

A Guide to Health Services
Including
Student Injury and Sickness
Insurance Plan

Designed for the Students of

Howard University

("the Policyholder")

Washington, DC 20059

www.howard.edu/studenthealth

Insurance Plan for **2010 - 2011**

Administrator Policy Number: CHH0091421
Underwriter Reference Number: CAS9499775

HOWARD
UNIVERSITY

UNDERWRITTEN BY:

National Union Fire Insurance Company of Pittsburgh, Pa.,
with its principal place of business in New York, NY ("the company")

Please keep this brochure as a general summary of the insurance. This is only a brief description of the coverage available under policy series S30494NUFIC-DC. The Policy on file at the University may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, the Policy shall govern.

TO: HOWARD UNIVERSITY STUDENTS AND THEIR PARENTS

The Student Health Center staff extends a warm welcome to all students and parents. The Center, a patient treatment unit of the Howard University Division of the Senior Vice President for the Health Sciences, provides full-time and part-time students with access to care for acute sickness and injuries, chronic disease management, specialty referrals, health promotion, and disease prevention education. Part I of this program applies to the range of services available at the University's Student Health Center. Part II refers to the Injury and Sickness Plan underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. Both of these services are explained in this booklet. I urge you to read this booklet carefully to understand the scope and cost limitations. Retain this booklet for future reference. On the last page is your identification card. Please remove and keep with your other personal identification.

Our staffing consists of a team of competent health educators, physicians, physician assistants, nurse practitioners, nurses, medical assistants, and administrative support staff who are prepared to provide you with quality care in a safe and confidential environment. Your comments and suggestions regarding our services are important to us.

We encourage you to visit our website at www.howard.edu/StudentHealth for additional information and resources.

ENHANCEMENTS TO THE 2010-2011 POLICY

- Eligible Expenses incurred in a Network Hospital will be payable up to the average semi-private room rate.
- Attention Deficit Disorder medications will be considered under the Prescribed Medicine Expense benefit.
- For Plan A, no referral is required from the Student Health Center for Dental Treatment rendered in the Howard University Outpatient Clinic at the College of Dentistry.
- For Plan A, no referral is required from the Student Health Center for treatment of mental illness.
- For Plan A, a wellness benefit, including routine physicals and gynecological exams, was added for services rendered at the Student Health Center or Faculty Practice Plan/GWU-MFA only.
- The Accidental Death & Dismemberment Benefit Maximum Amount (student only) has been increased to \$10,000.

Enrollment for Optional Buy Up Plan B must be completed by September 30, 2010 for Fall term and by February 28, 2011 for Spring term at www.summitamerica-ins.com/howard.

PLEASE UNDERSTAND THAT YOU WILL NOT BE ABLE TO ACCESS THE PRESCRIPTION PROGRAM AND HAVE YOUR PRESCRIPTIONS PAID BY THE PLAN UNTIL YOU ARE CONFIRMED BY THE OFFICE OF ADMISSIONS AS A VALIDATED HOWARD UNIVERSITY STUDENT FIRST FOR EACH SEMESTER THAT YOU ARE ENROLLED. YOU ARE ENCOURAGED TO MAKE CERTAIN THAT YOU ARE VALIDATED AS QUICKLY AS POSSIBLE THROUGH THE OFFICE OF ADMISSIONS.

TABLE OF CONTENTS

Letter to Howard University Student and Their Parents	1
Staff Directory.....	3
Frequently Used Numbers.....	4
Are You a New Student or a Returning Former Student?.....	5
Withdrawal From School	6
Services Provided in Facilities at the Student Health Center	6
What to do if You Need Medical Care.....	6
Appointments.....	6
Urgent Care	6
Life Threatening Emergencies.....	7
Transportation to the Student Health Center or Hospital.....	7
Health Education Services.....	7
Script Care Prescriptions.....	7
What to do if You Are Already Taking Medications and Need to Get Your Prescription Refilled.....	7
What to do if You Need Mental Health Care or Counseling	8
What to do if You Need Dental Services.....	8
What if You Are Absent From Classes Due to an Illness	8
Your Guide to Medical Care	8
Your health information, how it is used, protected and disclosed.....	9

STAFF DIRECTORY

Director

Evelyn Treakle-Moore, M.D., F.A.C.P. (Internal Medicine)

Provider Staff

Zada Sanders, M.D. (Internal Medicine).....Physician
Kim R. Scott-McGee, M. D. (Internal Medicine)Physician
Chantal Perrier-Taylor, P.A.C..... Physician Assistant
Alice Ukaegbu, N.P.....Nurse Practitioner

Nursing Staff

Monique Gorham, B.S.N., R.N Nurse Manager
Ebidu Deen, LPN.....Licensed Practical Nurse
Carlyle Fletcher, LPN.....Licensed Practical Nurse

Support Staff

Philomin Rathinam Administrative Assistant
Tameka Hight.....Medical Assistant
Tameka Jenkins.....Medical Assistant
Constance Hollowell.....Administrative Assistant
LaKisha McMillian..... Administrative Assistant
Moses Sam.....Administrative Aide
Sheila Sawyer.....Administrative Aide

THE HOWARD UNIVERSITY STUDENT HEALTH CENTER

A PATIENT TREATMENT UNIT OF THE HOWARD UNIVERSITY

DIVISION OF THE SENIOR VICE PRESIDENT FOR THE HEALTH SCIENCES

Eve J. Higginbotham, M.S., M.D.....Sr. Vice President and Executive Dean
for Health Sciences
Robin C. Newton, M.D., F.A.C.P.Assoc. Sr. Vice President
for Health Sciences

FREQUENTLY USED NUMBERS

Howard University Student Health Center.....	806-7540
Howard University Hospital	865-6100
Howard University Hospital Emergency Care Area	865-1141
Howard University Campus Police/Transportation	806-1100
Howard University Campus Police if you are in a dangerous situation.....	806-7777
Howard University Chapel.....	806-7280
Howard University College of Dentistry.....	806-0007
Howard University Counseling Service	806-6870
Howard University Office of Financial Services.....	806-2820
Howard University Office of the General Counsel.....	806-2650
Howard University Office of Special Student/Disability Services.....	238-2420
U.S. Centers for Disease Control Information Hotline	1-800-342-2437
National Gay/Lesbian (GLBT) Hotline	1-888-843-4564
D.C. Emergency Medical Service/Ambulance.....	911
My Nurse Line (Nurse Advice Line 24 Hours a Day)	1-866-509-7715

THE STUDENT HEALTH CENTER LOCATION AND HOURS OF OPERATION

THE MEDICAL ARTS BUILDING

**2139 Georgia Avenue, NW. (Georgia Ave and W Sts, NW one block from the bookstore)
Suite 201 – 2nd floor
Washington, D.C., 20059**

Clinics (Referral Obtained Here)	Fall & Spring Semesters	All Semester Breaks & Summer Sessions
STUDENT HEALTH SERVICES Phone: (202) 806-7540 Fax: (202) 806-7416	Monday - Friday 8:00 a.m. – 5:00 p.m. Except Wednesday 10:00 a.m.- 7:00 p.m.	Monday - Friday 9:00 a.m. – 3:00 p.m.

HOWARD UNIVERSITY COLLEGE OF DENTISTRY CLINIC 600 W. STREET N.W. WASHINGTON, DC 20059 Phone: (202) 806-0008 Emergency: (202) 806-0007	Hours of Operation: Monday, Tuesday, Thursday, Friday 10:00 a.m. – 1:00 p.m. Monday through Friday 2:00 p.m. - 5:00 p.m. Wednesday 9:00 a.m.- 12:00 p.m.
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Plan A: Insurance benefits are not available if the student does not first report to a health center facility. (SOME TREATMENT DOES NOT REQUIRE A REFERRAL.)

Unauthorized use of outside medical facilities may result in bills for which the patient is responsible.

Plan A & Plan B: Emergency Ambulance Service is for emergency transportation only and not for routine transportation. Unauthorized use of the ambulance will result in the student paying for the service. Visits to the Emergency Room should be reserved for Emergency Medical Conditions only.

ARE YOU A NEW STUDENT OR A RETURNING FORMER STUDENT?

The Student Health Center staff extends a warm welcome to all. All students entering a school or college of the University for the first time or returning after an absence of a semester or more, are required to submit a completed **Report of Medical History as well as an Immunization and Tuberculosis Screening Certificate signed by a licensed health care provider**. Please note that there is a separate Immunization and Tuberculosis Screening Certificate form for students entering Health Professions schools as opposed to those entering Non-Health Professions schools. Enclosed in this package are all the forms that you will need to document the health requirements. If you have not received the forms with this letter, please access our website www.howard.edu/studenthealth for the most updated information and forms on the University's health requirements. You should take this letter, a copy of all of your immunization records, and the enclosed health-related forms to your health care provider for review; this will allow your health care provider to complete the forms appropriately.

Compliance with the immunization requirements is mandatory and your medical clearance is a prerequisite for registration. Therefore you should complete all medical requirements prior to coming to our campus. The forms should be submitted directly to the Student Health Center as soon as possible but **no later than July 1 for Fall entrants and no later than December 1 for Spring entrants** to avoid a medical hold and any unnecessary delays in your registration. Students may mail the completed forms to the Student Health Center and/or fax the forms to the Student Health Center (202-806-7416). Students should retain a copy of all documents submitted to the Student Health Center. Whenever there are questions concerning immunization compliance and/or a medical hold, the student should have on hand a copy of all immunization information submitted to the Student Health Center (do not submit the original copies of your childhood immunization records).

If for some reason a student is unable to complete the immunization requirements before presenting to Howard's campus, students may come to the Student Health Center for assistance in meeting the immunization requirements. However, students who are non-compliant with the immunization requirements will be on medical hold and the student should expect to remain on medical hold until he/she is compliant with all the required immunizations.

Finally, let me share information with you on the **Meningococcal vaccine**. Meningococcal disease, a potentially fatal bacterial infection, has received much media discussion over the past several years. Even though the vaccine does not protect the student from all the strains that cause this form of meningitis, up to 83% of all cases in adolescents and young adults could have been potentially prevented by this vaccine. **The CDC recommends that college students, particularly freshmen living in residence halls, be educated about meningitis and the benefits of vaccination.** The recommendation further states that information about the disease and vaccination is appropriate for other undergraduate students who also wish to reduce their risk for the disease. Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death. **On May 2, 2008, the District of Columbia Health Department regulations mandated that all students entering a college for the first time receive the meningococcal vaccine or sign a waiver. We strongly recommend that all students planning to live in University housing receive the Meningococcal vaccine before arriving on campus.** Please visit our website www.howard.edu/studenthealth and learn about access to health care at Howard University.

WITHDRAWAL FROM SCHOOL

The University reserves the right to request withdrawal of any student because of illness or failure to comply with specified health requirements in relation to such a malady. In each case of requested withdrawal or denial of registration for reasons of health, the recommendation of the officials of the Student Health Center is submitted to the Dean of Special Student Services for final processing.

SERVICES PROVIDED IN FACILITIES AT THE STUDENT HEALTH CENTER

Services listed below with an asterisk * are covered by the current Student Accident and Sickness Insurance up to the applicable Wellness Benefit maximums. Please check with the receptionist for the cost, if any, when scheduling your appointment.

- Care for acute sicknesses or injuries that are not life threatening
- Care for chronic sicknesses routinely managed by primary care providers
- Referral to the hospital for emergency services
- Sexually transmitted diseases (including HIV) screening and testing (Free through a grant)
- Abstinence counseling and education
- Prenatal care referral to the Howard University Hospital
- Referral for specialty care at the Howard University Hospital
- Required immunizations for those students who, for compelling reasons, are unable to complete the immunization requirements prior to coming to campus*
- Tuberculosis screening as required for matriculation, employment, or academic studies*
- Referrals for mammograms and colorectal cancer screening
- Health promotion and disease prevention counseling and education
- “Flu” shots/ influenza vaccination*

WHAT TO DO IF YOU NEED MEDICAL CARE

APPOINTMENTS

Make an appointment to see your provider. On your first visit, you will be assigned to a primary healthcare provider (PCP). This provider may be a physician, physician assistant, or nurse practitioner. Appointments can be made for all clinics by calling (202) 806-7540. If you must cancel or reschedule, please give us 24 hours notice; this allows us to move other students who are waiting for appointments into your slot. Students not reporting on time for appointments may be rescheduled for another time.

URGENT CARE

If you are acutely ill but think that you can wait 24 hours to be seen, call ahead for an appointment the following day. Talk with the advice nurse (1-866-509-7715) who is available 24 hours a day, if you are not sure. The nurse can assist you in deciding whether to wait or to come in right away for evaluation. Of course, you can always walk in if you feel that you are too ill to wait or call. The student health center staff will take the appropriate steps to provide you with appropriate care.

LIFE THREATENING EMERGENCIES

Call 911 for ambulance services if there is a life threatening medical emergency. Tell the operator the nature of the emergency, your name, address and room number or apartment number. If you are in one of the residence halls, notify the office or resident assistant (RA) of the emergency also. You should be the last one to hang up the phone. Remember, Emergency Ambulance service is for emergency transportation only and not for routine transportation. Unauthorized use of the ambulance will result in you, the student, paying for the service.

TRANSPORTATION TO THE STUDENT HEALTH CENTER OR HOSPITAL

If non-emergency transportation is needed from the dormitory to the Student Health Center or to the Howard University Hospital, staff personnel in the residence hall shall be notified who will place the telephone call to the Campus Police or to an ambulance for the transport. The ambulance service shall only be used for emergency/life-threatening conditions. The number for the campus police is (202) 806-1100. Failure to follow these procedures may result in the student paying for the ambulance cost.

HEALTH EDUCATION SERVICES

The Student Health Center offers a variety of services to help students develop and maintain positive health behaviors and prevent disease. This is accomplished through increasing awareness of various health issues (sexual health, nutrition, weight management, wellness, fitness, alcohol, tobacco, and other drugs), promoting healthy lifestyle choices, providing health counseling, and conducting health promotion programs and outreach activities. For more information or for an appointment, call 806-7540.

SCRIPT CARE PHARMACY NETWORK

Each prescription or refill that is obtained at a Script Care participating pharmacy for a covered Sickness or Injury and is subject to a \$10 co-payment for generic drugs, a \$25 co-payment for brand-name formulary drugs and a \$50 co-payment for brand-name non-formulary drugs. Each prescription or refill is limited to a 30-day supply per month. The prescription drug benefit through Script Care is \$500 per policy year for Plan A and \$2,000 per policy year for Plan B. Covered Persons should present their ID card to the Script Care participating pharmacy when the prescription is filled. If the Covered Person does not present his or her ID card when the prescription is filled, he or she will have to pay for the prescription and then submit a reimbursement form along with the paid receipt in order to be reimbursed. Mail Order is limited to a 90-day supply after a \$20 co-payment for generic drugs, a \$50 co-payment for brand-name formulary drugs and a \$100 co-payment for brand-name non-formulary drugs. To obtain reimbursement forms or for information about mail-order prescriptions or network pharmacies, please call the Script Care Pharmacy Help Desk toll free at 1-877-439-7344 or visit their website at www.scriptcare.com.

WHAT TO DO IF YOU ARE ALREADY TAKING MEDICATIONS AND NEED TO GET YOUR PRESCRIPTION REFILLED

Contact your doctor who wrote the prescription and request a refill. If you are unable to obtain a refill, then you must make an appointment to see your assigned health care provider at the Student Health Center. Bring your medications and any medical records you possess on the day of your appointment.

WHAT TO DO IF YOU NEED MENTAL HEALTH CARE OR COUNSELING

The University Counseling Service provides a comprehensive range of mental health services to all students. These services range from screening to crisis intervention, psychological and psychiatric services. Simply call 806-6870 for assistance, location, and hours of operation. No referral is required for care at the Counseling Center.

WHAT TO DO IF YOU NEED DENTAL SERVICES

Dental services are available to students in the outpatient clinic of Howard University College of Dentistry. Speak with the Dental Staff to discuss any costs associated with the service you are requesting. The insurance plan covers preventive, diagnostic, basic restorative, and major replacement, subject to fees on file at the Howard University College of Dentistry and with Summit America Insurance Services. Call 202-806-0007 to schedule an appointment. Dependents are not eligible for payment by the Plan.

WHAT IF YOU ARE ABSENT FROM CLASSES DUE TO AN ILLNESS

Upon request of the student, instructor, or administrative officer, the Student Health Center will provide a written statement only when one of the following conditions has been met:

1. The student has been ill, in bed, and under the care of the Student Health Center or confined in a hospital.
2. The student has been ill, at home, and is able to bring a suitable statement of disability during the illness from the attending provider.

CONFIDENTIALITY


Our personal convictions as well as our ethical and legal obligations ensure complete professional confidentiality.

The United States Government passed a Federal Law called The Health Insurance Portability and Accountability Act to ensure that your medical information is protected within defined limits of the law. The Howard University Health Sciences Notice of Privacy Practices can be found in this booklet. Please read it carefully. It describes how medical information about you may be used and disclosed and how you can get access to this information. If you have any questions regarding your rights, you may also email the University's Privacy Officer at Privacy@huhosp.org.


YOUR GUIDE TO MEDICAL CARE

Through the years we have found that students who remember the following suggestions are most satisfied with their medical care. Your cooperation will lessen the impact of an illness and help your recovery.


- SEEK MEDICAL ADVICE EARLY.** In any illness, early care helps toward early recovery.
- RETURN VISITS ARE IMPORTANT.** When you are scheduled by the health professional, or if you develop new symptoms, or believe your recovery is incomplete, please return.
- COMPLETING A COURSE OF MEDICATION** is of great importance. Often students stop taking medications as soon as they feel better, only to suffer a relapse.
- COMMUNICATION IS IMPORTANT.** Effective communication is an essential part of good care. We want you to understand your diagnosis and our rationale for treatment, so please don't hesitate to ask questions. Ask three simple questions at every visit:



What is My
Main Problem?



What Do I
Need to Do?



Why is it
Important for
Me to Do This?



HOWARD UNIVERSITY HEALTH SCIENCES NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHEN THIS NOTICE APPLIES

This notice summarizes the privacy practices of Howard University Hospital and its affiliated clinics, the Howard University Faculty Practice Plan, the Howard University Dental Clinics, the Howard University Student Health Center, and the workforce, medical staff, physicians and health care providers that provide you with treatment and health care services at such locations (collectively referred to as "Howard University Health Sciences"). We may share health information about you with each other for purposes described in this notice, including for our joint administrative activities.

OUR OBLIGATIONS

We are required by law to:

- Maintain the confidentiality of protected health information;
- Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

Some kinds of health information also are subject to separate special privacy protections under the laws of the District of Columbia, so that portions of this notice may not apply. If you receive alcohol or substance abuse services or treatment from our substance abuse treatment program, you will receive a separate notice describing how we may use and disclose and protect the privacy of health information regarding your alcohol or substance abuse treatment. If you receive mental health services or treatment, you should contact the Privacy Officer at the address at the end of this Notice to obtain further information on the special protections afforded to this information. In addition, special rules apply to medical records and information relating to acquired immune deficiency syndrome ("AIDS"). The section below entitled "How We May Use and Disclose HIV/AIDS Information" describes how we may use and disclose this type of Health Information.

The following categories of activities describe the ways that we may use and disclose health information that identifies you ("Health Information"). Some of the categories include examples, but not every type of use or disclosure included in a category is listed. Except for the categories of activities described below, we will use and disclose Health Information only with written permission from you. If you give us permission to use or disclose Health Information for a purpose not listed in this notice, you may revoke that permission at any time by sending a written request to our Privacy Officer at the address listed at the end of this notice.

- For Treatment.*** We may use Health Information to treat you or provide you with health care services. We may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our facilities or clinics who may be involved in your medical care. For example, we may tell your primary physician about the care we provided you or give Health Information to a specialist to provide you with additional services as appropriate for treatment purposes.
- For Payment.*** We may use and disclose Health Information so that we or others may bill or receive payment from you, from a government program or an insurance company or other responsible third party for the treatment and services you receive. For example, we may give your health plan information about your treatment so that they will pay for such treatment. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- For Health Care Operations.*** We may use and disclose Health Information for health care operations, which are administrative activities involved in running a health care system.

These uses and disclosures are necessary to maintain high quality care when delivering services to our patients and for our business and management purposes. For example, we may use Health Information to review the adequacy and quality of the care that our patients receive, and the efficiency of our activities.

- d) **Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose Health Information to contact you as a reminder that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment options or alternatives or health-related benefits and services that may be of interest to you.
- e) **Fundraising Activities.** We may use Health Information to contact you in an effort to raise money for Howard University Health Sciences. We may disclose Health Information to a related foundation or to our business associates so that they may contact you to raise money for us.
- f) **Facility Directory.** If you are a Hospital patient, we may list your name and location in our Hospital directory, unless you ask us not to. We may disclose this information to anyone who asks for you by name.
- g) **Pastoral Care.** We may disclose the information in our facility directory and information that you choose to provide us regarding your religious affiliation to members of the clergy for use and disclosure in their religious activities.
- h) **Individuals Involved in Your Care or Payment for Your Care.** We may disclose Health Information to a person, such as a family member or friend, who is involved in your medical care or helps pay for your care. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- i) **Research.** Under certain circumstances, we may use and disclose Health Information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication or treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. This process evaluates a proposed research project and its use of Health Information to balance the benefits of research with the need for privacy of Health Information. We also may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, so long as they do not remove or take a copy of any Health Information.

SPECIAL CIRCUMSTANCES

In addition to the above, we may use and disclose Health Information in the following special circumstances:

- j) **As Required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law.
- k) **To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.
- l) **Business Associates.** We may disclose Health Information to the business associates that we engage to provide services on our behalf if the information is necessary for such services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract with them.
- m) **Organ and Tissue Donation.** We may release Health Information to organizations that collect statistics on organ donation, and to an organ procurement organization or tissue bank, as necessary to follow through on any steps you already have taken to be an organ or tissue donor.
- n) **Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health

Information to the appropriate foreign military authority if you are a member of a foreign military.

- o) **Workers' Compensation.** We may disclose Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- p) **Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; if authorized by law, notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of our facilities in certain limited circumstances concerning workplace illness or injury. We also may release Health Information to an appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; however, we will only release this information if you agree or when we are required or authorized by law.
- q) **Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of our facilities and providers. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- r) **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- s) **Law Enforcement.** We may release Health Information if asked by a law enforcement official as follows: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- t) **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. In some circumstances this may be necessary, for example, to determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.
- u) **National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- v) **Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- w) **Inmates or Individuals in Custody.** In the case of inmates of a correctional institution or that are under the custody of a law enforcement official, we may release Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

HOW WE MAY USE AND DISCLOSE HIV/AIDS INFORMATION

We may use your medical records and information relating to HIV/AIDS so that we can provide you with care, assure payment for our services, and in administrative activities to assure the quality of our care and the safety of our workforce, physicians and other patients. We may disclose this information outside of Howard University Health Sciences only with your written consent, pursuant to a court order, or as required by law.

YOUR RIGHTS

You have the following rights, subject to certain limitations, regarding Health Information we maintain about you:

- a) ***Right to Inspect and Copy.*** You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care ***in accordance with our HIPAA Privacy procedures.***
- b) ***Right to Amend.*** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is maintained by or for us. You must tell us the reason for your request. ***We are not required to agree to your amendment.***
- c) ***Right to an Accounting of Disclosures.*** You have the right to request an accounting of certain disclosures of Health Information we made.
- d) ***Right to Request Restrictions.*** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. ***We are not required to agree to your request.*** You have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about your surgery with your spouse. If we agree to your request, we will comply with your request unless we need to use the information in certain emergency treatment situations.
- e) ***Right to Request Confidential Communications.*** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- f) ***Right to a Paper Copy of This Notice.*** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at either of our websites, www.howard.edu or www.huhosp.org.

HOW TO EXERCISE YOUR RIGHTS

Only our Privacy Officer can grant your request to exercise any of your rights described in this Notice. To exercise any of your rights, you must send a request, in writing, to our Privacy Officer:

Attn: Privacy Officer
Office of the Chief Compliance Officer for Health Sciences
Howard University Hospital
2041 Georgia Avenue, N.W., Ste. 2066
Washington, D.C. 20060

You may also email us at Privacy@huhosp.org.

NO OTHER PERSON, STAFF MEMBER, PHYSICIAN, NURSE, OR CLERGY MEMBER IS AUTHORIZED TO GRANT ANY REQUEST TO EXERCISE THE RIGHTS DESCRIBED IN THIS NOTICE.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for Health Information we already have as well as any information we receive in the future. We will post a copy of the current notice at our hospital, clinics and physician offices. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS AND QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at the address listed above. All complaints must be made in writing. You will not be penalized for filing a complaint.

If you have any questions about this notice, please contact the Health Sciences Privacy Officer at **202.865.5266**.

STUDENT INJURY AND SICKNESS INSURANCE PLAN - TABLE OF CONTENTS

Eligibility.....	14
Effective and Termination Dates.....	14
Dependents.....	15
Premium Costs.....	15
Preferred Provider Information.....	16
Schedule of Plan A Basic Medical Expense Benefits.....	17-20
Schedule of Plan B Basic Medical Expense Benefits.....	21-24
Accidental Death and Dismemberment Benefits.....	25
Additional Benefits.....	25
Extension of Benefits After Termination.....	26
Substance Abuse and Mental Illness Expense.....	26-27
Pre-Admission Tests Expense Benefits.....	28
Maternity Testing.....	28
Student Health Center Referral.....	29
Definitions.....	29-32
Exclusions and Limitations.....	32-33
Coordination of Benefits.....	33
Reimbursement and Subrogation.....	34
Pre-Existing Conditions Limitations.....	34
Credit for Prior Coverage.....	34-35
Continuous Insurance.....	35
Certificate of Creditable Coverage.....	35
Intercollegiate Sports Injury Insurance.....	35
Privacy Policy.....	36
Alternative Coverage.....	36
Online Services.....	36
Prescription Discount Card.....	36
Claim Procedures.....	36
Travel Guard Travel Assist and Student Assist Services.....	37-38
24-Hour Nurse Advice Line.....	39
Discount Vision Program.....	39
ID Card.....	41-Back Cover

ELIGIBILITY

All full-time and part-time domestic and international students are automatically enrolled in Plan A at registration and the applicable premium is charged to their tuition bill. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. A Covered Student must meet the eligibility requirements each time premium is paid to continue coverage. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been and continue to be met. If the Company discovers that the Eligibility requirements have not or are not being met, its only obligation is to refund premium less any claims paid.

A student charged for Plan A may choose to upgrade to the enhanced Plan B by completing the enrollment process and submitting the appropriate premium. To enroll, go to www.summitamerica-ins.com, click on "Students", then choose "DC" and "Howard University", on the drop down menu. Click on "Enhanced Plan Enrollment" and complete the online enrollment form with payment. Enrollment must be completed by September 30, 2010 for the fall term and by February 28, 2011 for the spring term. No enrollment will be accepted beyond these dates. The only exceptions are for enrolling a new dependent within 31 days of birth, marriage, adoption or arrival in the U.S. Appropriate documentation must be submitted at time of enrollment. If elected, the enhanced Plan B replaces Plan A.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the Student Health Center becomes effective 12:01a.m. July 1, 2010. Coverage becomes effective on the first day of the period for which premium is paid or the day after the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates 11:59 p.m. July 31, 2011. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Covered Student or extend beyond that of the Covered Student, except as specifically provided under the Extension of Benefits. The Covered Person must meet the Eligibility requirements each time premium is paid to continue insurance coverage. To avoid a lapse in coverage, premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely premium payments to avoid a lapse in coverage. Refunds of premiums are allowed only upon entry into the armed forces. Similar coverage may be purchased for the following academic year. It is the Covered Student's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.

DEPENDENTS

An eligible Student may also purchase coverage for his or her eligible dependents. An eligible dependent is the Covered Student's legal spouse and unmarried children under 19 years of age, or to age 25 if a full time student, who is not self-supporting. Dependents must be enrolled for the same Plan and term of coverage for which the Covered Student is enrolled. To enroll dependents, please go to www.summitamerica-ins.com/howard or call Summit America Insurance Services at 800-955-1991.

PREMIUM COSTS

Plan A - Basic Plan (mandatory for all students; voluntary for dependents)

For Dependents of Domestic and F-1 Visa Students:

Annual (8/1/10 - 7/31/11)

Spouse	\$1,972	Spouse & Child(ren).....	\$2,828
Child(ren).....	\$856		

Fall (8/1/10 - 12/31/10)

Spouse	\$986	Spouse & Child(ren).....	\$1,414
Child(ren).....	\$428		

Spring (1/1/11 - 7/31/11)

Spouse.....	\$986	Spouse & Child(ren).....	\$1,414
Child(ren).....	\$428		

For Dependents of J-1 Visa International Students:

Annual (8/1/10 - 7/31/11)

Spouse	\$2,788	Spouse & Child(ren).....	\$3,632
Child(ren).....	\$844		

Fall (8/1/10 - 12/31/10)

Spouse	\$1,394	Spouse & Child(ren).....	\$1,816
Child(ren).....	\$422		

Spring (1/1/11 - 7/31/11)

Spouse.....	\$1,394	Spouse & Child(ren).....	\$1,816
Child(ren).....	\$422		

Plan B - Enhanced Plan (voluntary buy up for all students; voluntary for dependents)

Annual (8/1/10 - 7/31/11)

Student.....	\$699	Child(ren).....	\$1,560
Spouse	\$3,600	Spouse & Child(ren).....	\$5,160

Fall (8/1/10 - 12/31/10)

Student.....	\$349.50	Child(ren).....	\$780
Spouse	\$1,800	Spouse & Child(ren).....	\$2,580

Spring (1/1/11 - 7/31/11)

Student.....	\$349.50	Child(ren).....	\$780
Spouse	\$1,800	Spouse & Child(ren).....	\$2,580

PREFERRED PROVIDER INFORMATION

The Howard University Student Injury and Sickness Insurance Plan provides access to hospitals and health care providers locally and across the country through the Multiplan Preferred Provider Network. While the Covered Person may utilize any provider he or she chooses, he or she will decrease his or her out-of-pocket expenses if he or she receives care locally and nationally through the MultiPlan Provider Network. Use of this network of providers is strictly optional.

Network Providers are Doctors, Hospitals, and other health care providers who are contracted to provide medical care at a negotiated fee, or Allowable Charge. It is to the advantage of Covered Person to use Network Providers to help reduce out-of-pocket expenses, as any applicable coinsurance is based on the Allowable Charge. Non-Network Providers have not agreed to an Allowable Charge and consequently the Covered Person's out-of-pocket costs may be greater.

The Covered Person should be aware that Network Hospitals may be staffed with Non-Network Providers. Receiving services or care from a Non-Network Provider at a Network Hospital does not guarantee that all charges will be paid at the Network Provider level of benefits. It is important that the Covered Person verify that his or her Doctors are Network Providers when calling for an appointment or at the time of service.

The most efficient and accurate way to identify Network Providers is to call MultiPlan Preferred Provider Network toll-free at 800-672-2140 or visit their website at www.multiplan.com.

PLAN A: SCHEDULE OF BASIC MEDICAL EXPENSE BENEFITS

Up to \$5,000 (Each Injury) Up to \$5,000 (Each Sickness) Maximum Benefit Paid as specified below. **Note:** Students must first seek treatment at the Howard University Student Health Center when enrolled as an eligible student. The student must use the services of the Health Center first where treatment will be administered, or referral issued, except when a student graduates from the university and that student is no longer eligible for services at the SHC. The student can then seek the health care facility of their choice. See Section on Page 29. Dependents should use Howard University Hospital for benefits as referenced below. The Policy provides benefits for the Reasonable and Customary Charges (R&C) incurred by a Covered Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$5,000 for each Injury and \$5,000 for each Sickness. Benefits will be paid up to the Maximum Amount for each service as scheduled below subject to the Injury or Sickness Maximum Benefit. Benefit for each service as scheduled below.

ELIGIBLE EXPENSES INCLUDE:

INPATIENT		
	INJURY MAXIMUM AMOUNT	SICKNESS MAXIMUM AMOUNT
Room & Board Expense , limited to the average semi-private room rate; (includes general nursing care).	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of Allowable Charges for PPO Providers, otherwise \$200 per day.
Hospital Miscellaneous Expenses , includes expenses incurred for anesthesia and operating room; laboratory tests and x-rays (including professional fees); oxygen tent; drugs, medicines, dressings; and other Medically Necessary and prescribed hospital expenses.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO providers, otherwise R&C.
Intensive Care	Paid under Room & Board Expense.	Paid under Room & Board Expense.
Pre-admission Testing , hospital confinement must occur within 3 days of the testing).	100% of the Allowable Charges for PPO providers, otherwise R&C.	Paid under Hospital Miscellaneous Expense.
Registered Nurse , (Private Duty Nursing).	100% of the Allowable Charges for PPO providers, otherwise R&C.	No Benefits.
Physiotherapy	100% of the Allowable Charges for PPO providers, otherwise R&C.	No Benefits.
Surgeon's Fees , no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO Providers, otherwise 100% R&C, subject to a combined PPO/Non-PPO Maximum Amount of \$1,000 per Sickness.
Assistant Surgeon's Fees	100% of the Allowable Charges for PPO providers, otherwise R&C.	No Benefits.
Anesthesia , professional services administered in connection with inpatient surgery.	100% of the Allowable Charges for PPO providers, otherwise R&C.	25% of amount paid for surgery.

	INJURY MAXIMUM AMOUNT	SICKNESS MAXIMUM AMOUNT
Doctor's Expense , limited to one visit per day. Benefits do not apply when related to surgery.	100% of the Allowable Charges for PPO providers, otherwise &C.	100% of the Allowable Charges for PPO providers, otherwise R&C.
Routine Newborn Care , while hospital confined and routine nursery care provided immediately after birth.	No Benefits.	Paid as any other Sickness.
Substance Abuse/Mental Illness Expense , including all related and ancillary charges. Doctor's visits are limited to one visit per day.	No Benefits.	See Substance Abuse/Mental Illness Expense on page 26.
OUTPATIENT		
Surgeon's Fees , no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO Providers, otherwise 100% R&C, subject to a combined PPO/Non-PPO Maximum Amount of \$1,000 per Sickness.
Assistant Surgeon's Fees	100% of the Allowable Charges for PPO providers, otherwise R&C.	No Benefits.
Anesthesia , professional services administered in connection with outpatient surgery.	100% of the Allowable Charges for PPO providers, otherwise R&C.	25% of amount paid for surgery.
Day Surgery Facility/ Misc. , when scheduled surgery is performed in a Hospital or outpatient facility, including the use of the operating room, laboratory tests and x-ray examinations (including professional fees), anesthesia, infusion therapy, drugs or medicines and supplies, therapeutic services (excluding Physiotherapy or take home drugs and medicines). R&C Charges for Day Surgery Misc. are based on the most recent edition of the Outpatient Surgical Facility Charge Index.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO Providers, otherwise 100% R&C, subject to a combined PPO/Non-PPO Maximum Amount of \$1,000 per Sickness.
Outpatient Misc. Benefits includes: Physiotherapy Laboratory, X-ray Exams, CAT Scans, MRI and annual Cytologic Screening (SHC referral not required for Cytologic Screening), Insulin and Diabetic Related Supplies Tests & Procedures (diagnostic services and medical procedures performed by the Doctor, other than Doctor's visits physiotherapy, x-rays and lab procedures.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges up to \$2,000 for PPO providers, otherwise 100% of R&C up to \$30 per day, up to 3 visits per day, up to \$100 max per Sickness.

	INJURY MAXIMUM AMOUNT	SICKNESS MAXIMUM AMOUNT
Doctor's Expense , limited to one visit per day. Benefits do not apply when related to surgery or physiotherapy.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO providers, otherwise 100% of R&C up to \$50 per day, up to 10 days maximum per Sickness.
Hospital Emergency Room and Non-Scheduled Surgery , for use of hospital emergency room, operating room, laboratory and x-ray exams, supplies. Treatment must be rendered within 72 hours of Accident or first onset of Sickness.	100% of the Allowable Charges for PPO providers, otherwise R&C.	After a \$100 co-pay per visit, 100% of Allowable Charges, otherwise 100% of R&C.
Injections , when administered in the Doctor's office and charged on the Doctor's statement.	100% of the Allowable Charges for PPO providers, otherwise R&C.	For contraceptive injections only: 100% of Allowable Charges for PPO providers, otherwise 100% of R&C.
Prescribed Medicine Expense , includes prescribed contraceptive drugs, devices and injectables.	100% of actual charge if filed with Summit America Insurance Services. If Script Care RX card is used then 100% of R&C after applicable co-pay amount per prescription up to an aggregate maximum of \$500 per Policy Year (all conditions combined). Co-pay per prescription/refill: Generic: \$10, Brand: \$25, Non-Formulary: \$50	Script Care participating pharmacies only: 100% of R&C after applicable co-pay amount per prescription up to an aggregate maximum of \$500 per Policy Year (all conditions combined); otherwise, No Benefits. Co-pay per prescription/refill: Generic: \$10, Brand: \$25, Non-Formulary: \$50
Substance Abuse/Mental Illness Expense , including all related and ancillary charges. Doctor's visits are limited to one visit per day. SHC referral not required for Mental Illness.	No Benefits.	See Substance Abuse/Mental Illness Expense on page 26.
OTHER		
Ambulance Services (for Emergency Medical Condition only).	100% of R&C.	100% of R&C.
Durable Medical Equipment and Orthopedic Appliances , a written prescription must accompany the claim when submitted. Replacement durable medical equipment is not covered. Replacement braces and appliances are not covered except for repair or replacement that is required by a changed condition due to Sickness or Injury.	100% of the Allowable Charges for PPO providers, otherwise R&C.	No Benefits.
Consultant's Fees Expense , when requested and approved by the attending Doctor.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO Providers, otherwise 100% R&C, subject to a combined PPO/Non-PPO Maximum Amount of \$50 per Sickness.
Dental Treatment Expense , for dental treatment made necessary by Injury to sound natural teeth up to \$250 per tooth.	80% of R&C.	No Benefits.

	INJURY MAXIMUM AMOUNT	SICKNESS MAXIMUM AMOUNT
Dental Treatment Expenses, for preventative, diagnostic, basic restorative, and major replacement when obtained in the Howard University Outpatient Clinic at the College of Dentistry.	No Benefits.	For Students only, 100% of Eligible Expenses at College of Dentistry, otherwise, No Benefits.
Dental Treatment Expense for Impacted Wisdom Teeth	No Benefits.	Included in Surgeon's Fees.
Maternity/Complications of Pregnancy	No Benefits.	Paid as any other Sickness.
Needlestick and Splatter Expense , up to \$1,500 maximum per incident.	100% of the Allowable Charges for PPO providers, otherwise R&C.	No Benefits.
Radiation and Chemotherapy	No Benefits.	No Benefits.
Immune Titers, (available at the Student Health Center only).	No Benefits.	After a \$10 co-pay, 100% of Eligible Expenses at Student Health Center, otherwise, No Benefits.
Wellness Benefit (including annual adult physical exam), up to \$200 maximum per Policy Year.	No Benefits.	100% of Allowable Charges when services are rendered at the Student Health Center or Faculty Practice Plan/GWU-MFA only, otherwise, No Benefits.

SUPPLEMENTAL ACCIDENT AND SICKNESS PLAN (DOMESTIC STUDENTS/DEPENDENTS)

\$25,000 MAXIMUM BENEFIT (FOR EACH INJURY OR SICKNESS)

The Supplemental Accident and Sickness Plan will begin payment after the Basic Plan Aggregate Maximum Benefit of \$5,000 per Injury or Sickness has been paid. Thereafter the Company will pay 80% of Allowable Charges in-network or 80% of R&C charges out-of-network for additional Eligible Expenses incurred up to the Supplemental Accident and Sickness Plan Maximum of \$25,000 per Injury or Sickness. The combined maximum benefit payable for the Basic Plan and the Supplemental Plan is \$30,000 per Injury or Sickness.

(INTERNATIONAL STUDENTS/DEPENDENTS)

\$45,000 MAXIMUM BENEFIT (FOR EACH INJURY OR SICKNESS)

The Supplemental Accident and Sickness Plan will begin payment after the Basic Plan Aggregate Maximum Benefit of \$5,000 per Injury or Sickness has been paid. Thereafter the Company will pay 80% of Allowable Charges in-network or 80% of R&C charges out-of-network for additional Eligible Expenses incurred up to the Supplemental Accident and Sickness Plan Maximum of \$45,000 per Injury or Sickness. The combined maximum benefit payable for the Basic Plan and the Supplemental Plan is \$50,000 per Injury or Sickness.

No benefits will be paid under Supplemental Accident and Sickness Plan for: 1) Dental treatment; 2) In-network Room & Board charges in excess of the average semi-private room rate; 3) Out-of-Network Room & Board/Hospital Miscellaneous charges in excess of \$650 per day; 4) Substance Abuse/Mental Illness Expense in excess of the benefits specified on page 26; and 3) Outpatient Physiotherapy.

PLAN B: SCHEDULE OF BASIC MEDICAL EXPENSE BENEFITS

Up to \$7,500 (Each Injury) Up to \$7,500 (Each Sickness) Maximum Benefit Paid as specified below. **Note:** On Plan B, a referral from the Howard University Student Health Center is not required. The student may seek the health care facility of their choice. Dependents should use Howard University Hospital for benefits as referenced below. The Policy provides benefits for the Reasonable and Customary Charges (R&C) incurred by a Covered Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$7,500 for each Injury and \$7,500 for each Sickness. Benefits will be paid up to the Maximum Amount for each service as scheduled below subject to the Injury or Sickness Maximum Benefit.

ELIGIBLE EXPENSES INCLUDE:

INPATIENT		
	INJURY MAXIMUM AMOUNT	SICKNESS MAXIMUM AMOUNT
Room & Board Expense , limited to the average semi-private room rate; (includes general nursing care).	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of Allowable Charges for PPO Providers, otherwise \$200 per day.
Hospital Miscellaneous Expenses , includes expenses incurred for anesthesia and operating room; laboratory tests and x-rays (including professional fees); oxygen tent; drugs, medicines, dressings; and other Medically Necessary and prescribed hospital expenses.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO providers, otherwise R&C.
Intensive Care	Paid under Room & Board Expense.	Paid under Room & Board Expense.
Pre-admission Testing , hospital confinement must occur within 3 days of the testing).	100% of the Allowable Charges for PPO providers, otherwise R&C.	Paid under Hospital Miscellaneous Expense.
Registered Nurse , (Private Duty Nursing).	100% of the Allowable Charges for PPO providers, otherwise R&C.	No Benefits.
Physiotherapy	100% of the Allowable Charges for PPO providers, otherwise R&C.	No Benefits.
Surgeon's Fees , no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO providers, otherwise R&C.
Assistant Surgeon's Fees	100% of the Allowable Charges for PPO providers, otherwise R&C.	No Benefits.
Anesthesia , professional services administered in connection with inpatient surgery.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO providers, otherwise R&C.

	INJURY MAXIMUM AMOUNT	SICKNESS MAXIMUM AMOUNT
Doctor's Expense , limited to one visit per day. Benefits do not apply when related to surgery.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO providers, otherwise R&C.
Routine Newborn Care , while hospital confined and routine nursery care provided immediately after birth.	No Benefits.	Paid as any other Sickness.
Substance Abuse/Mental Illness Expense , including all related and ancillary charges. Doctor's visits are limited to one visit per day.	No Benefits.	See Substance Abuse/Mental Illness Expense on page 26.
OUTPATIENT		
Surgeon's Fees , no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO providers, otherwise R&C.
Assistant Surgeon's Fees	100% of the Allowable Charges for PPO providers, otherwise R&C.	No Benefits.
Anesthesia , professional services administered in connection with outpatient surgery.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO providers, otherwise R&C.
Day Surgery Facility/ Misc. , when scheduled surgery is performed in a Hospital or outpatient facility, including the use of the operating room, laboratory tests and x-ray examinations (including professional fees), anesthesia, infusion therapy, drugs or medicines and supplies, therapeutic services (excluding Physiotherapy or take home drugs and medicines). R&C Charges for Day Surgery Misc. are based on the most recent edition of the Outpatient Surgical Facility Charge Index.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO providers, otherwise R&C.
Outpatient Misc. Benefits includes: Physiotherapy Laboratory, X-ray Exams, CAT Scans, MRI and annual Cytologic Screening Insulin and Diabetic Related Supplies Tests & Procedures (diagnostic services and medical procedures performed by the Doctor, other than Doctor's visits physiotherapy, x-rays and lab procedures.	100% of the PPO Allowable Charges for PPO providers, otherwise R&C.	100% of the PPO Allowable Charges for PPO providers, otherwise R&C.

	INJURY MAXIMUM AMOUNT	SICKNESS MAXIMUM AMOUNT
Doctor's Expense , limited to one visit per day. Benefits do not apply when related to surgery or physiotherapy.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO providers, otherwise 100% of R&C up to \$50 per day, up to 10 days maximum per Sickness.
Hospital Emergency Room and Non-Scheduled Surgery , for use of hospital emergency room, operating room, laboratory and x-ray exams, supplies. Treatment must be rendered within 72 hours of Accident or first onset of Sickness.	100% of the Allowable Charges for PPO providers, otherwise R&C.	After a \$100 co-pay per visit, 100% of Allowable Charges, otherwise 100% of R&C.
Injections , when administered in the Doctor's office and charged on the Doctor's statement.	100% of the Allowable Charges for PPO providers, otherwise R&C.	For contraception injections only: 100% of Allowable Charges for PPO providers, otherwise 100% of R&C.
Prescribed Medicine Expense , includes prescribed contraceptive drugs, devices and injections.	100% of actual charge if filed with Summit America Insurance Services. If Script Care RX card is used then 100% of R&C after applicable co-pay amount per prescription up to an aggregate maximum of \$2,000 per Policy Year (all conditions combined). Co-pay per prescription/refill: Generic: \$10, Brand: \$25, Non-Formulary: \$50	Script Care participating pharmacies only: 100% R&C after the applicable co-pay amount per prescription up to an aggregate maximum of \$2,000 per Policy Year (all conditions combined); otherwise, no benefits. Co-pay per prescription/refill: Generic: \$10, Brand: \$25, Non-Formulary: \$50
Substance Abuse/Mental Illness Expense , including all related and ancillary charges. Doctor's visits are limited to one visit per day.	No Benefits.	See Substance Abuse/Mental Illness Expense on page 26.
OTHER		
Ambulance Services (for Emergency Medical Condition only).	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of R&C.
Durable Medical Equipment and Orthopedic Appliances , a written prescription must accompany the claim when submitted. Replacement durable medical equipment is not covered. Replacement braces and appliances are not covered except for repair or replacement that is required by a changed condition due to Sickness or Injury.	100% of the Allowable Charges for PPO providers, otherwise R&C.	No Benefits.
Consultant's Fees Expense , when requested and approved by the attending Doctor.	100% of the Allowable Charges for PPO providers, otherwise R&C.	100% of the Allowable Charges for PPO providers, otherwise R&C.
Dental Treatment Expense , for dental treatment made necessary by Injury to sound natural teeth up to \$250 per tooth.	80% of R&C	No Benefits.

	INJURY MAXIMUM AMOUNT	SICKNESS MAXIMUM AMOUNT
Dental Treatment Expenses, for preventative, diagnostic, basic restorative, and major replacement when obtained in the Howard University Outpatient Clinic at the College of Dentistry.	No Benefits.	For Students only, 100% of Eligible Expenses at College of Dentistry, otherwise, No Benefits.
Dental Treatment Expense for Impacted Wisdom Teeth	No Benefits.	Included in Surgeon's Fees
Maternity/Complications of Pregnancy	No Benefits.	Paid as any other Sickness.
Needlestick and Splatter Expense , up to \$1,500 maximum per incident.	100% of the Allowable Charges for PPO providers, otherwise R&C.	No Benefits.
Radiation and Chemotherapy	No Benefits.	No Benefits.
Immune Titers, (available at the Student Health Center only).	No Benefits.	After a \$10 co-pay, 100% of Eligible Expenses at Student Health Center, otherwise, No Benefits.
Wellness Benefit (including annual adult physical exam), up to \$300 maximum per Policy Year.	No Benefits.	100% of the Allowable Charges for PPO providers, otherwise No Benefits.
Medical Evacuation and Repatriation of Body Remains. Combined maximum limit for Evacuation and Repatriation of Remains and family or friend transportation arrangements in conjunction with the evacuation or repatriation of remains when necessary and approved by Travel Guard.	100% of actual expense to a maximum of \$25,000.	

SUPPLEMENTAL ACCIDENT AND SICKNESS PLAN
\$192,500 MAXIMUM BENEFIT (FOR EACH INJURY OR SICKNESS)
\$2,500 OUT-OF-POCKET LIMIT

The Supplemental Accident and Sickness Plan will begin payment after the Basic Plan Aggregate Maximum Benefit of \$7,500 per Injury or Sickness has been paid. Thereafter the Company will pay 80% of Allowable Charges in-network or 80% of R&C charges out-of-network for additional Eligible Expenses incurred up to the Supplemental Accident and Sickness Plan Maximum of \$192,500 per Injury or Sickness. The combined maximum benefit payable for the Basic Plan and the Supplemental Plan is \$200,000 per Injury or Sickness.

Out-of-Pocket Limit: This is a benefit that will apply in a Policy Year to a Covered Person who in that year reaches the Out-of-Pocket Limit. The Out-of-Pocket Limit is reached when the amount of Eligible Expenses incurred by the Covered Person during the Policy Year for which no benefits are payable under Supplemental Accident and Sickness Plan reaches \$2,500 due to Covered Percentages less than 100%.

When this benefit becomes applicable to a Covered Person during a Policy Year, Covered Percentages under Supplemental Accident and Sickness Plan are raised. They are raised to 100% for all Eligible Expenses incurred by the Covered Person in the remainder of that year.

No benefits will be paid under Supplemental Accident and Sickness Plan for: 1) Dental treatment; 2) In-network Room & Board charges in excess of the average semi-private room rate; 3) Out-of-Network Room & Board/Hospital Miscellaneous charges in excess of \$650 per day; 4) Substance Abuse/Mental Illness Expense in excess of the benefits specified on page 26; and 5) Outpatient Physiotherapy.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

The Company will pay the benefit below for Injuries to a Covered Person: (a) caused by an Accident which happens while a person is covered by the Policy; and (b) which directly, and from no other cause, result in any of the losses listed below within 180 days of the Accident that caused the Injury. The amount of this benefit is shown in the table below.

For Loss Of:

Life.....	Maximum amount \$10,000
Two hands.....	Maximum amount \$10,000
Two feet.....	Maximum amount \$10,000
Sight of two eyes.....	Maximum Amount \$10,000
One hand and one foot.....	Maximum Amount \$10,000
One hand and sight of one eye.....	Maximum Amount \$10,000
One foot and sight of one eye.....	Maximum Amount \$10,000
One hand or one foot or one eye.....	Maximum Amount \$10,000

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means the total, irrecoverable loss of the entire sight in that eye. “Severance” means the complete separation and dismemberment of the part from the body.

If a Covered Person suffers more than one loss as a result of the same Accident, the Company will pay only for the loss with the largest benefit.

The exclusions below are in addition to the Exclusions and Limitations. No benefits will be payable for any Loss caused by:

- (a) ptomaines; disease, infirmity or treatment of same;
- (b) bacterial infection except when introduced through a visible wound caused by an Accident.

ADDITIONAL BENEFITS

Benefits will be paid the same as any other Sickness for the following: Diabetes; Mammography and Cytological Screening; Colorectal Screening; Breast Cancer Treatment; Reconstructive Breast Surgery; Prostate Cancer Screening; Child Health Supervision Services; Emergency Department HIV Screening Test; Substance Abuse and Mental Illness; Coverage For Hormone Replacement Therapy; and Clinical Trials. Please see the Policy on file at the Student health Center for complete details.

EXTENSION OF BENEFITS AFTER TERMINATION

Plan A: If a Covered Person is confined to a Hospital on the date his or her coverage terminates, charges incurred during the continuation of that hospital confinement shall also be included in the term Eligible Expense, but only while they are incurred during the 90 day period following such termination of insurance, subject to the applicable Maximum Amounts of the Policy.

Plan B: If a Covered Person is confined to a Hospital on the date his or her coverage terminates, charges incurred during the continuation of that hospital confinement shall also be included in the term Eligible Expense, but only while they are incurred during the 12 month period following such termination of insurance, subject to the applicable Maximum Amounts of the Policy.

The Extension of Benefits will apply only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

SUBSTANCE ABUSE AND MENTAL ILLNESS EXPENSE (STUDENT HEALTH CENTER REFERRAL NOT REQUIRED FOR MENTAL ILLNESS)

When a Covered Person requires treatment for alcoholism or alcohol abuse, substance abuse or substance dependency, or a mental illness, the Company will pay for benefits for the inpatient or outpatient Eligible Expenses incurred at a Hospital, Residential Treatment Facility, Intermediate Care Facility or Outpatient Treatment Facility. The need for treatment must be certified by a Doctor, Psychologist, Advanced Practice Registered Nurse or Social Worker and must be a Clinically Significant disorder as identified in the most recent edition of the International Classification of Diseases of the Diagnostic and Statistical Manual of the American Psychiatric Association.

“Residential Treatment Facility” means a facility which provides 24 hour treatment for people with drug abuse or alcohol abuse on an inpatient basis. It must provide at least the following: room and board; medical services; nursing and dietary services; patient diagnosis, assessment and treatment; individual, family and group counseling; and educational and support services. The Company will recognize a Residential Treatment Facility if it’s accredited for its stated purpose by the Joint Commission, and carries out its stated purpose in compliance with all relevant state and local laws.

“Intermediate Care Facility” means a facility which provides for the use, in a full 24-hour residential therapy setting, or in a partial, less than 24-hour, residential therapy setting, any of the following therapeutic techniques, as identified in a treatment for individuals physiologically or psychologically dependent upon or abusing alcohol or drugs:

- (a) chemotherapy;
- (b) counseling;
- (c) detoxification services;
- (d) other ancillary services, such as medical testing, diagnostic evaluation and referral to other services identified in the treatment plan.

INPATIENT TREATMENT

Alcoholism and Chemical Dependency Benefits:

When the Covered Person is confined as an inpatient, the Company will pay benefits the same as any other Sickness, limited to:

- (a) not more than 12 days of detoxification treatment per year; and
- (b) not more than 28 days of treatment in a Residential Treatment Facility or Hospital.

Mental Illness Benefits:

When the Covered Person is confined as an inpatient, the company will pay benefits the same as any other Sickness, limited to not more than 45 days per Policy Year in a Hospital or Residential Treatment Facility.

The inpatient and outpatient benefits for Mental Illness will not exceed a maximum lifetime benefit of \$80,000 or one third of the maximum benefit for any other Sickness, whichever is greater.

OUTPATIENT TREATMENT

“Outpatient Treatment Facility” means a clinic, counseling center, or other similar location that is certified by the jurisdiction in which it is located as a qualified provider of outpatient services for the treatment of drug abuse, alcohol abuse, or mental illness.

“Covered Outpatient Services for the treatment of Substance Abuse and Mental Illness” means the services furnished by the following:

- (a) a comprehensive health care service organization;
- (b) a Hospital;
- (c) by a facility approved by the State Department of Mental Health which is:
 - a community mental health center; or
 - any other mental health clinic; or
 - an independent clinical social worker; or
 - a clinical specialist in psychiatric and mental health nursing; or
- (d) the office of a Doctor, psychologist or social worker.

Alcoholism and Chemical Dependency Benefits:

When the Covered Person is not Hospital confined, the Company will pay for each session of Eligible Expenses for Outpatient Services the same as any other Sickness, limited to not more than 30 visits per year.

Mental Illness Benefits:

When the Covered Person is not Hospital confined, the Company will pay for each session of Eligible Expenses for Outpatient Services, limited to:

- (a) 75% of the first 40 visits in any year; and
- (b) 60% of any visits thereafter in that year.

The outpatient and inpatient benefits for Mental Illness will not exceed a maximum lifetime benefit of \$80,000. This lifetime benefit is the Maximum Amount of benefits the Company will pay while the Covered Person is covered under the Policy and any other Policy issued to the Policyholder and is inclusive and cumulative of any and all periods.

PRE-ADMISSION TESTS EXPENSE BENEFIT

The Company will pay benefits for Eligible Expenses made by a Hospital for use of its outpatient facilities for tests ordered by a Doctor. The tests must be performed as a planned preliminary to the Covered Person's admission as an inpatient for surgery in that same Hospital. However: (a) the test must be necessary for, and consistent with, the diagnosis and treatment of the condition for which surgery is to be performed; (b) reservations for a Hospital bed and for an operating room must be made prior to the date the tests are done; (c) the surgery actually takes place within three days of pre-surgical tests; and (d) the Covered Person is physically present at the Hospital for the tests.

No benefit shall be payable in excess of either: (1) the benefits that would have been provided under the Policy had the Covered Person received those tests while confined in the Hospital as a resident bed-patient; or (2) the Miscellaneous Hospital Expense Maximum for the Miscellaneous Hospital Expense Benefit.

MATERNITY TESTING

The policy does not cover routine, preventive, or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met: pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-890-8755.

PLAN A: STUDENT HEALTH CENTER (SHC) REFERRAL REQUIRED STUDENTS ONLY

The student must use the services of the Student Health Center first where treatment will be administered, and/or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Center, for which no prior approval or referral is obtained, are excluded from coverage. A referral issued by the SHC must accompany the initial claim (or follow-up care as indicated below) when submitted.

Under the following conditions, a SHC referral is not necessary:

1. Emergency Medical Condition;
2. When the Student Health Center is closed;
(NOTE: If follow-up care is recommended as a result of 1. or 2. above, the student must obtain a referral from the SHC for that follow-up care.)
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 35 miles from campus;
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status;
6. Maternity.
7. Mental Illness.
8. Dental Treatment obtained in the Howard University Outpatient Clinic at the College of Dentistry.

Dependents are not eligible to use the SHC; and, therefore, are exempt from the above limitations and requirements.

DEFINITIONS

Whenever used in the Policy:

“Accident” means 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.

“Allowable Charges” means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

“Covered Person” means a Covered Student while coverage under the Policy is in effect and those dependents with respect to whom a Covered Student is insured.

“Doctor” means (a) means legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term “Doctor” does not include a Covered Person’s immediate family member.

“Elective Treatment” means 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 unless as a result of mastectomy; 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; immunizations; botox injections; treatment of infertility and routine physical examinations.

“Eligible Expense” means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

“Emergency Medical Condition” means the sudden onset or sudden worsening of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent lay person who possesses an average knowledge of medicine and health, to result in: (a) placing the health or pregnancy of the person afflicted with such condition in serious jeopardy; (b) serious impairment to such person’s bodily functions; (c) serious impairment or dysfunction of any bodily organ or part of such person.

“Experimental/Investigational” means a drug, device or medical care or treatment that meets the following:

(a) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;

(b) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law;

(c) the drug, device, medical care or treatment or the patient’s informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility’s Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval;

(d) reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or

(e) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with standard means of treatment of diagnosis.

Reliable evidence means: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device, medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Covered Expenses will be considered in accordance with the drug, device, medical care or treatment at the time the Expense is incurred.

“Hospital” means a facility which meets all of these tests:

(a) it provides in-patient services for the care and treatment of injured and sick people; and

(b) it provides room and board services and nursing services 24 hours a day; and

(c) it has established facilities for diagnosis and major surgery; and

(d) it is supervised by a Doctor; and

(e) it is run as a Hospital under the laws of the jurisdiction which it is located; and

(f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: Mental or Nervous Disorders; or substance abuse. The term "Hospital" includes: (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

"Injury" means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person's effective date of coverage; and (c) occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

"Medical Necessity/Medically Necessary" means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Covered Person or provider; or
- (b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- (d) it is Experimental/Investigational or for research purposes; or
- (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or
- (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
- (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or
- (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

"Pre-Existing Condition" means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person's effective date of coverage under the Policy.

"Reasonable and Customary" means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

"Geographic area" means the three digit zip code in which the services, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date.

“Sickness” means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person’s coverage. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover nor provide benefits for loss or expenses incurred:

1. as a result of dental treatment, or dental x-rays except as provided elsewhere in the Policy.
2. for services normally provided without charge by the Policyholder’s Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the Student Health Service fee.
3. for eye examinations, eyeglasses, contact lenses, or prescription for such except for aphakic patients (including lenses required after cataract surgery and soft lenses or sclera shells to treat Sickness or Injury; radial keratotomy or laser surgery; hearing aids or prescriptions or examinations for such, except as required for repair caused by a covered Injury. Eye refraction is not covered.
4. for hearing examinations or hearing aids; or other treatment for hearing defects and problems. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
5. 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 commercial scheduled airline.
6. for Injury or Sickness resulting from war or act of war, declared or undeclared.
7. as a result of an Injury or Sickness for which benefits are paid under any Workers’ Compensation or Occupational Disease Law.
8. as a result of 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 Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
9. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. for cosmetic surgery except that “cosmetic surgery” shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
11. for Injuries sustained as the result of a motor vehicle Accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
12. for preventive treatment, testing, medicines, serums, or vaccines except as specifically provided in the Policy.
13. as a result of committing or attempting to commit an assault or felony or participation in a riot or civil commotion.
14. for Elective Treatment or elective surgery, unless otherwise provided in the Policy.
15. for treatment of temporomandibular joint dysfunction.
16. for surgery and/or treatment of: acne; acupuncture; gynecomastia; allergy, including allergy testing; biofeedback-type services; breast implants or breast reduction unless

Medically Necessary following a mastectomy; circumcision; corns, calluses and bunions (except capsular or bone surgery); deviated nasal septum, including submucuous resection and/or other surgical correction thereof; family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; hair growth or removal; impotence, organic or otherwise; learning disabilities; nonmalignant warts, moles and lesions unless Medically Necessary; premarital examinations; sexual reassignment surgery and related therapy; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders; smoking cessation, tubal ligation; vasectomy; alopecia; and weight reduction.

17. in connection with sterilization or sterilization reversal, including surgical procedures and devices.

18. for elective abortions.

19. for treatment of obesity, except resulting from diabetes, regardless of the history or diagnosis, including, but not limited to the following: weight reduction or dietary control programs, prescription or nonprescription drugs or medications such as vitamins (whether taken orally or by injection), minerals, appetite suppressants, or nutritional supplements and any complication resulting from weight loss treatments or procedures.

20. after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.

21. for any services rendered by a Covered Person's immediate family member.

22. for a treatment, service or supply which is not Medically Necessary.

23. as a result of suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.

24. for Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor.

25. for routine physical examinations, health examinations or preschool physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy.

26. as a result of a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place, except in a Driver's Education Program.

27. for organ transplants except as specifically provided.

28. for physiotherapy except as specifically provided under the Policy.

29. for Injury resulting from: the practicing for, participating in intercollegiate or professional sports activity, including travel to and from the activity and practice; racing or speed contests; skin diving; hang gliding; parasailing; sky diving; glider flying; sail planing; parachuting; bungee jumping.

30. for rest cures or custodial care.

31. for the services of an assistant surgeon except as specifically provided under the Policy.

32. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational.

COORDINATION OF BENEFITS

The Company will coordinate benefits with other health carriers when duplicate coverage exists. Total payment from this coverage and other health coverages under which the Covered Person is enrolled shall not exceed 100% of the Reasonable & Customary Charges for covered services.

REIMBURSEMENT AND SUBROGATION

If the Company pays Eligible Expenses for an Accident or Injury the Covered Person incurred as a result of any act or omission of a third party, and the Covered Person later obtains recovery from the third party, the Covered Person is obligated to reimburse the Company for the expenses paid. The Company may also take subrogation action directly against the third party. The Company's reimbursement rights are limited by the amount the Covered Person recovers. The Company's reimbursement and subrogation rights are subject to deduction for the pro-rata share of the Covered Person's costs, disbursements and reasonable attorney fees. The Covered Person must cooperate with and assist the Company in exercising the Company's rights under this provision and do nothing to prejudice the Company's rights.

PRE-EXISTING CONDITIONS LIMITATIONS

Expenses incurred by a Covered Person as a result of a Pre-existing Condition will not be considered Eligible Expenses unless no charges are incurred or treatment rendered for the condition for a period of twelve months of continuous coverage while covered under the Policy.

This limitation will not apply if, during the period immediately preceding the Covered Person's effective date of coverage under this Policy, the Covered Person was covered under prior Creditable Coverage for 12 consecutive months. Prior Creditable Coverage of less than 12 months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Condition limitation will apply only if the Covered Person becomes eligible and enrolls for coverage within 63 days of termination of his or her prior coverage.

Pre-existing Conditions does not apply to:

- (a) newborn Dependent child; or
- (b) a child adopted by the Covered Person or placed with the Covered Person for adoption, if adoption or placement for adoption occurs while covered under this Policy; or
- (c) pregnancy.

CREDIT FOR PRIOR COVERAGE

A Covered Person whose coverage under prior Creditable Coverage ended no more than 63 days before the Covered Person's effective date under this Policy, will have any applicable Pre-Existing Condition limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the Company will credit only the days of such coverage after the break.

Creditable Coverage means coverage under any of the following:

- (a) Any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employee plan, or any other entity, and that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage, but does not include accident only, credit, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of workers' compensation or a similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;

- (b) The federal Medicare Program pursuant to Title XVIII of the Social Security Act;
- (c) The Medicaid program pursuant to Title XIX of the Social Security Act, other than coverage consisting solely of benefits under section 1928;
- (d) Chapter 55 of Title 10, United States Code, the Civilian Health and Medical Program of the Uniformed Services;
- (e) a medical care program of the Indian Health Service or of a tribal organization;
- (f) a state health benefits risk pool;
- (g) a health plan offered under chapter 89 of Title 5, United States Code, the Federal Employees Health Benefits Program;
- (h) a public health plan as defined by federal regulations; or
- (i) a health benefit plan under section 5(e) of the Peace Corps Act.

CONTINUOUS INSURANCE

Continuously insured means a person has been continuously insured under the Policy and prior Student Health Insurance policies issued to the school. Persons who have remained continuously insured will be covered for conditions first manifesting themselves while continuously insured except for Expenses payable under prior policies in the absence of the Policy. Previously insured Dependents and students must re-enroll for coverage in order to avoid a break in coverage for conditions which existed in prior Policy Years. Once a break in continuous insurance occurs, the definition of Pre-Existing Condition will apply in determining coverage of any condition which existed during such break.

CERTIFICATE OF CREDITABLE COVERAGE

Your coverage under this health plan is “creditable coverage” under Federal Law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this health plan. You may need such a Certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage, please contact: Summit America Insurance Services at 800-890-8755.

INTERCOLLEGIATE SPORTS INJURY INSURANCE

Injuries resulting from membership and participation in intercollegiate sports sponsored by the University are covered under a separate policy underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. Eligible Expenses incurred within 104 weeks from the date of such intercollegiate sports Injury will be paid at 100% of Reasonable and Customary on a primary basis up to a maximum of \$90,000 per Injury.

The benefits and provisions of the athletic coverage are contained in a separate policy, available upon request to the covered athletes from the Athletic Department or the Infirmary.

In the event of an intercollegiate sports-related Injury, the Covered Student should report to the University’s Athletic Trainer for treatment or a referral. Submit all claims or inquiries to Summit America Insurance Services at 7400 College Blvd., Ste. 100, Overland Park, KS 66210.

Phone: 1-800-890-8755/Fax: 913-327-7520

PRIVACY POLICY

We know that your privacy is important to you, and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 800-890-8755 or visiting us at www.summitamerica-ins.com.

ALTERNATIVE COVERAGE

If you do not meet the eligibility requirements of this student policy, please contact AIRMI at 1-888-688-0680 or kcarlson@airmi.com for information on alternative coverage.

ONLINE SERVICES

Please visit our website at www.summitamerica-ins.com for Brochures, Enrollment Forms (printable using Adobe Acrobat), ID Cards, Claims Status and other services. For information on dental and vision plans that may be available, please call 1-800-890-8755 or visit the website at www.summitamerica-ins.com/howard.

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

PRESCRIPTION DISCOUNT CARD

How to use your prescription drug discount card:

1. To find a participating pharmacy near you, call toll free 1-877-439-7344.
2. Once you have reached the Policy Year maximum of charges paid by the plan, you may use the prescription card for a discount on prescription drugs.
3. If you experience any difficulties in using the pharmacy program, please call or ask the pharmacist to call the Help Desk at 877-439-7344.

CLAIM PROCEDURES

In the event of Injury or Sickness, the student should:

1. Report to the Student Health Center for treatment or referral, or when not in school, to their doctor or hospital.
2. Mail to the address below all medical and hospital bills along with the patient's name and the insured student's name, address, student ID number, and the name of Howard University as the Plan under which the student is insured. A claim form is not required for filing a claim.
3. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
4. Claim status can be checked online at www.summitamerica-ins.com.

TRAVEL GUARD

TRAVEL ASSIST AND STUDENT ASSIST SERVICES

Procedures on How to Access Travel Guard's 24-hour Assistance Call Center

How to Contact Travel Guard:

- Inside the US and Canada, dial 1-877-249-5362 toll-free.
- Outside the US and Canada:
 - Request an international operator.
 - Ask the international operator to connect to an AT&T operator.
 - Request the AT&T operator to place a collect call to the USA at 1-715-295-9625.
- Our fax number is 1-713-974-3422.

When to Contact Travel Guard:

- Call Travel Guard when you require medical assistance or have a medical emergency.
- Call Travel Guard for all non-medical situations (lost luggage, lost documents, legal help, etc.).
- Call Travel Guard whenever there is a question.

Travel Guard is available 24-hours-a-day/7-days-a-week/365-days-a-year.

Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home. The Travel Assist Services Medical Staff consists of fulltime, on-site Registered Nurses and Emergency Physicians who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24- hours; a physician has daily responsibility for a 24-hour period and is onsite during daytime hours.

What information will you need to provide to Travel Guard when you call:

- Advise Travel Guard who you are insured by.
- Provide your Underwriter Reference number.
- Advise Travel Guard regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Guard needs to call you back.

Description of Services

Information/General: These services include advice and information regarding travel documentation, immunization requirements, political/ environmental warnings, and information on global weather conditions. Travel Guard can also provide information on available currency exchange rates, local Bank/Government holidays, and, by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Guard also provides emergency message storage & relay and translation services.

- Visa & Immunization
- Weather & Exchange Rates
- Environmental & Political Warnings

Technical: These services provide assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Guard can arrange cash transfers & vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter en-route emergencies that force them to interrupt their trips.

- Legal Referral
- Embassy/Consulate Information
- Lost/Stolen Luggage & Personal Effects
- Assistance
- Lost Document Assistance
- Cash Transfer Assistance
- En-route Travel Assistance
- Claims-related Assistance
- Telephone Interpretation

Medical: These services are the most complicated of those offered and can last up to several weeks. They involve Travel Guard's Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include physician/dental/hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains, and insurance/claims coordination.

Medical Assistance:

- Medical Referral
- Out-patient Assistance
- In-patient Assistance

Medical Transport:

- Medical Evacuation
- Repatriation

24-HOUR NURSE ADVICE LINE

Wouldn't you feel better knowing you could get health care answers from a Registered Nurse 24 hours a day? Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. On Call International provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's ailments. Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives students access to a toll-free nurse information line 24-hours a day, 7 days a week. One phone call is all it takes to access a wealth of useful health care information.

**In the U.S. & Canada, toll free - 1-800-850-4556
Worldwide, collect - 1-603-898-9159**

DISCOUNT VISION PROGRAM

Because you are currently a member of Script Care's prescription drug program, you are also eligible to participate in the value-added Script Care Vision Program through EyeMed Vision Care. The discount vision program is available to all Script Care members at no additional cost and no premium.

How do members use the program?

Locate a participating eye care provider. When you arrive at your appointment, show your Script Care ID card and receive a discount on eye exams. There are no claims to file, and there is no waiting for reimbursement.

How many providers participate in the program?

There are thousands of participating provider locations nationwide. Providers are conveniently located in stores like Lenscrafters, Sears, Target and most Pearle Vision Centers. For a list of Providers near you, contact EyeMed Vision Care at 1-866-723-0391 or visit their website at www.eyemedvisioncare.com and reference **Plan Code 9232869**.

THIS IS NOT INSURANCE.

Howard University
RX Group Number: 08430012
BIN Number: 004410



EyeMed
VISION CARE

Name: _____

Student ID: _____

Pharmacy Help Desk 1-877-439-7344
www.scriptcare.com
Attention Providers: Ask for Photo ID

SUBMIT ALL CLAIMS OR INQUIRIES TO:

Summit America Insurance Services, LC

7400 College Boulevard, Suite 100, Overland Park, KS 66210

Hours of Operation: 9:30 a.m. to 6 p.m. Monday-Friday, Eastern Standard Time

Phone: 800-890-8755

www.summitamerica-ins.com/howard

E-Mail: claims@summitamerica-ins.com

Pharmacy Network Information

Script Care, LTD

1-877-439-7344

www.scriptcare.com

SALES / MARKETING SERVICE:

AIRMI, INC.

260 Peachtree Street, NW, Suite 2600, Atlanta, GA 30303

888-688-0680

kcarlson@airmi.com

dsmith@airmi.com



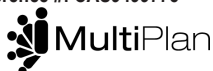
Detach and Retain for your records

Howard University

Medical Group #10630412

Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa.

Administrator Policy #: CHH0091421, UW Reference #: CAS9499775



Submit all claims within 90 days to:

EDI Payor Number 37301

Summit America Insurance Services

7400 College Blvd., Ste. 100, Overland Park, KS 66210

Phone: 800-890-8755

Online claims lookup: www.summitamerica-ins.com

This card is not a guarantee of coverage. To verify medical benefits call Summit America Insurance Services at 800-890-8755.

1-800-672-2140

www.multiplan.com