



2017-2018 Wesleyan College Student Health Insurance Plan Highlights

The Affordable Way to Protect Your Most Valuable Asset – Your Health!

Staying healthy is one of the most important things you can do for yourself. When facing a health problem that may come up while you are at college, not getting the care you need due to lack of insurance or high out-of-pocket costs may turn into a roadblock in achieving your academic goals. Student Health Insurance ensures you have coverage for the unexpected, preventive care services and access to the medical services available on-campus, near campus and anywhere that you may live or travel.

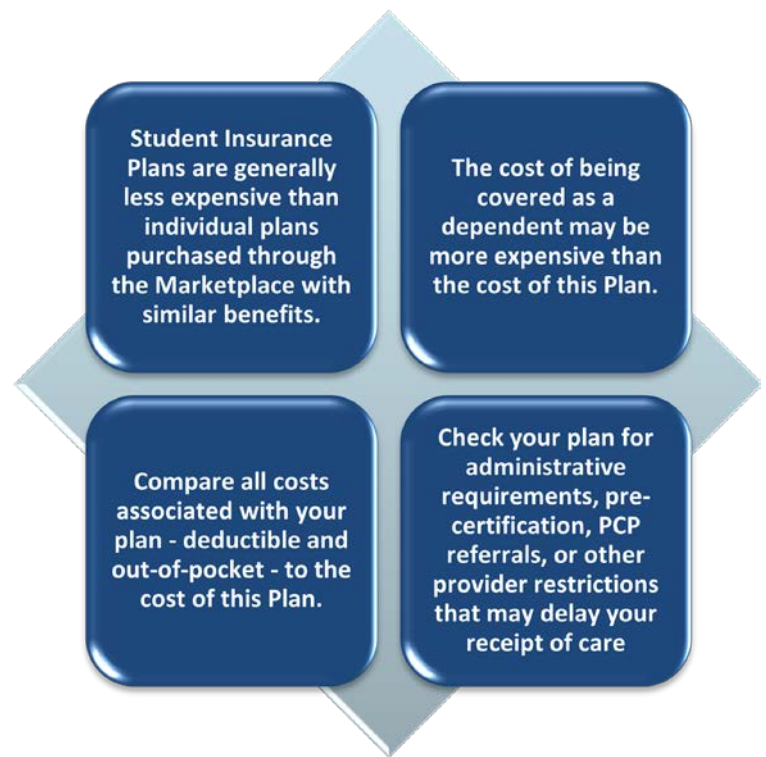
To ensure all students have health insurance coverage, your School has automatically enrolled you in and billed you for this Student Health Insurance Plan.

Need to Make a Decision?

Your Student Health Insurance Plan:

- Gives you easy access to providers near campus or anywhere you may live or travel
- Offers comprehensive services, including preventive care services
- Includes Worldwide Travel Assistance, Medical Evacuation and Repatriation Coverage
- Gallagher Student Health offers wellness programs and discounts on dental through Basix Dental and discounts on vision services through Eye Med Vision Care
- Is fully compliant with the Affordable Care Act
- Offers access to exceptional service from Gallagher Student's Customer Service team, ready to assist you with your insurance needs and questions

CONSIDER THIS:



	Annual*	Spring/Summer*
Coverage Period**	08/1/2017 – 08/01/2018	01/01/2018 – 08/01/2018
Student Only	\$1,499	\$875

*The above rates include the cost of administering the plan.

**All coverage periods begin and end at 12:01 A.M. local time, at the Policyholder's address.

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The information provided below is used as a general summary of benefits and does not include all the benefits provided under the plan. For a detailed plan description, limitations, exclusions, mandates and Coordination of Benefits provision visit www.gallagherstudent.com/Wesleyancollege.

	In- Network	Out-of-Network
Deductible	\$250 per Individual, per Policy Year	\$500 per Individual, per Policy Year
Out-of-Pocket Maximum	\$6,600 per Individual, per Policy Year	\$15,000 per Individual, per Policy Year
Hospital Room & Board Expenses	80% PPO Allowance (PA)	60% Usual & Reasonable (U&R)
Surgery	80% PA	60% U&R
In Office Physician's Visits/Specialist Visits	100% PA Subject to \$15 Copay, deductible waived	60% U&R Subject to \$50 Copay, deductible waived
Emergency Services Expenses	80% PA subject to \$250 Copay	80% U&R subject to \$250 Copay
Laboratory Procedures and Diagnostic X-ray Services	100% PA	60% U&R Subject to \$15 Copay
Mental Disorders Treatment	Same as any other Covered Sickness	
Prescription Drugs (30 day supply) Prescription must be filled at a participating Optum pharmacy	100% PA Subject to: Generic-\$15 Copay Preferred Brand - \$25 Copay Brand -\$60 Copay Specialty - \$60 Copay \$0 Copay for FDA approved Contraceptives	N/A

For additional questions regarding eligibility of benefits, contact the Gallagher Student Health & Special Risk Customer Service Department:

Toll free phone Monday-Friday 8:30 am - 7:00pm EST	1-844-333-1460
Online Plan Information Available 24/7, LiveChat available during business hours	www.gallagherstudent.com/Wesleyancollege
Mailing Address	500 Victory Road, Quincy, MA 0271
This plan is subject to benefit limitations and exclusions and is underwritten by:	National Guardian Life Insurance Company As Policy Form No. NBH-280 (2015) GA et al National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Co. of America aka The Guardian or Guardian Life
Claims are administered by	Commercial Travelers Insurance Company, 70 Genesee Street Utica, N.Y. 13502 claims@commercialtravelers.com 1-800-756-3702

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EXCLUSIONS AND LIMITATIONS

- International Students Only -expenses incurred within the Insured Person's Home Country or country of regular domicile, that exceeds the benefit amount shown in the Schedule of Benefits.
- Preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy.
- Routine physical or other examinations where there are no objective indications of impairment of normal health or except as specifically provided under the Policy.
- Well baby care other than as shown in the Schedule of Benefits or under Child health Supervision Services.
- Medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits.
- Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's Sound, Natural Teeth.
- Professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
- Services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
- Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury.
- Weak, strained or flat feet, corns, calluses or ingrown toenails.
- Treatment or removal of nonmalignant moles warts, boils, acne, actinic or seborrheic keratosis, dermatofibrosis or nevus of any description or form. hallus valgus repair. varicosity. or sleep disorders including the testing for same.
- Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
- Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
- Any expenses in excess of Usual and Reasonable charges.
- Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
- Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Schedule of Benefits.
- Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate, sports.
- Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
- Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
- Expenses payable under any prior Policy which was in force for the person making the claim.
- Expenses incurred during a Hospital emergency room visit which is not of an emergency nature.
- Injury sustained as the result of the Insured Person's operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
- Expenses incurred after:
 - The date insurance terminates as to the Insured Person;and
 - The end of the Benefit Period specified in the Benefit Schedule.
- Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
- Charges incurred for acupuncture or massage, in any form, except to the extent provided in the Schedule of Benefits.
- Expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
- Expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury.
- Expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that

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necessitates medical treatment within 24 hours of the Accident or results from Reconstructive Surgery.

- For the purposes of this provision, **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
- For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance).
- Treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
- An Insured Person's:
 - committing or attempting to commit a felony,
 - being engaged in an illegal occupation, or
 - participation in a riot.
- Elective abortions in excess of the amount shown in the Schedule of Benefits.
- Braces and appliances, except as specifically provided in the Schedule of Benefits.
- Congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
- Durable medical equipment except as specifically provided in the Schedule of Benefits.
- Custodial care service and supplies.
- Expenses that are not recommended and approved by a Physician.
- Act of terrorism.
- Conditions due to accidental bodily injury occurring prior to the Insured Person's effective date of coverage.

