$50,000**
Repatriation	\$25,000**

*An additional copayment of \$200 will be assessed for non-emergent use of Emergency Room Services

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Exclusions & Limitations: The following is a partial list of examples of expenses which are not covered:

- Medical Treatment received by the Covered Person in his or her home country or country of regular domicile
- Medical Treatment or diagnosis of sleep disorders, including but not limited to apnea monitoring & sleep studies
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- Hearing aids, eyeglasses and contact lenses
- Medical Treatment for Alopecia (loss of hair), Acne, or excessive sweating
- Medical Treatment related to infertility
- Medical Treatment for injuries sustained while participating in hazardous or adventure sports
- Medical Treatment for injury or sickness arising from an intentionally self-inflicted action, suicide, or attempted suicide, while sane or insane (in excess of benefits provided elsewhere in the coverage, if any)
- Antibody testing for immunizations and testing for allergies
- Medical Treatment for injury or sickness sustained while the Covered Person was under the influence of illegal narcotics or a non-prescribed controlled substance, or as the result of the legal or illegal consumption of alcohol
- Medical Treatment received due to a Pre-Existing Condition or complication thereof. However, Pre-Existing Conditions will be payable under the Policy after the Covered Person's coverage has been in force for six consecutive months. Please note that a pregnancy which begins prior to Policy's Effective Date will not be covered under the Policy
- After hours and weekend facility fees, unless related to Emergency Services

Note: This list of examples is not complete; see your plan brochure for a complete list of exclusions. Plan benefits are subject to the terms and conditions of the insurance policy.



Carry Your Plan
with You
SCAN HERE



facebook.com/lewermark

Policy Year	Year/Month	Relation	Total Premium	Number of Claims	Total Paid
2016	2016 September	Student	\$ -	9	\$ 59.83
2016	2016 October	Student	\$ 204,002.88	288	\$ 10,392.45
2016	2016 November	Student	\$ (1,397.28)	115	\$ 6,867.49
2016	2016 December	Student	\$ (23,753.76)	101	\$ 6,014.25
2016	2017 January	Student	\$ -	107	\$ 20,600.52
2016	2017 February	Student	\$ 163,132.44	99	\$ 5,583.84
2016	2017 March	Student	\$ -	82	\$ 12,755.27
2016	2017 April	Dependent	\$ -	2	\$ 457.62
2016	2017 April	Student	\$ -	97	\$ 6,511.16
2016	2017 May	Student	\$ -	62	\$ 14,121.97
2016	2017 June	Student	\$ -	53	\$ 6,573.68
2016	2017 July	Student	\$ 1,397.28	60	\$ 4,477.89
2016	2017 August	Student	\$ -	92	\$ 45,433.21
2016	2017 September	Student	\$ -	8	\$ 18,325.43
2016	2017 October	Student	\$ -	7	\$ 1,737.52
2016	2017 November	Student	\$ -	2	\$ 131.96
2016	2017 December	Student	\$ -	2	\$ 181.92
2016	2018 March	Student	\$ -	1	\$ 57.31
2016	2018 April	Student	\$ -	4	\$ 189.57
2016	2018 May	Student	\$ -	1	\$ 37.16
2017	2017 August	Student	\$ -	8	\$ 28.23
2017	2017 September	Student	\$ -	23	\$ 131.87
2017	2017 October	Student	\$ 154,274.76	165	\$ 18,646.08
2017	2017 November	Student	\$ -	87	\$ 9,525.57
2017	2017 December	Student	\$ -	78	\$ 5,898.34
2017	2018 January	Student	\$ -	88	\$ 12,450.24
2017	2018 February	Student	\$ 148,669.20	105	\$ 10,730.26
2017	2018 March	Student	\$ -	82	\$ 13,578.66
2017	2018 April	Student	\$ -	77	\$ 8,834.44
2017	2018 May	Student	\$ 365.58	84	\$ 5,327.02
2017	2018 June	Student	\$ 365.58	54	\$ 22,053.21
2017	2018 July	Student	\$ -	22	\$ 2,014.66
2017	2018 August	Student	\$ -	30	\$ 2,193.55
2017	2018 September	Student	\$ -	3	\$ 3,731.21
2017	2018 October	Student	\$ -	4	\$ 391.79
2017	2018 November	Student	\$ -	3	\$ 259.06
2018	2018 August	Student	\$ -	2	\$ 17.52
2018	2018 September	Student	\$ -	6	\$ 91.02
2018	2018 October	Student	\$ 145,423.44	66	\$ 5,167.65
2018	2018 November	Student	\$ -	74	\$ 4,620.25
2018	2018 December	Student	\$ -	88	\$ 6,915.68
2018	2019 January	Student	\$ -	55	\$ 6,166.48
2018	2019 February	Student	\$ 144,235.34	78	\$ 6,803.29
Totals			\$ 936,715.46	2,474	\$ 306,086.13

APPENDIX D
International Student Athlete
Questionnaire

ISO Student Health Insurance INTERNATIONAL STUDENT ATHLETE COVERAGE

Name of Organization: Northern Kentucky University Contact: _____

Address: 100 Nunn Drive, VC 305 City: Highland Heights State: KY Zip: 41099

Email: iss@nku.edu Phone: 859-572-6517 Fax: _____

Agent Name: _____ Agency: Lewermack Student Insurance

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Requested Effective Date of Coverage: August 1, 2019

1. Do you currently have Accident coverage? Yes No
(If Yes, please provide a copy of your current policy's schedule page.)

2. For activities other than Sports, please provide a brief description of activities to be covered:

N/A

3. Estimated Number of Participants by Sport or Activity:

Sport or Activity	Duration of Activity	Number of Participants			
		12 & Under	13 - 15	16 - 18	Over 18
<u>Soccer</u>		<u>x</u>			
<u>Baseball</u>		<u>x</u>			
<u>Tennis</u>		<u>x</u>			
<u>Basketball</u>		<u>x</u>			

4. Previous Experience: data not available

	20__	20__	20__	20__
Current Year				
Premium				
Paid Claims				
As of Date				
Insurance Carrier				

5. For Reporting Purposes only:

Is the General Liability coverage being placed with Philadelphia Insurance Companies? Yes No

Request for Quote:

Please provide an Accident Insurance quote based on the information provided on this form and any attachments. To the best of my knowledge, all information provided is complete and accurate.

Signed: [Signature] Title: highland heights Date: 08/25/2019

APPENDIX E
Departmental Flyer

HEALTH, COUNSELING AND STUDENT WELLNESS

NORTHERN KENTUCKY UNIVERSITY
UNIVERSITY CENTER
SUITE 440
(859) 572-5650
hcswnku.edu

Health Services' mission is to assist individuals in achieving their academic and career goals by providing high quality, low cost health care to all enrolled students, faculty and staff of NKU. We encourage individuals to make mature, healthy lifestyle decisions and to become more informed health care consumers.

SERVICES INCLUDE

- Diagnosis and treatment of acute and chronic health problems, including psychological illness
- Treatment of wounds, injuries and skin conditions
- Physical exams and health screenings
- Testing for strep infection and mononucleosis
- Testing for urinary tract infections
- Blood sugar testing
- Tuberculosis skin testing
- Pregnancy testing
- Routine breast and pelvic exams (Pap tests)
- Sexually transmitted illness (STI) testing
- HIV testing (free)
- Blood pressure and weight monitoring
- Vision and screening
- Vaccine administration
- Allergy shot administration
- Referral services
- Health education

COUNSELING SERVICES

Essential to NKU's learner-centered community, the mental health professionals of Counseling Services:

- Educate the NKU community that psychological well-being is vital to enhancing student success and healthy lifestyles.
- Support the NKU community in applying psychological concepts to foster student success.
- Model behaviors to the NKU community that encourage balance and fulfillment, both personally and professionally.
- Empower the NKU community to lead satisfying, healthy lives.

The stresses of everyday life as well as traumatic life events can stretch our abilities to cope, leaving us feeling overwhelmed or depressed. Everyone wants to be able to handle personal problems, but there are times in most people's lives when they need an objective professional to help them understand their problems and work toward solutions.

Our counseling staff provides a variety of services to students. Crisis intervention and short-term counseling are available as well as workshops and presentations on a variety of topics. Psychological testing can assist students in determining individual strengths and weaknesses associated with emotional and intellectual functioning.

Group therapy is also offered on an ongoing basis during the academic year. Alcohol and Other Drug Services include assessment and treatment of substance use/abuse. Contact the office for current offerings.

Our counseling staff is experienced in treating a wide variety of concerns. Some common problems that prompt students to seek counseling services include:

- Previously diagnosed psychological disorders requiring ongoing therapy
- Difficulties adjusting to college life
- Stress or anxiety that interferes with school or work performance
- Relationship problems
- Episodes of moodiness or depression
- Issues of grief or loss
- Victimization due to date rape, sexual abuse or physical abuse
- Concerns regarding sexual orientation or gender identity
- Traumatic life events
- Family conflicts
- Concerns about close friends or family
- Substance use/abuse

WELLNESS SERVICES

Student Wellness Services view health from a holistic and positive perspective. Our programs and services are designed to increase students' awareness of wellness in the physical, emotional, spiritual, and other important areas of life, and teach them strategies for making choices that improve their overall wellbeing. Programs and services are regularly offered that provide guidance and support for increased self-care and personal growth.



STAFF

Health, Counseling and Student Wellness staff is committed to providing prevention and treatment services that help students achieve and maintain optimal levels of physical and emotional functioning. Our office staff includes licensed masters- and doctoral-level mental health professionals as well as registered nurses, nurse practitioners and administrative personnel.

In appreciation of the diverse community we serve, staff members are committed to recognizing and responding to the unique needs of each student in a compassionate, dignified and respectful manner.

CONFIDENTIALITY

Health, Counseling and Student Wellness staff members make every effort to ensure confidentiality of services. Medical and counseling records are independent of all other university records. Information may be released to others only with the patient's written consent. Confidentiality is subject to certain legal and ethical limitations.

MAKING AN APPOINTMENT

Call (859) 572-5650 or stop by University Center suite 440 to schedule an initial screening with a therapist or an appointment with a nurse practitioner. Registered nurses can be seen on a walk-in basis from 8:30 a.m. to 4 p.m. Office hours are 8:30 a.m. to 4:30, Monday through Friday.

EMERGENCY INFORMATION

In the event of an emergency on campus, Northern Kentucky University police should be contacted by dialing (859) 572-7777 or 911. They will assess the situation and dispatch the appropriate personnel as necessary. The closest hospital, St. Elizabeth – Ft. Thomas, is located four miles north of campus at Exit 3 off I-471.

FEES/HEALTH INSURANCE

Health, Counseling and Student Wellness is in network with most major insurance plans, including Anthem Blue Cross Blue Shield, Cigna, Humana, United Healthcare, Aetna, and Tricare as well as the Lewermark plan carried by NKU's international students.

If you plan to use your health insurance benefits to cover services provided by Health, Counseling, & Student Wellness, bring your insurance card with you to appointments. Fees including co-pays are **due at the time of service**. If a student chooses not to utilize health insurance, HCSW offers low cost fees for services.

HEALTH, COUNSELING AND STUDENT WELLNESS

FOR FURTHER INFORMATION, PLEASE CONTACT

Health, Counseling and Student Wellness
Northern Kentucky University
University Center 440
Highland Heights, KY 41099
Phone: (859) 572-5650
Fax (859) 572-5615
hcsw.nku.edu

