



Dartmouth Student Group Health Plan (DSGHP)

2010-2011 Plan Document



Photo by Joseph Mehling '69

FOR THE MOST
CURRENT
INFORMATION
REGARDING THE
PLAN, NOTICES
AND GENERAL
INFORMATION,
REFER TO THE
DSGHP WEB SITE:

WWW.DARTMOUTH.
EDU/~HEALTH/
DEPTS/INSURANCE/
INDEX.HTML

Dartmouth College Health Services

Dick Hall's House
7 Rope Ferry Road 6143 Hinman Box
Hanover NH 03755

Phone: 603-646-9438

Fax: 603-646-9450

E-mail:

Dartmouth.Student.Health.Plan@Dartmouth.edu

*Plan Year Effective
Date:*

September 1, 2010

Original Effective Date:

September 1, 1977

TABLE OF CONTENTS

Section	Page(s)
Introduction	3
Eligibility and Participation	4-5
Student Eligibility.....	4
Post Graduation Coverage.....	4
Ineligible Students.....	4
Dependent Eligibility.....	4-5
ENROLLMENTS	
Student/Dependent/Late Enrollments.....	5-6
EFFECTIVE DATES	
When Coverage Begins.....	6
When Student and Dependent Coverage Ends.....	6-7
Extension of Eligibility.....	7
How to Contact/Notify the DSGHP	8
Schedule of DSGHP Benefits	9-11
Medical Benefits & Requirements	12-26
General Requirements	12
Benefits for Services from Dartmouth College Health Services	13
Hanover, NH, Area PPO Network Benefits	13-14
Out of Hanover, NH, Area PPO Network Benefits.....	14
Non-PPO Network Benefits	14
Plan Year Aggregate Deductible	14
Co-payments	14
Co-insurance	14-15
Out-of-Pocket Maximums	15
Benefit Maximums	15
Health Care Management Program.....	15
Prior Notification Requirements-Elective/ Emergency Admissions and Reduced Benefits for failure to follow requirements	15-16
Maternity Notification requirements and Reduced Benefits for failure to follow requirements	16
Medical Case Management	16-17
Chemical/Substances Abuse Case Management.....	17
Covered Expenses/Services	18-23
Travel Outside of the United States.....	23
Excluded Expenses/Services	24-26
Prescription Drug Benefits	
General Requirements	27
Covered Drugs	27
Dispensing Limits	28
Excluded Drugs	28
Coordination of Benefits	29
Other Group Plan and Right to make payments to other Organizations.....	29
Other Important Plan Provisions	29-30
Assignment of Benefits, Alternate Payees, Necessary Information, and Regulation of the DSGHP.....	29-30
Subrogation, Reimbursement, Rights and Recovery	30-31
Claim Procedures	32-33
How to file a Claim for Medical Benefits.....	32
How to file a Claim for Prescription Drug Benefits.....	32-33
How to Appeal a Denial of Benefits	33
Definitions	34-39
General Information	40
DSGHP Advisory Committee and Committee Members.....	40
Name and addresses for Legal Process, DSGHP, and DSGHP Trustees.....	40
DSGHP Staff.....	41
Signature Page.....	42

The DSGHP complies fully with Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, as all three laws were amended by the Civil Rights Restoration Act of 1987. Pregnancy benefits are provided on the same basis as any other temporary disability.

INTRODUCTION

Dartmouth College has prepared this document to help you understand your medical and prescription drug benefits as a participant in the Dartmouth Student Group Health Plan (DSGHP). Please read it carefully. The Schedule of Benefits provides an overview of your coverage. Terms printed in italics are defined in the Definitions section at the end of this Plan Document. When an italicized term is capitalized, this means the term appears in the Definitions section and is also a major section heading in this Plan Document (e.g., *Covered Expenses/Services*).

Your benefits under the DSGHP are affected by certain limitations and conditions designed to encourage you to be a wise consumer of health services and to use only those services you need. Also, benefits are not provided for certain kinds of treatments or services, even if your *health care provider* recommends them.

To obtain the maximum amount of benefits for elective admissions to a *hospital, hospice facility or skilled nursing facility*, and before receiving any *home health care or home hospice services*, you must notify the DSGHP as described under the Health Care Management Program. You must also notify the DSGHP during the first trimester of pregnancy, or upon enrollment in the DSGHP with a pre-existing pregnancy, in order to receive the maximum amount of maternity benefits.

For United States citizens and permanent residents, treatment or services rendered outside the United States of America or its territories are covered on the same basis as treatment or services rendered within the United States. For international students and their covered dependents, such DSGHP benefits are only provided to the extent they are not covered by any other insurance plan, insurance program, or system of socialized medicine.

As used in this document, the term *plan year* is the 12-month period beginning September 1 and ending the subsequent August 31. Benefit Maximums and *deductibles* accumulate during the *plan year*. The word *lifetime* as used in this document refers to the period of time you or your eligible dependents participate in the DSGHP.

The benefits described in this document are effective with the *plan year* beginning on September 1, 2010.



“Festival of Health” Fall 2008
Health Services at Dick’s House

ELIGIBILITY AND PARTICIPATION

~ Student Eligibility ~

You are eligible to participate in the DSGHP if you qualify as one of the following:

- A matriculated, undergraduate student, in satisfactory standing, making satisfactory progress toward a degree under an approved Dartmouth Plan.
- A student enrolled in a Dartmouth Exchange Program, but only during the terms of Dartmouth enrollment.
- A special, non-Dartmouth student, but only during the terms of Dartmouth enrollment.
- A graduate student in satisfactory standing, making satisfactory progress toward a Dartmouth degree (with the approval of the appropriate Dean).
- A pre-matriculated student whose enrollment in the DSGHP has been confirmed and who incurs an *injury* or *illness* within three weeks of matriculation which prevents the individual from registering for classes or attending classes as otherwise required for DSGHP eligible persons. Coverage will be limited to a maximum of one *plan year*.
- First year International Students with F/J visa status will have an effective date 30 days prior to their 1 first term at Dartmouth College.

A student who is designated as active in the Dartmouth Student Information System with the approval of the appropriate Dean.

~ Post Graduation Eligibility~

Students who have graduated from Dartmouth College and are participants in the DSGHP for the current *plan year* ending on August 31 but are participating in a Dartmouth-sponsored activity post-graduation, may apply for up to two months (September 1 – October 31) of DSGHP coverage during the next succeeding *plan year* at no cost. This extended eligibility provision applies to any student who is remaining at Dartmouth College and participating in a formal Dartmouth program. The request for Post Graduation Eligibility must designate the period of coverage and must be received by the DSGHP no later than August 1. Any DSGHP-covered dependents of a student approved for post-graduation coverage may also have extended coverage under the DSGHP on a pro-rated cost basis for the same period.

~ Ineligible Students ~

Students who are benefits-eligible employees of Dartmouth College as determined by Dartmouth College Human Resources Office, students enrolled in correspondence study, non-credit courses (except international students), Internet courses or any continuing education courses, and any class of students and their dependents who are not specifically identified as being eligible for the DSGHP in this Plan Document are not eligible for DSGHP coverage.

~ Dependent Eligibility ~

Your eligible dependents may participate in the DSGHP, provided you are also currently a participant. Eligible dependents include any of the following:

- Your lawful spouse as defined by applicable state law.
- Your *domestic partner*, as defined in the Dartmouth College Health Service Affidavit of Domestic Partnership.
- An unmarried child younger than age 19. This age limit does not apply to students who are completing a high school degree.

- A *physically or mentally disabled* child of any age, provided the disability began before he or she reached age 19 and while covered under the DSGHP. Coverage may continue for as long as the child remains disabled, unmarried, and wholly dependent upon you for financial support (in accordance with the Internal Revenue Service dependent guidelines). The DSGHP may require you at any time to submit a *physician's* statement certifying the child's *physical or mental disability*.

For purposes of the DSGHP, *child* means any of the following relationships to a DSGHP-covered student:

- Your natural child, including any child for whom you are required to provide coverage under a court order.
- A child who, before reaching the age of 18, was either adopted by you or placed in your home for adoption.
- A child of your *domestic partner* who lives with you and is dependent upon your *domestic partner* for support.
- A stepchild living in your home 50 percent or more of the *plan year*.
- A foster child if he or she lives with you and is dependent upon you for support and maintenance.

If you and your spouse or *domestic partner* are both students, only one of you may cover a dependent child. In addition you may not participate in the DSGHP as both a student and a dependent at the same time.

ENROLLMENTS

~ Student Enrollment ~

You are automatically enrolled in the DSGHP unless you submit an approved waiver petition within the time period described by Dartmouth College (refer to the web site for the waiver requirements at www.dartmouth.edu/~health/depts/insurance/index.html). Your coverage will become effective as described in *When Coverage Begins* below.

~ Dependent Enrollment ~

To obtain immediate coverage under the DSGHP, you must enroll your eligible dependents in the DSGHP within 31 days of when you enroll at Dartmouth College. If you do not have any eligible dependents at the time of initial enrollment but acquire eligible dependents at a later date, you must enroll your dependents within 31 days of the date you acquire them. You may also enroll your eligible dependents during the annual *open enrollment period* in September of each *plan year*. Coverage will become effective as described in *When Coverage Begins* below.

Your newborn child (born to either a male or female DSGHP-covered parent) is automatically covered at birth for 31 days. For coverage to continue beyond 31 days, you must notify the DSGHP by submitting a Dependent Application of the birth and pay any required cost of coverage during the 31-day period following the birth. If you fail to do so, coverage will terminate at the end of the 31 days following your child's birth. Pre-certification, maternity notification, or claims for maternity expenses do not qualify as birth notification to the DSGHP.

~ Qualified Late Enrollees ~

If you waived coverage under the DSGHP for yourself or your dependents because you or they had coverage under an employer-sponsored group health plan, and that coverage ends for any reason other than non-payment of premium, or separation, resignation or withdrawal from Dartmouth, you may enroll yourself and/or your dependents in the DSGHP at any time, provided you do so within 31 days of the date coverage under the other plan ends. Documentation of the involuntary loss of employer-sponsored coverage must be provided to the DSGHP before such enrollment will be accepted.

If you do not enroll within such 31-day period, you will not be allowed to enroll in the DSGHP until the next *open enrollment period* for the next *plan year*.

Late enrollments are subject to all limitations, provisions, and requirements of the DSGHP. Late enrollees pay an adjusted cost of coverage for the DSGHP.

~ Unqualified Late Enrollees ~

Students who are subject to the Dartmouth College insurance requirement and are discovered to be uninsured during the course of the plan year, and who are otherwise not a Qualified Late Enrollee, will be enrolled in the DSGHP from the date they are determined by Dartmouth College to be without health insurance coverage. The student will be required to pay for the annual cost of the DSGHP with no prorated cost of coverage. A pre-existing condition exclusion will apply to any medical condition that was either diagnosed or treated in the six months prior to the effective date of coverage under the DSGHP. The pre-existing condition exclusion will be waived after six months of coverage under the DSGHP or the next plan year of coverage under the DSGHP, whichever is earlier. The pre-existing condition exclusion will also be waived pursuant to the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Unqualified Late Enrollees do not include students who are insured and have health insurance that does not meet one or more of the coverage requirements specified by Dartmouth College. These students are not eligible for coverage under the DSGHP until the next plan year.

EFFECTIVE DATES

~ When Coverage Begins ~

Your coverage begins on the earlier of September 1 or the date you are required to be at Dartmouth College (including periods other than the beginning of the fall semester) for a Dartmouth-sponsored activity. In no event, however, will your coverage begin prior to August 1. If your coverage begins prior to September 1, benefits will be determined based on the schedule of coverage for the DSGHP for the preceding plan year for any medical expenses incurred prior to September 1. There is no additional charge for this early period of coverage.

Coverage for your dependents begins (upon enrollment in the DSGHP) either the date your coverage begins or the first day a dependent is legally acquired. In the case of a late enrollee, coverage begins on the date coverage under the other health plan ends. DSGHP covered-students who are eligible for an early effective date of coverage because of a requirement to be at Dartmouth College prior to September 1 (or prior to the beginning of other coverage periods) may also obtain early coverage for their eligible dependents. Early dependent coverage, however, requires payment of an additional cost (pro-rated on a monthly basis). Application for this coverage must be submitted to the DSGHP Office prior to the effective date of coverage.

~ When Student Coverage Ends ~

Your coverage will end on the earliest of the following dates:

- The next succeeding August 31, if you waive coverage for the next *plan year* or you or your dependents are no longer eligible for the DSGHP coverage.
- The date your Extension of Coverage program expires if you purchase this program as described below or October 31 for a student who has qualified for Post Graduation Coverage.
- The date you or your dependent(s) enter into the Armed Services of any country. A pro-rated refund will be provided for the cost of the DSGHP for the covered individual. If you are the individual entering into the Armed

Services, your dependents will continue to be eligible for coverage under the DSGHP if, and for so long as, they continue to reside in the United States.

- December 31 or March 31 following your timely submission of an application to cancel your student coverage, pursuant to the following requirements.

You may apply for early cancellation of your student coverage at the end of Fall or Winter Term and obtain a refund of a portion of the cost of your coverage under the DSGHP if you complete your degree requirements or if you withdraw or separate from the College. Your application to cancel coverage must include either a letter from the appropriate Dean certifying completion of your degree requirements or a notice of withdrawal or separation from the Registrar. You may also apply for early cancellation of your coverage if you satisfy the DSGHP waiver requirements according to the conditions described in the DSGHP's waiver application form. The administrator of your new insurance plan must sign your application. Your application to cancel must be submitted in writing and received by the DSGHP on or before the 15th working day of the cancellation month in order to be effective that month.

- Notwithstanding the foregoing, if a *physician* employed by Dartmouth College Health Services certifies that a student is *totally disabled* on the date coverage under the DSGHP would otherwise end, *Covered Expenses/Services* directly related to the *total disability* will continue to be eligible for consideration by the DSGHP until the date *total disability* ends, the date following 12 months of extended benefits, or the date the DSGHP is terminated by Dartmouth College, whichever comes first. This extension of benefits due to *total disability* is not provided to DSGHP covered persons who have exercised their option to purchase the DSGHP Extension of Eligibility option.

Except as specifically provided above, no refunds for the cost of coverage under the DSGHP will be provided.

~ When Dependent Coverage Ends ~

- Coverage for your dependents will end on the date your coverage ends or the date the dependent ceases to be an eligible dependent, whichever comes first.
- The date you or your dependent(s) enter into the Armed Services of any country. A pro-rated refund will be provided for the cost of the DSGHP for the covered individual. If you are the individual entering into the Armed Services, your dependents will continue to be eligible for coverage under the DSGHP if, and for so long as, they continue to reside in the United States.

~ Extension of Eligibility~

When coverage under the DSGHP terminates due to graduation or separation or withdrawal from college, you may purchase an Extension of Eligibility under the DSGHP for the next succeeding six months (September 1 through the last day of February) of the next *plan year*. This Extension of Eligibility provision does not apply to (1) Students who have DSGHP eligibility under the Post Graduation Coverage provision or (2) Students who did not have student status immediately preceding the loss of DSGHP eligibility.

You must apply for the Extension of Eligibility and pay for the cost of this coverage within 31 days prior to the start of a *plan year*. Please contact the DSGHP Office at the Dartmouth College Health Service for further information concerning the Extension of Eligibility.

HOW TO CONTACT/NOTIFY THE DSGHP

Assistance regarding enrollment, plan benefits, claims procedures, and required notifications is available on-campus during normal business hours at the DSGHP Office located at Dartmouth College Health Service, 7 Rope Ferry Road, Hanover, NH 03755.

~ The DSGHP Assistance Group ~

On Campus - General Assistance

DSGHP Office
7 Rope Ferry Road
Hanover, NH 03755

Phone: 603-646-9438

Web: www.dartmouth.edu/~health/depts/insurance/index.html
Email: Dartmouth.Student.Health.Plan@Dartmouth.edu.

Claims Administrator

Klais & Company, Inc.
1867 West Market St.
Akron, OH 44313

Phone: 800-331-1096

Web: <http://www.klais.com/>

Pharmacy Processor

Medco Health Solutions, Inc.
PO Box 14711
Lexington, KY 40512

Member Phone: 800-711-0917
Pharmacy Phone: 800-922-1557

Web: <http://www.medco.com/>

PPO Network

MultiPlan, Inc. and Private Health Care Systems (PHCS)
115 Fifth Avenue
New York, NY 10003

Phone: 800-672-2140

Web: <http://www.multipan.com/>

Dartmouth Hitchcock Medical Center
Dartmouth Hitchcock Psychiatric Association
One Medical Center Drive
Lebanon NH 03756

Phone: 603-650-5000

Web: <http://www.dhmc.org/>

Travel Assistance

International SOS

Philadelphia Call-In Center
Phone: 215-942-8226

Web: <http://www.internationalsos.com> & <http://www.dartmouth.edu/~rmi/rmstravel/>

Health Care Management Program (Pre-Certification & Maternity Notification)

AdvoCare

Phone: 800-525-8548

SCHEDULE OF DSGHP BENEFITS

Benefit Description	Plan Year Aggregate Deductible and Out-of-Pocket Maximum			
	Hanover Area In-Network	Out of Hanover Area In-Network	Non-PPO Network In or Out of Hanover Area	Comments
Plan Year Aggregate Deductible	Individual: \$200 Family: \$400 The plan year deductibles are combined for Hanover Area and Out of Hanover Area Care.		\$400 \$800	Co-payments do not apply to the deductible.
Plan Year Out-of-Pocket Maximum	Individual: \$1,000 Family: \$2,000 The plan year out-of-pocket maximums are combined for Hanover Area and Out of Hanover Area Care.		\$2,000 \$4,000	Includes deductible and coinsurance. There is a separate plan year out-of-pocket maximum for Prescription Drug benefits.
Benefit Description	FIRST DOLLAR COVERAGE (No Deductible)			
	Hanover Area In-Network	Out of Hanover Area In-Network	Non-PPO Network In or Out of Hanover	Comments
Except for certain medical supplies and durable medical equipment, medical services provided by Dartmouth College Health Service	100%	N/A	N/A	Subject to Covered Expenses/Services provision in this Plan Document. See Page 13 for more coverage information.
Counseling and Psychiatric Visits at Dartmouth College Health Service	100% after \$10 per visit co-payment	N/A	N/A	Does not apply to the plan year out-of-pocket maximum.
Emergency Room Services	100% after \$50 co-payment	100% after \$50 co-payment	100% after \$50 co-payment	Covered only if medical emergency.
Ambulance	100% after \$100 co-payment	100% after \$100 co-payment	100% after \$100 co-payment	
Benefit Description	CO-INSURANCE COVERAGE (Amount the DSGHP Pays after Deductible Is Met)			
	Hanover Area In-Network ¹	Out of Hanover Area In-Network	Non-PPO Network In or Out of Hanover ¹	Comments
Physician Services	80%	80%	70% of usual and customary charges	Includes office visits, hospital visits, surgery, diagnostic X-rays, and laboratory tests.
Inpatient Hospital Services	80% ²	80% ²	70% ² of usual and customary charges	

Benefit Description	CO-INSURANCE COVERAGE (Amount the DSGHP Pays after deductible Is Met)			
	Hanover Area In-Network ¹	Out of Hanover Area In-Network	Non-PPO Network In or Out of Hanover Area ¹	Comments
Biologically Based Mental Health Care Services	80%	80%	70% of usual and customary charges	Benefits are provided on the same basis as any other medical condition
Mental/Nervous and Substance Abuse Treatment Services outside of Dartmouth College Health Services				
Outpatient Mental/Nervous and Substance Abuse Treatment	80%; no deductible	80%; no deductible	70% of usual and customary charges; no deductible	Limited to a combined 40 visits per <i>plan year</i> for all coverage categories, except that these benefits are NOT reduced by the number of counseling or psychiatric visits provided at the Dartmouth College Health Service.
Inpatient Mental/Nervous and Substance Abuse Treatment	80% ²	80% ²	70% ² of usual and customary charges	Limited to 31 days per <i>plan year</i> .
Treatment of Temporomandibular Joint Disorder ²	80%	80%	70% of usual and customary charges	Subject to a \$1,000 individual <i>lifetime</i> maximum. Includes both surgical and non-surgical treatment.
Other Expenses or Services				
Special Education Testing for Learning Disorders	100%; no deductible	Not Covered	100% of usual and customary charges; no deductible	Subject to \$1,500 <i>lifetime</i> limit. Referral from either Dartmouth College's Student Accessibility Services or Dartmouth College Health Services is required. (refer to Covered Expenses / Services)
Skilled Nursing Facility	80% ²	80% ²	70% ² of usual and customary charges	Limited to 120 days per <i>plan year</i> .
Home Health Care Services	80% ²	80% ²	70% ² of usual and customary charges	Limited to 40 visits per <i>plan year</i> .
Bereavement Counseling	80%	80%	70% of usual and customary charges	Limited to \$250 per cause.
Covered Expenses/Services Not Listed Above²	80%	80%	70% of usual and customary charges	The DSGHP only covers expenses / services specifically listed as <i>Covered Expenses / Services</i> in this Plan Document.
Benefit Maximums				
Lifetime Individual Maximum for All Benefits	\$2,000,000			Includes all medical and other benefit maximums and prescription drug benefits.
NCAA-Sanctioned Intercollegiate Sports	\$90,000 per <i>injury</i>			Benefits are limited for expenses incurred within 2 years of an intercollegiate sports injury.

Benefit Description	PRESCRIPTION DRUG COVERAGE (Amount the DSGHP Pays After <i>Deductible</i> is Met)			
	Hanover Area In-Network	Out of Hanover Area In-Network	Non-PPO Network In or Out of Hanover Area	Comments
Dick's House Pharmacy at Dartmouth College Health Services	100% if Generic is purchased. 100% if Generic is not available. 80% if Generic is available but a Name Brand of Scrip is purchased. 100% if prescriber designates brand name as necessary.	-	-	The DSGHP will pay the lesser of the maximum allowed cost by MEDCO or the <i>Usual and Customary</i> allowance when a prescription is obtained from a pharmacy that does not participate with MEDCO. Subject to \$2,000,000 <i>Lifetime Benefit Limit</i> applicable to medical benefits.
Other Pharmacies Prescription Drug	80% MEDCO Participating Pharmacies	80% MEDCO Participating Pharmacies	80%	The DSGHP will pay the lesser of the maximum allowed cost by MEDCO or the <i>Usual and Customary</i> allowance when a prescription is obtained from a pharmacy that does not participate with MEDCO. Subject to \$2,000,000 <i>Lifetime Benefit Limit</i> applicable to medical benefits.
Plan Year Deductible	Individual: \$50 Family: \$100			The Prescription Drug plan year deductible is separate from the plan year deductible for Medical Benefits.
Plan Year Out-of-Pocket Maximum	Individual: \$750 Family: \$1,000			The Prescription Drug <i>Out-of-Pocket Maximum</i> is separate from the <i>Out-of-pocket maximum</i> for Medical Benefits.

- The *coinsurance* amount applicable to non-emergency medical services received by you, your spouse, or your domestic partner in the *Hanover Area* will be reduced to the out-of-network level (70%) if a referral for such services was not first obtained from the Dartmouth College Health Service. This reduction will not apply to services received by your dependent children, to expenses incurred outside of the *Hanover Area* or to maternity expenses. Note, however, that for maternity expenses, you are required to call the Health Care Management Program as outlined in the *Maternity Notification Requirement*.

A recommendation by a non Health Service Provider for follow-up care does not meet the DSGHP's referral requirement. Services received within 45 days following the *medically necessary* use of an emergency room are not subject to the referral requirement for the DSGHP. This waives the referral requirement that only applies to services related to the condition requiring an emergency room visit. After the 45 day period, a referral is required from the Dartmouth College Health Service.

- These services are subject to the Health Care Management Program. If you do not follow the procedures required by the Program, the *coinsurance* amount applicable to all related eligible expenses will be reduced to 50%. The penalty for failure to follow the Health Care Management Program procedures does not count towards your *out-of-pocket maximum*.

To contact the Health Care Management Program, AdvoCare, call toll-free 1-800-525-8548.

MEDICAL BENEFITS AND REQUIREMENTS

~ General Requirements ~

You will get the most out of the benefits provided by the DSGHP by understanding the following requirements.

1. To obtain the maximum amount of benefits for non-emergency services in the *Hanover Area* for you, your spouse, or your *domestic partner*, you must first obtain a referral for those services from the Dartmouth College Health Services. This referral requirement does not apply to your dependent children, to expenses incurred outside of the Hanover Area, or to maternity expenses.
2. The referral from the Dartmouth College Health Service must be reauthorized within 30 days unless otherwise specified by either (1) the Dartmouth College Health Service clinicians providing services to the DSGHP-covered student/spouse or (2) a specific exception authorizing a longer referral period as specified in other provisions of this Plan Document.
3. The *coinsurance* amount applicable to non-emergency medical services received by you, your spouse, or your domestic partner in the *Hanover Area* will be reduced to the out-of-network level (70%) if a referral for such services was not first obtained from the Dartmouth College Health Service. This reduction will not apply to services received by your dependent children, to expenses incurred outside of the *Hanover Area* or to maternity expenses. Note, however, that for maternity expenses, you are required to call the Health Care Management Program as outlined in the *Maternity Notification Requirement*.
4. The DSGHP will not cover testing for learning disabilities unless a referral is first made by either Dartmouth College's Student Accessibility Services, Dartmouth Medical School or Dartmouth College Health Services required. (refer to Covered Expenses/Services). In the *Hanover NH area only*.
5. The DSGHP will not cover sleep testing and sleep disorders unless a referral is made by Dartmouth College Health Service. In the *Hanover NH area only*.
- 6.
7. To obtain the maximum amount of benefits for elective admissions to a *hospital, hospice facility, or skilled nursing facility*, and before receiving any *home health care or home hospice* services, you must notify the DSGHP as described under the Health Care Management Program.
8. To receive the maximum amount of maternity benefits, you must notify the DSGHP either during the first trimester of pregnancy or with a pre-existing pregnancy upon enrollment in the DSGHP.
9. The DSGHP provides benefits only for covered services and supplies that are *medically necessary* for the treatment of a covered *illness or injury*. Not all *medically necessary* services are covered. For example, *experimental/investigational* treatments are not covered. See the section on *Covered Expenses/Services* for a listing of those expenses/services that are excluded by the DSGHP.
10. The DSGHP provides benefits only for *Covered Expenses/Services* that are equal to or less than the *usual and customary charge* in the geographic area where services or supplies are provided. Any amounts that exceed the *usual and customary charge* are not recognized by the DSGHP for any purpose. PPO Network Providers charge the DSGHP for their services at negotiated rates which are considered to be the usual and customary charge for those services. If you use a non-PPO Network Provider, you will be responsible for any amounts in excess of the *usual and customary charge*. The *deductible* and *coinsurance* is also increased for Non-PPO-Network Provider services.
11. The DSGHP provides benefits only for covered services and supplies rendered by a *physician, practitioner, nurse, hospital, or specialized treatment facility* as those terms are specifically defined in the Definitions section.

~ Benefits for Services From Dartmouth College Health Services ~

The DSGHP pays the highest level of benefits for services you receive from Dartmouth College Health Services. In all other instances, the *coinsurance* amount (i.e., the percentage of the *Covered Expenses/Services* that the DSGHP pays) is higher.

For services received from Dartmouth College Health Services, the DSGHP pays 100% of *Covered Expenses/Services* (with only a \$10 per visit *co-payment* for out-patient mental/nervous and chemical/substance abuse treatment).

Immunizations (that are not a pre-matriculated requirement of Dartmouth College) and Intrauterine Devices (IUD's). These are not subject to the in-network deductible and are reimbursed at 80% when administered by a provider at the Dartmouth College Health Services.

For services received from Dartmouth College Health Services, the DSGHP pays 100% of *Covered Expenses/Services* and the *plan year deductible* does not apply. These services are for human papiloma virus (HPV) vaccine, Inpatient Services and Clinic Visits.

~ Hanover Area, NH, PPO Network Benefits ~

Preferred providers are the *physicians, hospitals, and other health care providers* in the Hanover Area who have contracted with the DSGHP to provide specific medical services at negotiated prices or at a *preferred allowance*. They are referred to collectively as the PPO Network. Providers in the PPO Network accept the *preferred allowance* as full payment for *Covered Expenses/Services* (subject to *deductible, co-payment, and coinsurance* provisions). You identify your eligibility for *preferred allowance* charges by showing your Identification Card to the *provider* when you obtain care.

You should be aware that PPO Network *hospitals* may be staffed with *physicians* and other professional staff who are not in the PPO Network. Unless specified otherwise, the charges of the Non-PPO Providers will not be paid at the PPO Network level of benefits.

~ PPO Network Providers Contacts~

- Dartmouth-Hitchcock Medical Center and Dartmouth-Hitchcock Psychiatric Association (www.DHMC.org). 603-650-5000
- Other states and regions (US only): Multiplan and Private Health Care Systems (PHCS).1-800-672-2140 (www.multiplan.com). To search for in-network services: <http://www.multiplan.com/search>

Front of Card: Click on "MultiPlan" to begin your search.

- Pharmacy Network: MEDCO, 1-800-711-0917, (www.MEDCO.com).
- Certain mental health care providers under direct contract to Dartmouth College to serve DSGHP covered persons. The list of this network of providers is available at the DSGHP Office.

For more information on *preferred provider* benefits, see the section entitled *Coinsurance*.

~ Out of Hanover, NH, Area PPO Network Benefits ~

The DSGHP provides coverage when you receive medical care outside of the *Hanover Area* from a PPO Provider. Generally, the percentage of charges that the DSGHP pays is the same as for a *Hanover Area* PPO Network Providers. The DSGHP, however, does not cover certain services outside of the *Hanover Area*, as shown in the Schedule of DSGHP Benefits.

The lack of available PPO Providers in a specific geographic area may not be used as the basis for an appeal of claim under the DSGHP.

~ Non-PPO Network Benefits ~

You may choose to use a Provider that is not a member of the PPO Network. This may, however, increase your out-of-pocket costs because the DSGHP does not pay as large a portion of non-PPO Network Provider charges. Generally, after you satisfy the increased *deductible*, when applicable, the DSGHP will pay the percentage of *usual and customary charges* shown in the DSGHP Schedule of Benefits for *Covered Expenses/Services* performed by a non-PPO Network Provider.

~ Plan Year Aggregate Deductible ~

The *plan year aggregate deductible* is the total amount you must pay for *Covered Expenses/Services* during each *plan year* before the DSGHP will consider *Covered Expenses/Services* for reimbursement. Expenses from separate *illnesses* or *injuries* may be used to satisfy the *deductible*.

The individual *deductible* applies separately to each *covered person*. The family *deductible* applies collectively to all *covered persons* in the same family. When the family *deductible* is satisfied, no further *deductible* payment will be required of any covered family member during the remainder of that *plan year*.

The *plan year* individual and family *deductible* amounts are shown on the Schedule of DSGHP Benefits.

~ Co-payments ~

The *co-payment* amounts, as specified in the Schedule of DSGHP Benefits, represent the dollar amounts required to be paid by the *covered person* for *Covered Expenses/Services* before the *deductible* applies and before the DSGHP pays benefits at the percentage described in the Schedule of DSGHP Benefits.

~ Co-insurance ~

Coinsurance represents the percentage of *Covered Expenses/Services* required to be paid by the DSGHP after satisfaction of any applicable *deductible* or *co-payment* amount.

After satisfaction of any applicable *deductible* or *co-payment*, the DSGHP will pay the percentage of charges indicated in the Schedule of DSGHP Benefits, subject to the specified maximums. These percentages apply only to *Covered Expenses/Services* which do not exceed *usual and customary charges*. The *covered person* is responsible for all non-*Covered Expenses/Services* and any amount which exceeds the *usual and customary charge* for *Covered Expenses/Services*.

The *coinsurance* percentages for In-Network and Out-of-Network Providers are specified in the Schedule of DSGHP Benefits. The DSGHP encourages you to use In-Network Providers whenever possible. You will receive a higher level of benefits for services received from In-Network Providers.

In-Network Providers will not bill you separately if their charges exceed the In-Network fee schedule. You may be billed separately when charges made by an Out-of-Network Provider exceed the *usual and customary charge* for such services.

Charges for services provided by certain Network Hospital-affiliated *physicians* who are In-Network Providers are eligible for payment at the same percentage as Out-of-Network Provider charges. Such charges are limited to charges for anesthesiologists and emergency room *physicians* and the professional component charges for pathology and radiology. Charges made by a Hospital-affiliated *physician* must be *usual and customary* as determined by the DSGHP.

~ Out-Of-Pocket Maximums ~

The *Out-of-Pocket Maximum* is the maximum amount of *Covered Expenses/Services* a *covered person* must pay during a *plan year*. The individual *out-of-pocket maximum* applies separately to each *covered person*. When a *covered person* reaches the *plan year out-of-pocket maximum*, the DSGHP will pay 100% of all additional *Covered Expenses/Services* for that individual during the remainder of the *plan year*. The family *out-of-pocket maximum* applies collectively to all *covered persons* in the same family. When the *plan year family out-of-pocket maximum* is reached, the DSGHP will pay 100% of *Covered Expenses/Services* for any covered family member during the remainder of the *plan year*.

The *Out-of-Pocket Maximum* does not apply to the following:

- Any expenses not covered by the DSGHP, including expenses which exceed *usual and customary charges*.
- *Co-payments*.
- Charges in excess of Benefit Maximums (see next section).
- Penalties for failure to comply with the Health Care Management Program requirements.

The *plan year* individual and family *Out-of-Pocket Maximum* amounts are shown in the Schedule of DSGHP Benefits. Any amount applied toward the PPO Network *Out-of-pocket maximum* will be applied toward the Non-PPO *Out-of-pocket maximum* and vice versa.

~ Benefit Maximums ~

Total plan payments for each *covered person* are limited to certain maximum benefit amounts. A benefit maximum can apply to specific benefit categories or to all benefits. A benefit maximum amount also applies to a specific time period, such as *plan year* or *lifetime*.

The benefit maximums applicable to the DSGHP are shown on the Schedule of DSGHP Benefits. Maximums apply to PPO and Non-PPO Network benefits combined. The *lifetime* maximum applies to Medical and Prescription Drug benefits combined.

~ Health Care Management Program ~

The DSGHP employs the services of a professional Health Care Management Program company to identify and assist participants with conditions requiring extensive or long-term care.

The DSGHP's Health Care Management Program is not intended to diagnose or treat medical conditions, guarantee benefits, validate eligibility, or determine *medical necessity* unless a special care manager is assigned. A case manager may be assigned in situations regarding *medical necessity*.

~ Prior Notification Requirements – Elective and Emergency Admissions ~

You must call the DSGHP's Health Care Management Program's toll-free number (1-800-525-8548) before any elective admission to a *hospital, hospice facility, or skilled nursing facility*, and before receiving any *home health care* or *home hospice services*. You must also call within 48 hours (2 working days) following any emergency admission. When you call, it will be necessary to provide your name as the subscriber, the patient's name, the name of the *physician* and *hospital* or facility, the reason for the hospitalization, and any other information needed to complete the Health Care Management Program review.

A recommendation by a non Health Service Provider for follow-up care does not meet the DSGHP's referral requirement. Services received within 45 days following the *medically necessary* use of an emergency room are not subject to the referral

requirement for the DSGHP. This waiver of the referral requirement only applies to services related to the condition requiring an emergency room visit. After the 45 day period, a referral is required from the Dartmouth College Health Service.

~ Reduced Benefits for Failure to Follow Required Prior Notification Procedure ~

If you do not follow the DSGHP's Health Care Management Program Prior Notification Procedure described above, the DSGHP will cover only 50% of all related eligible expenses. This is in addition to any applicable *deductible* amount that you are required to pay. The penalty for failing to follow the Prior Notification Requirement procedures does not count toward your *out-of-pocket maximum*.

~ Maternity Notification Requirement ~

The primary objective of the DSGHP's Maternity Notification Requirement is to anticipate the possibility of a high or moderate risk pregnancy and coordinate cost-effective medical care.

You must call the DSGHP's Health Care Management Program's toll-free number (1-800-525-8548) during the first trimester of pregnancy or upon enrollment in the DSGHP with a pre-existing pregnancy. At this time, a Registered Nurse will ask you questions about your general health and medical history. This information will be discussed with your *physician* and will help determine the risk factor of your pregnancy.

If your pregnancy is classified as low risk, you will have satisfied the Maternity Notification Requirement. You only need to call the DSGHP's Health Care Management Program again when you are admitted to the *hospital* for delivery.

If your pregnancy is classified as moderate or high risk, the DSGHP's Health Care Management Program will follow your case, recommend specialists and/or facilities when applicable and coordinate communication among *health care providers*, patients, and others. Refer to the sub-section entitled Dependent Enrollment in the section entitled Eligibility and Participation to enroll a newborn child for coverage in the DSGHP.

~ Reduced Benefits for Failure to Follow Maternity Notification Procedure ~

If you do not follow the DSGHP's Maternity Notification Procedures, the DSGHP will cover only 50% of all eligible expenses which are directly related to the delivery, including *physician* and *hospital* or facility expenses. This is in addition to any applicable *deductible* amount that you are required to pay. The penalty for failing to follow the DSGHP's Maternity Notification Procedures does not count towards your *out-of-pocket maximum*.

~ Medical Case Management ~

Medical Case Management is designed to help manage the care of patients who have special or extended care *illnesses or injuries*. The primary objective of Medical Case Management is to identify and coordinate cost-effective medical care alternatives meeting accepted standards of medical practice. Medical Case Management also monitors the care of the patient, offers emotional support to the family, and coordinates communications among *health care providers*, patients, and others.

When you call the DSGHP's Health Care Management Program as required, the type of care you receive will be monitored by a health care professional. If appropriate, you will be assigned a case manager who will assist you in examining your health care alternatives.

Based on the advice of the DSGHP's Health Care Management Program, benefits may be modified by the DSGHP *Administrator* to permit a method of treatment not expressly provided for, but not prohibited by law, rules, or public policy, if the DSGHP *Administrator* determines that such modification is *medically necessary* and is more cost-effective than continuing a benefit to which you or your eligible dependents may otherwise be entitled. The DSGHP *Administrator* also reserves the right to limit payment for services to those amounts which would have been charged had the service been provided in the most cost-effective setting in which the service could safely have been provided.

Examples of *illnesses or injuries* that may be appropriate for Medical Case Management include, but are not limited to:

- Chronic or Terminal *illnesses* such as AIDS, cancer, multiple sclerosis, renal failure, chronic obstructive pulmonary disease, and cardiac conditions.

- Post-*accident* long-term rehabilitative therapy.
- Newborns with high risk complications or multiple birth defects.
- Diagnosis involving long-term IV therapy.
- *Illnesses* not responding to medical care.
- Child and adolescent *mental/nervous disorders*.

~Chemical/ Substances Abuse Case Management ~

Pre-authorization for inpatient and outpatient care for chemical/substance abuse treatment is subject to the Dartmouth College Health Services referral requirement. There are no other pre-certification or case management requirements or services for chemical/substance care.



Athletic/Sports Medicine & Athletic Trainers

Jeff Frechette, ATC, MEd, Head Athletic Trainer;
 Leonard Angelli, ATC, MS; Michael Derosier, ATC, MS;
 Nicole Humann, ATC, MS; Tracy Poro, ATC, MS; Nicole Scremin, ATC, MS;
 Barbara Sibun, ATC, MS; David Turro, ATC, MS; Rebecca VanDolah, ATC, MA

COVERED EXPENSES/SERVICES

When all of the provisions of the DSGHP are satisfied, the DSGHP will provide benefits as specified in the Schedule of DSGHP Benefits for the *medically necessary* services and supplies listed in this section.

Treatment or services rendered outside the United States of America or its territories are covered on the same basis as treatment or services rendered within the United States (refer also to the section entitled Travel Outside of the United States).

~ Emergency Services ~

1. Ground transportation provided by a professional ambulance service to an emergency care facility equipped to treat a condition that can be classified as a *medical emergency*.
2. Treatment in a *hospital* emergency room or other emergency care facility for a condition that can be classified as a *medical emergency*.
3. Treatment of an *accident* in a *hospital* or other emergency care facility.

~ Diagnostic X-ray and Laboratory Services ~

1. Amniocentesis.
2. Computerized Axial Tomography (CAT Scan).
3. *Diagnostic charges* for laboratory services.
4. *Diagnostic charges* for X-rays.
5. Dual Energy X-ray Absorptiometry (DEXA Scan).
6. Magnetic Resonance Imaging (MRI).
7. Mammography screening per the schedule shown in the sub-section entitled Routine and Preventive Services.
8. Positron Emission Tomography (PET Scan).
9. Pre-admission tests (PAT) for a *hospital* admission.
10. Ultrasound.

~ Hospital Services ~

1. *Intensive care unit* and coronary care unit charges.
2. Miscellaneous *hospital* services and supplies required for treatment during a *hospital* confinement.
3. *Outpatient hospital* services.
4. Private room and board, not to exceed the cost of a semi-private room (if available).
5. Semi-private room and board.
6. Well-baby nursery, *physician*, and initial exam expenses during the initial *hospital* confinement of a newborn. Charges for the newborn will be considered as part of the mother's expenses.

~ Medical Equipment and Supplies ~

A statement is required from the prescribing *physician* describing how long the equipment is expected to be necessary. This statement will determine whether the equipment will be rented or purchased.

1. Artificial limbs and eyes and replacement of artificial eyes and limbs if required due to a change in the patient's physical condition; or replacement, if replacement is less expensive than repair of existing equipment.
2. Blood and/or plasma and the equipment for its administration.
3. Compression therapy garments (e.g., Jobst garments).
4. *Durable medical equipment*, including expenses related to necessary repairs and maintenance.
5. Initial prescription contact lenses or eyeglasses, including the examination and fitting of the lenses, to replace the human lens lost through intraocular *surgery*.
6. Insulin infusion pumps.
7. Original fitting, adjustment, and placement of orthopedic braces, casts, splints, crutches, cervical collars, head halters, traction apparatus, or prosthetic appliances to replace lost body parts or to aid in their function when impaired. Replacement of such covered devices only will be covered if the replacement is necessary due to a change in the physical condition of the *covered person*.
8. Orthotics, orthopedic or corrective shoes, and other supportive appliances for the feet.
9. Oxygen and rental of equipment required for its use, not to exceed the purchase price of such equipment.
10. Sterile surgical supplies after *surgery*.
11. Wigs and artificial hairpieces, only after chemotherapy or radiation therapy, or when it is disease- or *injury*-related and not due to the normal aging process or premature baldness.

~ Medical Services ~

1. Acupuncture.
2. Allergy testing and treatment, including allergy sera.
3. Chemotherapy, including high-dose chemotherapy in connection with autologous bone marrow transplantation, stem cell rescue, or other hematopoietic support procedures for treatment of acute leukemia in remission, resistant non-Hodgkin's lymphoma, Hodgkin's disease, neuroblastoma, Ewing's sarcoma, multiple myeloma (after induction therapy), and non-inflammatory stage II breast cancer with 10 or more positive nodes and negative bone marrow, but only when the individual qualifies as a candidate for the procedure under the health and age standards generally accepted by the national medical professional community.
4. Other courses of treatment involving high-dose radiotherapy and autologous bone marrow transplantation, stem cell rescue, or other hematopoietic support procedures for any symptom, disease, or condition are not covered.
5. *Chiropractic services*.
6. Dental services received after an *accidental injury* to teeth, excluding biting or chewing *injuries*. This includes replacement of teeth and any related X-rays.
7. Dialysis.

8. *Home health* care provided by a *home health care agency*, pursuant to the visit limits specified in the Schedule of DSGHP Benefits.
9. *Home hospice*.
10. Hormone replacement therapy for peri- and post-menopausal women and hormone therapy for the treatment of gender identity disorders.
11. *Inpatient* visits by the attending *physician*.
12. Intrauterine devices (IUDs), diaphragms, and other medically approved prescription birth control devices that are not covered by the Prescription Drug benefits of the DSGHP. These covered expenses are not subject to the In-network deductible and are reimbursed at 80 percent when provided by Dartmouth College Health Services.
13. Learning disability testing expenses for Students, and their DSGHP Covered Spouses/Domestic Partners for the diagnosis of a learning disorder, only within the *Hanover Area* and only upon referral by either Dartmouth College Health Services, Dartmouth College Student Accessibility Services, or Dartmouth Medical School Office for Learning Disability Services (OLADS) subject to the *lifetime* maximum benefit specified in the Schedule of DSGHP Benefits.
14. Services for treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) for Students and their DSGHP Covered Spouses/Domestic Partners are only within the *Hanover Area* and only upon referral by either Dartmouth College Health Services, Dartmouth College Student Accessibility Services, or Dartmouth Medical School Office for Learning Disability Services (OLADS) subject to the Mental Health Benefits limitations as specified in the Schedule of DSGHP Benefits.
15. Learning disability testing expenses for DSGHP Covered Children, the diagnosis of a learning disorder and services for treatment for learning disabilities, including Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD), are covered expenses, only within the *Hanover Area*. No referral is required for such services for DSGHP Covered Children from either Dartmouth College Health Services, Dartmouth College Student Accessibility Services or Dartmouth Medical School Office for Learning Disability Services (OLADS).
16. Treatment for learning disabilities, including Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD), for such children may be provided by any *Health Care Provider, Physician, or Provider/Practitioner* specified in the Plan Document for the DSGHP. Such services are not available for DSGHP-covered dependent children at Dartmouth College Health Services, Dartmouth College Student Accessibility Services or Dartmouth Medical School Office for Learning Disability Services (OLADS).
17. *Medically necessary* treatment of the feet, including treatment of metabolic or peripheral vascular disease.
18. Non-custodial services of a *nurse* which are not billed by a *home health care agency*.
19. Non-surgical treatment of *morbid obesity*.
20. Non-surgical treatment of temporomandibular joint dysfunction (TMJ).
21. Occupational therapy to restore a physical function.
22. Physical therapy from a qualified *practitioner*.
23. *Physician* home and office visits.
24. Pregnancy-related care.
25. Radiation therapy, including high-dose radiotherapy in connection with autologous bone marrow transplantation, stem cell rescue, or other hematopoietic support procedures for treatment of acute leukemia in remission, resistant non-Hodgkin's lymphoma, Hodgkin's disease, neuroblastoma, Ewing's sarcoma, multiple myeloma (after induction therapy), and non-inflammatory stage II breast cancer with 10 or more positive nodes and negative bone marrow, but only when the individual

qualifies as a candidate for the procedure under the health and age standards generally accepted by the national medical professional community.

26. Other courses of treatment involving high-dose chemotherapy and autologous bone marrow transplantation, stem cell rescue, or other hematopoietic support procedures for any symptom, disease, or condition are not covered.
27. *Second surgical opinions.*
28. Speech therapy from a qualified *practitioner* to restore speech loss due to an *illness, injury, or surgical procedure.*
29. Termination of pregnancy.
30. *Third surgical opinions.*
31. Titer when *medically necessary* and not for routine testing.
32. Treatment of complications arising from any non-covered *surgery* or procedure.
33. Treatment of diabetes (includes test strips & devices).
34. Treatment of sleep disorders and sleep studies but only in the *Hanover NH Area* with a referral from the Dartmouth College Health Service.

~ Mental/Nervous and Chemical/Substance Abuse Services ~

1. Bereavement counseling.
2. *Biologically Based Mental Illnesses.*
3. *Inpatient* treatment of chemical/substance abuse and/or a *mental/nervous disorder.*
4. Marital, couples, and family counseling.
5. *Outpatient* treatment of chemical/substance abuse and/or a *mental/nervous disorder.*
6. *Partial hospitalization* (applies to *inpatient* benefits as a half day).
7. Treatment of or related to an eating disorder.
8. Treatment of or related to an overdose of drug or medication.

~ Routine and Preventive Services ~

The following Routine and Preventative Services are subject to the medical guidelines specified below or published criteria that are commonly recognized as being the current medical authority for the appropriate use of such services.

1. Echocardiograms.
2. Immunizations that are (1) not a pre-matriculated requirement of Dartmouth College; and (2) not covered by the Prescription Drug benefits of the DSGHP. These covered expenses are not subject to the In-network deductible and are reimbursed at 80 percent when administered by a provider at the Dartmouth College Health Services.
3. One routine colonoscopy per *plan year* for adults age 50 or older, or more often as *medically necessary.* The DSGHP also covers one colonoscopy per *plan year* for any *covered person,* upon the recommendation of a physician, where such *covered person* has a *close family member* who has a prior history of colon cancer.

4. One routine mammogram per *plan year* for women age 35 and older, or more often as *medically necessary*. The DSGHP also covers one mammogram per *plan year* for any woman, upon the recommendation of a physician, where such woman, her mother, or her sister has a prior history of breast cancer.
5. One routine prostate examination per *plan year* or more often as *medically necessary*.
6. Routine pediatric immunizations.
7. Smoking cessation educational programming, limited to a reimbursement of 80 percent of charges up to a lifetime maximum benefit of \$250. This benefit is only available when provided/referred by Dartmouth College Health Services
8. Vaccine(s) approved by the United States Food and Drug Administration to prevent human papiloma virus (HPV) and the costs of the administration thereof are covered under the DSGHP at 100%, but only when received at Dartmouth College Health Services. The criteria for eligibility for the administration of such vaccine(s), as determined by Dartmouth College Health Services in its sole discretion, must also be satisfied in order for these benefits to be provided under the DSGHP. No benefits will be provided by the DSGHP for vaccine(s) to prevent HPV that are obtained from and administered by a health care provider other than Dartmouth College Health Services.
9. To the extent it is not otherwise provided as a benefit by a governmental entity, the DSGHP provides up to \$140 per injection for the human papiloma (HPV) vaccine for dependent children.
10. Well-child checkups until 12 years of age (per periodic health examination schedule recommended by the American Academy of Family Physicians).

~ Specialized Treatment Facilities ~

1. *A birthing center.*
2. *A chemical dependency/substance abuse day treatment facility.*
3. A Christian Science sanitarium.
4. *A hospice facility.*
5. *A mental/nervous treatment facility.*
6. *A psychiatric day treatment facility.*
7. *A rehabilitation facility.*
8. *A skilled nursing facility*, pursuant to the limits specified in the Schedule of DSGHP Benefits.
9. *A substance abuse treatment facility.*
10. *An ambulatory surgical facility.*

~ Surgical Services ~

1. Anesthetic services, when performed by a licensed anesthesiologist or certified registered *nurse* anesthetist in connection with a surgical procedure.
2. Assistant surgeon's expenses.
3. Breast augmentation surgery (mammoplasty) and mastectomy, including hormone therapy, for the treatment of gender identity disorders. For you to receive this coverage, the Dartmouth Student Group Health Plan (DSGHP) covered provider must send the verification to DSGHP Claim Administrator indicating that you are eligible for these covered services. For questions about how to receive this coverage, contact your plan the DSGHP Office. No benefits are provided for services

and procedures that are considered to be cosmetic services. For example, cosmetic services that may be used to make a person look more feminine include (but are not limited) to, procedures such as plastic surgery of the nose, face lift, lip enhancement, facial bone reduction, plastic surgery of the eyelids, liposuction of the waist, reduction of the thyroid cartilage, hair removal, hair transplants, and surgery of the larynx including shortening of the vocal cords. Cosmetic services that may be used to make a person look more masculine include (but are not limited to) procedures such as chin implants, nose implants, and lip reduction.

4. Circumcision for newborns.
5. Human organ and tissue transplants, including courses of treatment involving high-dose chemotherapy or radiotherapy and autologous bone marrow transplantation, stem cell rescue, or other hematopoietic support procedures for acute leukemia in remission, resistant non-Hodgkin's lymphoma, Hodgkin's disease, neuroblastoma, Ewing's sarcoma, multiple myeloma (after induction therapy), and non-inflammatory stage II breast cancer with 10 or more positive nodes and negative bone marrow but only when the individual qualifies as a candidate for the procedure under the health and age standards generally accepted by the national medical professional community. Eligible expenses for the donor will also be covered by the DSGHP.
6. Other courses of treatment involving high-dose chemotherapy or radiotherapy and autologous bone marrow transplantation, stem cell rescue, or other hematopoietic support procedures are not covered as organ and tissue transplants.
7. *Outpatient surgery.*
8. *Podiatric surgery.*
9. *Reconstructive surgery* when needed to correct damage caused by an *accidental injury* or a birth defect resulting in the malformation or absence of a body part.
10. Surgeon's expenses for the performance of a surgical procedure.
11. Surgical treatment of temporo mandibular joint dysfunction (TMJ).
12. Two or more surgical procedures performed during the same session through the same or different incisions, natural body orifice, or operative field. The amount eligible for consideration is the sum of *usual and customary charges* for each procedure performed.

Travel Outside of the United States

As an added benefit the College provides a comprehensive program that provides emergency medical assistance with International SOS (ISOS). Services range from telephone advice, medical referrals, legal aide, to full-scale evacuation by private air ambulance. The ISOS network of 5,000 employees, including multilingual critical care and aero-medical specialists, operate 24 hours a day, 365 days a year from over 26 ISOS Alarm Call-In Centers around the world. Contact information may be found on page 8 of this document.



Medical Records & Reception
Jean Wakefield, Receptionist

EXCLUDED EXPENSES/SERVICES

The DSGHP will not provide medical benefits for any expense which is not listed as a covered service or supply in this Plan Document, or any of the items listed below, regardless of *medical necessity* or recommendations of a *health care provider*.

1. A *residential treatment facility*.
2. A service or supply that is related to sex change surgery or to the reversal of a sex change, except as described otherwise in Part 5 for breast augmentation surgery (mammoplasty) and mastectomy, including hormone therapy, for the treatment of gender identity disorders.
3. Adoption expenses.
4. Any condition or disability sustained as a result of being engaged in an activity primarily for wage, profit, or gain, and that could entitle the *covered person* to a benefit under the Worker's Compensation Act or similar legislation.
5. Any condition, disability or expense sustained as a result of being engaged in: an illegal occupation; commission or attempted commission of an assault or other illegal act; intentional or *accidental* atomic explosion or other release of nuclear energy, whether in peacetime or wartime; participation in a civil revolution or a riot or a war; or act of war which is declared or undeclared.
6. Any refractive eye *surgery* or procedure designed to improve nearsightedness, farsightedness, and/or astigmatism by changing the shape of the cornea, including, but not limited to, LASIK, radial keratotomy and keratomileusis *surgery*.
7. Any treatment that is not a Covered Sickness or Injury or any service or supply that is not specifically listed in the *Covered Expenses/Services* section of this Plan Document.
8. Biofeedback.
9. Charges for drugs, medicines, services, or supplies prescribed by a *physician* (or any other medical *practitioner*) when such prescription is made only on the basis of an online, internet, or telephonic consultation not preceded by an in-person medical examination with that *physician* or medical *practitioner*.
10. Claims originally submitted more than one year after the date on which the service or supply was incurred.
11. *Custodial Care*.
12. Diagnosis or treatment for the correction of infertility (surgical or non-surgical).
13. Educational, vocational, or training services and supplies, except as specifically provided by Dartmouth College Health Services. This exclusion does not apply to treatment of diabetes and Smoking Cession.
14. Expenses exceeding the *usual and customary* charge for the geographic area in which services are rendered.
15. Expenses for broken appointments or telephone calls.
16. Expenses for preparing medical reports, itemized bills, or claim forms.
17. Expenses for prescription drugs or medicines. (See next section for Prescription Drug coverage.)
18. Expenses for services and supplies in excess of DSGHP limits or Benefit Maximums.
19. Expenses for supplies that do not require a *Physician's* prescription.
20. Expenses incurred for non-surgical treatment of the feet, including treatment of corns, calluses, and toenails, or other routine foot care, except as specified in *Covered Expenses/Services*.

21. Expenses incurred for services rendered prior to the effective date of coverage under the DSGHP or after coverage terminates, even though *illness* or *injury* started while coverage was in force.
22. Expenses used to satisfy plan *deductibles* or *coinsurance* amounts.
23. *Experimental/investigational* equipment, services, or supplies.
24. Eye examinations for diagnosis or treatment of a refractive error, including the fitting of eyeglasses or lenses, orthoptics, vision therapy, or supplies.
25. Genetic counseling.
26. Genetic testing.
27. Unless specifically approved by the Dartmouth College Health Service, hearing examinations, hearing aids, or related supplies
28. Hypnosis.
29. Mailing and/or shipping and handling expenses.
30. Massage therapy or rolfing.
31. Orthognathic surgery.
32. Penile prosthetic implants.
33. Personal comfort or service items while confined in a *hospital*, such as, but not limited to, radio, television, telephone, and guest meals.
34. Reproductive sterilization.
35. Reversal of any reproductive sterilization procedure.
36. Routine PAP tests, routine physical exams, vaccinations, inoculations, or immunizations, except as specified in *Covered Expenses/Services*.
37. Sales tax.
38. Services for or related to reconstructive surgery or cosmetic health services, except as specified in the Schedule of DSGHP Benefits.
39. Services or supplies for which there is no legal obligation to pay for expenses, or charges which would not be made except for the availability of benefits under the DSGHP. This includes any expense incurred by an international student or dependent that would also be covered by under another insurance plan, program, or system of socialized medicine in the absence of DSGHP coverage
40. Services or supplies for which there is no legal obligation to pay for such expenses, except for the availability of benefits under the DSGHP.
41. Services, supplies or benefits as required by reason of past or present service of any DSGHP-covered person's services in the armed forces of any government.
42. Services or supplies that are primarily and customarily used for a non-medical purpose, or used for environmental control or enhancement (whether or not prescribed by a physician), including but not limited to: equipment such as air conditioners, air

purifiers, dehumidifiers, heating pads, hot water bottles, water beds, swimming pools, hot tubs, and any other clothing or equipment which could be used in the absence of an *illness or injury*.

43. Services related to Dental or *oral surgery*, except as specified in the Schedule of DSGHP Benefits.
44. Services, supplies, or treatment which are not *medically necessary*.
45. Sex change *surgery*, except as specifically provided.
46. Sex counseling.
47. Surgical impregnation procedures.
48. Surgical treatment for the purpose of weight reduction, regardless of a condition of *morbid obesity*.
49. Surrogate expenses.
50. Travel expenses of a *covered person* other than local ambulance services to nearest medical facility equipped to treat the *illness or injury*, except as specified in the Schedule of DSGHP Benefits.
51. Travel expenses of a *physician*.
52. Treatment not prescribed or recommended by a *health care provider*.
53. Titers for routine testing (e.g., Hep. B, Varicella, etc.)



Photo taken in December 2008 by Linda Tisdale

Dick's House Staff: Diane Cook; Medical Records Supervisor, Ginger Farewell-Lawrence; DSGHP/PA Supervisor & Kari Jo Grant; Coordinator of Health Education Programs

PRESCRIPTION DRUG BENEFITS

~ General Requirements ~

Prescription Drug benefits are payable in connection with covered prescriptions and refills dispensed by licensed pharmacists. Although a *physician's* prescription is required, fulfilling this requirement does not guarantee that a particular drug will be covered.

The DSGHP utilizes MEDCO for the administration of its Prescription Drug Benefits. MEDCO has a nation-wide network of participating pharmacies. The Dartmouth Health Services Pharmacy is a member of the MEDCO Pharmacy network.

When you fill a covered prescription at a Network Pharmacy and show your Plan Identification card with the MEDCO logo, the Pharmacy will submit the claim on your behalf and accept the *network maximum allowable cost* as full payment. You will pay only your share of the expense, which may include the Prescription *plan year deductible*, your *coinsurance*, or a combination of the two.

When you fill a covered prescription at a Pharmacy outside the Network, you must pay for the full cost of the purchase and then submit a claim for benefits to MEDCO for reimbursement.

Non-MEDCO Network Pharmacies may charge you more than the *network maximum allowable cost*. Charges in excess of the *network maximum allowable cost* are not covered by the DSGHP.

~ Covered Drugs ~

When all of the provisions of the DSGHP are satisfied, the DSGHP will provide benefits as specified in the Schedule of DSGHP Benefits for the following *medically necessary* Covered Drugs, devices, and supplies,

1. Anti-malarial drugs, for preventive or therapeutic purposes.
2. Compounded Medications of which at least one ingredient is a *legend* drug.
3. Federal *Legend Drugs* and State Restricted Drugs.
4. Hemophilia factors up to a plan year maximum benefit of \$50,000.
5. Insulin.
6. *Legend* Smoking Deterrents.
7. *Legend* Vitamin B12 (all dosage forms).
8. Necessary prescription medications and vaccines when required for international travel and approved by Dartmouth College Health Services.
9. Oral fluoride products.
10. Oral, transdermal, intervaginal contraceptives, and contraceptive injections.
11. Plan B emergency contraceptive medications if not available as an over-the-counter medication.
12. Prenatal vitamins.

~ Dispensing Limits ~

The amount of drug which may be dispensed per prescription or refill (regardless of dosage form) is limited to a 100 day supply or 100 units, whichever is greater. Other dispensing limits may be imposed as required by federal or state regulation or for other reasons.

~ Excluded Drugs ~

Some items excluded under Prescription Drug Benefits may be eligible for coverage as a Medical Benefit. Expenses for the following are not covered by the DSGHP unless specifically listed as a benefit under "Covered Drugs":

1. Allergy sera (covered under Medical Benefits).
2. Any prescription refilled in excess of the number of refills specified by the ordering physician, or any refill dispensed one year after the original order.
3. Biologicals and blood or blood plasma. Immunization agents or vaccines except as specifically provided by Dartmouth College Health Services.
4. Charges for the administration or injection of any drug.
5. Cosmetic drugs and drugs used to promote or stimulate hair growth.
6. Diabetic supplies and devices (covered under Medical Benefits).
7. Drugs labeled "Caution-Limited by Federal law to investigational use," or "experimental drugs," even though a charge is made to the individual.
8. Drugs not classified as Federal *Legend Drugs* (i.e., over-the-counter drugs and products).
9. Fertility and impotency drugs.
10. *Legend* vitamins.
11. Medication dispensed in excess of the dispensing limits.
12. Medication for which the cost is recoverable under any workers' compensation or occupational disease law or any state or governmental agency, or medication furnished by any other drug or medical service for which no charge is made to the insured.
13. Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed facility.
14. Non-systemic contraceptives, devices or implants except as specifically provided by the Major Medical.
15. Services or products that are determined by the DSGHP as not *medically necessary*.

COORDINATION OF BENEFITS

When you and/or your dependents are covered under more than one medical plan, one plan is considered primary and the other secondary. The primary plan always pays first and usually pays full regular benefits while the secondary plan may pay a portion of the claim not paid by the other plan. This process is known as coordination of benefits.

Except as specifically provided below, the DSGHP will always be secondary in coordinating coverage with other health insurance plans. For example, when a student is covered by the DSGHP and a parent's health insurance coverage, the parent's insurance must pay its full benefits on a primary basis before the DSGHP will provide coverage.

As secondary coverage, the DSGHP will reimburse eligible medical expenses that were not paid by the other plan, subject to the following limitations: (1) the DSGHP will pay no more than it would have paid if it had been the primary insurer, and (2) the amount that the DSGHP pays, combined with the amount paid by the other, primary plan, will not exceed the total amount of eligible medical expenses incurred. For purposes of coordination of benefits, eligible medical expenses mean any *usual and customary charges* covered in part or full by the DSGHP.

The DSGHP will always be secondary in coordinating benefits with other plans except for the following circumstances for dependent coverage:

- When it covers the dependent child of the natural parent designated by court order to be responsible for the child's health care expenses.
- In the absence of a court order specifying otherwise, it covers the dependent child of the natural parent having legal custody of the child.
- In the absence of a court order specifying otherwise, it covers the dependent child of a stepparent who is the spouse of the natural parent having legal custody of the child.

~ Other Group Plans ~

Any group health plan that does not contain a coordination of benefits provision will be considered primary.

~ Right to Make Payments to Other Organizations ~

Whenever payments which should have been made by the DSGHP have been made by any other plans(s), the DSGHP has the right to pay the other plan(s) any amount necessary to satisfy the terms of this coordination of benefits provision. Amounts paid will be considered benefits paid under the DSGHP and, to the extent of such payments, the DSGHP will be fully released from any liability regarding the person for whom payment was made.

OTHER IMPORTANT PLAN PROVISIONS

~ Assignment of Benefits ~

Generally, benefits are payable to you and can only be paid directly to another party upon signed authorization from you.

All benefits payable by the DSGHP may be assigned to the Provider of services or supplies at your option. Payments made in accordance with an assignment are made in good faith and release the DSGHP's obligation to the extent of the payments. Payments will also be made in accordance with any assignment of rights required by a state *Medicaid* plan.

~ Alternate Payees ~

If conditions exist under which a valid release or assignment cannot be obtained, the DSGHP may make payment to any individual or organization that has assumed the care or principal support for you and is equitably entitled to payment. The DSGHP must make payments to your separated/divorced spouse, state child support agencies or *Medicaid* agencies if required by a QMCSO or state *Medicaid* law.

The DSGHP may also honor benefit assignments made prior to your death in relation to remaining benefits payable by the DSGHP.

Any payment made by the DSGHP in accordance with this provision will fully release the DSGHP of its liability to you.

~ Necessary Information ~

When you request benefits, you must furnish all the information required to implement plan provisions. Your signature on the claim form permits the DSGHP to release or obtain such information without your further authorization. The DSGHP may, without further authorization or notice to any person, release to or obtain from any organization or person, information needed to implement plan provisions. The DSGHP's privacy practices are described in the Health Service Notice on Privacy Practices.

~ Regulation of the DSGHP ~

The DSGHP is not an employer-sponsored health plan. Accordingly, the rules and regulations of the Employee Retirement Income Security Act of 1974 (ERISA), the Consolidated Omnibus Budget Reconciliation Act of 1996 (COBRA), and other federal laws that apply exclusively to employer-sponsored health plans are not applicable to the DSGHP. Similarly, as a partially self-funded health plan, the DSGHP is not regulated by the State of New Hampshire's Department of Insurance.

The federal laws and regulations that are applicable to the DSGHP include but are not limited to:

- Title IX of the Education Amendments of 1972. The DSGHP provides pregnancy benefits on the same basis as any other temporary disability pursuant to the requirements of Title IX of the Education Amendments of 1972.
- Section 504 of the Rehabilitation Act of 1973.
- Age Discrimination Act of 1975.
- Health Insurance Portability and Accountability Act of 1996 (refer to the Privacy Notice at Dartmouth College Health Services).
- Regulations of the United States Information Agency that are applicable to VISA recipients.

SUBROGATION, REIMBURSEMENT, AND RECOVERY

~ Subrogation Rights ~

"Subrogation" refers to the right of the DSGHP to be substituted in place of any covered individual with respect to that covered individual's legal right of action against the person who may have wrongfully caused the *illness or injury* that resulted in the payment of benefits by the DSGHP. The DSGHP's subrogation provisions apply when another party (including an insurance carrier) is or may be liable for a covered individual's *illness or injury* and the DSGHP has already paid benefits for treatment of that *illness or injury*.

The DSGHP may, at its discretion, start any legal action or administrative proceeding it deems necessary to protect its right to recover any amount it has paid as plan benefits, and it may try to settle any such action or proceeding in the name of and with the full cooperation of the covered individual. In doing so, however, the DSGHP will not represent or provide legal representation for any covered individual with respect to that covered individual's damages to the extent those damages exceed the amount of plan benefits.

In addition, the DSGHP may, at its discretion, intervene in any claim, legal action, or administrative proceeding started by any covered individual against any person or that person's insurer on account of any alleged negligent, intentional, or otherwise wrongful action that may have caused or contributed to the covered individual's *injury* or *illness* that resulted in the payment of benefits by the DSGHP.

The DSGHP's legal costs in subrogation matters will be borne by the DSGHP. The legal costs of covered individuals will be borne by such covered individuals.

~ Reimbursement Rights ~

The DSGHP's reimbursement provisions apply when you or the individuals you cover under the DSGHP (i.e., covered individuals) receive any payment by settlement, verdict or otherwise, including from an insurance policy, for an *illness* or *injury* caused by a third party. These payments are referred to as a recovery.

If you or another covered individual have received a recovery, the DSGHP will subtract the amount of the recovery from the benefits it would otherwise pay for treatment of that *illness* or *injury*. If the DSGHP has already paid benefits for treatment of the *illness* or *injury*, you or the covered individual must promptly reimburse the DSGHP from any recovery received for the amount of benefits paid by the DSGHP.

Reimbursement must be made regardless of whether the covered individual is fully compensated (i.e., made whole) by the recovery and regardless of how the payment is characterized. Unless agreed to in writing by the DSGHP *Administrator*, the reimbursement may not be reduced for any legal or other expenses incurred in connection with the recovery against the third party or that third party's insurer. By accepting benefits from the DSGHP, all covered individuals are deemed to agree to this repayment provision.

Covered individuals may be required to execute an agreement under which they jointly and severally accept the following:

- Grant the DSGHP a first priority lien against the proceeds of any recovery received.
- Assign to the DSGHP any benefit they may have under any insurance policy or other coverage.
- Agree to hold the proceeds of any recovery received in trust for the DSGHP.
- Cooperate with the DSGHP and its agents in order to protect the DSGHP's reimbursement rights.

Payments of benefits under the DSGHP may be conditioned on execution of such an agreement.

The DSGHP is only responsible for those legal costs to which it agrees in writing and will not otherwise bear the legal costs of covered individuals.

If any covered individual fails to reimburse the DSGHP as required by this section, the DSGHP may apply any future plan benefits that may become payable on behalf of all covered individuals to the amount not reimbursed or it may enforce its rights through other legal or equitable means.

~ Right of Recovery ~

Whenever payments have been made in excess of the amount necessary to satisfy the provisions of the DSGHP, the DSGHP has the right to recover these excess payments from any individual (including yourself), insurance company, or other organization to whom the excess payments were made or to withhold payment, if necessary, on future benefits until the overpayment is recovered.

If excess payments were made for services rendered to your dependent(s), the DSGHP has the right to withhold payment on your benefits until the overpayment is recovered.

Further, whenever payments have been made based on fraudulent information provided by you, the DSGHP will exercise its right to withhold payment on future benefits until the over-payment is recovered.

CLAIM PROCEDURES

~ How to File a Claim for Medical Benefits ~

Medical claim forms may be obtained from the DSGHP Office at the Dartmouth College Health Service or downloaded from a link at www.dartmouth.edu/~health/dept/insurance/index.html.

A separate claim form must be filed for each *illness* or *injury* and for each person for which health care expenses are incurred. Be sure to:

- Complete the Student's portion of the claim form in full. Answer all questions. State "none" or "N/A" when the question does not apply.
- For *outpatient* expenses incurred in the *Hanover Area*, you must state whether you were referred to the service by a Dartmouth athletic trainer or a *practitioner* at the Dartmouth College Health Service. This information is required for expenses incurred in the *Hanover Area*.
- Attach all necessary documentation of expenses to the claim form. Documentation must include:
 - The Patient's name and date(s) of service.
 - The Provider's name, address, phone number, degree, federal tax identification number and *National Provider Identifier number*. (NPI)
 - The diagnosis. (i.e., the nature of the *Illness, Injury* or condition)
 - A description of services or supplies provided, detailing the charge for each service or supply.
- If another plan is the primary payer, attach a copy of the other plan's *Explanation of Benefits* (EOB).
- Complete a separate claim form for each person for whom benefits are being requested.
- Mail completed claim forms with supporting documents to:

Klais & Company, Inc.
1867 West Market Street
Akron, Ohio 44313-6977

www.klais.com (claim forms are also available at Klais & Company's web site)

Within the United States, if you have any questions regarding a claim, please call Klais & Company at 800-331-1096, Monday through Friday, 8:00 a.m. to 5:00 p.m., Eastern Time.

Outside the U.S., call Klais & Company at 330-867-8443.

All claims for medical benefits must be filed with the DSGHP within a 12-month period from the date the expense is incurred.

~ How to File a Claim for Prescription Drug Benefits ~

The Dartmouth Health Service Pharmacy and other MEDCO Pharmacies will submit your claim for you if you show your DSGHP ID card at the time of purchase. You are responsible for submitting your claim yourself when you fill prescriptions at Non-network Pharmacies.

To submit your own claim for a prescription drug expense, send the original receipt and a completed **MEDCO** prescription drug claim form to:

MEDCO HEALTH SOLUTIONS, INC.
P.O. Box 14711

Lexington, KY 40512

MEDCO prescription drug claim forms can be downloaded at www.klais.com or www.medco.com

Questions concerning MEDCO coverage can be directed to Klais & Company at 1-800-331-1096 or at Medco Member services 800-711-0917.

All claims for prescription drugs must be filed with the DSGHP within a 12-month period from the date the expense is incurred.

~ How to Appeal a Denial of Benefits ~

If your claim for a benefit was denied in whole or in part, you may appeal the decision through the following procedure:

- Within 60 days of receipt of the denial letter or explanation of benefits (EOB) form from Klais & Company, you may request, in writing or verbally, that the DSGHP conduct a review of the processed claim. The DSGHP will review the processed claim and inform you whether or not an error was made. Any errors will be corrected promptly.
- If you are not satisfied with the result of this review, you may request a second review. This request must be in writing and must be submitted to the DSGHP within 60 days of the date of the completion of the first review. The request should state in clear and concise terms why you disagree with the way the claim was processed.
- In most cases, the decision on the second review will be furnished in writing within 60 days but in no case more than 120 days.

All requests for a review of denied benefits should include a copy of the initial denial letter and any other pertinent information. Send all information to:

Klais & Company, Inc.
1867 West Market Street
Akron, Ohio 44313-6977

Except in extraordinary circumstances, requests for appeal which do not comply with this procedure will not be considered.



DSGHP & Klais representatives at November 2007 DSGHP Open House in Tindle Lounge
Photo by Diane Cook

DEFINITIONS

The following terms define specific wording used in the DSGHP. These definitions should not be interpreted to extend coverage unless specifically provided for under the provisions of the DSGHP.

Accident (al). An unforeseen and unavoidable event resulting in an *injury*.

Ambulatory Surgical Facility. A public or private facility, licensed and operated according to the law, which does not provide services or accommodations for a patient to stay overnight. The facility must have an organized medical staff of *physicians*, maintain permanent facilities equipped and operated primarily for the purpose of performing surgical procedures, and supply registered professional nursing services whenever a patient is in the facility.

Biologically Based Mental Health Care Conditions: Each insurer that issues or renews any policy of group or blanket accident or health insurance under RSA 415:18 and each nonprofit health service corporation under RSA 420-A and health maintenance organization under RSA 420-B providing benefits for disease or sickness in the State of New Hampshire shall provide benefits for treatment and diagnosis of certain mental illnesses as defined in most current Diagnostic and Statistical Manual (DSM):

1. Schizophrenia **and other psychotic disorders**
2. Schizoaffective disorder
3. Major depressive disorder
4. Bipolar disorder
5. **Anorexia nervosa and bulimia nervosa**
6. Obsessive-compulsive disorder
7. Panic disorder
8. Pervasive developmental disorder or autism
9. **Chronic post-traumatic stress disorder**

Coverage shall be under the same terms and conditions and which are no less extensive than coverage provided for any other type of health care for physical illness. The benefits required under this section begin when benefits provided under RSA 415:18-a and RSA 420-B: 8-b, as applicable are exhausted.

Birthing Center. A public or private facility, other than private offices or clinics of *physicians*, which meets the free standing birthing center requirements of the State Department of Health in the state where the *covered person* receives the services.

- The *birthing center* must provide: a facility which has been established, equipped, and operated for the purpose of providing prenatal care, delivery, immediate postpartum care and care of a child born at the center; supervision of at least one specialist in obstetrics and gynecology; a *physician* or certified *nurse* midwife at all births and immediate postpartum period; extended staff privileges to *physicians* who practice obstetrics and gynecology in an area *hospital*; at least two beds or two birthing rooms; full-time nursing services directed by an R.N. or certified *nurse* midwife; arrangements for diagnostic X-ray and lab services; and the capacity to administer local anesthetic or to perform minor *surgery*.
- In addition, the facility must only accept patients with low risk pregnancies, have a written agreement with a *hospital* for emergency transfers, and maintain medical records on each patient and child.

Chemical/Substance Abuse Treatment Facility. A public or private facility, licensed and operated according to the law and accredited by the Joint Commission on the Accreditation of Hospitals, which provides a program for diagnosis, evaluation and effective treatment of chemical/substance abuse, detoxification services, and professional nursing care provided by licensed practical *nurses* who are directed by a full-time R.N. The facility must have a *physician* on staff or on call.

The facility must also prepare and maintain a written plan of treatment for each patient based on medical, psychological, and social needs.

Chiropractic Services. The detection and correction, by manual or mechanical means, of the interference with nerve transmissions and expressions resulting from distortion, misalignment, or dislocation of the spinal (vertebrae) column.

Co-insurance. Coinsurance is the portion of *Covered Expenses/Services* required to be paid by the DSGHP after satisfaction of any applicable *deductible* AND *co-payment*. This percentage applies only to *Covered Expenses/Services* which do not exceed *usual and*

customary charges. The *covered person* is responsible for all non-Covered Expenses/Services and any amount which exceeds the *usual and customary charge* for Covered Expenses/Services.

Co-payment. The portion of a claim or medical expense that the *covered person* must pay out of his or her pocket to a *provider* or a facility for each service. A *co-payment* is usually a fixed amount that is paid at the time the service is rendered.

Cosmetic Surgery. A procedure performed primarily for psychological purposes or to preserve or improve appearance rather than to restore the anatomy and/or functions of the body which are lost or impaired due to an *illness* or *injury*.

Covered Expenses/Services. A health service or supply that is eligible for benefits when performed by a *practitioner* or *physician*. A *Covered Expense/Service* must be a medical expense or charge that is specifically identified in this Plan Document as being covered by the DSGHP and is not otherwise excluded by the DSGHP.

Covered Person(s). A student or dependent who is covered by the DSGHP.

Custodial Care. Services and supplies furnished primarily to assist an individual in the activities of daily living. Activities of daily living include such things as bathing, feeding, administration of oral medicines, or other services that can be provided by persons without the training of a *health care provider*.

DSGHP. The Dartmouth Student Group Health Plan provided by Dartmouth College and explained in this Plan Document.

DSGHP Administrator. Dartmouth College is the sole fiduciary of the DSGHP and exercises all discretionary authority and control over the administration of the DSGHP and the management and disposition of plan assets. The *DSGHP Administrator* shall have the sole discretionary authority to determine eligibility for plan benefits or to construe the terms of the DSGHP. The *DSGHP Administrator* has the right to amend, modify, or terminate the DSGHP in any manner, at any time, regardless of the health status of any plan participant or beneficiary.

The *DSGHP Administrator* has retained Klais & Company to perform claims processing and other specified services in relation to the DSGHP. Klais & Company is not a fiduciary of the DSGHP and will not exercise any of the discretionary authority and responsibility granted to the *DSGHP Administrator*, as described above.

Deductible (Plan Year Aggregate Deductible). The *plan year aggregate deductible* is the total amount of *Covered Expenses/Services* a *covered person* or family must pay during each *plan year* before the DSGHP will consider expenses for reimbursement. Expenses from separate *illnesses* or *injuries* may be used to satisfy the *deductible*.

Diagnostic Charges. The *usual and customary charges* for X-ray or laboratory examinations made or ordered by a *physician* or *practitioner* in order to detect a medical condition.

Domestic Partner. An individual who is of the same gender as the student and who satisfies the requirements for recognition as a *domestic partner* by Dartmouth College.

Durable Medical Equipment. Equipment able to withstand repeated use for the therapeutic treatment of an active *illness* or *injury*. Such equipment will not be covered under the DSGHP if it could be useful to a person in the absence of an *illness* or *injury* and could be purchased without a *physician's* prescription.

Experimental or Investigational Services, including but not limited to transplants, which are educational in nature or any treatment (including pharmacological regimes) that are not recognized as generally accepted medical practice by the medical profession. Criteria for determining whether or not a procedure or treatment will be considered *experimental* or *investigational* will include, but not be limited to, the following:

- Whether the service has final approval from the appropriate government regulatory bodies (FDA, or other regulatory authority as appropriate).
- Whether the procedure or treatment is generally accepted by the medical profession.
- Whether the scientific evidence permits conclusions concerning the effect of the service on health outcomes, and whether, in the predominant opinion of the experts, as expressed in the published authoritative literature, (i) that usage should be substantially confined to research settings, or (ii) that further research is necessary, or the written protocol describes among its main objectives the necessity to determine safety, toxicity, efficacy, or effectiveness of that service compared with conventional treatment alternatives.

- Whether the service is being delivered or should be delivered subject to the approval and supervision of an institutional review board as required and defined by federal regulations, particularly those of the Food and Drug Administration or the Department of Health and Human Services.
- The failure rate and side effects of the treatment or procedure.
- Whether other, more conventional methods of treatment have been exhausted.
- Whether the service is as beneficial as any established alternatives.
- Whether the procedure or treatment is medically necessary and is expected to improve the net health outcome of the covered individual.
- Whether the procedure or treatment is recognized for reimbursement by *Medicare*, *Medicaid*, other insurers or self-funded plans, or other applicable third party payers.
- Whether the procedure or treatment is a complication of an *experimental or investigational* service.

Procedures in question for their *experimental or investigational* nature will be reviewed by appropriate members of the medical profession for recommendation. To be covered, the procedure or treatment in question must not be determined to be *experimental or investigational*, and the covered individual must meet the criteria for treatment or other procedure with regard to age, general health, etc., and have been determined to be a good candidate for the procedure or treatment by an accredited facility. Final decisions regarding coverage under the DSGHP will be at the sole discretion of the DSGHP *Administrator*.

Student: Is a student that is designated as active in the Dartmouth Student Information System with the approval of the appropriate Dean.

HIPAA. The Health Insurance Portability and Accountability Act of 1996.

Hanover Area. *Hanover Area* refers to the following zip code areas.

NEW HAMPSHIRE	VERMONT	
03741 Canaan	05043 East Thetford	05065 Sharon
03743 Claremont	05047 Hartford	05068 South Royalton
03748 Enfield	05048 Hartland	05070 South Strafford
03749 Enfield Center	05049 Hartland 4 Corners	05071 South Woodstock
03755 Hanover	05052 North Hartland	05156 Springfield
03756 Lebanon	05053 North Pomfret	05072 Strafford
03766 Lebanon	05054 North Thetford	05074 Thetford
03768 Lyme	05055 Norwich	05075 Thetford Center
03769 Lyme Center	05059 Quechee	05084 West Hartford
03770 Meriden	05060 Randolph	05001 White River Junction
03777 Orford	05061 Randolph Center	05088 Wilder
03781 Plainfield	05068 Royalton	05091 Woodstock
03784 West Lebanon		
03608 Walpole (learning disorder treatment only)		

Health Care Provider. A *physician, practitioner, nurse, hospital, or specialized treatment facility* as those terms are specifically defined in this section. A *health care provider* must not be spouse, child, or other close family relative of the DSGHP *covered person* receiving services. Refer also to *provider/practitioner*.

Home Health Care/Home Health Care Agency. A public or private agency or organization licensed and operated according to the law that specializes in providing medical care and treatment in the home. The agency must have policies established by a professional group and at least one *physician* and one registered graduate *nurse* to supervise the services provided.

Home Hospice. A program, licensed and operated according to state law, which is approved by the attending *physician* to provide palliative, supportive, and other related care in the home for a terminally ill *covered person*.

Hospice Facility. A public or private organization, licensed and operated according to the law, primarily engaged in providing palliative, supportive, and other related care for a *covered person* diagnosed as terminally ill. The facility must have an inter-disciplinary medical team consisting of at least one *physician*, one registered *nurse*, one social worker, one volunteer, and a volunteer program. A *hospice facility* is not a facility or part thereof which is primarily a place for rest, *custodial care*, the aged, drug addicts, alcoholics, or a hotel or similar institution.

Hospital. A public or private facility licensed and operated according to the law, which provides care and treatment by *physicians* and *nurses* at the patient's expense of an *illness* or *injury* through medical, surgical, and diagnostic facilities on its premises. A *hospital* does not include a facility or any part thereof which is, other than by coincidence, a place for rest, the aged, or convalescent care.

Illness. Any bodily sickness or *mental/nervous disorder*. For purposes of the DSGHP, pregnancy will be considered as any other *illness*.

Injury. A condition which results independently of an *illness* and all other causes and is a result of an externally violent force or *accident*.

Inpatient. Treatment in an approved facility during the period when charges are made for room and board.

Intensive Care Unit. A section, ward, or wing within a *hospital* which is operated exclusively for critically ill patients and provides special supplies, equipment, and constant observation and care by registered graduate *nurses* or other highly trained personnel. *Intensive Care Unit* does not include any *hospital* facility maintained for the purpose of providing normal post-operative recovery treatment or service.

Legend Drug. A *Legend Drug* is any drug or medication designated as "Rx Only" by the Federal Food, Drug and Cosmetic Act, as amended. *Legend Drugs* cannot be dispensed without prescription.

Lifetime. The period of time you or your eligible dependents participate in the DSGHP or any other health insurance plan sponsored by Dartmouth College for Dartmouth College students and/or their eligible dependents.

Medicaid. Title XIX (Grants to states for Medical Assistance Programs) of the United States Social Security Act as amended.

Medical Emergency. An *illness* or *injury* which occurs suddenly and unexpectedly, requiring immediate medical care and use of the most accessible *hospital* equipped to furnish care to prevent the death or serious impairment of the *covered person*. Such conditions include, but are not limited to, suspected heart attack, loss of consciousness, actual or suspected poisoning, acute appendicitis, heat exhaustion, convulsions, emergency medical care rendered in *accident* cases, and other acute conditions.

Medically Necessary (Medical Necessity). Services or supplies which the DSGHP *Administrator* determines, in the exercise of its discretion, are generally acceptable by the national medical professional community as being safe and effective in treating a *covered illness* or *injury*, consistent with the symptoms or diagnoses, furnished at the most appropriate medical level, and not primarily for the convenience of the patient, a *health care provider*, or anyone else.

Because a *health care provider* has prescribed, ordered, or recommended a service or supply does not, in itself, mean that it is *medically necessary* as defined above.

Medicare. Title XVIII (Health Insurance for the Aged and Disabled) of the United States Social Security Act as amended.

Mental/Nervous Disorder. For purposes of the DSGHP, a *mental/nervous disorder* is any diagnosed condition listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM, most recent edition, revised), except as specified in Excluded Expenses/Services, for which treatment is commonly sought from a psychiatrist or mental health *provider*. The DSM is a clinical diagnostic tool developed by the American Psychiatric Association and used by mental health professionals. Diagnoses described in the DSM will be considered *mental/nervous* in nature, regardless of etiology.

Mental/Nervous Treatment Facility. A public or private facility, licensed and operated according to the law, which provides: a program for diagnosis, evaluation, and effective treatment of *mental/nervous disorders*; and professional nursing services provided by licensed practical *nurses* who are directed by a full-time R.N. The facility must have a *physician* on staff or on call.

The facility must also prepare and maintain a written plan of treatment for each patient. The plan must be based on medical, psychological, and social needs.

Morbid Obesity. A diagnosed condition in which the body weight exceeds the normal weight by either 100 pounds or is twice the normal weight of a person the same height, and conventional weight reduction measures have failed. The excess weight must cause a medical condition such as physical trauma, pulmonary and circulatory insufficiency, diabetes, or heart disease.

National Provider Identifier number (NPI). Identifies the provider.

Network Maximum Allowable Cost. The maximum amount that a pharmacy in the MEDCO pharmacy network will be reimbursed for a particular prescription drug

Nurse. A person acting within the scope of applicable state licensure/certification requirements and holding the degree of Registered Graduate Nurse (R.N.) or Licensed Practical Nurse (L.P.N.).

Open Enrollment Period. Defined as September 1 through September 30 of the specified plan year.

Oral Surgery. Necessary procedures for surgery in the oral cavity, including pre- and postoperative care.

Outpatient. Treatment either outside of a *hospital* setting or at a *hospital* when room and board charges are not incurred.

Out-of-Pocket Maximum. The total cost for which a *covered person* or family may be liable under the DSGHP benefits plan for the relevant *plan year*. The *out-of-pocket maximum* is designed to protect *covered persons* from catastrophic health care expenses. For each *plan year*, after the *out-of-pocket maximum* is reached, for most services payment will be made at 100% of the allowable charge for the remainder of the *plan year*.

Partial Hospitalization. A distinct and organized intensive ambulatory treatment service, less than 24-hour daily care, specifically designed for the diagnosis and active treatment of a *mental/nervous disorder* when there is a reasonable expectation for improvement, or to maintain the individual's functional level, and to prevent relapse or hospitalization.

Partial hospitalization programs must provide diagnostic services; services of social workers; psychiatric *nurses* and staff trained to work with psychiatric patients; individual, group, and family therapies; activities and occupational therapies; patient education; and chemotherapy and biological treatment interventions for therapeutic purposes.

The facility providing the *partial hospitalization* must prepare and maintain a written plan of treatment for each patient. The plan of treatment must be approved and periodically reviewed by a *physician*.

Physician. A licensed Doctor of Medicine or Doctor of Osteopathy practicing within the scope of his or her license, and who is not a close family member of the DSGHP *covered person* receiving services.

Physically or Mentally Disabled. The inability of a person to be self-sufficient as the result of a condition such as mental retardation, cerebral palsy, epilepsy or another neurological disorder and diagnosed by a *physician* as a permanent and continuing condition.

Plan Sponsor. The Trustees of Dartmouth College

Plan Year. The 12-month period beginning September 1 and ending August 31.

Provider/Practitioner. In addition to the specific *providers/practitioners* listed in this definition, a *provider/practitioner* must also meet the requirements specified in the definition of a *health care provider*.

An appropriately licensed: *physician* (M.D.), Doctor of Dental Surgery (D.D.S.), Doctor of Dental Medicine (D.M.D.), Licensed Anesthesiologist, Doctor of Podiatry Medicine (D.P.M.), Doctor of Chiropractic (D.C.), Doctor of Optometry (O.D.), Certified Nurse Midwife (C.N.M.), Certified Registered Nurse Anesthetist (C.R.N.A.), Registered Physical Therapist (R.P.T.), Psychologist (Ph. D., Ed. D., Psy.D., MA), Registered Nurse (R.N.), Licensed Clinical Social Worker (L.C.S.W.), Master of Social Work (M.S.W.), Speech Therapist, Christian Science Practitioner or Nurse, Occupational Therapist, Physician's Assistant, Registered Dietician (R.D.), Registered Respiratory Therapist, Nutritionist, Nurse Practitioner (A.R.N.P.), Naturopath (N.D.), or Pastoral Counselor.

Preferred Allowance. The amount a *preferred provider* will accept as payment in full for *Covered Expenses/Services*.

Preferred Provider(s)/Preferred Provider Organization (PPO) (In-Network Providers). *Preferred provider organization* or PPO means the *physicians, hospitals, and other practitioners* who have contracted with the DSGHP to provide specific medical care services at negotiated prices.

Psychiatric Day Treatment Facility. A public or private facility, licensed, and operated according to the law, which provides: treatment for all its patients for not more than eight hours in any 24-hour period; a structured psychiatric program based on an individualized treatment plan that includes specific attainable goals and objectives appropriate for the patient; and supervision by a *physician* certified in psychiatry by the American Board of Psychiatry and Neurology.

The facility must be accredited by the Program for Psychiatric Facilities or the Joint Commission on Accreditation of Hospitals.

Reconstructive Surgery. A procedure performed to restore the anatomy and/or functions of the body, which are lost or impaired due to *injury or illness*.

Rehabilitation Facility. A legally operating institution or distinct part of an institution which has a transfer agreement with one or more *hospitals*, and which is primarily engaged in providing comprehensive multi-disciplinary physical restorative services, post-acute *hospital*, and rehabilitative *inpatient* care, and which is duly licensed by the appropriate government agency to provide such services.

It does not include institutions which provide only minimal care, *custodial care*, ambulatory or part-time care services, or an institution which primarily provides treatment of *mental/nervous disorders*, substance abuse, or tuberculosis, except if such facility is licensed, certified, or approved as a *rehabilitation facility* for the treatment of mental/nervous conditions or substance abuse in the jurisdiction where it is located, or is accredited as such a facility by the Joint Commission for the Accreditation of Health Care Organizations or the Commission for the Accreditation of *Rehabilitation Facilities*.

Residential Treatment Facility. A child-care institution that provides residential care and treatment for emotionally disturbed children and adolescents. The facility must be accredited as a *residential treatment facility* by the Council on Accreditation, the Joint Commission on Accreditation of Hospitals, or the American Association of Psychiatric Services for Children.

Second Surgical Opinion. Examination by a *physician* who is certified by the American Board of Medical Specialists in a field related to the proposed *surgery* to evaluate the medical advisability of undergoing a surgical procedure.

Skilled Nursing Facility. A public or private facility, licensed and operated according to the law, which provides: permanent and full-time facilities for 10 or more resident patients; a registered *nurse* or *physician* on full-time duty in charge of patient care; at least one registered *nurse* or licensed practical *nurse* on duty at all times; a daily medical record for each patient; transfer arrangements with a *hospital*; and a utilization review plan.

The facility must be primarily engaged in providing continuous skilled nursing care for persons during the convalescent stage of their *illness or injury*, and is not, other than by coincidence, a rest home for *custodial* care or for the aged.

Specialized Treatment Facility. A *specialized treatment facility*, as the term relates to the DSGHP, includes *birthing centers*, *ambulatory surgical facilities*, *hospice facilities*, *skilled nursing facilities*, *mental/nervous treatment facilities*, Christian Science sanitariums, chemical dependency/substance abuse day treatment facilities, *psychiatric day treatment facilities*, *substance abuse treatment facilities*, and *rehabilitation facilities* as those terms are specifically listed in *Covered Expenses/Services*.

Surgery. Any operative or diagnostic procedure performed in the treatment of an *injury or illness* by instrument or cutting procedure through any natural body opening or incision.

Third Surgical Opinion. Examination by a *physician* who is certified by the American Board of Medical Specialists in a field related to the proposed *surgery* to evaluate the medical advisability of undergoing a surgical procedure.

Total Disability (Totally Disabled). A student will be considered *totally disabled* if, because of a non-occupational *injury or illness* that first became manifest while covered under the DSGHP, he or she is prevented from attending class or completing other required school work. The determination of *total disability* must be authorized by a *physician* employed by Dartmouth College Health Services. The authorization for *total disability* must be reauthorized by Dartmouth College Health Services at the beginning of a new plan year if the 12 month extension of benefits extends beyond the plan year in which the disabling condition first became manifest.

Usual and Customary Charge. The charge most frequently made by a *health care provider* to the majority of patients for the same service or procedure, and the charge must be within the range of the charges most frequently made in the same or similar medical service area for the service or procedure as billed by other *health care providers*.

GENERAL INFORMATION

~ DSGHP Advisory Committee ~

Since 1994, the DSGHP Advisory Committee has provided community input into the design and programming of the Dartmouth Student Group Health Plan (DSGHP).

The Committee meets each spring during the Plan's annual review to provide advice and recommendations for the next plan year.

~ Committee Members ~

Steve Kadish (Executive Vice President and CFO)

Emily Allen Eckels (Acting Associate Executive Officer, Dean of the College)

Dr. John Turco (Director, Health Service)

Dr. Mark Reed (CHD & Health Resources Director, Health Service)

Dr. Dawn Harland (Associate Director of Clinical Affairs, Health Service)

Christopher Henderson (Director, Dick's House Pharmacy, Health Services)

Ginger Farewell-Lawrence (DSGHP Supervisor, Health Service)

Brenda Wilson (DSGHP Administrative Assistant, Health Service)

Michelle Haley (DSGHP Administrative Assistant, Health Service)

~ Healthcare Management & Benefit Consultants ~

Stephen Beckley, Ex-Officio Technical Advisor
(Hodgkins Beckley Consulting)

~ Name and Address of the Designated Agent for Service of Legal Process ~

Dartmouth College Health Service
Office of the Director of Financial Operations
7 Rope Ferry Road
Hanover, New Hampshire 03755
603-646-9486

~ Name and Address of the DSGHP ~

Dartmouth College Health Service
Office of DSGHP
7 Rope Ferry Road
Hanover, New Hampshire 03755
603-646-9438

~ Address of the DSGHP Trustees ~

The Trustees of Dartmouth College
Office of the President
Dartmouth College
209 Parkhurst Hall
Hanover, New Hampshire 03755

DSGHP Staff



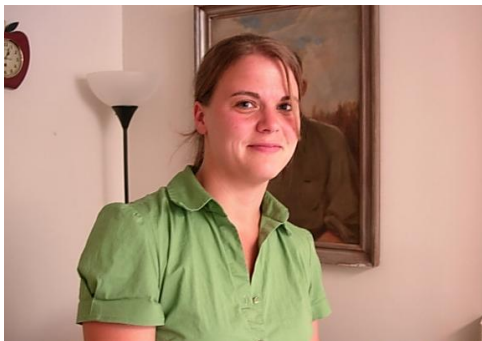
Brenda Wilson
Administrative Assistant.

Brenda joined the DSGHP staff the Summer of 1996.



Debbie Heath
Administrative Assistant.

Debbie works in the office for summers only. She joined the DSGHP staff the Summer of 2006.



Michelle Haley
Administrative Assistant.

Michelle joined the DSGHP staff the Summer of 2010.



Ginger Farewell-Lawrence
Supervisor

Ginger joined the DSGHP staff the Spring of 1993.

SIGNATURE PAGE

APPROVED AND ACCEPTED

IN WITNESS WHEREOF, this document is executed at:

Hanover, New Hampshire on September 1, 2010

By: Signature on file
John Turco, MD
Director, Health Service

ON BEHALF OF:

Dartmouth Student Group Health Plan ("DSGHP")

Witness By: Signature on file
Sandra Robinson