



NORTHWESTERN UNIVERSITY

Visiting Scholar Plan

Brochure

January 1, 2022 – December 31, 2022

WHERE TO FIND HELP

In case of an emergency, call **911** or your local emergency hotline, or go directly to an emergency care facility. For non-emergency situations please visit or call Northwestern University Health Services at **(847) 491-8100** (Evanston Campus) or **(312)-695-8134** (Chicago Campus) Northwestern Medical Faculty Foundation (NMFF). **Please Note:** Dependents **DO NOT** have access to the Student Health Centers. For dependent care, please see “Preferred Provider Network” on page 7.

For questions about:

- Insurance Benefits
- Claims Processing

Please contact:

BAS Health, LLC (third party administrator for the Plan)
1-800-843-3831
www.BASHealth.com

For questions about:

- ID cards*
- Enrollment
- Waiver Process

Please contact:

Northwestern University
Office of Risk Management
847.491.4134

*ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits.

IMPORTANT NOTE

Any provision of the Plan which, on its effective date, is in conflict with the laws of the governing jurisdiction, is hereby amended to conform to the minimum requirement of those laws.

Northwestern University requires its visiting scholars to carry medical insurance coverage. The visiting scholar must accept this Plan unless proof of other coverage, acceptable to the Office of Risk Management, is provided.

For information and assistance, contact the Northwestern University Office of Risk Management at (847) 491-4134.

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NORTHWESTERN UNIVERSITY VISITING SCHOLAR PLAN

This is a brief description of the Visiting Scholar Plan benefits available for Northwestern University visiting scholars and their eligible dependents.

Northwestern University Visiting Scholar Plan

All visiting scholars at Northwestern University are required to maintain adequate health insurance coverage as a condition of their approved stay. To facilitate University compliance, the Office of Risk Management has established minimum health insurance requirements for international scholars and their dependents.

Coverage that meets these requirements is offered through the Visiting Scholar Plan. The University self-funds the Plan and the Office of Risk Management provides program administration. Claims administration is handled by BAS, LLC.

Participation in the Visiting Scholar Plan is mandatory for international and visiting scholars unless evidence of comparable coverage is presented, and a waiver is filed and approved by the Office of Risk Management. It is the responsibility of the host department to make sure all incoming visitors are adequately insured.

J-1 exchange visitors and their J-2 dependents must be covered by sickness and accident insurance that meets the Department of State (DOS) requirements for the duration of their participation in a J-1 exchange visitor program. Failure to have such insurance coverage may lead to loss of legal immigration status and termination from the exchange visitor program. These DOS regulations are published in the Code of Federal Regulations [22 CFR 62.14].

Visiting scholars and their spouses and dependents may also be subject to the requirements of the Affordable Care Act.

COVERAGE PERIOD

Provided an enrollment application is completed and proper premium paid, an Eligible Scholar or Eligible Dependent becomes insured upon entry to the United States. Dependent coverage cannot become effective prior to the effective date of coverage for the Eligible Scholar.

Coverage will automatically terminate on the earliest of:

1. The date the policy expires;
2. The last day for which premium has been paid;
3. The date the Eligible Scholar is no longer eligible for coverage;
4. The date the Eligible Scholar departs the United States for his/her home country or country of regular domicile.
5. The date requested by the Eligible Scholar and approved by the Office of Risk Management that is no sooner than 5 days after the Office of Risk Management receives written notice. Any unearned premium will be returned to the sponsoring University Department, but returned premium will only be for the number of FULL months remaining in the unexpired term of coverage.

RATES

Effective January 1, 2019, the Visiting Scholar Plan rates are \$53 per week for individual coverage or \$168 for family coverage.

DEDUCTIBLES

A **Deductible** is the amount of **Covered Medical Expenses** that are paid by each **Covered Person** before any benefits are paid. Under this Plan, the following Deductibles are applied before Covered Medical Expenses are paid for Preferred and Non-Preferred Care:

Scholar:	\$250 per Calendar Year (January 1 – December 31)
Spouse:	\$250 per Calendar Year (January 1 – December 31)
Child:	\$250 per Calendar Year (January 1 – December 31)

ELIGIBILITY

The Northwestern University Visiting Scholar Plan is designed for international visitors to the University and their dependents. Domestic visiting scholars are not covered under the Plan and need to provide evidence of adequate coverage through another source.

An **Eligible Scholar** means an international visitor to Northwestern University who is engaged full-time in international educational activities; is temporarily outside the visitor's home country or country of regular domicile as a non-resident alien in the United States; and has a current passport or visa, if required.

An **Eligible Dependent** means a dependent of an Eligible Scholar who has a current passport or visa; is temporarily outside the dependent's home country or country of regular domicile as a non-resident alien in the United States; has not applied for permanent residency status in the United States; is the Eligible Scholar's lawful spouse, same-sex domestic partner, or unmarried child (under 26 years of age and dependent upon the Eligible Scholar or the scholar's spouse for support and care); resides with the Eligible Scholar; and is enrolled for coverage under this Plan at the same time that the Eligible Scholar enrolls. A dependent who does not meet the definition of an Eligible Dependent at the time the Eligible Scholar enrolls may be enrolled within 31 days of the date the dependent first meets the definition of an Eligible Dependent.

International Students should be covered by the Northwestern University Student Health Insurance Plan offered through Aetna. Please contact the Student Health Insurance Office for any questions.

NEWBORN INFANT COVERAGE AND ADOPTED CHILD COVERAGE

A child born to a **Covered Person** shall be covered for accident, sickness, and congenital defects for **31 days** from the date of birth. At the end of this **31-day** period, coverage will cease under the Northwestern University Visiting Scholar Plan. To extend coverage for a newborn past the **31 days**, the **Covered Person** must (1) enroll the child within **31 days** of birth and (2) pay the additional premium starting from the date of birth.

Coverage is provided for a child legally placed for adoption with a **Covered Person** for **31 days** from the moment of placement, provided the child lives in the household of the **Covered Person** and is dependent upon the **Covered Person** for support. To extend coverage for an adopted child past the **31 days**, the **Covered Person** must (1) enroll the child within **31 days** of placement of such child and (2) pay any additional premium, if necessary, starting from the date of placement.

ENROLLMENT

Dependent Enrollment

Visiting scholars who wish to purchase coverage for their eligible **dependents** under Northwestern University's Visiting Scholar Plan may do so by completing the **dependent form** and submitting it to Risk Management.

ENROLLMENT PROCESS

It is important to note that a statutory condition of the visitor's visa is proof of continuous health insurance coverage. Therefore, the host department, as sponsor for the visitor, must be sure that coverage is in place from the date the scholar arrives in the United States until the date they leave the United States.

Visiting scholars who are unable to secure health insurance that meets University standards are required to enroll in the Visiting Scholar Plan. Please visit the Risk Management website for complete enrollment information: <https://www.northwestern.edu/risk/risk-insurance/university-insurance-programs/visiting-scholars/enrollment-process.html>

WAIVER PROCESS

Visiting scholars who wish to utilize health insurance other than that afforded by the University may request to waive enrollment in the Visiting Scholar Plan. To qualify for a waiver, outside insurance must meet or exceed the level of coverage required by Northwestern University. Please visit the Risk Management website for more information about requesting a waiver: <https://www.northwestern.edu/risk/risk-insurance/university-insurance-programs/visiting-scholars/waiver-process.html>

BILLING

Premiums for Visiting Scholar Plan are billed to the host department. The chart string to be utilized for this purpose must be listed on the Visiting Scholar Plan Application when submitted. Departments may designate only operating or discretionary accounts for Visiting Scholar Plan expenses. **Sponsored accounts cannot be used.**

Billing will be either for (a) the period of time from the date the scholar arrives to the date his or her University benefits commence, (b) the entire period of coverage, or (c) the balance of the fiscal year. When a scholar's stay bridges two or more fiscal years, billing for each fiscal year will take place in September.

The Office of Risk Management cannot accept payment from the scholar. However, many departments pass the cost of coverage on to the visitor and, at the department's discretion, charge the scholar on a monthly or quarterly basis.

REFUND POLICY

Please note: premium can only be refunded in the same fiscal year payment was made.

Refund of pre-paid premium is made only in the following instances:

- If coverage is requested for a scholar, but the scholar's arrival is postponed or cancelled, a cancellation of coverage or adjustment to the coverage start date must be requested within 60 days of the initial start date.
- If a scholar enrolled in the VSP departs early, or their appointment ends earlier than their initial coverage end date, an adjustment to the coverage end date must be requested within 60 days of the scholar's departure or new appointment end date.

Any relative refunds due in these cases will be processed if the appropriate action is taken within the 60-day timeframe.

Refund of pre-paid premium will NOT be made in the following instances:

Scholar or dependent acquiring other health insurance

Requests to waive coverage through the Visiting Scholar Plan will be accepted within 30 days of arrival. If the request is approved, a \$100 cancellation fee will be applied and the remaining unearned premium will be refunded to the department. Waiver requests submitted after this time will not be considered.

While the scholar is out of the country

Insurance coverage must remain in place for the full appointment term. Coverage may not be canceled while the scholar is outside of the US if the scholar will return to complete his/her program.

LOCAL PROVIDERS

Insured dependents are not eligible to use Student Health Services. The First Health network has preferred providers available for dependents at Northshore University HealthSystems-Evanston Hospital, and Northwestern Medicine. Dependents in need medical treatment may visit a physician in the Visiting Scholar Plan network. To identify a physician in the network, conduct a Provider Search at the following web address:

www.myfirsthealth.com

Northshore University HealthSystems
Contact Eileen Sullivan-847-657-1837
to schedule an appointment.

Northwestern Medicine
Galter-General Internal Medicine
675 N. St. Clair, Floor 18
Chicago, IL 60601
312-695-8630

Visiting scholars in need of medical treatment may contact Northwestern University Health Service. There is a physician on-call 24 hours at each campus location.

Evanston (847) 491-8100
Chicago (312) 695-8134

When a scholar is treated at Northwestern University Health Service - Evanston Campus, billing is done directly to the Office of Risk Management with the Scholar paying no deductible.

In the event of an emergency on either campus, Visiting Scholars and Eligible Dependents should seek treatment at the nearest emergency room.

PREFERRED PROVIDER NETWORK

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to use a Preferred Provider because savings may be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors, and are neither employees nor agents of Northwestern University.

The Visiting Scholar Plan uses the First Health Network for Preferred Care Providers.

You may find a Preferred Provider by conducting a Provider Search at the following website:

www.myfirsthealth.com

AMENDMENT NUMBER 1 **TO** **PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION** **FOR** **NORTHWESTERN UNIVERSITY VISITING SCHOLAR PLAN**

BY THIS AGREEMENT, Northwestern University Visiting Scholar Group Medical Benefit Plan (hereinafter referred to as the "Plan") is hereby amended to reflect the following, effective May 1, 2017:

The following Provision has been added:

CLEAR HEALTH **Non-Network Provider Benefits**

Payment of Non-Network Provider Benefits

Covered expenses for treatment, services and supplies received from Non-Network Providers are generally paid at a lower benefit level than Network Provider benefits and are subject to satisfaction of the Non-Network Provider Deductible as well as any Maximum Allowable Amount reductions.

Maximum Allowable Amounts for Non-Network Providers

Non-Network Providers may charge more than what is determined to be a Maximum Allowable Amount for covered services and supplies. If you or your covered Dependents choose to obtain covered services or supplies from such a provider, covered expenses will be limited to what is determined to be the Maximum Allowable Amount. A Covered Person may be billed by the Non-Network Provider for the portion of the bill that is not covered, in addition to any other applicable fees including, but not limited to, any Co-insurance, Co-payment and Deductible.

For goods and services provided by a Non-Network Provider, facility or supplier including, but not limited to, professional, Inpatient and Outpatient claims, the Maximum Allowable Amount is the lesser of:

1. Billed charges; or
2. The Negotiated Rate; or
3. If a Negotiated Rate is not available, in accordance with the following methodologies:

100% of the amount allowed by Medicare to professional (non-facility) providers and 100% of the amount allowed by Medicare to facility-based providers, or an equivalent of what Medicare would allow based on the use of Medicare data and independent relative value unit or other data, for the goods and services reported on the claim, established utilizing the most currently available Medicare, provider-specific and facility-specific reimbursement schedules and methodologies.

Receiving Care for Emergency Conditions

Covered expenses for Provider Emergency Medical Care and emergency confinement will be paid at 100% of the amount allowed by Medicare, or an equivalent of what Medicare would allow based on the use of Medicare data and independent relative value unit or other data, for the goods and services reported on the claim, established utilizing the most currently available Medicare, provider-specific or facility-specific reimbursement schedules and methodologies, until the Covered Person's condition has stabilized.

Using the Participating Provider Network

To receive payment at the desired benefit level, you and your covered Dependents must meet the requirements for using Network Providers and must comply with all other plan requirements. **IT IS YOUR RESPONSIBILITY** to verify that a Provider is participating in the Network at the time of service.

Using Network Facilities

Even when the Covered Person receives treatment, services or supplies from a Network facility, the care may be administered by Non-Network Providers. **IT IS YOUR RESPONSIBILITY** to verify that a provider is a Network Provider at the time of service.

Receiving Ancillary Services

Please note that certain ancillary services, such as lab tests or services performed by anesthesiologists, radiologists, pathologists or emergency room physicians, that are ordered by a Network Provider are sometimes out-sourced to a Non-Network Provider. Covered expenses for such services rendered in association with direct treatment from a Network Provider will be paid at the corresponding benefit level but will be subject to the Maximum Allowable Amounts for Network Providers and Maximum Allowable Amounts for Non-Network Providers provisions.

In all other respects, the Plan, as amended, shall continue in full force and effect.

AMENDMENT NUMBER 2

TO

PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION

FOR

NORTHWESTERN UNIVERSITY VISITING SCHOLAR PLAN

BY THIS AGREEMENT, Northwestern University Visiting Scholar Group Medical Benefit Plan (hereinafter referred to as the "Plan") is hereby amended to reflect the following, effective **January 1, 2018**:

The Provision **Clear Health – Non-Network Provider Benefits** has been deleted and replaced with the following:

NON-NETWORK PROVIDER BENEFITS

Payment of Non-Network Provider Benefits

Covered expenses for treatment, services and supplies received from Non-Network Providers are generally paid at a lower benefit level than Network Provider benefits and are subject to satisfaction of the Non-Network Provider Deductible as well as any Maximum Allowable Amount reductions.

Maximum Allowable Amounts for Non-Network Providers

Non-Network Providers may charge more than what is determined to be a Maximum Allowable Amount for covered services and supplies. If you or your covered Dependents choose to obtain covered services or supplies from such a provider, covered expenses will be limited to what is determined to be the Maximum Allowable Amount. A Covered Person may be billed by the Non-Network Provider for the portion of the bill that is not covered, in addition to any other applicable fees including, but not limited to, any Co-insurance, Co-payment and Deductible.

For goods and services provided by a Non-Network Provider, facility or supplier including, but not limited to, professional, Inpatient and Outpatient claims, the Maximum Allowable Amount is the lesser of:

1. Billed charges; or
2. The Negotiated Rate; or
3. If a Negotiated Rate is not available, in accordance with the following methodologies:

100% of the amount allowed by Medicare to professional (non-facility) providers and 100% of the amount allowed by Medicare to facility-based providers, or an equivalent of what Medicare would allow based on the use of Medicare data and independent relative value unit or other data, for the goods and services reported on the claim, established utilizing the most currently available Medicare, provider-specific and facility-specific reimbursement schedules and methodologies.

Receiving Care for Emergency Conditions

Covered expenses for Provider Emergency Medical Care and emergency confinement will be paid at 100% of the amount allowed by Medicare, or an equivalent of what Medicare would allow based on the use of Medicare data and independent relative value unit or other data, for the goods and services reported on the claim, established utilizing the most currently available Medicare, provider-specific or facility-specific reimbursement schedules and methodologies, until the Covered Person's condition has stabilized.

Using the Participating Provider Network

To receive payment at the desired benefit level, you and your covered Dependents must meet the requirements for using Network Providers and must comply with all other plan requirements. IT IS YOUR RESPONSIBILITY to verify that a Provider is participating in the Network at the time of service.

Using Network Facilities

Even when the Covered Person receives treatment, services or supplies from a Network facility, the care may be administered by Non-Network Providers. IT IS YOUR RESPONSIBILITY to verify that a provider is a Network Provider at the time of service.

Receiving Ancillary Services

Please note that certain ancillary services, such as lab tests or services performed by anesthesiologists, radiologists, pathologists or emergency room physicians, that are ordered by a Network Provider are sometimes out-sourced to a Non-Network Provider. Covered expenses for such services rendered in association with direct treatment from a Network Provider will be paid at the corresponding benefit level but will be subject to the Maximum Allowable Amounts for Network Providers and Maximum Allowable Amounts for Non-Network Providers provisions.

In all other respects, the Plan, as amended, shall continue in full force and effect.

SERIOUS MEDICAL CONDITION NOTIFICATION

All insured individuals must notify Northwestern University at (847) 491-2113 as soon as the insured individual becomes aware of a serious injury or illness and prior to any hospitalization or surgery. This notification will allow the University to provide the insured individual with names of local preferred physicians and hospitals. Notification will also be used to initiate case management, when appropriate, to facilitate a proper and efficient course of treatment.

DESCRIPTION OF BENEFITS

Please Note: The Northwestern University Visiting Scholar Plan may not cover all of your health care expenses. The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the Northwestern University Visiting Scholar Plan Brochure carefully. While this document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay.

Subject to the terms of the Policy, benefits are available for you and your eligible **dependents** only for the coverages listed on the next page, and only up to the maximum amounts shown.

SUMMARY OF BENEFITS CHART

All coverage is based on Reasonable Charges unless otherwise specified.

DEDUCTIBLES

A **Deductible** is the amount of **Covered Medical Expenses** that are paid by each **Covered Person** before any benefits are paid. Under this Plan, the following Deductibles are applied before Covered Medical Expenses for Preferred and Non-Preferred Care are payable:

Scholar: **\$250** per Calendar Year (January 1 – December 31)
Spouse: **\$250** per Calendar Year (January 1 – December 31)
Child: **\$250** per Calendar Year (January 1 – December 31)

Please Note: The Deductible applies to inpatient and outpatient services, but is waived for prescriptions.

COINSURANCE

Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable Deductible, up to a maximum benefit of **\$500,000** per covered injury or illness.

COPAY

A copay is a fee charged to a covered individual for certain medical services. Under this Plan, there will be a \$20 copay for the services specified below.

Please Note: Copays do not apply towards the deductible or out-of-pocket maximum.

OUT-OF-POCKET MAXIMUM

The annual **Out-of-Pocket Maximum** only refers to the amount of coinsurance paid by the member for Preferred Care. Deductibles and copays are not included in the accumulation of the **Out-of-Pocket Maximum**. Once the maximum of **\$1,000** per individual is reached, charges for Preferred Provider services are covered at **100%** of the Negotiated Charge up to any benefit maximum that may apply.

Preferred Care Individual Out-of-Pocket: **\$1,000**.

Non-Preferred Care **There is no out-of-pocket maximum for Non-Preferred Care.** Covered medical expenses for Non-Preferred Care are payable at the coinsurance percentage specified. There is no upward limit for the amount of coinsurance paid by the member for Non-Preferred Care.

Inpatient Hospitalization Benefits	
Hospital Room and Board Expenses	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 75%</u> of the Reasonable Charge for a semi-private room.</p>
Intensive Care Unit Expenses	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 75%</u> of the Reasonable Charge for the Intensive Care Room Rate for an overnight stay.</p>
Miscellaneous Hospital Expenses	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 75%</u> of the Reasonable Charge.</p> <p>Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.</p>
Physician Hospital Visit/ Consultation Expenses	<p>Covered Medical Expenses for charges for the non-surgical services of the attending physician, or a consulting physician, are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 75%</u> of the Reasonable Charge.</p>

Surgical Benefits (Inpatient and Outpatient)	
Surgical Expenses	<p>Covered Medical Expenses for charges for surgical services, performed by a physician, are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 75%</u> of the Reasonable Charge.</p>
Anesthetist and Assistant Surgeon Expenses	<p>Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon, during a surgical procedure, are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 75%</u> of the Reasonable Charge.</p>
Ambulatory Surgical Expenses	<p>Covered Medical Expenses for outpatient surgery performed in an ambulatory surgical center are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 75%</u> of the Reasonable Charge.</p> <p>Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery.</p>

Outpatient Benefits	
Covered Medical Expenses include but are not limited to: physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility.	
Hospital Outpatient Department or Walk-in Clinic Visit Expenses	Covered Medical Expenses for outpatient treatment in a hospital are payable as follows: <u>Preferred Care</u> : After a \$20 copay per visit, 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : After a \$20 copay per visit, 75% of the Reasonable Charge.
Emergency Room Expenses	Covered Medical Expenses incurred for treatment of an Emergency Medical Condition are payable as follows: <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 80% of the Reasonable Charge.
Urgent Care Expenses	Benefits include charges for treatment by an urgent care provider. Please Note: A Covered Person should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is life threatening. The Covered Person should go directly to the nearest emergency room of a hospital or call 911 for medical assistance. <u>Urgent Care</u> Benefits include charges for an urgent care provider to evaluate and treat an urgent condition. Covered Medical Expenses for urgent care treatment are payable as follows: <u>Preferred Care</u> : After a \$20 per visit copay, 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : After a \$20 per visit copay, 75% of the Reasonable Charge.
Ambulance Expenses	Covered Medical Expenses are payable as follows: 80% of the Actual Charge for the services of a professional ambulance to or from a hospital, when required due to the emergency nature of a covered accident or sickness.
Pre-Admission Testing Expenses	Covered Medical Expenses for Pre-Admission testing charges while an outpatient before scheduled surgery are payable on the same basis as any other sickness. <i>Please see the definition of Pre-Admission Testing for more detailed information on this benefit.</i>
Physician's Office Visits Expenses	Covered Medical Expenses are payable as follows: <u>Preferred Care</u> : After a \$20 per visit copay, 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : After a \$20 per visit copay, 75% of the Reasonable Charge. <u>Preventative Care</u> : 100% Please Note: This per visit Deductible does not apply towards meeting the annual Deductible.
Laboratory and X-ray Expenses	Covered Medical Expenses are payable as follows: <u>Preferred Care</u> : After a \$20 copay per visit, 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : After a \$20 copay per visit, 75% of the Reasonable Charge.

<p>High Cost Procedures Expenses</p>	<p>Covered Medical Expenses include charges incurred by a Covered Person are payable as follows: <u>Preferred Care</u>: After a \$20 copay per visit, 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$20 copay per visit, 75% of the Reasonable Charge.</p> <p>For purposes of this benefit, “High Cost Procedure” means any outpatient procedure costing over \$200.</p> <p><i>Please see the definition of High Cost Procedures for more detailed information on this benefit.</i></p>
<p>Therapy Expenses</p>	<p>Covered Medical Expenses include charges incurred by a Covered Person for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Chiropractic Care, • Speech Therapy, • Inhalation Therapy, or • Occupational Therapy. <p>Expenses for Chiropractic Care are Covered Medical Expenses, if such care is related to neuromusculoskeletal conditions and conditions arising from the lack of normal nerve, muscle, and/or joint function.</p> <p>Expenses for Speech and Occupational Therapies are Covered Medical Expenses, only if such therapies are a result of injury or sickness.</p> <p>All therapy must be provided by a therapist who is licensed in accordance with state law, and practicing within the scope of their license.</p> <p>Covered Medical Expenses are payable on the same basis as any other sickness.</p>
<p>Chemotherapy Expenses</p>	<p>Covered Medical Expenses also include charges incurred by a Covered Person for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Radiation therapy, • Chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, • Dialysis, and • Respiratory therapy. <p>Benefits for these types of therapies are payable for Covered Medical Expenses on the same basis as any other sickness.</p>
<p>Durable Medical Equipment Expenses</p>	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$20 copay per visit, 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$20 copay per visit, 75% of the Reasonable Charge.</p>

<p>Orthotic and Prosthetic Devices Expense</p>	<p>Covered Medical Expenses include charges for medically necessary prosthetic devices and customized orthotic devices.</p> <p>For purposes of this benefit:</p> <p>“Customized orthotic device” means a supportive device for the body or a part of the body, the head, neck, or extremities, and includes the replacement or repair of the device based on the patient’s physical condition as medically necessary, <u>excluding</u> foot orthotics defined as an in-shoe device designed to support the structural components of the foot during weight-bearing activities.</p> <p>“Prosthetic device” means an artificial device to replace, in whole or in part, an arm or leg and includes accessories essential to the effective use of the device and the replacement or repair of the device based on the patient’s physical condition as medically necessary.</p> <p>Benefits are payable on the same basis as any other condition.</p>
<p>Prosthetic Devices Expenses</p>	<p>Benefits include charges for: artificial limbs, or eyes, and other non-dental prosthetic devices, as a result of an accident or sickness.</p> <p>Covered Medical Expenses do not include: eye exams, eyeglasses, vision aids, hearing aids, communication aids, and orthopedic shoes, foot orthotics, or other devices to support the feet.</p> <p>Covered Medical Expenses are payable on the same basis as any other sickness.</p>
<p>Outpatient Physical Therapy Expenses</p>	<p>Covered Medical Expenses for physical therapy are payable as follows when provided by a licensed physical therapist:</p> <p><u>Preferred Care</u>: After a \$20 per visit copay, 80% of the Negotiated Charge.</p> <p><u>Non-Preferred Care</u>: After a \$20 per visit copay, 75% of the Reasonable Charge.</p>
<p>Dental Injury Expenses</p>	<p>Covered Medical Expenses include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition:</p> <ul style="list-style-type: none"> • Natural teeth damaged, lost, or removed, or • Other body tissues of the mouth fractured or cut due to injury. The accident causing the injury must occur while the person is covered under this Plan. <p>Any such teeth must have been:</p> <ul style="list-style-type: none"> • Free from decay, or • In good repair, and • Firmly attached to the jawbone at the time of the injury. <p>The treatment must be done in the calendar year of the accident or the next one. If:</p> <ul style="list-style-type: none"> • Crowns (caps), or • Dentures (false teeth), or • Bridgework, or • In-mouth appliances, <p>are installed due to such injury, Covered Medical Expenses include only charges for:</p> <ul style="list-style-type: none"> • The first denture or fixed bridgework to replace lost teeth, • The first crown needed to repair each damaged tooth, and • An in-mouth appliance used in the first course of orthodontic treatment after the injury. <p>Surgery needed to:</p> <ul style="list-style-type: none"> • Treat a fracture, dislocation, or wound. • Cut out cysts, tumors, or other diseased tissues. • Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement.

(continued)	<p>Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth.</p> <p>Covered Medical Expenses are payable as follows: 80% of Actual Charge.</p> <p>Benefits are limited to \$200 per tooth.</p>
Allergy Testing Expenses	<p>Covered Medical Expenses include, but are not limited to, charges for the following:</p> <ul style="list-style-type: none"> • laboratory tests, • physician office visits, including visits to administer injections, • prescribed medications for testing of the allergy, including any equipment used in the administration of prescribed medication, and • other medically necessary supplies and services. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$20 per visit copay, 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$20 per visit copay, 75% of the Reasonable Charge.</p>
Diagnostic Testing for Attention Disorders and Learning Disabilities Expenses	<p>Covered Medical Expenses for diagnostic testing for:</p> <ul style="list-style-type: none"> • Attention Deficit Disorder, or • Attention Deficit Hyperactive Disorder, or • Dyslexia, <p>are payable as follows: <u>Preferred Care</u>: After a \$20 copay per visit, 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$20 copay per visit, 75% of the Reasonable Charge.</p> <p>Once a Covered Person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Policy.</p>
Well Baby Care Expenses	<p>Benefits include charges for routine preventive and primary care services, rendered to a covered dependent child on an outpatient basis.</p> <p>Routine preventive and primary care services are services rendered to a covered dependent child, from the date of birth through the attainment of eighteen years of age. Services include: initial hospital check-ups, other hospital visits, physical examinations, including routine hearing and vision examinations, medical history, developmental assessments, and materials for the administration of appropriate and necessary immunizations and laboratory tests, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</p> <p>Benefits for materials for the administration of immunizations are covered at 80%. Coverage for such services shall be provided only to the extent that such services are provided by, or under the supervision of a physician, or other licensed professional.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% after a \$20 per visit copay. Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics. <u>Non-Preferred Care</u>: 75% after a \$20 per visit copay. Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</p>

Consultant or Specialist Expenses	<p>Covered Medical Expenses include the expenses for the services of a consultant or specialist, when referred by the School Health Services. The services must be requested by the attending physician for the purpose of confirming or determining to confirm or determine a diagnosis.</p> <p>Covered Medical Expenses are covered as follows: <u>Preferred Care:</u> After a \$20 per visit copay, 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$20 per visit copay, 75% of the Reasonable Charge.</p>
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Mental Health Benefits	
Inpatient Expenses	<p>Covered Medical Expenses for the treatment of a mental health condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 75% of the Reasonable Charge.</p> <p>Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.</p>
Outpatient Expenses	<p>Covered Medical Expenses for outpatient treatment of a mental health condition are payable as follows: <u>Preferred Care:</u> 75% of the Negotiated Charge. <u>Non-Preferred Care:</u> 75% of the Reasonable Charge.</p>

Substance Abuse Benefits	
Inpatient Expenses	<p>Covered Medical Expenses for the treatment of a substance abuse condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as any other sickness.</p> <p><u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 75% of the Reasonable Charge.</p> <p>Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.</p>
Outpatient Expenses	<p>Covered Medical Expenses for outpatient treatment of a substance abuse condition are payable as follows: <u>Preferred Care:</u> 75% of the Negotiated Charge. <u>Non-Preferred Care:</u> 75% of the Reasonable Charge.</p>

Maternity Benefits	
Maternity Expenses	<p>Covered Medical Expenses include inpatient care of the Covered Person and any newborn child for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery.</p> <p>Any decision to shorten such minimum coverages shall be made by the attending physician in consultation with the mother. In such cases, covered services may include: home visits, parent education, and assistance and training in breast or bottle-feeding.</p> <p>Covered Medical Expenses for pregnancy, complications of pregnancy, prenatal HIV testing, and childbirth are payable on the same basis as any other sickness.</p>
Well Newborn Nursery Care Expenses	<p>Benefits include charges for routine care of a Covered Person's newborn child as follows:</p> <ul style="list-style-type: none"> • hospital charges for routine nursery care during the mother's confinement, but for not more than four days (for a normal delivery), • physician's charges for circumcision, and • physician's charges for visits to the newborn child in the hospital and consultations, but for not more than one visit per day. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 75% of the Reasonable Charge.</p>

Additional Benefits	
Prescription Drug Benefit Expenses	<p>Prescription drug benefits are payable as follows:</p> <p>The Plan will pay 100% of charges for prescription drugs used on an inpatient basis and 50% of charges for all other prescription drugs required to be dispensed by a licensed pharmacist.</p> <p>Scholars may go to Student Health Center Pharmacy and pay only their 50% (the Plan will be billed for the other 50%). The Student Health Center Pharmacy cannot fill prescriptions for Scholar dependents or spouses.</p> <p>Scholars, spouses and dependents using local pharmacies to fill prescriptions will pay 50% of the cost for their prescription at the time the prescription is filled. Prescriptions paid 100% by the scholar, spouses and dependents should be submitted to BAS, LLC for the 50% reimbursement.</p>
Diabetic Testing Supplies Expenses	<p>Benefits include charges for testing material used to detect the presence of sugar in the person's urine or blood for monitoring glycemic control.</p> <p>Diabetic Testing Supplies are limited to:</p> <ul style="list-style-type: none"> • Lancet devices, • Glucose monitors, and • Test strips. <p>Syringes, insulin, or other items used in the treatment of Diabetes are not covered by this benefit.</p> <p>Covered Medical Expenses are payable on the same basis as any other sickness.</p>

Hypodermic Needles Expenses	Covered Medical Expenses for hypodermic needles and syringes used in the treatment of diabetes are payable under the prescription drug expenses benefit.
Outpatient Diabetic Self-Management Education Programs Expenses	Covered Medical Expenses for Outpatient Diabetic Self-Management Education Programs are payable on the same basis as any other sickness. <i>Please see the definition for more information on Outpatient Diabetic Self-Management Education Courses.</i>
Elemental Formula Expenses	Benefits include charges for amino acid-based elemental formulas, regardless of delivery method for the diagnosis and treatment of Eosinophilic Disorders and Short Bowel Syndrome. Covered Medical Expenses are payable on the same basis as any other sickness.
Tempo-romandibular and Cranio-mandibular Joint Dysfunction Expenses	Covered Medical Expenses include charges incurred by a Covered Person for treatment of Temporomandibular and Craniomandibular Joint (TMJ) Dysfunction are payable as follows: <u>Preferred Care:</u> After a \$20 copay per visit, 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$20 copay per visit, 75% of the Reasonable Charge
Prescription Contraceptive Devices Expenses	Covered Medical Expenses include: <ul style="list-style-type: none"> • Charges incurred for contraceptive drugs and devices that by law need a physician's prescription, and that have been approved by the FDA. • Related outpatient contraceptive services such as: <ul style="list-style-type: none"> ○ Consultations, ○ Exams, ○ Procedures, and ○ Other medical services and supplies. Covered Medical Expenses for contraceptive devices and outpatient contraceptive services are payable at 100%.
Pap Smear Expenses	Covered Medical Expenses include one annual routine Pap smear screening for women age 18 and older. Covered Medical Expenses are payable on the same basis as any other outpatient expenses. <u>Preferred Care:</u> 100% <u>Non-Preferred Care:</u> 100%

<p>Mammography Expenses</p>	<p>Covered Medical Expenses include one baseline mammogram for women between ages 35 and 40. Coverage is also provided for one routine annual mammogram for women age 40 and older, as well as when medically indicated for women with risk factors who are under age 40. Risk factors for women under 40 are:</p> <ul style="list-style-type: none"> • Prior personal history of cancer; • Positive Genetic Testing; • Family history of breast cancer; or • Other risk factors. <p>Mammogram screenings coverage must also include comprehensive ultrasound screening for the entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue and when determined to be medically necessary by a licensed physician.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100%</u> of the Negotiated Charge. <u>Non-Preferred Care: 100%</u> of the Reasonable Charge.</p>
<p>Mastectomy and Breast Reconstruction Benefit Expenses</p>	<p>Coverage will be provided to a Covered Person who is receiving benefits for a necessary mastectomy and who elects breast reconstruction after the mastectomy for:</p> <ol style="list-style-type: none"> 1. reconstruction of the breast on which a mastectomy has been performed, 2. surgery and reconstruction of the other breast to produce a symmetrical appearance, 3. prostheses, 4. treatment of physical complications of all stages of mastectomy, including lymphedemas, and 5. reconstruction of the nipple/areolar complex following a mastectomy is covered without regard to the lapse of time between the mastectomy and the reconstruction. This is subject to the approval of the attending physician. <p>Coverage will be provided for all medically necessary pain medication and pain therapy related to the treatment of Breast Cancer.</p> <p>Benefits are paid on the same basis as any other disease.</p>
<p>Chlamydia Screening Test Expenses</p>	<p>Benefits include charges incurred for an annual Chlamydia screening test.</p> <p>Benefits will be paid for Chlamydia screening expenses incurred for:</p> <ul style="list-style-type: none"> • Women who are: <ul style="list-style-type: none"> ○ under the age of 20 if they are sexually active, and ○ at least 20 years old if they have multiple risk factors. • Men who have multiple risk factors. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100%</u> <u>Non-Preferred Care: 100%</u></p> <p><i>Please see definition for more information on this benefit.</i></p>

<p>Routine Screening for Sexually Transmitted Disease Expenses</p>	<p>Benefits include charges for Covered Persons who are at least 18 years old and who are sexually active for annual routine screening for sexually transmitted diseases.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% <u>Non-Preferred Care:</u> 100%</p> <p><i>Please see definition for more information on this benefit.</i></p>
<p>Surgical Second Opinion Expenses</p>	<p>To the extent that this Policy provides coverage for surgery, this Policy shall provide coverage for expenses incurred for a second opinion consultation by a specialist on the need for surgery which has been recommended by the Covered Person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Northwestern University must receive a written report on the second opinion consultation.</p> <p>Covered Medical Expenses will not include any charge in excess of the daily room and board maximum for semi-private accommodations.</p> <p>Covered Medical Expenses for Surgical Second Opinion Expenses are covered as follows: <u>Preferred Care:</u> After a \$20 copay per visit, 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$20 copay per visit, 75% of the Reasonable Charge.</p>
<p>Elective Surgical Second Opinion Expenses</p>	<p>To the extent that this Policy provides coverage for surgery, this Policy shall provide coverage for expenses incurred for a second opinion consultation by a specialist on the need for non-emergency elective surgery which has been recommended by the Covered Person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Northwestern University must receive a written report on the second opinion consultation.</p> <p>Covered Medical Expenses will not include any charge in excess of the daily room and board maximum for semi-private accommodations.</p> <p>Covered Medical Expenses for Elective Surgical Second Opinion Expenses are covered as follows: <u>Preferred Care:</u> After a \$20 copay per visit, 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$20 copay per visit, 75% of the Reasonable Charge.</p>
<p>Acupuncture in Lieu of Anesthesia Expenses</p>	<p>Covered Medical Expenses include acupuncture therapy, when acupuncture is used in lieu of other anesthesia, for a surgical or dental procedure covered under this Plan.</p> <p>The acupuncture must be administered by a health care provider who is a legally qualified physician, practicing within the scope of their license.</p> <p><u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 75% of the Reasonable Charge.</p>

Dermatological Expenses	<p>Benefits include charges for the diagnosis and treatment of skin disorders.</p> <p><i>Covered Medical Expenses do not include treatment for cosmetic treatment and procedures.</i></p> <p>Covered Medical Expenses are payable on the same basis as any other sickness.</p>
Podiatric Expenses	<p>Benefits include charges for podiatric services, provided on an outpatient basis following an injury.</p> <p>Covered Medical Podiatric Expenses are payable on the same basis as any other sickness. Expenses for routine foot care, such as trimming of corns, calluses, and nails, are not Covered Medical Expenses.</p>
Home Health Care Expenses	<p>Covered Medical Expenses include charges incurred by a Covered Person for home health care services made by a home health agency pursuant to a home health care plan, but only if:</p> <ul style="list-style-type: none"> (a) The services are furnished by, or under arrangements made by, a licensed home health agency, (b) The services are given under a home care plan. This plan must be established pursuant to the written order of a physician, and the physician must renew that plan every 60 days. Such physician must certify that the proper treatment of the condition would require inpatient confinement in a hospital (or skilled nursing facility) if the services and supplies were not provided under the home health care plan. The physician must examine the Covered Person at least once a month, (c) Except as specifically provided in the home health care services, the services are delivered in the patient's place of residence on a part-time, intermittent visiting basis while the patient is confined, (d) The care starts within seven days after discharge from a hospital as an inpatient, and (e) The care is for the same condition that caused the hospital confinement, or one related to it. <ul style="list-style-type: none"> 1. Part-time or intermittent nursing care by: a registered nurse (R.N.), a licensed Practical nurse (L.P.N.), or under the supervision on a R.N. if the services of a R.N. are not available, 2. Part time or intermittent home health aide services, that consist primarily of care of a medical or therapeutic nature by other than a R.N., 3. Physical, occupational. Speech therapy, or respiratory therapy, 4. Medical supplies, drugs and medicines, and laboratory services. However, these items are covered only to the extent they would be covered if the patient was confined to a hospital, 5. Medical social services by licensed or trained social workers, 6. Nutritional counseling. <p>Covered Medical Expenses will not include: 1) services by a person who resides in the Covered Person's home, or is a member of the Covered Person's immediate family, 2) homemaker or housekeeper services, 3) maintenance therapy, 4) dialysis treatment, 5) purchase or rental of dialysis equipment, or 6) food or home delivered services.</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 75%</u> of the Reasonable Charge.</p> <p>Benefits are limited to a maximum of 40 visits per policy year</p> <p>A visit means a maximum of four continuous hours of home health service.</p> <p><i>Please see definition for more detailed information on this benefit.</i></p>

Transfusion or Dialysis of Blood Expenses	<p>Benefits include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof.</p> <p>Covered Medical Expenses are payable on the same basis as any other sickness.</p>
Hospice Benefit Expenses	<p>Benefits include charges for hospice care provided for a terminally ill Covered Person during a hospice benefit period.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 75%</u> of the Reasonable Charge.</p> <p><i>Please see definition for more information on Hospice Care Expenses.</i></p>
Licensed Nurse Expenses	<p>Covered Medical Expenses include charges incurred by a Covered Person who is confined in a hospital as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.</p> <p>Covered Medical Expenses for a licensed nurse are covered as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 75%</u> of the Reasonable Charge.</p> <p>For purposes of determining this maximum, a shift means eight consecutive hours.</p>
Skilled Nursing Facility Expenses	<p>Covered Medical Expenses include charges incurred by a Covered Person for confinement in a skilled nursing facility for treatment rendered:</p> <ul style="list-style-type: none"> • in lieu of confinement in a hospital as a full time inpatient, or • within 24 hours following a hospital confinement and for the same or related cause(s) as such hospital confinement. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge for the semi-private room rate. <u>Non-Preferred Care: 75%</u> of the Reasonable Charge for the semi-private room rate.</p> <p><i>Benefits for Skilled Nursing require pre-certification.</i></p>
Rehabilitation Facility Expenses	<p>Covered Medical Expenses include charges incurred by a Covered Person for confinement as a full time inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within 24 hours of, and be for the same or related cause(s) as, a period of hospital or skilled nursing facility confinement.</p> <p>Covered Medical Expenses for Rehabilitation Facility Expense are covered as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations. <u>Non-Preferred Care: 75%</u> of the Reasonable Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations.</p>
Shingles Vaccine Expense	<p>Covered Medical Expenses include charges for a shingles vaccine approved for marketing by the federal Food and Drug Administration when ordered by a physician for members 60 years of age or older.</p> <p>Benefits are covered on the same basis as any other condition.</p>

GENERAL PROVISIONS

STATE MANDATED BENEFITS

This Plan will pay benefits in accordance with any applicable Illinois Insurance Law(s).

RIGHT OF RECOVERY

Subrogation

Whenever Northwestern University has paid benefits due to sickness or injury of a **Covered Person** under this Policy, resulting from a Third Party's wrongful act or negligence, to the extent of its payment Northwestern University shall reserve the right to assume the legal claim any **Covered Person** may have against that Third Party. This means that Northwestern University may choose to take legal action against the negligent Third Party or their representatives and to recover from them the amount of claim benefits paid to the **Covered Person** for loss caused by the Third Party.

Reimbursement

By accepting benefits under this Plan, the **Covered Person** also specifically acknowledges Northwestern University's right of reimbursement. If a **Covered Person** incurs expenses for sickness or injury that occurred due to the negligence of a Third Party: (A) Northwestern University has the right to reimbursement for all benefits Northwestern University paid from any and all damages collected from the Third Party for those same expenses whether by action at law, settlement, or compromise, by the **Covered Person**, **Covered Person's** parents, if the **Covered Person** is a minor, or **Covered Person's** legal representative as a result of that sickness or injury, and (B) Northwestern University is assigned the right to recover from the Third Party, or his/her insurer, to the extent of the benefits Northwestern University paid for that sickness or injury.

Northwestern University shall have the right to first reimbursement out of all funds the **Covered Person**, the **Covered Person's** parents, if the **Covered Person** is a minor, or the **Covered Person's** legal representative, is or was able to obtain for the same expenses Northwestern University has paid as a result of that sickness or injury.

The **Covered Person** is required to furnish any information or assistance or provide any documents that Northwestern University may reasonably require in order to obtain our rights under this provision. This provision applies whether or not the Third Party admits liability.

This right of reimbursement attaches when this Plan has paid health care benefits for expenses incurred due to Third Party Injuries and the **Covered Person** or the **Covered Person's** representative has recovered any amounts from a Third Party. By providing any benefit under this Certificate, Northwestern University is granted an assignment of the proceeds of any recovery, settlement, or judgment received by the **Covered Person** to the extent of the full cost of all benefits provided by this Plan. Northwestern University's right of reimbursement is cumulative with and not exclusive of Northwestern University's subrogation right and Northwestern University may choose to exercise either or both rights of recovery.

General Provisions

As used herein, the term:

"Third Party", means any party that is, or may be, or is claimed to be responsible for injuries or illness to a **Covered Person**. Such injuries or illness are referred to as "Third Party Injuries". "Third Party" includes any party responsible for payment of expenses associated with the care or treatment of Third Party Injuries.

EFFECT OF OTHER PLAN COVERAGE:

The Visiting Scholar Plan is always secondary to any other health insurance coverage.

TERMINATION OF COVERAGE

Benefits are payable under this Policy only for those **Covered Medical Expenses** incurred while the Policy is in effect as to the **Covered Person**. No benefits are payable for expenses incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision.

TERMINATION OF COVERAGE

Coverage will automatically terminate on the earliest of:

1. The date the policy terminates;
2. The last day for which premium has been paid;
3. The date the Eligible Scholar is no longer eligible for coverage;
4. The date the Eligible Scholar departs the United States for his/her home country or country of regular domicile.
5. The date requested by the Eligible Scholar and approved by the Office of Risk Management that is no sooner than 5 days after the Office of Risk Management receives written notice. Any unearned premium will be returned to the sponsoring University Department, but returned premium will only be for the number of FULL months remaining in the unexpired term of coverage.

TERMINATION OF DEPENDENT COVERAGE

Insurance for a **covered scholar's dependent** will end when insurance for the **covered scholar** ends. Before then, coverage will end:

- (a) For a child, on the first premium due date following the first to occur of:
 1. the date the child is no longer chiefly dependent upon the scholar for support and maintenance,
 2. the date of the child's marriage, and
 3. the child's 26th birthday.
- (b) The date the **covered scholar** fails to pay any required premium.
- (c) For the spouse, the date the marriage ends in divorce or annulment.
- (d) The date **dependent** coverage is deleted from this Policy.
- (e) For a domestic partner, the earlier to occur of:
 1. the date this Policy no longer allows coverage for domestic partners, and
 2. the date of termination of the domestic partnership. In that event, a completed and signed declaration of Termination of Domestic Partnership must be provided to the Policyholder.
- (f) The date the **dependent** ceases to be in an eligible class.

Termination will not prejudice any claim for a charge that is incurred prior to the date coverage ends.

INCAPACITATED DEPENDENT CHILDREN

Insurance may be continued for incapacitated **dependent** children who reach the age at which insurance would otherwise cease. The **dependent** child must be chiefly dependent for support upon the **covered scholar** and be incapable of self-sustaining employment because of mental or physical handicap.

Due proof of the child's incapacity and dependency must be furnished to Northwestern University by the **covered scholar** within **120 days** after the date insurance would otherwise cease. Such child will be considered a **covered dependent**, so long as the **covered scholar** submits proof to Northwestern University at reasonable intervals during the **two years** following the child's attainment of the limiting age and each year thereafter, that the child remains physically or mentally unable to earn his/her own living. The premium due for the child's insurance will be the same as for a child who is not so incapacitated.

The child's insurance under this provision will end on the earlier of:

- (a) the date specified under the provision entitled Termination of Dependent Coverage, or
- (b) the date the child is no longer incapacitated and dependent on the **covered scholar** for support.

EXCLUSIONS

This Policy does not cover nor provide benefits for:

1. Treatment, if this treatment was the sole reason, or one of the reasons for the trip.
2. Expenses incurred by a **Covered Person**, not a United States citizen, for medical care, treatment, supplies or services performed within the **Covered Person's** home country or country of regular domicile.
3. Expenses incurred for services normally provided without charge by the Policyholder's Health Service, Infirmary or **Hospital**, or by health care providers employed by the Policyholder.
4. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or **prescriptions** or examinations except as required for repair caused by a covered **injury**.
5. Expenses incurred as a result of **injury** due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.
6. Expenses incurred as a result of an **accident** occurring in consequence of riding as a passenger or otherwise in any 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.
7. Expenses incurred as a result of an **injury** or **sickness** due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
8. Expenses incurred as a result of an **injury** sustained or **sickness** contracted while in the service of the Armed Forces of any country. Upon the **Covered Person** entering the Armed Forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.
9. Expenses incurred for treatment provided in a governmental **hospital** unless there is a legal obligation to pay such charges in the absence of insurance.
10. Expenses incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons, except to the extent needed to:
 - Improve the function of a part of the body that:
 - is not a tooth or structure that supports the teeth, and
 - is malformed:
 - as a result of a severe birth defect, including harelip, webbed fingers, or toes, or
 - as direct result of:
 - disease, or
 - surgery performed to treat a disease or **injury**.
 - Repair an **injury** (including reconstructive surgery for prosthetic device for a **Covered Person** who has undergone a mastectomy,) which occurs while the **Covered Person** is covered under this Policy. Surgery must be performed:
 - in the calendar year of the accident which causes the **injury**, or
 - in the next calendar year.
11. Expenses covered by any other valid and collectible medical, health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
12. Expenses for **injuries** sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not claim is made for such benefits.

13. Expenses incurred as a result of commission of a felony.
14. Expenses incurred for voluntary or elective abortions unless otherwise provided in this Policy.
15. Expenses incurred after the date insurance terminates for a **Covered Person** except as may be specifically provided in the Extension of Benefits Provision.
16. Expenses incurred for any services rendered by a member of the **Covered Person's** immediate family or a person who lives in the **Covered Person's** home.
17. Expenses for allergy serums and injections.
18. Treatment for **injury** to the extent benefits are payable under any state No-fault automobile coverage, first party medical benefits payable under any other mandatory No-fault law.
19. Expenses for or related to artificial insemination, in vitro fertilization, or embryo transfer procedures, elective sterilization or its reversal or elective abortion unless specifically provided for in this Policy.
20. Expenses for treatment of **injury** or **sickness** to the extent that payment is made, as a judgment or settlement, by any person deemed responsible for the **injury** or **sickness** (or their insurers).
21. Expenses incurred for which no member of the **Covered Person's** immediate family has any legal obligation for payment.
22. Expenses incurred for **custodial care**. **Custodial care** means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes **room and board** and other institutional care. The person does not have to be disabled. Such services and supplies are **custodial care** without regard to:
 - by whom they are prescribed, or
 - by whom they are recommended, or
 - by whom or by which they are performed.
23. Expenses incurred for blood or blood plasma, except charges by a **hospital** for the processing or administration of blood.
23. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
24. Expenses incurred for or in connection with: procedures, services, or supplies that are, as determined by Northwestern University, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if:
 - There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature, to substantiate its safety and effectiveness, for the disease or **injury** involved, or
 - If required by the FDA, approval has not been granted for marketing, or
 - A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes, or
 - The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes.

However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease, if Northwestern University determines that:

- The disease can be expected to cause death within one year, in the absence of effective treatment, and
- The care or treatment is effective for that disease, or shows promise of being effective for that disease, as demonstrated by scientific data. In making this determination, Northwestern University will take into account the results of a review by a panel of independent medical professionals. They will be selected by Northwestern University. This panel will include professionals who treat the type of disease involved.

Also, this exclusion will not apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND), or Group c/treatment IND status, or
- Are being studied at the Phase III level in a national clinical trial, sponsored by the National Cancer Institute,
- If Northwestern University determines that available, scientific evidence demonstrates that the drug is effective, or shows promise of being effective, for the disease.

25. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
26. Expenses incurred for breast reduction/mammoplasty.
27. Expenses incurred for gynecomastia (male breasts).
28. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
29. Expenses incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
30. Expenses for **injuries** sustained as the result of a motor vehicle **accident**, to the extent that benefits are payable under other valid and collectible insurance, whether or not claim is made for such benefits. The Policy will only pay for those losses, which are not payable under the automobile medical payment insurance Policy.
31. Expenses incurred for hearing aids, the fitting, or prescription of hearing aids.
32. Expenses incurred for hearing exams.
33. Expenses for care or services to the extent the charge would have been covered under Medicare Part A or Part B, even though the **Covered Person** is eligible, but did not enroll in Part B.
34. Expenses for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
35. Expenses for personal hygiene and convenience items, such as air conditioners, humidifiers, hot tubs, whirlpools, or physical exercise equipment, even if such items are prescribed by a **physician**.
36. Expenses for incidental surgeries, and standby charges of a **physician**.
37. Expenses for treatment and supplies for programs involving cessation of tobacco use.
38. Expenses incurred as a result of **dental** treatment, including extraction of wisdom teeth, except for treatment resulting from **injury to sound natural teeth**, as provided elsewhere in this Policy.
39. Expenses incurred for **injury** resulting from the plan or practice of intercollegiate sports, in excess of **\$250** (participating in sports clubs, or intramural athletic activities, is not excluded).
40. Expenses for services and supplies for or related to gamete intrafallopian transfer, artificial insemination, in vitro fertilization (except as required by the state law), or embryo transfer procedures, elective sterilization or its reversal, or elective abortion, unless specifically provided for in this Policy.
41. Expenses incurred for, or related to, sex change surgery, or to any treatment of gender identity disorder.
42. Expenses for charges that are not **Recognized Charges**, except that this will not apply if the charge for a service, or supply, does not exceed the **Recognized Charge** for that service or supply, by more than the amount or percentage, specified as the Allowable Variation.

43. Expenses for charges that are not **Reasonable Charges**, except that this will not apply if the charge for a service, or supply, does not exceed the **Reasonable Charge** for that service or supply, by more than the amount or percentage, specified as the Allowable Variation.
44. Expenses for treatment of **covered scholars** who specialize in the mental health care field, and who receive treatment as a part of their training in that field.
45. Expenses incurred for a treatment, service, or supply, which is not **medically necessary**, as determined by Northwestern University, 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**.

In order for a treatment, service, or supply, to be considered **medically necessary**, the service or supply must:

- be care, or treatment, which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the **sickness** or **injury** involved, and the person's overall health condition,
- be a diagnostic procedure which is indicated by the health status of the person, and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the **sickness** or **injury** involved, and the person's overall health condition, and
- as to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply), than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Northwestern University will take into consideration: information relating to the affected person's health status, reports in peer reviewed medical literature, reports and guidelines published by nationally recognized health care organizations that include supporting scientific data, generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment, the opinion of health professionals in the generally recognized health specialty involved, and any other relevant information brought to Northwestern University's attention.

In no event will the following services or supplies be considered to be **medically necessary**:

- those that do not require the technical skills of a medical, a mental health, or a dental professional, or
- those furnished mainly for the personal comfort or convenience of the person, any person who cares for him/her, or any persons who is part of his/her family, any healthcare provider, or healthcare facility, or
- those furnished solely because the person is an inpatient on any day on which the person's **sickness** or **injury** could safely, and adequately, be diagnosed, or treated, while not confined, or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a **physician's** or a **dentist's** office, or other less costly setting.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

DEFINITIONS

Accident

An occurrence which (a) is unforeseen, (b) is not due to or contributed to by **sickness** or disease of any kind, and (c) causes **injury**.

Actual Charge

The charge made for a covered service by the provider who furnishes it.

Aggregate Maximum

The maximum benefit that will be paid under this Policy for all **Covered Medical Expenses** incurred by a **Covered Person** that accumulate during the **Policy Year**.

Ambulatory Surgical Center

A freestanding ambulatory surgical facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
 - **physicians** who practice surgery in an area **hospital**, and
 - **dentists** who perform oral surgery.
- Has at least two operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic X-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a R.N.
- Is equipped and has trained staff to handle medical emergencies.
- It must have:
 - a **physician** trained in cardiopulmonary resuscitation, and
 - a defibrillator, and
 - a tracheotomy set, and
 - a blood volume expander.
- Has a written agreement with a **hospital** in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by **physicians** who do not own or direct the facility.
- Keeps a medical record on each patient.

Birthing Center

- A freestanding facility that:
- Meets licensing standards.
- Is set up, equipped and run to provide prenatal care, delivery and immediate postpartum care.
- Makes charges.
- Is directed by at least one **physician** who is a **specialist** in obstetrics and gynecology.
- Has a **physician** or certified nurse midwife present at all births and during the immediate postpartum period.
- Extends staff privileges to **physicians** who practice obstetrics and gynecology in an area **hospital**.
- Has at least two beds or two birthing rooms for use by patients while in labor and during delivery.
- Provides, during labor, delivery and the immediate postpartum period, full-time skilled nursing services directed by a R.N. or certified nurse midwife.
- Provides, or arranges with a facility in the area for, diagnostic X-ray and lab services for the mother and child.
- Has the capacity to administer a local anesthetic and to perform minor surgery. This includes episiotomy and repair of perineal tear.

- Is equipped and has trained staff to handle medical emergencies and provide immediate support measures to sustain life if complications arise during labor and if a child is born with an abnormality which impairs function or threatens life.
- Accepts only patients with low risk pregnancies.
- Has a written agreement with a hospital in the area for emergency transfer of a patient or a child. Written procedures for such a transfer must be displayed and the staff must be aware of them.
- Provides an ongoing quality assurance program. This includes reviews by **physicians** who do not own or direct the facility.
- Keeps a medical record on each patient and child.

Chlamydia Screening Test

This is any laboratory test of the urogenital tract that specifically detects for infection by one or more agents of Chlamydia trachomatis, and which test is approved for such purposes by the FDA.

Coinsurance

The percentage of **Covered Medical Expenses** payable by Northwestern University under this Accident and Sickness Insurance Plan.

Complications of Pregnancy

Conditions which require **hospital** stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are:

- acute nephritis or nephrosis, or
- cardiac decompensation or missed abortion, or
- similar conditions as severe as these.

Not included are (a) false labor, occasional spotting or **physician** prescribed rest during the period of pregnancy, (b) morning **sickness**, (c) hyperemesis gravidarum and preeclampsia, and (d) similar conditions not medically distinct from a difficult pregnancy.

Complications of Pregnancy also include:

- non-elective cesarean section, and
- termination of an ectopic pregnancy, and
- spontaneous termination when a live birth is not possible. (This does not include voluntary abortion)

Convalescent Facility

This is an institution that:

- Is licensed to provide, and does provide, the following on an inpatient basis for persons convalescing from disease or injury:
 - professional nursing care by a R.N., or by a L.P.N. directed by a full-time R.N., and
 - physical restoration services to help patients to meet a goal of self-care in daily living activities.
- Provides 24 hour a day nursing care by licensed nurses directed by a full-time R.N.
- Is supervised full-time by a **physician** or R.N.
- Keeps a complete medical record on each patient.
- Has a utilization review plan.
- Is not mainly a place for rest, for the aged, for drug addicts, for alcoholics, for mental retardates, for custodial or educational care, or for care of mental disorders.
- Makes charges.

Copay

This is a fee charged to a person for **Covered Medical Expenses**.

Covered Dental Expenses

Those charges for any treatment, service, or supplies, covered by this Policy which are:

- not in excess of the **reasonable and customary** charges, or
- not in excess of the charges that would have been made in the absence of this coverage,
- and incurred while this Policy is in force as to the **Covered Person**.

Covered Dependent

A **covered scholar's dependent** who is insured under this Policy.

Covered Medical Expenses

Those charges for any treatment, service or supplies covered by this Policy which are:

- not in excess of the **reasonable and customary** charges, or
- not in excess of the charges that would have been made in the absence of this coverage, and
- incurred while this Policy is in force as to the **Covered Person** except with respect to any expenses payable under the Extension of Benefit Provisions.

Covered Person

A **covered scholar** and any **covered dependent** while coverage under this Policy is in effect.

Deductible

The amount of **Covered Medical Expenses** that are paid by each **Covered Person** during the **Policy Year** before benefits are paid.

Dental Consultant

A **dentist** who has agreed to provide consulting services in connection with the Dental Expense Benefit.

Dental Provider

This is any **dentist**, group, organization, dental facility, or other institution, or person legally qualified to furnish dental services or supplies.

Dentist

A legally qualified **dentist**. Also, a **physician** who is licensed to do the dental work he/she performs.

Dependent

(a) the **covered scholar's** spouse residing with the **covered scholar**, or (b) the person identified as a domestic partner in the "Declaration of Domestic Partnership" which is completed and signed by the **covered scholar**, and (c) the **covered scholar's** unmarried child under the age 26. The child must reside with, and be fully supported by, the **covered scholar**.

The term "child" includes a **covered scholar's** step-child, adopted child whose coverage is effective upon the earlier of the date of placement for the purpose of adoption, or the date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption and who is residing with the **covered scholar**, and who is chiefly dependent on the **covered scholar** for his/her full support.

The term **dependent** does not include a person who is: (a) an eligible scholar, or (b) a member of the armed forces.

Designated Care

Care provided by a **Designated Care Provider** upon referral from the **School Health Services**.

Designated Care Provider

A health care provider (or **pharmacy**.) that is affiliated, and has an agreement with the **School Health Services** to furnish services and supplies at a **Negotiated Charge**.

Diabetic Self-Management Education Course

A scheduled program on a regular basis which is designed to instruct a **Covered Person** in the self-management of

Diabetes. It is a day care program of educational services and self-care training, including medical nutritional therapy. The program must be under the supervision of an appropriately licensed, registered, or certified health care professional whose scope of practice includes Diabetic education or management.

The following are not considered Diabetic Self-Management Education Courses for the purposes of this Plan:

- A Diabetic Education program whose only purpose is weight control, or which is available to the public at no cost; or
- A general program not just for Diabetics; or
- A program made up of services not generally accepted as necessary for the management of Diabetes.

Directory

A listing of **Preferred Care Providers** in the **service area** covered under this Policy, which is given to the Policyholder.

Durable Medical and Surgical Equipment

No more than one item of equipment for the same or similar purpose, and the accessories needed to operate it, that is:

- made to withstand prolonged use,
- made for and mainly used in the treatment of a disease or **injury**,
- suited for use in the home,
- not normally of use to person's who do not have a disease or **injury**,
- not for use in altering air quality or temperature,
- not for exercise or training.

Not included is equipment such as: whirlpools, portable whirlpool pumps, sauna baths, massage devices, overbed tables, elevators, communication aids, vision aids, and telephone alert systems.

Elective Treatment

Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the **Covered Person's** effective date of coverage. **Elective treatment** includes, but is not limited to:

- tubal ligation,
- vasectomy,
- breast reduction,
- sexual reassignment surgery,
- submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis,
- treatment for weight reduction,
- learning disabilities,
- temporomandibular joint dysfunction (TMJ),
- immunization,
- treatment of infertility, and
- routine physical examinations.

Emergency Admission

One where the **physician** admits the person to the **hospital** or **residential treatment facility** right after the sudden and at that time, unexpected onset of a change in a person's physical or mental condition which:

- requires confinement right away as a full-time inpatient, and
- if immediate inpatient care was not given could, as determined by Northwestern University, reasonably be expected to result in:
 - loss of life or limb, or
 - significant impairment to bodily function, or
 - permanent dysfunction of a body part.

Emergency Condition

This is any traumatic injury or condition which:

- occurs unexpectedly,
- requires immediate diagnosis and treatment, in order to stabilize the condition, and
- is characterized by symptoms such as severe pain and bleeding.

Emergency Medical Condition

This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that his/her condition, **sickness**, or **injury**, is of such a nature that failure to get immediate medical care could result in:

- Placing the person's health in serious jeopardy, or
- Serious impairment to bodily function, or
- Serious dysfunction of a body part or organ, or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

High Cost Procedure

High Cost Procedures include the following procedures and services:

- (a) C.A.T. Scan,
- (b) Magnetic Resonance Imaging,
- (c) Laser treatment:
 - which must be provided on an outpatient basis, and may be incurred in the following:
 - (a) A **physician's** office, or
 - (b) **Hospital** outpatient department, or emergency room, or
 - (c) Clinical laboratory, or
 - (d) Radiological facility, or other similar facility, licensed by the applicable state, or the state in which the facility is located.

Home Health Agency

- an agency licensed as a **home health agency** by the state in which **home health care** services are provided, or
- an agency certified as such under Medicare, or
- an agency approved as such by Northwestern University.

Home Health Aide

A certified or trained professional who provides services through a **home health agency** which are not required to be performed by a R.N., L.P.N., or L.V.N., primarily aid the **Covered Person** in performing the normal activities of daily living while recovering from an **injury** or **sickness**, and are described under the written **Home Health Care Plan**.

Home Health Care

Health services and supplies provided to a **Covered Person** on a part-time, intermittent, visiting basis. Such services and supplies must be provided in such person's place of residence, while the person is confined as a result of **injury** or **sickness**. Also, a **physician** must certify that the use of such services and supplies is to treat a condition as an alternative to confinement in a **hospital** or **skilled nursing facility**.

Home Health Care Plan

A written plan of care established and approved in writing by a **physician**, for continued health care and treatment in a **Covered Person's** home. It must either follow within **24 hours** of and be for the same or related cause(s) as a period of **hospital** or skilled nursing confinement, or be in lieu of **hospital** or skilled nursing confinement.

Hospice

A facility or program providing a coordinated program of home and inpatient care which treats terminally ill patients. The program provides care to meet the special needs of the patient during the final stages of a terminal illness. Care is provided by a team made up of trained medical personnel, counselors, and volunteers. The team acts under an independent **hospice** administration and it helps the patient cope with physical, psychological, spiritual, social, and economic stresses. The hospital administration must meet the standards of the National Hospice Organization and any licensing requirements.

Hospice Benefit Period

A period that begins on the date the attending **physician** certifies that the **Covered Person** is a terminally ill patient who has less than six months to live. It ends after six months (or such later period for which treatment is certified) or on the death of the patient, if sooner.

Hospice Care Expenses

The reasonable and customary charges made by a hospice for the following services or supplies: charges for inpatient care, charges for drugs and medicines, charges for part-time nursing by a R.N., L.P.N., or L.V.N., charges for physical and respiratory therapy in the home, charges for the use of medical equipment, charges for visits by licensed or trained social workers, psychologists or counselors, charges for bereavement counseling of the **Covered Person's** immediate family prior to, and within three months after, the **Covered Person's** death, and charges for respite care for up to **five days** in any **30 day period**.

Hospital

A facility which meets all of these tests:

- it provides inpatient services for the care and treatment of injured and sick people, and
- it provides **room and board** services and nursing services 24 hours a day, and
- it has established facilities for diagnosis and major surgery, and
- it is run as a **hospital** under the laws of the jurisdiction which it is located.

Hospital does not include a place run mainly: (a) for alcoholics or drug addicts, (b) as a convalescent home, or (c) as a nursing or rest home. The term "**hospital**" includes an alcohol and drug addiction treatment facility during any period in which it provides effective treatment of alcohol and drug addiction to the **Covered Person**.

Hospital Confinement

A stay of 18 or more hours in a row as a resident bed patient in a **hospital**.

Injury

Bodily **injury** caused by an **accident**. This includes related conditions and recurrent symptoms of such **injury**.

Intensive Care Unit

A designated ward, unit, or area within a **hospital** for which a specified extra daily surcharge is made and which is staffed and equipped to provide, on a continuous basis, specialized or intensive care or services, not regularly provided within such **hospital**.

Jaw Joint Disorder

This is a Temporomandibular Joint Dysfunction or any similar disorder in the relationship between the jaws or jaw joint, and the muscles, and nerves.

Medically Necessary

A service or supply that is: necessary, and appropriate, for the diagnosis or treatment of a **sickness**, or **injury**, based on generally accepted current medical practice.

In order for a treatment, service, or supply to be considered **medically necessary**, the service or supply must:

- Be care or treatment which is likely to produce as significant positive outcome as any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition,
- Be a diagnostic procedure which is indicated by the health status of the person. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition, and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply,) than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Northwestern University will take into consideration:

- information relating to the affected person's health status,
- reports in peer reviewed medical literature,
- reports and guidelines published by nationally recognized health care organizations that include supporting scientific data,
- generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment,
- the opinion of health professionals in the generally recognized health specialty involved, and
- any other relevant information brought to Northwestern University's attention.

In no event will the following services or supplies be considered to be **medically necessary**:

- Those that do not require the technical skills of a medical, a mental health, or a dental professional, or
- Those furnished mainly for: the personal comfort, or convenience, of the person, any person who cares for him/her, or any person who is part of his/her family, any healthcare provider, or healthcare facility, or
- Those furnished solely because the person is an inpatient on any day on which the person's **sickness** or **injury** could safely and adequately be diagnosed or treated while not confined, or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a **physician's** or a **dentist's** office, or other less costly setting.

Negotiated Charge

The maximum charge a **Preferred Care Provider** or **Designated Provider** has agreed to make as to any service or supply for the purpose of the benefits under this Policy.

Non-Occupational Disease

A **non-occupational disease** is a disease that does not:

- arise out of (or in the course of) any work for pay or profit, or
- result in any way from a disease that does.

A disease will be deemed to be **non-occupational** regardless of cause if proof is furnished that the **covered scholar**:

- is covered under any type of workers' compensation law, and
- is not covered for that disease under such law.

Non-Occupational Injury

A **non-occupational injury** is an accidental bodily **injury** that does not:

- arise out of (or in the course of) any work for pay or profit, or
- result in any way from an **injury** which does.

Non-Preferred Care

A health care service or supply furnished by a health care provider that is not a **Designated Care Provider**, or that is not a **Preferred Care Provider**, if, as determined by Northwestern University:

- the service or supply could have been provided by a **Preferred Care Provider**, and
- the provider is of a type that falls into one or more of the categories of providers listed in the **directory**.

Non-Preferred Care Provider

- a health care provider that has not contracted to furnish services or supplies at a **Negotiated Charge**, or
- a **Preferred Care Provider** that is furnishing services or supplies without the referral of a **School Health Services**.

One Sickness

A **sickness** and all recurrences and related conditions which are sustained by a **Covered Person**.

Orthodontic Treatment

Any:

- medical service or supply, or
- dental service or supply,

furnished to prevent or to diagnose or to correct a misalignment:

- of the teeth, or
- of the bite, or
- of the jaws or jaw joint relationship,

whether or not for the purpose of relieving pain. Not included is:

- the installation of a space maintainer, or
- surgical procedure to correct malocclusion.

Out-of-Area Emergency Dental Care

Medically necessary care or treatment for an **Emergency Medical Condition** that is rendered outside a 50 mile radius of the **covered scholar's member dental provider**. Such care is subject to specific limitations set forth in this Policy.

Out-of-Pocket Limit

The amount that must be paid, by the **covered person**, or the **covered person** and their **covered dependents**, before **Covered Medical Expenses** will be payable at **100%**, for the remainder of the **Policy Year**. The **Out-of-Pocket Limit** applies only to **Covered Medical Expenses** for **Preferred Care**, which are payable at a rate greater than **50%**.

The following expenses do not apply toward meeting the **Out-of-Pocket Limit**:

- **Deductibles**,
- **copays**,
- expenses that are not **Covered Medical Expenses**,
- expenses for **designated care** or **Non-Preferred Care**,
- penalties,
- expenses for prescription drugs, and
- other expenses not covered by this Policy.

Outpatient Diabetic Self-Management Education Program

A scheduled program on a regular basis, which is designed to instruct a **Covered Person** in the self-management of Diabetes. It is a day care program of educational services and self-care training, including medical nutritional therapy. The program must be under the supervision of an appropriately licensed, registered, or certified health care professional whose scope of practice includes Diabetic education or management.

The following are not considered Diabetic Self-Management Education Courses for the purposes of this Plan:

- A Diabetic Education program whose only purpose is weight control, or which is available to the public at no cost; or
- A general program not just for Diabetics; or
- A program made up of services not generally accepted as necessary for the management of Diabetes.

Partial Hospitalization

Continuous treatment consisting of not less than **four hours** and not more than **twelve hours** in any **24 hour period** under a program based in a **hospital**.

Pervasive Developmental Disorder

A neurological condition, including Asperger's Syndrome and Autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

Pharmacy

An establishment where **prescription drugs** are legally dispensed.

Physician

(a) legally qualified **physician** licensed by the state in which he/she practices, and (b) any other practitioner that must by law be recognized as a doctor legally qualified to render treatment.

Policy Year

The period of time from anniversary date to anniversary date except in the first year when it is the period of time from the effective date to the first anniversary date.

Pre-Admission Testing

Tests done by a hospital, surgery center, licensed diagnostic lab facility, or physician, in its own behalf, to test a person while an outpatient before scheduled surgery if:

- the tests are related to the scheduled surgery,
- the tests are done within the seven days prior to the scheduled surgery,
- the person undergoes the scheduled surgery in a **hospital or surgery center**, this does not apply if the tests show that surgery should not be done because of his/her physical condition,
- the charge for the surgery is a **Covered Medical Expense** under this Plan,
- the tests are done while the person is not confined as an inpatient in a **hospital**,
- the charges for the tests would have been covered if the person was confined as an inpatient in a **hospital**,
- the test results appear in the person's medical record kept by the **hospital or surgery center** where the surgery is to be done, and
- the tests are not repeated in or by the **hospital or surgery center** where the surgery is done.

If the person cancels the scheduled surgery, benefits are paid at the covered percentage that would have applied in the absence of this benefit.

Preferred Care

Care provided by:

- a **Covered Person's Primary Care Physician**, or a **Preferred Care Provider** on the referral of the **Primary Care Physician**, or
- a health care provider that is not a **Preferred Care Provider** for an **Emergency Medical Condition** when travel to a **Preferred Care Provider**, (or referral by a **Covered Person's Primary Care Physician** prior to treatment), is not feasible, or
- a **Non-Preferred Urgent Care Provider** when travel to a **Preferred Urgent Care Provider** for treatment is not feasible, and if authorized by Northwestern University.

Preferred Care Provider

A health care provider that has contracted to furnish services or supplies for a **Negotiated Charge**, but only if the provider is, with Northwestern University's consent, included in the **directory** as a **Preferred Care Provider** for:

- the service or supply involved, and
- the class of **Covered Persons** of which you are member.

Prescriber

Any person, while acting within the scope of his/her license, who has the legal authority to write an order for a **prescription drug**.

Prescription

An order of a **prescriber** for a **prescription drug**. If it is an oral order, it must be promptly put in writing by the **pharmacy**.

Prescription Drugs

Any of the following:

- A drug, biological, or compounded **prescription**, which, by Federal Law, may be dispensed only by **prescription** and which is required to be labeled “Caution: Federal Law prohibits dispensing without **prescription**”,
- Injectable insulin, disposable needles, and syringes, when prescribed and purchased at the same time as insulin, and disposable Diabetic supplies.

Primary Care Physician

This is the **Preferred Care Provider** who is:

- selected by a person from the list of **Primary Care Physicians** in the **directory**,
- responsible for the person’s on-going health care, and
- shown on Northwestern University’s records as the person’s **Primary Care Physician**.

For purposes of this definition, a **Primary Care Physician** also includes the **School Health Services**.

Reasonable and Customary

The charge which is the smallest of:

- the **Actual Charge**,
- the charge usually made for a covered service by the provider who furnishes it, and
- the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

Reasonable Charge

Only that part of a charge which is reasonable is covered. The **Reasonable Charge** for a service or supply is the lowest of:

- The provider’s usual charge for furnishing it, and
- The charge Northwestern University determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made, and
- The charge Northwestern University determines to be the prevailing charge level made for it in the geographic area where it is furnished.

In some circumstances, Northwestern University may have an agreement, either directly or indirectly through a third party, with a provider which sets the rate that Northwestern University will pay for a service or supply. In these instances, in spite of the methodology described above, the **Reasonable Charge** is the rate established in such agreement.

In determining the **Reasonable Charge** for a service or supply that is:

- Unusual, or
- Not often provided in the area, or
- Provided by only a small number of providers in the area.

Northwestern University may take into account factors, such as:

- The complexity,
- The degree of skill needed,

- The type of specialty of the provider,
- The range of services or supplies provided by a facility, and
- The prevailing charge in other areas.

Recognized Charge

Only that part of a charge which is recognized is covered. The **Recognized Charge** for a service or supply is the lowest of:

- The provider's usual charge for furnishing it, and
- The charge Northwestern University determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply, and the manner in which charges for the service or supply are made, and
- The charge Northwestern University determines to be the **Recognized Charge** percentage made for that service or supply.

In some circumstances, Northwestern University may have an agreement, either directly or indirectly, through a third party, with a provider which sets the rate that Northwestern University will pay for a service or supply. In these instances, in spite of the methodology described above, the **Recognized Charge** is the rate established in such agreement.

In determining the **Recognized Charge** for a service or supply that is:

- Unusual, or
- Not often provided in the area, or
- Provided by only a small number of providers in the area.

Northwestern University may take into account factors, such as:

- The complexity,
- The degree of skill needed,
- The type of specialty of the provider,
- The range of services or supplies provided by a facility, and
- The **Recognized Charge** in other areas.

Residential Treatment Facility

A treatment center for children and adolescents, which provides residential care and treatment for emotionally disturbed individuals, and is licensed by the department of children and youth services, and is accredited as a residential treatment center by the council on accreditation or the joint commission on accreditation of health organizations.

Respite Care

Care provided to give temporary relief to the family or other care givers in emergencies and from the daily demands for caring for a terminally ill **Covered Person**.

Room and Board

Charges made by an institution for board and room and other necessary services and supplies. They must be regularly made at a daily or weekly rate.

Routine Screening for Sexually Transmitted Disease

This is any laboratory test approved for such purposes by the FDA that specifically detects for infection by one or more agents of:

- Gonorrhea,
- Syphilis,
- Hepatitis,
- HIV, and
- Genital Herpes.

School Health Services

Any organization, facility, or clinic operated, maintained, or supported by the school or other entity under contract to the school which provides health care services to enrolled scholars and their **dependents**.

Semi-Private Rate

The charge for **room and board** which an institution applies to the most beds in its semi-private rooms with two or more beds. If there are no such rooms, Northwestern University will figure the rate. It will be the rate most commonly charged by similar institutions in the same geographic area.

Service Area

The geographic area, as determined by Northwestern University, in which the **Preferred Care Providers** are located.

Sickness

Disease or illness including related conditions and recurrent symptoms of the **sickness**. **Sickness** also includes pregnancy, and complications of pregnancy. All **injuries** or **sickness** due to the same or a related cause are considered one **injury** or **sickness**.

Skilled Nursing Facility

A lawfully operating institution engaged mainly in providing treatment for people convalescing from **injury** or **sickness**. It must have:

- organized facilities for medical services,
- 24 hours nursing service by R.N.s,
- a capacity of six or more beds,
- a daily medical records for each patient, and
- a **physician** available at all times.

Sound Natural Teeth

Natural teeth, the major portion of the individual tooth which is present regardless of fillings and is not carious, abscessed, or defective. **Sound natural teeth** shall not include capped teeth.

Surgery Center

A free standing ambulatory surgical facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
 - **physicians** who practice surgery in an area **hospital**, and
 - **dentists** who perform oral surgery.
- Has at least two operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic X-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a registered nurse.
- Is equipped and has trained staff to handle medical emergencies.
- It must have:
 - a **physician** trained in cardiopulmonary resuscitation, and
 - a defibrillator, and
 - a tracheotomy set, and
 - a blood volume expander.
- Has a written agreement with a hospital in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed, and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by **physicians** who do not own or direct the facility.

- Keeps a medical record on each patient.

Surgical Assistant

A medical professional trained to assist in surgery in both the preoperative and postoperative periods under the supervision of a **physician**.

Surgical Expenses

Charges by a **physician** for,

- a surgical procedure,
- a necessary preoperative treatment during a **hospital** stay in connection with such procedure, and
- usual postoperative treatment.

Surgical Procedure

- a cutting procedure,
- suturing of a wound,
- treatment of a fracture,
- reduction of a dislocation,
- radiotherapy (excluding radioactive isotope therapy), if used in lieu of a cutting operation for removal of a tumor,
- electrocauterization,
- diagnostic and therapeutic endoscopic procedures,
- injection treatment of hemorrhoids and varicose veins,
- an operation by means of laser beam,
- cryosurgery.

Totally Disabled

Due to disease or **injury**, the **Covered Person** is not able to engage in most of the normal activities of a person of like age and sex in good health.

Urgent Admission

One where the **physician** admits the person to the **hospital** due to:

- the onset of or change in a disease, or
- the diagnosis of a disease, or
- an **injury** caused by an **accident**, which, while not needing an **emergency admission**, is severe enough to require confinement as an inpatient in a **hospital** within **two weeks** from the date the need for the confinement becomes apparent.

Urgent Condition

This means a sudden illness, **injury**, or condition, that:

- is severe enough to require prompt medical attention to avoid serious deterioration of the **Covered Person's** health,
- includes a condition which would subject the **Covered Person** to severe pain that could not be adequately managed without urgent care or treatment,
- does not require the level of care provided in the emergency room of a **hospital**, and
- requires immediate outpatient medical care that cannot be postponed until the **Covered Person's physician** becomes reasonably available.

Urgent Care Provider

This is:

- A freestanding medical facility which:
 - Provides unscheduled medical services to treat an **urgent condition** if the **Covered Person's physician** is not reasonably available.
 - Routinely provides ongoing unscheduled medical services for more than eight consecutive hours.
 - Makes charges.
 - Is licensed and certified as required by any state or federal law or regulation.
 - Keeps a medical record on each patient.

- Provides an ongoing quality assurance program. This includes reviews by **physicians** other than those who own or direct the facility.
- Is run by a staff of **physicians**. At least one such **physician** must be on call at all times.
- Has a full-time administrator who is a licensed **physician**.

It is not the emergency room or outpatient department of a hospital.

Walk-in Clinic

A clinic with a group of **physicians**, which is not affiliated with a **hospital**, that provides: diagnostic services, observation, treatment, and rehabilitation on an outpatient basis.

CLAIM PROCEDURE

Claim forms and medical bills should be submitted to:

Benefit Administrative Systems, LLC
PO Box 2920
Milwaukee, WI 53201-2920

EDI: Payor ID 36149

1-800-523-0582

PRESCRIPTION DRUG CLAIM PROCEDURE

The Plan pays for 50% of prescription costs. Scholars may go to Student Health Center Pharmacy and pay only their 50% (the Plan will be billed for the other 50%). The Student Health Center Pharmacy cannot fill prescriptions for Scholar dependents or spouses.

Scholars, spouses and dependents using local pharmacies to fill prescriptions will pay 50% of the prescription cost at the time the prescription is filled. Scholars will be reimbursed 50% for each prescription fill for each 30 day's supply.

MEDICAL EVACUATION AND REPATRIATION BENEFITS

Medical Evacuation Benefit

Subject to prior approval from the University's Office of Risk Management, as an additional benefit, the Plan will cover, up to a lifetime maximum of \$50,000, charges for air evacuation of an injured or ill insured scholar along with a healthcare provider or escort if authorized by the attending physician, to the scholar's home country or country of regular domicile, provided such air evacuation:

1. is upon the attending physician's written certification;
2. result from a covered injury or illness; and
3. does not occur prior to the benefit approval.

Repatriation Benefit

As an additional benefit, the Plan will cover, up to a maximum of \$25,000 in the aggregate, reasonable expenses which are incurred in connection with the preparation and transportation of the body of a deceased insured scholar to their place of residence in their home country. This benefit does not include transportation expenses for any person accompanying the body. Prior approval from the Office of Risk Management is required.

CONTINUATION BENEFITS

Benefits will be payable up to a maximum of benefit of \$5,000 or 13 weeks, which ever comes first, for a covered injury or illness for which the insured scholar has a continuing claim on the date the individual's insurance terminates.