



**WENTWORTH**  
Institute of Technology

## **Student Health Insurance Plan (SHIP)** 2014–2015

This document is for information purposes only.  
Please see your certificate of coverage for the terms and conditions of coverage of the SHIP.

## Wentworth Institute of Technology Insurance Requirements

Wentworth Institute of Technology students enrolled for nine or more credit hours per semester, including co-op students and international students, will be required, as a condition of enrollment, to have adequate health insurance. This policy has been put in place to ensure that students have access to quality and appropriate health care while pursuing their college career at Wentworth. Students who are not enrolled in a qualified health plan will be required to enroll in the Wentworth Student Health Insurance Plan (SHIP), which has been designed specifically to meet the needs of Wentworth students.

The SHIP offers exceptional coverage at an outstanding value compared to most options available to students. Wentworth Institute of Technology expects that many students who qualify to waive enrollment will still opt to enroll in the SHIP, due to the value advantages over their existing plans.

Students have the option to waive enrollment in the SHIP only if they are currently enrolled in another qualified health plan. To determine if your current plan qualifies you to waive enrollment in the SHIP, “Take the Test” in this brochure.

- All students who are enrolled for nine or more credit hours per semester will be billed for the student insurance plan.
- If you are already covered by an alternate plan that offers comparable coverage and would like to waive the School’s insurance plan, you **MUST** complete the Health Insurance Waiver which is located on-line at <https://studentcenter.uhcsr.com/Wentworth>. Once the waiver is completed, the charge will be removed from your bill.
- If you wish to purchase the Student Health Insurance Plan for the 2014–2015 academic year (August 28, 2014 to August 27, 2015), complete the on-line enrollment form located at <https://studentcenter.uhcsr.com/Wentworth>.
- You must waive or enroll by July 31, 2014.
- Dependent coverage is available for dependents of students who enroll in the Student Health Insurance Plan. Rates for dependents can be found on-line at [www.UHCSR.com/Wentworth](http://www.UHCSR.com/Wentworth).

Please understand that it is mandatory for all students to have the Student Health Insurance Plan unless they have comparable coverage. The Massachusetts Division of Health Care Finance and Policy has ruled that free care provided by the Uncompensated Care Pool is not comparable coverage. If you should have any questions regarding the state-mandated qualifying student health insurance program, please visit the Massachusetts Division of Health Care’s website at <http://www.massresources.org/student-health-insurance.html>.

## Obtaining Services

The SHIP is underwritten by HPHC Insurance Company, Inc. (“the Company”) and is administered by UnitedHealthcare **StudentResources**. This partnership benefits SHIP-covered persons by providing access to not only Harvard Pilgrim Health Care providers in New England but also UnitedHealthcare providers outside of New England. The Harvard Pilgrim Network includes more than 5,700 primary care physicians in Massachusetts, as well as every acute care hospital in the state, so obtaining medical services at the in-network level is easy. The Harvard Pilgrim provider network not only includes Massachusetts but also New Hampshire and Maine, with more than 28,000 participating physicians, clinicians, and 135 participating hospitals.

You have the option to receive treatment from any out-of-network provider; however your costs are lower if you use the services of an in-network provider. Either way, the choice is yours. Since the plan does not require you to name a primary care physician, there are no referrals needed. To find an in-network provider please visit [www.UHCSR.com/Wentworth](http://www.UHCSR.com/Wentworth).

## In-Network Care Outside of New Hampshire, Maine, and Massachusetts

You can receive in-network benefits through UnitedHealthcare Options PPO provider network when you are away from New Hampshire, Maine, or Massachusetts. Refer to [www.UHCSR.com/Wentworth](http://www.UHCSR.com/Wentworth) for access to a provider directory. Hospitals and physicians are available in all areas of the country. Refer to the SHIP website for information about the special medical emergency transportation benefits included in the SHIP through FrontierMEDEX.



## Student Eligibility

All students taking nine or more credit hours and all co-op students are required to enroll in this insurance plan, unless proof of comparable coverage is furnished. International (F-1 and J-1 Visa) students are automatically enrolled in this insurance Plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and enrollment in exclusively online courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate Eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers that the policy Eligibility requirements have not been met, its only obligation is refund of premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are: (1) the spouse (2) dependent children under 26 years of age; (3) any Newborn Infant of a dependent. Dependent Eligibility expires concurrently with that of the insured student.

You must apply for Dependent coverage by filling out the Dependent Insurance Enrollment Card located at [www.UHCSR.com/Wentworth](http://www.UHCSR.com/Wentworth) and by paying the required premium.

If you waived enrollment and have since lost coverage under your original plan, you may qualify as a late enrollee upon providing proof of involuntary loss of coverage. You may enroll in the SHIP, with no pre-existing condition exclusion, within 31 days of losing coverage.\*

*\* While the plan has no pre-existing condition exclusions, certain limitations apply to cosmetic surgery for Injury or Sickness.*

## ID Cards

Once enrolled in the SHIP, insureds can print an ID card or request a replacement ID card online via *My Account* at [www.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount). If you don't already have an online account, simply select the "Create an Account" link from the home page at [www.uhcsr.com](http://www.uhcsr.com).

## UHCSR Mobile App

The UHCSR Mobile App is available as a free download from GooglePlay or Apple's App Store. Features of the Mobile App include easy access to:

**ID Cards** View, save to your device, fax, or email your ID card directly to your provider.

**Provider Search** You can easily search for in-network participating health care or mental health providers, call the office or facility, and even view a map.

**Find My Claims** View claims received within the past 60 days; including provider name, date of service, status, claim amount, and amount paid.

## Stretching Your Healthcare Dollars

Included in your plan is a UnitedHealth Allies® discount program. This program is not insurance, but provides point of service discounts of between 5% and 50% on the following health and wellness services:

- Dental care
- Vision care
- Fitness equipment and apparel
- Wellness programs including weight management and smoking cessation

Your UnitedHealth Allies program has a separate ID card, which is delivered at the same time as your insurance ID card.

To begin using your UnitedHealth Allies discount program, just go to [www.sr.unitedhealthallies.com](http://www.sr.unitedhealthallies.com) and register using the information on the UnitedHealth Allies ID card.

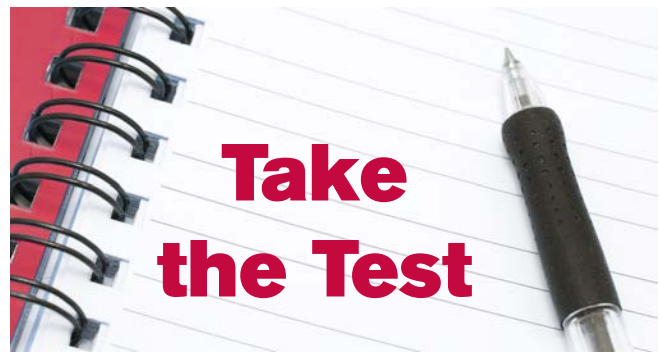
A full member handbook is available on the site, as well as provider search tools for all discounted services.



**Disclosure:** The UnitedHealth Allies Discount Program is administered by HealthAllies®, Inc., a discount medical plan organization. This discount program is not a qualified health plan under the Affordable Care Act. UnitedHealth Allies is **NOT insurance**. UnitedHealth Allies provides discounts at certain health care providers for health services. UnitedHealth Allies does not make payments directly to the providers of health services. The program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. HealthAllies, Inc., is located at P.O. Box 10340; Glendale, CA 91209; 800-860-8773; [www.sr.UnitedHealthAllies.com](http://www.sr.UnitedHealthAllies.com); [ohacustomer@optum.com](mailto:ohacustomer@optum.com).

## 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 nonpublic 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 detailed copy of our privacy practices by calling us toll-free at 1-800-977-4698 or visiting us at our administrator's website at [www.UHCSR.com/Wentworth](http://www.UHCSR.com/Wentworth).



## ***Does your health insurance cover everything you need?***

1. The claims administrator is based in the United States and has a US telephone number and address for submission of claims.
2. The plan provides both emergency and non-emergency health care in the Boston area.
3. The plan provides benefits for the treatment of biologically based mental disorders the same as any other Sickness.
4. The plan has local participating hospitals, physicians, pharmacies, and mental health care providers in the Boston area.
5. The plan benefit maximum is at least \$1,000,000 for each Injury or Sickness.
6. The student is not excluded from benefits for a pre-existing condition.
7. If the plan has a deductible in excess of \$250, the student has adequate financial resources available to pay for expenses subject to the deductible.
8. If the student will be traveling abroad, the plan has medical evacuation and repatriation coverage. This requirement may also be fulfilled by purchasing separate medical evacuation and repatriation coverage.
9. The plan provides coverage for prescription medications.

# Wentworth Student Health Center

Wentworth Institute of Technology has an on-campus health center which is available to all students enrolled at Wentworth regardless of the student's insurance plan. This service is managed and staffed by Harvard Vanguard Medical Associates. Students may use Harvard Vanguard Student Health Services for diagnosis and treatment of both short and long term illnesses and for preventive care. Health Services is located in the new MassArt residence hall, 578 Huntington Avenue, right next to Wentworth's main parking lot, and is open Monday–Friday, 9:00AM–6:00PM. Students should call 617-879-5220 to make an appointment.

Harvard Vanguard Student Health Services uses an insurance-based model. Harvard Vanguard will bill students' insurance plans for all services rendered. Students must present their student identification cards and also their health insurance cards at every appointment, just as they do when accessing their physicians at home.

Wentworth will pay for any copayments, co-insurance or deductibles due for primary care services after the student's insurance plan has been billed. Students will not be responsible for copayments, co-insurance or deductibles due for primary care services. For specialty and diagnostic services, however, copayments, co-insurance or deductibles may be due, as outlined in students' insurance plans. Wentworth does not cover any part of specialty or diagnostic services for students. For a list of primary and specialty/diagnostic services, please visit [www.harvardvanguard.org/college-health-services/wentworth-institute-of-technology/wentworth-institute-of-technology](http://www.harvardvanguard.org/college-health-services/wentworth-institute-of-technology/wentworth-institute-of-technology).

When the Student Health Center is not open, Wentworth students have access to medical care at Harvard Vanguard's Kenmore practice, which is located less than a mile from campus at 133 Brookline Avenue. This would include:

Weekday mornings from 8:00AM–9:00AM

Weekday evenings from 6:00PM–8:00PM

Saturdays from 10:00AM–5:00PM

Sundays and Holidays from 12:00PM–5:00PM

Harvard Vanguard Student Health Services respects student confidentiality. No health information is released to parents or college staff without the students' written authorization unless required by law or unless it is a life-threatening situation.

Medical advice via phone is also available during times when neither Health Services nor the Harvard Vanguard Kenmore practice is open. This can be accessed by dialing the main student health center telephone number at 617-879-5220.

**In the case of a life-threatening emergency, immediately contact Wentworth Office of Public Safety at 617-989-4400.**

For more information about Harvard Vanguard Student Health Services, please visit [www.harvardvanguard.org/college-health-services/wentworth-institute-of-technology/wentworth-institute-of-technology](http://www.harvardvanguard.org/college-health-services/wentworth-institute-of-technology/wentworth-institute-of-technology).



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This guide highlights some of the features of the Wentworth Institute of Technology Student Injury and Sickness Plan underwritten by HPHC Insurance Company and is based on Policy Number 2014-1655-1. Please go to [www.UHCSR.com/Wentworth](http://www.UHCSR.com/Wentworth) to download the 2014–2015 Wentworth Institute of Technology Student Injury and Sickness Certificate which contains additional essential information about the policy and plan features.

The master policy is on file at the Institute and contains all of the provisions, limitations, exclusions and qualifications of the insurance benefits. The master policy is the contract and will govern and control the payment of benefits. If there is a discrepancy between this document and the master policy, the master policy will prevail.

The Policy is a Non-Renewable One Year Term Policy.

If you have any questions, please contact Customer Service at 800-977-4698 or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com).

Go to [www.UHCSR.com/Wentworth](http://www.UHCSR.com/Wentworth) to download the 2014–2015 Wentworth Institute of Technology Student Injury and Sickness Certificate which contains additional essential information about the policy and plan features.

## Schedule of Medical Expense Benefits

Medical Expense Benefits Injury and Sickness

No Overall Maximum Dollar Limit  
(Per Insured Person, Per Policy Year)

Deductible Preferred Provider \$0

Deductible Out-of-Network \$250  
(Per Insured Person) (Per Policy Year)

Coinsurance Preferred Provider 90%

Coinsurance Out-of-Network 80%

Out-of-Pocket Maximum Preferred Providers:  
\$3,500 (Per Insured Person, Per Policy Year);  
\$7,000 (For all Insureds in a Family, Per Policy Year)

Out-of-Pocket Maximum Out-of-Network  
Providers: \$7,000 (Per Insured Person, Per  
Policy Year); \$14,000 (For all Insureds in a  
Family, Per Policy Year)

PA = Preferred Allowance  
U&C = Usual & Customary Charges

The Policy provides benefits for the Covered Medical Expenses incurred by an Insured Person for loss due to a covered Injury or Sickness.

If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expense is incurred for Emergency Services when due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

**Out-of-Pocket Maximum:** After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any benefit maximums or limits that may apply. Separate Out-of-Pocket Maximums apply to Preferred Provider and Out-of-Network benefits. Any applicable Copays or Deductibles will be applied to the Out-of-Pocket Maximum. Services that are not Covered Medical Expenses and the amount benefits are reduced for failing to comply with policy provisions or requirements do not count toward meeting the Out-of-Pocket Maximum. Even when the Out-of-Pocket Maximum has been satisfied, the Insured Person will still be responsible for Out-of-Network per service Deductibles.

Outpatient services at Harvard-Vanguard's Kenmore facility will be paid at 100% of the Preferred Allowance. A \$10 Copayment per visit will apply for Physician's Visits (except for Preventive Care Services, which will be paid as listed in the Schedule of Benefits).

Benefits are calculated on a Policy Year basis unless otherwise specifically stated. When benefit limits apply, benefits will be paid up to the maximum benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider and Out-of-Network unless otherwise specifically stated. Please refer to the Medical Expense Benefits – Injury and Sickness section for a description of the Covered Medical Expenses for which benefits are available. Covered Medical Expenses include:

INPATIENT	Preferred Provider	Out-of-Network
<b>Room &amp; Board</b>	90% of PA / \$250 copay per hospital confinement	80% of U&C
<b>Hospital Miscellaneous Expenses</b>	90% of PA	80% of U&C
<b>Intensive Care</b>	90% of PA	80% of U&C
<b>Routine Newborn Care</b> , as mandated by State of MA for Maternity, Childbirth, Well-Baby and Post Partum Care.	Paid as any other sickness	
<b>Surgeon's Fees</b> , if two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures. The first procedure will be paid in accordance with our standard reimbursement policy.	90% of PA	80% of U&C
<b>Assistant Surgeon</b>	90% of PA	80% of U&C
<b>Anesthetist</b>	90% of PA	80% of U&C
<b>Registered Nurse's Services</b>	90% of PA	80% of U&C
<b>Physician's Visits</b>	90% of PA	80% of U&C
<b>Pre-Admission Testing</b> , payable within 7 working days prior to admission.	Paid under Hospital Miscellaneous Expenses	

OUTPATIENT	Preferred Provider	Out-of-Network
<b>Surgeon's Fees</b> , if two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures. The first procedure will be paid in accordance with our standard reimbursement policy.	90% of PA	80% of U&C
<b>Day Surgery Miscellaneous</b> Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge.	90% of PA	80% of U&C
<b>Assistant Surgeon</b>	90% of PA	80% of U&C
<b>Anesthetist</b>	90% of PA	80% of U&C
<b>Physician's Visits</b>	100% of PA / \$25 copay per visit	80% of U&C / \$25 Deductible per visit
<b>Physiotherapy</b> Review of Medical Necessity will be performed after 12 visits per Injury or Sickness. Includes chiropractic visits.	90% of PA / \$25 copay per visit	80% of U&C / \$25 Deductible per visit
<b>Medical Emergency Expenses</b> (Copay/per visit Deductible waived with Hospital admission.) (Treatment must be rendered within 72 hours from the time of Injury or first onset of Sickness.)	90% of PA / \$50 copay per visit	90% of U&C / \$50 Deductible per visit
<b>Diagnostic X-ray Services</b>	90% of PA	80% of U&C
<b>Laboratory Services</b>	90% of PA	80% of U&C
<b>Radiation Therapy &amp; Chemotherapy</b>	90% of PA	80% of U&C
<b>Tests &amp; Procedures</b>	90% of PA	80% of U&C
<b>Injections</b>	90% of PA	80% of U&C
<b>Prescription Drugs and medicines lawfully obtainable only upon written prescription of a Physician</b> Mail order Prescription Drugs through UHCP at 2.5 times the retail Copay, up to a 90 day supply (Includes oral contraceptives and contraceptive devices/ medication except as provided in the Preventive Care Services benefit.)	UnitedHealthcare Pharmacy (UHCP) \$10 copay per prescription for Tier 1 / \$20 copay per prescription for Tier 2 / \$40 copay per prescription for Tier 3 up to a 31-day supply per prescription.	\$20 Deductible per prescription for generic / \$40 Deductible per prescription for brand name.  The Insured must submit claims for reimbursement outside of the UHCP Pharmacy Network.
OTHER	Preferred Provider	Out-of-Network
<b>Ambulance Services</b>	100% of PA / \$25 copay per trip	100% of U&C / \$25 Deductible per trip
<b>Durable Medical Equipment</b>	90% of PA	80% of U&C
<b>Consultant Physician Fees</b>	90% of PA	80% of U&C
<b>Dental Treatment</b> \$2,500 maximum for each Injury, Benefits paid on Injury to Sound, Natural Teeth only.	90% of PA / \$100 copay per visit	90% of U&C / \$100 Deductible per visit
<b>Dental Treatment</b> , benefits paid for removal of impacted wisdom teeth only.	90% of PA	90% of U&C
<b>Mental Illness Treatment</b> , as mandated by State of MA for Treatment of Mental Disorders.	Paid as any other sickness	
<b>Substance Use Disorder Treatment</b> , as mandated by State of MA for Treatment of Mental Disorders.	Paid as any other sickness	

OTHER	Preferred Provider	Out-of-Network
<b>Maternity</b> , as mandated by State of MA for Maternity, Childbirth, Well-Baby and Post Partum Care.	Paid as any other sickness	
<b>Complications of Pregnancy</b> , as mandated by State of MA for Maternity, Childbirth, Well-Baby and Post Partum Care.	Paid as any other sickness	
<b>Elective Abortion</b>	Paid as any other sickness	
<b>Preventive Care Services</b> No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider.	100% of PA	No Benefits
<b>Reconstructive Breast Surgery Following Mastectomy</b> As mandated by State of MA for Initial Prosthetic Device and Reconstructive Surgery Incident to Mastectomy.	Paid as any other sickness	
<b>Diabetes Services</b> As mandated by State of MA for Treatment of Diabetes.	Paid as any other sickness	
<b>Home Health Care</b> As mandated by State of MA for Benefits for Home Health Care	90% of PA	80% of U&C
<b>Skilled Nursing Facility</b>	90% of PA	80% of U&C
<b>Allergy Injections</b>	100% of PA / \$15 copay per visit	80% of U&C / \$15 Deductible per visit
<b>Urgent Care</b>	100% of PA / \$35 copay per visit	80% of U&C / \$35 Deductible per visit
<b>Congenital Conditions</b>	Paid as any other sickness	
<b>Hospice Care</b> As mandated by State of MA for Benefits for Hospice Care	90% of PA	80% of U&C
<b>Sexual Reassignment Surgery</b> , \$50,000 Maximum Benefit per Policy Year. Cosmetic Surgery, procedures and drugs are not covered even if related to sexual reassignment.	Paid as any other sickness	
<b>Hospital Outpatient Facility or Clinic</b>	90% of PA	80% of U&C
<b>Inpatient Rehabilitation Facility</b>	90% of PA	80% of U&C
<b>Approved Clinical Trials</b> As mandated by State of MA for Benefits for Qualified Clinical Trials for Treatment of Cancer	Paid as any other sickness	
<b>Transplantation Services</b>	Paid as any other sickness	
<b>Ostomy Supplies</b>	90% of PA	80% of U&C

**NOTE:** The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by Harvard Pilgrim Health Care. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor Harvard Pilgrim Health Care has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.



## Exclusions And Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Biofeedback.
2. Cosmetic procedures, except reconstructive procedures to:
  - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy. The primary result of the procedure is not a changed or improved physical appearance.
  - Treat or correct Congenital Conditions of a Newborn or Adopted Infant.
3. Custodial Care.
  - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
  - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
4. Dental treatment, except:
  - For accidental Injury to Sound, Natural Teeth.
  - As described under Dental Treatment in the policy.
  - As specifically provided in the Schedule of Benefits

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.

5. Elective Surgery or Elective Treatment.
6. Foot care for the following:
  - Flat foot conditions.
  - Supportive devices for the foot.
  - Subluxations of the foot.
  - Fallen arches.
  - Weak feet.
  - Chronic foot strain.
  - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).

This exclusion does not apply to preventive foot care for Insured Persons with diabetes.

7. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.

This exclusion does not apply to:

- Hearing defects or hearing loss as a result of an infection or Injury.
- Benefits specifically provided in Benefits for Treatment of Speech, Hearing and Language Disorders.

8. Hypnosis.
9. Immunizations, except as specifically provided in the policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy.
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
11. Injury sustained while:
  - Participating in any intercollegiate, or professional sport, contest or competition.
  - Traveling to or from such sport, contest or competition as a participant.
  - Participating in any practice or conditioning program for such sport, contest or competition.
12. Investigational services.
13. Lipectomy.
14. Prescription Drugs, services or supplies as follows:
  - Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy.
  - Immunization agents, except as specifically provided in the policy. Biological sera.
  - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
  - Products used for cosmetic purposes.
  - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
  - Anorectics - drugs used for the purpose of weight control.
  - Sexual enhancement drugs, such as Viagra.
  - Growth hormones.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
15. Reproductive services for the following, except as specifically provided in Benefits for Infertility or as specifically provided in the policy:
  - Procreative counseling.
  - Genetic testing.
  - Cryopreservation of reproductive materials. Storage of reproductive materials.
  - Impotence, organic or otherwise.
  - Reversal of sterilization procedures.
  - Sexual reassignment surgery.
16. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document

identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the policy.

17. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.

This exclusion does not apply as follows:

- When due to a covered Injury or disease process.
- To benefits specifically provided in Pediatric Vision Services.
- To contact lenses to treat keratoconus.

18. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in Benefits for Maternity, Childbirth, Well-Baby and Post Partum Care.
19. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
20. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except orthognathic surgery to correct a significant functional impairment that cannot be adequately corrected with orthodontic services.

21. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.
22. Supplies, except as specifically provided in the policy.
23. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
24. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
25. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
26. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat.