

## SUMMARY OF BENEFITS



# Blue Care Elect Preferred<sup>®</sup>

80 With Copayment

Student Health Plan

2017 - 2018

This Plan Covers the Student Only.

## Hult International Business School



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

# Your Choice

## When You Choose Preferred Providers

You receive the highest level of benefits under your health care plan when you obtain covered services from preferred providers. These are called your “in-network” benefits. See the charts for your cost share.

Note: If a preferred provider refers you to another provider for covered services (such as a lab or specialist), make sure the provider is a preferred provider in order to receive benefits at the in-network level. If the provider you use is not a preferred provider, you’re still covered, but your benefits, in most situations, will be covered at the out-of-network level, even if the preferred provider refers you.

## How to Find a Preferred Provider

There are a few ways to find a preferred provider:

- Look up a provider in the Provider Directory. If you need a copy of your directory, call Member Service at the number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at [www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor)
- Call the Physician Selection Service at 1-800-821-1388

## When You Choose Non-Preferred Providers

You can also obtain covered services from non-preferred providers, but your out-of-pocket costs are higher. These are called your “out-of-network” benefits. See the charts for your cost share.

Payments for out-of-network benefits are based on the Blue Cross Blue Shield allowed charge as defined in your subscriber certificate. You may be responsible for any difference between the allowed charge and the provider’s actual billed charge (this is in addition to your coinsurance).

## Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for copayments and coinsurance for covered services. Your out-of-pocket maximum for medical benefits is \$4,000 for in-network and out-of-network services combined. Your out-of-pocket maximum for prescription drug benefits is \$1,000.

## Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call 911 (or the local emergency phone number). You pay a

copayment for in-network or out-of-network emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay. See the chart for your cost share.

## Telehealth Services

You are covered for certain medical and behavioral health services for conditions that can be treated through video visits from an approved Telehealth provider. These Telehealth services are available by using your computer or mobile device when you prefer not to make an in-person visit for any reason to a doctor or therapist. For a list of Telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at [www.bluecrossma.com](http://www.bluecrossma.com); consult the Provider Directory; or call the Physician Selection Service at 1-800-821-1388.

## Utilization Review Requirements

You must follow the requirements of Utilization Review, including Pre-Admission Review, Pre-Service Approval for certain outpatient services, Concurrent Review and Discharge Planning, and Individual Case Management. For detailed information about Utilization Review, see your subscriber certificate. If you need non-emergency or non-maternity hospitalization, you or someone on your behalf must call the number on your ID card for pre-approval. If you do not notify Blue Cross Blue Shield of Massachusetts and receive pre-approval, your benefits may be reduced or denied.

## Pediatric Essential Dental Benefits

Your medical plan coverage includes a separate dental policy that covers pediatric essential dental benefits for members until the end of the calendar month in which they turn age 19 as required by federal law.

You must meet a plan-year deductible for certain covered dental services. Your deductible is \$50.

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible and coinsurance for covered dental services. Your out-of-pocket maximum is \$350.

To find participating dental providers, visit the Blue Cross Blue Shield of Massachusetts website at [www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor) or call the Physician Selection Service at 1-800-821-1388.

# Your Medical Benefits

| Covered Services  | Your Cost In-Network  | Your Cost Out-of-Network  |
|---|---|---|
| <b>Preventive Care</b>  |   |   |
| Routine adult physical exams, including related tests (one per calendar year)   | Nothing   | 20% coinsurance   |
| Routine GYN exams, including related lab tests (one per calendar year)  | Nothing   | 20% coinsurance   |
| Routine hearing exams, including routine tests  | Nothing   | 20% coinsurance   |
| Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)   | All charges beyond the maximum                                  | 20% coinsurance and all charges beyond the maximum              |
| Routine vision exams (one every 24 months, except one every 12 months until the end of the month a member turns age 19)   | Nothing   | 20% coinsurance   |
| Vision supplies (one set of prescription lenses and/or frames or contact lenses per calendar year until the end of the month a member turns age 19)                               | 35% coinsurance   | 55% coinsurance   |
| Family planning services—office visits  | Nothing   | 20% coinsurance   |
| <b>Outpatient Care</b>  |   |   |
| Emergency room visits   | \$100 per visit<br>(waived if admitted or for observation stay) | \$100 per visit<br>(waived if admitted or for observation stay) |
| Clinic visits; physicians' and podiatrists' office visits   | \$20 per visit  | 20% coinsurance   |
| Chiropractors' office visits  | \$20 per visit  | 20% coinsurance   |
| Mental health or substance abuse treatment  | \$20 per visit  | 20% coinsurance   |
| Short-term rehabilitation therapy—physical and occupational (up to 100 visits for rehabilitation services and 100 visits for habilitation services per calendar year*)            | \$20 per visit  | 20% coinsurance   |
| Speech, hearing, and language disorder treatment—speech therapy   | \$20 per visit  | 20% coinsurance   |
| Diagnostic X-rays and lab tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests   | 20% coinsurance   | 40% coinsurance   |
| Home health care and hospice services   | 20% coinsurance   | 40% coinsurance   |
| Oxygen and equipment for its administration   | 20% coinsurance   | 40% coinsurance   |
| Durable medical equipment—such as wheelchairs, crutches, hospital beds  | 20% coinsurance**   | 40% coinsurance**   |
| Prosthetic devices  | 20% coinsurance   | 40% coinsurance   |
| Surgery and related anesthesia <ul style="list-style-type: none"> <li>• Office and health center services</li> <li>• Hospital and other day surgical facility services</li> </ul> | \$20 per visit*** \$250 per admission                           | 20% coinsurance<br>20% coinsurance                              |
| <b>Inpatient Care (including maternity care)</b>  |   |   |
| General or chronic disease hospital care (as many days as medically necessary)  | 20% coinsurance   | 40% coinsurance   |
| Mental hospital or substance abuse facility care (as many days as medically necessary)  | 20% coinsurance   | 40% coinsurance   |
| Rehabilitation hospital care (up to 60 days per calendar year)  | 20% coinsurance   | 40% coinsurance   |
| Skilled nursing facility care (up to 100 days per calendar year)  | 20% coinsurance   | 40% coinsurance   |

\* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

\*\* In-network cost share waived for one breast pump per birth (20% coinsurance for out-of-network).

\*\*\* C opayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

| Prescription Drug Benefits*   | Your Cost In-Network**                                | Your Cost Out-of-Network |
|---|---|--------------------------|
| At designated retail pharmacies<br>(up to a 30-day formulary supply for each prescription or refill)              | \$10 for Tier 1<br>\$25 for Tier 2<br>\$45 for Tier 3 | Not covered              |
| Through the designated mail service pharmacy<br>(up to a 90-day formulary supply for each prescription or refill) | \$20 for Tier 1<br>\$50 for Tier 2<br>\$90 for Tier 3 | Not covered              |

\* Tier 1 generally refers to generic drugs, Tier 2 generally refers to preferred brand-name drugs, Tier 3 refers to non-preferred drugs. \*\* Cost share may be waived for certain covered drugs and supplies.

| Pediatric Essential Dental Benefits*  | Your Cost In-Network**           |
|---|----------------------------------|
| <b>Group 1—Preventive and Diagnostic Services:</b> oral exams, X-rays, and routine dental care  | Nothing, no deductible           |
| <b>Group 2—Basic Restorative Services:</b> fillings, root canals, stainless steel crowns, periodontal care, oral surgery, and dental prosthetic maintenance | 25% coinsurance after deductible |
| <b>Group 3—Major Restorative Services:</b> tooth replacement, resin crowns, and occlusal guards   | 50% coinsurance after deductible |
| <b>Orthodontic Services:</b> medically necessary orthodontic care pre-authorized for a qualified member   | 50% coinsurance, no deductible   |

\* All covered services are limited to members until the end of the month they turn age 19, and may be subject to an age-based schedule or frequency. For a complete list of covered services or additional information, refer to your subscriber certificate.

\*\* There are no out-of-network benefits for dental services.

## Get the Most from Your Plan

Visit us at [www.studentbluema.com](http://www.studentbluema.com) or call 1-888-753-6615 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

|  |  |
|--|--|
| <b>A Fitness Benefit toward membership at a health club or for fitness classes</b><br>This fitness benefit applies for fees paid to: privately-owned or privately-sponsored health clubs or fitness facilities, including individual health clubs and fitness centers; YMCAs; YWCAs; Jewish Community Centers; and municipal fitness centers. (See your subscriber certificate for details.) | Reimbursement for membership fees for up to 3 consecutive months of one annual membership at a health club or 10 fitness classes per calendar year |
| <b>A Weight Loss Program Benefit toward participation in a qualified weight loss program</b><br>This weight loss program benefit applies for fees paid to: a qualified hospital-based weight loss program or a Blue Cross Blue Shield of Massachusetts designated weight loss program. (See your subscriber certificate for details.)  | Reimbursement for up to 3 months participation fees per calendar year  |
| Blue Care Line—A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)  | No additional charge   |

## Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-888-753-6615, or visit us online at [www.studentbluema.com](http://www.studentbluema.com). Interested in receiving information from us via e-mail? Go to [www.studentbluema.com](http://www.studentbluema.com) to sign up.

**Limitations and Exclusions.** These pages summarize the benefits of your health care plan. Your subscriber certificate and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the subscriber certificate and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your subscriber certificate and riders.



MASSACHUSETTS

## Nondiscrimination Notice

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689 (TTY: 711)**; fax at **1-617-246-3616**; or email at **civilrightscordinator@bcbsma.com**.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**.

Complaint forms are available at **hhs.gov**.

## Hult International Business School

### Domestic & International Student Health Insurance

#### Who is Eligible

**Students** All students attending Hult are required to maintain adequate medical insurance and the *cost of the Hult sponsored plan is automatically charged to all student accounts*. For International students, enrollment in the Hult sponsored plan is mandatory and cannot be waived.

**Visiting scholars** and **Short-Term Participants** may enroll in the Plan. **OPT Students** may purchase a maximum of 12 consecutive months of coverage from the OPT effective date. OPT Extension coverage is not allowed. A copy of a valid EAD is required.

**Dependents** Coverage for dependents (spouse/children) is not available under this plan.

A once per lifetime medical withdrawal exception may be granted to students on school approved medical leave during the first 45 days of coverage. If it is determined that eligibility requirements have not been met, our only obligation is to refund premium, less any claims paid.

Eligible students who have a change in status and involuntarily lose coverage under another group insurance plan are also eligible to purchase the Hult student health insurance plan. These students must provide JCB Insurance Solutions with proof that they have lost insurance through another group (certificate and letter of ineligibility) within **30 days** of the qualifying event. The effective date would be the later of the date the student enrolls and pays the premium or the day after prior coverage ends.

Blue Cross Blue Shield of MA reserves the right to review, at any time, your eligibility to enroll in this plan. If it is determined that you did not meet the school's eligibility requirements for enrollment, your participation in the plan may be terminated or rescinded in accordance with its terms and applicable law.

#### Coverage Period

##### Open Enrollment

Coverage will become effective at 12:01 a.m. on the first day of the coverage period. All enrollments during the open enrollment period will be backdated to the start date of the period of coverage.

##### Qualifying Events

Enrollments will not be accepted after the open enrollment period unless there is a qualifying event (such as involuntary loss of other coverage). Enrollment must occur within 30 days of the qualifying event and accompany proof of the qualifying event. Coverage will become effective at 12:01 a.m. on the day of the qualifying event. Premiums will not be pro-rated for enrollments taken after the open enrollment period.

##### Termination Date

Coverage terminates at 12:01 a.m. on the coverage end date indicated for the period purchased. There is no continuation coverage for this plan for students who are no longer eligible. We do not send termination or renewal notices. It is the Insured Person's responsibility to renew coverage, subject to continuing eligibility, in a timely manner. Eligibility requirements must be met each time premium is paid to renew coverage. Final decisions regarding coverage effective dates are made by the insurance company.

## Plan Costs

### Student Only Coverage

No Dependent (Spouse/Child) Coverage Available

| Insurance Sessions        | Annual            | Mid Term Grad   | January Intake     |
|---------------------------|-------------------|-----------------|--------------------|
| Effective Date (12:01am)  | 8/26/2017         | 8/26/2017       | 1/4/2018           |
| Expiration Date (11:59pm) | 8/25/2018         | 1/3/2018        | 8/25/2018          |
| <b>Total Student Rate</b> | <b>\$2,250.00</b> | <b>\$810.00</b> | <b>\$ 1,550.00</b> |

*The cost of coverage includes premium payable to Blue Cross Blue Shield of Massachusetts, administrative fees payable to Hult and fees payable to JCB Insurance Services. Rates also include costs for emergency travel assistance provided by On Call International.*

## Refunds

Once eligibility requirements have been met for the first 45 days of coverage, coverage will remain in force during the period for which premium has been paid, even if the student leaves school or obtains other coverage or has a change in status. Refunds will ONLY be considered during the first 45 days of coverage and ONLY for students who drop out of school or enter full time active duty military service. Approval is subject to verification that no medical claims were filed or paid during the coverage period. No other refunds will be granted. All refund requests should be sent to the University who must confirm the student status with JCB Insurance Solutions and submit the refund request on behalf of the student.

## Waiver Process

**All students attending Hult are required to maintain adequate medical insurance and the cost of the Hult sponsored plan is automatically charged to all student accounts.**

**International students:** Enrollment in the Hult sponsored plan is mandatory and cannot be waived.

**U.S. Students:** U.S. Students may waive the Hult sponsored plan with alternate U.S. based coverage if a completed Waiver is received by the University, by **September 21, 2017** for incoming students in Fall and **January 29, 2018** for incoming students in the Spring.

### U.S. Students have three options:

1. WAIVE the student the health insurance plan. *You will need to know the name of your insurance company, Medical ID number and Date of Birth.*
2. DO NOTHING and you will be automatically enrolled on the waiver deadline above and your ID card will be sent approximately two weeks after the waiver deadline.
3. OPT IN (OPTIONAL) If you are not waiving you may opt in to confirm you are NOT waiving and to get your ID card sooner.

## Medical ID Card

**International students:** Plastic ID cards will be mailed to the address on file with the campus by August 26, 2017.

**U.S. students:** Plastic ID cards will be mailed to the address on file with the campus by October 9, 2017. U.S. students can receive ID cards before October 9th by choosing to "opt in" to coverage at [www.jcbins.com](http://www.jcbins.com). See waiver process section of this document for more information on opting in.

You do not have to have your member ID card to be eligible to receive benefits, however, it's important to carry your ID card with you at all times. Your Blue Cross Blue Shield ID card is recognized around the world. If you lose your card and need a replacement, simply create an account or login to Member Central to request a new card online, or call Member Service **(888) 753-6615**.

## Pharmacy Network

Blue Cross Blue Shield's pharmacy networks, managed by Express Scripts, Inc. (ESI), offer you access to high-quality, affordable medications and access to the largest network of retail pharmacies.

***[www.express-scripts.com](http://www.express-scripts.com) or (877) 509-5883***

## How to File a Claim

The health care provider will file a claim (bill) for you when you receive a covered service from a covered provider who has a payment agreement with Blue Cross and Blue Shield. Just tell the health care provider that you are a member and show them your ID card. For questions about a claim a provider has filed for you, call 888-753-6615 or visit [www.studentbluema.com](http://www.studentbluema.com).

You may have to file a claim yourself when you receive a covered service from a provider who does not have a payment agreement with Blue Cross and Blue Shield.

To file a claim to Blue Cross and Blue Shield for repayment, you must:

- Fill out a claim form; [http://www.bluecrossma.com/common/en\\_US/pdfs/SubscriberSubmitClaimForm.pdf](http://www.bluecrossma.com/common/en_US/pdfs/SubscriberSubmitClaimForm.pdf)
- Attach your original itemized bills; and
- Mail the claim to the Blue Cross and Blue Shield customer service office.

### **Blue Cross and Blue Shield of Massachusetts**

P.O. Box 986030

Boston, MA 02298



**On Call must pay and arrange all Assistance Services, these expenses are not reimbursable.**

Call the Global Response Center if you experience a medical, personal, travel or safety related problem or crisis. You have a resource experienced in navigating you through any crisis and making sure you can continue your academic travels, or get home safely. On Call assists during critical emergencies like illness or injury that may result in an evacuation to a location that has adequate care. On Call can also assist with smaller problems you may not realize you have a resource for, like finding a doctor's office or connecting you with an interpreter.

|  |  |
|--|--|
| Emergency Medical Evacuation   | \$500,000, from inadequate to adequate facility            |
| Medical Repatriation   | \$500,000, when medically necessary                        |
| Return of Remains  | \$100,000, in the event of death                           |
| Visit by Family / Friend   | Up to \$12,500, when you are hospitalized for 3+ days      |
| Return of Dependent Children   | Up to \$5,000, when you are hospitalized or evacuated      |
| Emergency Return Home  | Up to \$5,000, in the event of family member illness/death |
| Bereavement Reunion  | Up to \$5,000, in the event of death                       |
| Political/Natural Disaster Evacuation & Return Home  | \$100,000 for evacuation to Safe Haven                     |
| Pre-Trip Info, 24/7 Emergency Travel Arrangements, Translator/Interpreter Assistance, Emergency Travel Funds, Legal Consultation/Referral, 24 Hour Nurse Help Line, Lost/Stolen Document Replacement, Lost Luggage Assistance. | 24/7 access to assistance hotline                          |

**On Call will not be liable for any expenses resulting from:**

1. More than one Emergency Medical Evacuation and/or Repatriation for any single medical condition of an Insured Person during the Policy Period.
2. Any cost or expense not expressly covered in advance and in writing by On Call and/or not arranged by them. This exception shall not apply to Emergency Medical Evacuation from remote or primitive areas when On Call cannot be contacted in advance and delay might reasonably be expected to result in loss of life or harm to the Participant.
3. Any expense incurred for Participant(s) when travelling contrary to the advice of a Qualified Medical Practitioner, or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident or illness.
4. Any expense incurred for Emergency Medical Evacuation or Repatriation if the Participant is not suffering from a Serious Medical Condition, and/or in the opinion of Our Emergency Medical Assistance Provider's physician, the Participant can be adequately treated locally, or treatment can be reasonably delayed until the Participant returns to their Country of Domicile.
5. Any expense incurred for Emergency Medical Evacuation or Repatriation where the Participant, in the opinion of the Emergency Medical Assistance Provider's physician, can travel as an ordinary passenger without a medical escort.
6. Any expense related to the Participant engaging in any form of aerial flight except as a passenger on a scheduled airline flight, as a passenger on a licensed charter fixed wing aircraft over an established route; or as a passenger travelling on a business related activity in a fixed wing aircraft owned or leased to the Subscriber unless the form of aerial flight has been declared to and accepted by oncall in writing prior to travel.
7. Any expense related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.
8. Any expenses incurred as a direct or indirect result of elective surgery or cosmetic surgery.
9. Any Losses incurred by Participant or the Client if Participant or they fail to follow the advice of On Call.
10. Any valid claim costs that have been increased by the Client's or the Participant's failure to follow the advice of On Call.

## IMPORTANT CONTACTS

### Insurance Company

Blue Cross Blue Shield of Massachusetts

### PPO Network

To locate PPO physicians and facilities, visit the website, or call the number below.

1-800-821-1388

[www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor)

### Prescription Questions & Assistance

Prescriptions are managed by Express Scripts, Inc. (ESI)

877-509-5883

### Blue Care Line

24 Hour Nurse Advice Line

1-888-247-BLUE (2583)

### Claims and Coverage

For questions regarding benefits or claims status.

[www.studentbluema.com](http://www.studentbluema.com)

1-888-753-6615

### Emergency Travel Assistance Services

24 Hour assistance for emergency travel or safety related problem or crisis.

Toll Free from the US: **888-226-9488**

Global Phone: **603-328-1343**

Email: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

### Eligibility & Enrollment

Find answers to most of your eligibility questions by visiting our website.

[www.jcbins.com](http://www.jcbins.com)

Hult San Francisco 415-881-9331

Hult Boston 617-294-6115



*This Guide is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. If any discrepancy exists between this pamphlet and the Policy, the Master Policy will govern and control the payment of Benefits. For a list of Blue Cross Blue Shield exclusions and limitations, please refer to your plan benefits. If you have additional questions, please contact the phone number on the back of your identification card.*

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