



# FULL-TIME TRAINING IN ANAHEIM

**Full Time Training in Anaheim**  
**Underwritten by: Commercial Casualty Insurance Company**  
**2018-2019 Student Health Plan**  
 Group No: ST0847SH  
 Policy No: CCIC1819CASHIP42

PENDING STATE APPROVAL

### Dear Students:

We are pleased to provide you with this summary of the Student Health Plan for Full Time Training in Anaheim. This plan is fully compliant with the Affordable Care Act.

Find Network Provider:	Cigna OAP <a href="http://www.cigna.com">www.cigna.com</a>
Find Prescription Drug Provider:	BeRX <a href="http://www.berxplan.com">www.berxplan.com</a>

### Who Is Eligible To Enroll?

All registered FTTA students who are actively attending classes are required to have health insurance coverage and enroll in the FTTA Student Health Insurance Plan unless proof of comparable coverage is furnished by submitting an online waiver.

### How Do I Waive Coverage?

Students who do not have comparable coverage and would like to submit an online waiver can go to: <https://studentinsurance.usi.com/FTTA/ftta> and proceed as directed.

The deadline to waive Fall Coverage: December 9, 2018

The deadline to waive Spring/Summer Coverage: May 31, 2019

### Cost and Periods of Coverage\*

	Fall 8/1/18- 1/31/19	Spring 2/1/19-7/31/19
Student Only	\$1,276.27	\$1,255.57
Spouse	\$1,276.27	\$1,255.57
Each Child	\$1,276.27	\$1,255.57

\*The above rates include an administrative fee.  
 Dependent rates are in addition to the student rate.

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

- Vision discount program through Davis Vision
- Medical Travel Assistance Through Travel Guard 877-305-1966
- 24-hour Nurse Line 800-634-7629
- 24/7 Behavioral Health Hotline/CareConnect 888-857-5462

The plan described in this Summary is awaiting approval by the California Department of Insurance. If the plan is changed during the approval process, a revised Summary will be provided. This is not an insurance policy and your receipt of this document does not constitute the issuance or delivery of a policy of insurance.

### Where Can I Obtain More Information About The Plan?

Get help with my insurance Plan:	USI Student Insurance (800) 853-5899 <a href="https://studentinsurance.usi.com">https://studentinsurance.usi.com</a>
Insurance Benefits Claim Processing ID Cards Enroll a Dependent	CHP Student Health 2077 Roosevelt Ave Springfield, MA 01104 <a href="http://www.chpstudenthealth.com">www.chpstudenthealth.com</a>

### HEALTH INSURANCE BENEFIT SUMMARY\*

BENEFIT	IN-NETWORK	NON-NETWORK
Deductible	\$250 Individual	\$250 Individual
Out-of-Pocket Expense Limit	\$6,600 Individual \$13,200 Family	\$6,600 Individual \$13,200 Family
Coinsurance Amount	80% of PA	60% of U&R
Preventive Care	100% of PA (No Cost Sharing)	60% of U&R (Deductible Applies)
Hospital Room & Board (Inpatient)**	80% of PA	60% of U&R
In Office Physician Visit /Consultant or Specialist, Second Opinion Benefit	80% of PA Copayment: \$20 Deductible Waived	60% of U&R Deductible Waived
Surgery (inpatient and outpatient)	80% of PA	60% of U&R
Physical Therapy (inpatient)	80% of PA Copayment: \$20	60% of U&R Copayment: \$20
Mental Health and Substance Abuse	80% of PA	60% of U&R
Emergency Services Expense	80% of PA	80% of PA
Urgent Care	80% of PA Copayment: \$20 Deductible Waived	60% of U&R Copayment: \$20 Deductible Waived
Diagnostic X-ray & Laboratory	80% of PA	60% of U&R
Outpatient Prescription Drugs	100% U&R Generic Copayment: \$10 Preferred Drug Copayment: \$25 Non-Preferred Drug Copayment: \$50 Specialty Drug Copayment: \$50 Deductible Waived	

PA= Preferred Allowance

U&R=Usual and Reasonable

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

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

### Underwritten By:

Commercial Casualty Insurance Company

### Plan Administrator:

Consolidated Health Plans, Inc.  
 2077 Roosevelt Ave.  
 Springfield, MA 01104  
[www.chpstudenthealth.com](http://www.chpstudenthealth.com)  
 (877) 657-5030

## SECTION VIII - EXCLUSIONS AND LIMITATIONS

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

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

1. **International Students Only** - Eligible expenses within Your Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which You could be eligible.
2. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the Student Health Center or by the person's attending physician or dentist.
3. medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits or as part of the Student Health Center benefits provided by this plan.
4. professional services rendered by an Immediate Family Member or anyone who lives with You.
5. weak, strained or flat feet, corns, calluses ingrown toenails except for Treatment because of Injury, infection or disease.
6. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medi-Cal.
7. charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
8. any expenses in excess of Usual and Reasonable charges except as provided in this Certificate.
9. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which You are required to pay.
10. services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
11. expenses incurred after:
  - o The date insurance terminates as to the Insured Person, except as specified in the extension of benefits provision; and
  - o The end of the Policy Year specified in the Benefit Schedule.
12. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Certificate.
13. charges incurred for heat Treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
14. Weight management. Weight reduction. Nutrition programs. Treatment for obesity except surgery for morbid obesity (bariatric surgery). Surgery for removal of excess skin or fat. this does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Care Services benefit, or otherwise specifically covered under the Certificate.
15. charges for hair growth or removal unless otherwise specifically covered under the Certificate.
16. expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses except as required for repair caused by a Covered Injury office visit exam for the fitting of prescription contact lenses duplicate spare eyeglasses or lenses or frames non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes or unless otherwise covered under the Pediatric Vision Care Benefit.
17. charges for hearing exams, hearing screening, hearing aids and the fitting or repair or replacement of hearing aids or cochlear implants except as specifically provided in the Certificate.
18. expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical Treatment within 24 hours of the Accident or results from Reconstructive Surgery.
  - o For the purposes of this provision, **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
  - o For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance [or alter their personal concept of body image. In no event will any care and services for breast reconstruction or implantation or removal of breast prostheses be covered unless such care and services are performed solely and directly as a result of a Medically Necessary mastectomy.
19. Treatment to the teeth, including orthodontic braces and orthodontic appliances, or unless otherwise covered under the Pediatric and Adult Dental Care Benefit including surgical extractions of teeth. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
20. You are:
  - o committing or attempting to commit a felony, or
  - o being engaged in an illegal occupation.
21. braces and appliances, except as specifically provided in the Schedule of Benefits.
22. Custodial Care service and supplies.
23. charges for hot or cold packs.
24. expenses that are not recommended and approved by a Physician.
25. routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, donor services if the recipient is not an Insured Person under this plan, or services for or related to the transplantation of animal or artificial organs or tissues.
26. Sleep Disorders screening including testing, unless medically necessary.

27. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
  - which does not, by federal or state law, require a prescription order, [i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided in the Prescription Drug Benefit section of this plan; insulin and OTC preventive medications required under ACA are exempt from this exclusion.
  - for the purpose of weight control;
  - vitamins and minerals, unless prescribed for preventive purposes under ACA;
  - food supplements, unless prescribed for the treatment of PKU.;
  - dietary supplements;
  - cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, except as specifically provided in this Certificate;
  - blood glucose meters, asthma holding chambers and peak flow meters are eligible health services, but are limited to one (1) prescription order per Policy Year;
  - refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
  - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
  - purchased after coverage under the Certificate terminates;
  - consumed or administered at the place where it is dispensed;
  - if the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
28. non-chemical addictions.
29. non-physical, occupational, speech therapies (art, dance, etc.).
30. modifications made to dwellings.
31. general fitness, exercise programs.
32. hypnosis.
33. rolfing.
34. biofeedback.
35. hyperhidrosis.