



Dear Students:

We are pleased to provide you with this summary of the Student Health Insurance Plan for **Michigan Technical University**. This plan is fully compliant with the Affordable Care Act.

Who Is Eligible To Enroll?

Michigan Technological University Insurance Requirements: All International Students, supported and unsupported Graduates, and Student Athletes are required to participate in the Student Health Insurance Plan (SHIP) on a hard waiver basis. All Domestic Undergraduate Students may participate on a voluntary basis and have the option to enroll online at mymichigantech.mtu.edu.

How Do I Waive/Enroll?

If You are eligible to be covered under this Program, You Must enroll through mymichigantech.mtu.edu, unless You waive coverage. To document proof of comparable coverage, students need to complete the online Waiver Form and submit it prior to the start of the school year. The deadline to waive for the annual plan is 09/29/2018. To submit the online Waiver Form:

1. Go to www.studentinsurance.com, select your school from the drop-down box;
2. Click on the Waiver link; and
3. Complete all of the required information as directed.

Waiver Period Deadline Dates

Annual/Fall	September 29, 2018
-------------	--------------------

Where Can I Obtain More Information About The Plan?

Enrollment	Michigan Technological University Student Insurance Office (906) 487-1088 mymichigantech.mtu.edu
Insurance Benefits Waive Coverage Claim Processing ID Cards Enroll Dependents	Consolidated Health Plans (CHP) www.chpstudenthealth.com (877) 657-5030
Find Network Provider	PHCS www.phcs.com
Find Prescription Drug Provider	BeRx Pharmacy Network www.berxplan.com

The following Value-Added Services are not part of the Policy and are not underwritten by Commercial Casualty Insurance Company. The services are provided by Independent vendors and are included if the student participates in the student health plan.

- Vision discount program through Davis Vision
- 24/7 Behavioral Health Hotline/Care Connect
- Medical travel assistance through Travel Guard

HEALTH INSURANCE BENEFIT SUMMARY*

BENEFIT	NETWORK	NON-NETWORK
Benefit Maximum	Unlimited	
Annual Deductible	\$750 IND \$1,500 Family	\$750 IND \$1,500 Family
Out-of-Pocket Maximum	\$6,350 IND \$12,700 Family	No Maximum
Coinsurance	80% of PA	50% of U&R
Preventive Care	100% of PA	50% of U&R
Hospital Room & Board (Inpatient)**	80% of PA	50% of U&R
Surgery (Inpatient or Outpatient)	80% of PA	50% of U&R
In Office Physician Visit	80% of PA Deductible Waived	50% of U&R
Emergency Services Expense (Copayment waived if admitted)	80% of PA \$50 Copayment	80% of U&R \$50 Copayment
Diagnostic X-ray & Laboratory	80% of PA	50% of U&R
Sports Accident Expense for Intercollegiate Sports Injuries Up to \$90,000 per Accident	100% of PA	100% of U&R
Outpatient Prescription Drugs	100% of PA after: Tier 1: \$25 Copayment Tier 2: \$35 Copayment Tier 3: \$60 Copayment Tier 4: \$60 Copayment	100% of U&R after: Tier 1: \$25 Copayment Tier 2: \$35 Copayment Tier 3: \$60 Copayment Tier 4: \$60 Copayment

PA= Preferred Allowance U&R=Usual and Reasonable

*This is only a brief description of the coverage(s) available under Certificate form MI SHIP Cert (2018). The Certificate will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

**All inpatient confinements require pre-certification. The phone number can be found on the back of the Insured's ID card. The call should be made prior to Hospital Confinement. In the case of an emergency, the call should take place as soon as reasonably possible

Underwritten By:
Commercial Casualty Insurance Company

Plan Administrator:
Consolidated Health Plans, Inc.
2077 Roosevelt Ave.
Springfield, MA 01104
chpstudenthealth.com
(877) 657-5030

Servicing Agent:
Aon Hewitt

	Cost and Periods of Coverage*					
	Annual 8/16/18 to 8/15/19	Fall 8/16/18 to 1/15/19	Fall/Spring 8/16/18 to 5/12/19	Spring 1/16/19 to 5/12/19	Spring/Summer 1/16/19 to 8/15/19	Summer 5/13/19-8/15/19
Student	\$2,591	\$1,086	\$1,917	\$831	\$1,505	\$674
Spouse	\$2,591	\$1,086	\$1,917	\$831	\$1,505	\$674
Each Child	\$2,591	\$1,086	\$1,917	\$831	\$1,505	\$674
*The above rates include an administrative fee. Dependent rates are in addition to the student rate.						

EXCLUSIONS AND LIMITATIONS

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act or any state imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to You.

This Certificate does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of this Certificate and as shown in the Schedule of Benefits.

1. **International Students Only** - Eligible expenses within Your Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which You could be eligible.
2. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the person's attending physician or dentist.
3. medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits.
4. professional services rendered by an Immediate Family Member or anyone who lives with You.
5. weak, strained or flat feet, corns, calluses ingrown toenails except for Treatment because of Injury, infection or disease.
6. surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
7. prescription contraceptive diaphragms are covered but limited to one (1) per policy year;
8. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
9. charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
10. any expenses in excess of Usual and Reasonable charges except as provided in this Certificate.
11. loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
12. loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority.
13. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any intramural or club sports;
14. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
15. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which You are required to pay
16. services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
17. expenses payable under any prior Certificate which was in force for the person making the claim.
18. Injury sustained as the result of Your operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
19. expenses incurred after:
 - o The date insurance terminates as to an Insured Person, except as specified in the extension of benefits provision; and
 - o The end of the Policy Year specified in the Benefit Schedule.
20. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Certificate.
21. charges incurred for acupuncture, heat Treatment, diathermy, or massage, in any form, except to the extent provided in the Schedule of Benefits.
22. Surgery for removal of excess skin or fat.
23. charges for hair growth or removal unless otherwise specifically covered under the Certificate.
24. expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses except as required for repair caused by a Covered Injury
26. racing or speed contests skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.
27. expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical Treatment within 24 hours of the Accident or results from Reconstructive Surgery.

- For the purposes of this provision, **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
 - For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance or alter their personal concept of body image.
28. Treatment to the teeth, including orthodontic braces and orthodontic appliances, including surgical extractions of teeth except to the extent provided in the Schedule of Benefits. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
 29. elective abortions.
 30. braces and appliances, except as specifically provided in the Schedule of Benefits.
 31. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
 32. Custodial Care service and supplies.
 33. charges for hot or cold packs.
 34. hernia, of any kind.
 35. expenses that are not recommended and approved by a Physician.
 36. sexual reassignment surgery, except as provided when Medically Necessary or when Treatment is covered under the Certificate. This exclusion does not include related mental health counseling or hormone therapy.
 37. routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, donor services if the recipient is not an Insured Person under this plan, or services for or related to the transplantation of animal or artificial organs or tissues.
 38. cosmetic procedures related to Gender Dysphoria including but not limited to face lift, facial bone reduction, lip enhancement or reduction, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants.
 39. Sleep Disorders screening including testing.
 40. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
 - which does not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided in the Prescription Drug Benefit section of this plan;
 - drugs with over-the-counter equivalents;
 - allergy sera and extracts administered via injection;
 - for the purpose of weight control;
 - fertility drugs;
 - vitamins, minerals, food supplements;
 - sexual enhancements drugs;
 - dietary supplements;
 - cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or Treatment of acne except as specifically provided in this Certificate;
 - blood glucose meters, asthma holding chambers and peak flow meters are eligible health services, but are limited to one (1) prescription order per Policy Year;
 - refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - purchased after coverage under the Certificate terminates;
 - consumed or administered at the place where it is dispensed;
 - if the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
 - bulk chemicals;
 - non-insulin syringes surgical supplies durable medical equipment/medical devices with the exception of diabetic blood monitors and kits;
 - stimulants;
 - repackaged products;
 - blood components;
 - immunology products.
 41. non-chemical addictions.
 42. non-physical, occupational, speech therapies (art, dance, etc.).
 43. modifications made to dwellings.
 44. general fitness, exercise programs
 45. hypnosis.
 46. rolfing.
 47. biofeedback.
 48. hyperhidrosis.