



2017–2018 | PLAN SUMMARY

Touro University – California

Student Health Insurance Plan (SHIP)

Underwritten by: National Guardian Life Insurance Company* as Policy Form NBH-280 (2015) CA NPPO et al.

Policy Number: 2017E4A19

This is a brief description of the benefits provided by the plan. Please see the brochure or policy on file at the University for a description of benefits, limitations and provisions of the plan. Subject to Insurance Department approval.

HOW TO USE THIS INSURANCE PLAN

1. Insured students are advised (but not required) to use the services of the campus health center first, where they will either treat your condition or concern or refer you to a local provider.
2. You will receive your insurance ID card in the mail after the start of your first term of coverage for the year. If you need to seek medical treatment prior to receiving your ID card in the mail, download your insurance ID card from www.4studenthealth.com/tuca. If you go to a Physician's office or to the Hospital, you will need to show your insurance identification card. If the provider needs to verify your coverage, they may call Personal Insurance Administrators, Inc., at **(877) 358-3727**. **Carry your insurance ID card with you at all times.**
3. If you need to seek medical treatment off campus, you may choose any Physician or Hospital; however, using providers that are part of the PPO network may decrease your share of the costs. For a complete listing of In-Network Physicians, Hospitals, or other facilities, visit www.cigna.com.
4. In the event of an Emergency, call **911** or go to the nearest Hospital Emergency Room (ER). Seek follow-up care at the health center on campus or a PPO provider.
5. If it is not an Emergency but you need to seek medical treatment right away, note that using an Urgent Care Center instead of a Hospital ER may decrease your out-of-pocket expenses. To locate a local Urgent Care Center, visit www.cigna.com.
6. After you receive treatment at a PPO provider, your provider will usually submit a claim to the insurance company. You will receive an Explanation of Benefits from the claims administrator, Personal Insurance Administrators, Inc., an Ascension Company, detailing what the insurance paid and what is your responsibility to pay. Your provider will bill you for that amount. Do not ignore any medical bills you receive. If you have questions about your Explanation of Benefits or what is your responsibility to pay, please call **(877) 358-3727**.
7. If your provider bills you directly (instead of the insurance company) or asks you to pay up front, you will need to submit a claim. Please see the Claims section on the plan page of our website at www.4studenthealth.com/tuca for information about how to submit a claim.

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

ELIGIBILITY AND ENROLLMENT

Any full-time student (6 credit hours or more) who is registered and attending classes at the University will be automatically enrolled in SHIP, unless a waiver is submitted and approved by the waiver deadline. Please see the Waiver FAQ at www.4studenthealth.com/tuca for more information on how to waive SHIP. Otherwise, your student account will be charged as indicated in the Plan Brochure. Please note: Students must actively attend classes for at least the first 31 days from their effective date of coverage. There are no premium refunds except as specified in the plan brochure.

For costs of coverage specific to your program, please refer to the Snapshot or Plan Brochure, available from the plan webpage at www.4studenthealth.com/tuca.

ID CARD

Once you are enrolled in the plan, you will receive your permanent insurance ID card in the mail after the start of your first term of coverage under SHIP. Only one permanent ID card will be mailed to you each school year. You can also download your insurance ID card at www.4studenthealth.com/tuca. If you go to a Physician's office, urgent care center, Hospital, or pharmacy, you will be asked for your ID card. **Carry your insurance identification card with you at all times.**

WHERE TO SEEK TREATMENT

On-Campus Health Services

Touro University offers on-campus health services, available to all Touro students. The Touro California Student Health Center (SHC) offers limited services for no or low cost to students. Preventive Immunizations are covered by the insurance at 100% with no Copay or Deductible. For other services, students must pay up front then submit a claim to be considered for reimbursement by the insurance. Please contact SHC for further details.

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| <p>Address: 1310 Club Drive, Building H-89, Suite 1537, Vallejo, CA 94592</p> <p>Phone: (707) 638-5220</p> <p>Email: tuc.studenthealth@tu.edu</p> | <p>Hours: Monday–Thursday, 7:30 a.m. to 5:30 p.m. Friday, 8:00 a.m. to 3:00 p.m.</p> |
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In-Network Providers



This plan has incorporated into the coverage access to a network of medical professionals, including doctors and hospitals, known as the Preferred Provider Organization (PPO). This PPO is available through Cigna. If you need to see a provider outside the campus health center, you should utilize a PPO provider. While you are allowed to visit any provider of your choosing, if you use a PPO doctor or facility, you will pay less money out-of-pocket. To find a PPO provider, visit www.cigna.com. *Contact the provider prior to your visit to confirm their membership in the network.*

Emergency Room vs. Urgent Care Center

In the case of an emergency, call **911** or go to the nearest emergency room (ER). If the health center or your doctor's office is closed and you need immediate attention but the illness or injury is NOT life-threatening, you should try to visit a PPO urgent care center instead of a hospital emergency room. These facilities are often open evenings and weekends, and you will usually pay less money out-of-pocket than you would at an ER. You can find urgent care centers on the PPO website.

Prescriptions/Medications

The Pharmacy Benefits Manager (PBM) is Express Scripts; **only Prescriptions filled at an Express Scripts Pharmacy are covered.** To locate an Express Scripts pharmacy, call **(800) 447-9638** or visit www.express-scripts.com.

Prescriptions filled at an In-Network pharmacy will be paid at 100% after Copay. Copay applies per prescription or refill, subject to dispensing limits. Copay applies to each 30-day supply. For more information, visit www.4studenthealth.com/tuca or contact Express Scripts at **(800) 447-9638**. Some local Express Scripts pharmacies include CVS, Vons, Rite Aid, Walmart, Walgreens, and Safeway.

SUMMARY OF BENEFITS

Benefits listed here have been truncated. See Plan Certificate for full information on each benefit, including limitations and included services.

| | IN-NETWORK (PPO) | NON-NETWORK (NON-PPO) |
|---|-------------------------|---------------------------------|
| Plan Maximum | Unlimited | |
| Coinsurance | 100% of PPO Allowance | 60% of Usual & Reasonable (U&R) |
| Deductible (Waived for services at SHC.) | \$250 per policy year | \$500 per policy year |
| Out-of-Pocket Expense Limit | \$4,000 per policy year | |
| Office Visit Copay (Waived for services at SHC.) | \$20 per visit | \$40 per visit |
| Urgent Care Copay | \$20 per visit | \$40 per visit |
| Emergency Room Copay (Waived if admitted to Hospital.) | \$150 per visit | \$150 per visit |

| BENEFIT | IN-NETWORK | NON-NETWORK |
|--|--|---|
| Preventive & Wellness Service/ Chronic Disease Management See Plan Certificate for details. Deductible and Copay waived for Preventive Care through In-Network Providers. | 100% of PPO Allowance | 60% of U&R |
| Office Visits Includes Primary Care Visit to treat an Injury or Illness; Specialist Visit; Other Practitioner Office Visit; Outpatient Physician's Visit; Second Opinion Benefit; Urgent Care. | 100% of PPO Allowance after \$20 Copay per visit | 60% of U&R after \$40 Copay per visit |
| Ambulatory/ Outpatient Services Includes Outpatient Surgery (Surgeon Services, Anesthetist, Assistant Surgeon Services); Outpatient Surgery Miscellaneous; Outpatient Facility Fee; Diagnostic X-ray and Therapeutic Radiologic Services; Laboratory Procedures. | 100% of PPO Allowance | 60% of U&R |
| Emergency Services Emergency Services Expense. Copay waived if admitted to Hospital. | 100% of PPO Allowance after \$150 Copay per visit | 100% of PPO Allowance after \$150 Copay per visit |
| Ambulance | 100% of PPO Allowance | 100% of U&R |
| Hospitalization/ Inpatient Includes Hospital Room and Board Expense; Hospital Intensive Care Expense; Hospital Miscellaneous Expense; Pre-Admission Testing; Physician Visit while Confined; Inpatient Surgery (Surgeon Services, Anesthetist, Assistant Surgeon Services); Mastectomy & Reconstructive Breast Surgery Benefit; Reconstructive Surgery Benefit; Bariatric Surgery; General Anesthesia for Dental Procedures; Organ Transplant; Hospice Care Coverage; Registered Nurse's Services; Skilled Nursing Facility. | 100% of PPO Allowance | 60% of U&R |
| Maternity and Newborn Care Includes Routine Prenatal Care; Hospital stay for mother and child; Inpatient Physician Charges; Physician-directed Follow-Up Care; Maternity Pre-Natal Alpha Feto Protein Test; Breast Feeding Support and Supplies; Routine Newborn Care. | 100% of PPO Allowance | 60% of U&R |
| Mental Health Disorder and Substance Use Disorder Services | 100% of PPO Allowance \$20 Copay per visit | 60% of U&R \$40 Copay per visit |
| Rehabilitation and Habilitative Service Outpatient Rehabilitative Therapy; Outpatient Habilitative Service; Behavioral Health Treatment for Pervasive Development Disorder or Autism. | 100% of PPO Allowance after \$20 Copay per visit | 60% of U&R after \$40 Copay per visit |
| Home Health Care Expense; Prosthetic and Orthotic Devices; Special Shoe Benefit; Contact Lenses for Aniridia and Aphakia. | 100% of PPO Allowance | 60% of U&R |
| Prosthetic and Orthotic Devices; Durable Medical Equipment. | 100% of PPO Allowance | 100% of U&R |
| Laboratory Services Includes Diagnostic Testing; Specialty Diagnostic Service. | 100% of PPO Allowance | 60% of U&R |
| Other Health Benefits Abortion Expense; Non-Emergency Transportation; Organ Donation Service; Ostomy, Urinary Supplies. | 100% of PPO Allowance | 60% of U&R |
| Accidental Injury Dental Treatment. | 100% of PPO Allowance | 100% of U&R |
| Acupuncture; Clinical Trials; Dialysis Care. | 100% of PPO Allowance after \$20 Copay per visit | 60% of U&R after \$40 Copay per visit |
| Prescription Drugs Available through any Express Scripts Pharmacy only. Includes injectable drugs. Deductible waived. | 100% of U&R after Copay: \$20 Generic \$35 Preferred Brand \$60 Non-Preferred Brand \$60 Non-Formulary | No Benefit |
| Family Planning. | 100% of PPO Allowance (No Copay) | 60% of U&R after \$40 Copay per visit |

GENERAL EXCLUSIONS AND LIMITATIONS

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

1. Routine physical or other examinations where there are no objective indications of impairment of normal health or except as specifically provided under the Policy.
2. Medical services rendered by a provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits.
3. Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's Sound, Natural Teeth or as specifically covered in the Policy under Laboratory Services, Hospitalization – Inpatient Services, Dental Services in Preparation for Radiation Therapy, or Pediatric Dental.
4. Professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
5. Services or supplies hearing aids, except those resulting from a covered accidental Injury or as specifically covered under the Policy.
6. Weak, strained, or flat feet; corns, calluses, or ingrown toenails.
7. Diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
8. Treatment or removal of nonmalignant moles, warts, boils, actinic or seborrheic keratosis; dermatofibrosis or nevus of any description or form; hallus valgus repair; varicosity; or sleep disorders including the testing for same.
9. 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.
11. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
12. Services that are duplicated when provided by both a certified nurse-midwife and a Physician.
13. Expenses incurred during a Hospital emergency room visit which is not of an emergency nature.
14. Expenses incurred after:
 - a) The date insurance terminates as to the Insured Person; and
 - b) The Maximum Benefit for each Covered Injury or Covered Sickness has been attained.
15. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
16. Charges incurred for massage, in any form, except to the extent provided in the Schedule of Benefits.
17. Expenses for weight increase or reduction except Medically Necessary bariatric surgery, and hair growth or removal unless otherwise specifically covered under the policy.
18. Expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury or as specifically covered under the Policy.
19. Expenses incurred for Plastic or Cosmetic Surgery, unless needed to repair conditions resulting from an accidental injury or for the improvement of the physiological functioning of a malformed body member, except for services related to orthognathic surgery, osteotomy or any other form of oral surgery, dentistry, or dental processed to the teeth and surrounding tissue. 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). In no event will any care and services for breast reconstruction or implantation or removal of breast prostheses be covered unless such care and services are performed solely and directly as a result of a Medically Necessary mastectomy.
20. Treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits or to services specifically covered under the Policy.
21. An Insured Person's:
 - c) Committing or attempting to commit a felony, or
 - d) Being engaged in an illegal occupation.
22. Custodial care service and supplies.
23. Expenses that are not recommended and approved by a Physician.
24. Respite care, day care, recreational care, residential treatment, social services, custodial care or education services of any kind do not qualify as habilitative services.

NO-COST LANGUAGE ASSISTANCE SERVICES

You are eligible to access the services of an interpreter to have insurance documents read to you in your native or preferred language, at no cost to you. To use this free service, call the number listed on your insurance ID card or **(877) 358-3727**. For further help, call the CA Department of Insurance at **(800) 927-4357**.