



Student Health Insurance Plan

designed for

Wesleyan College

Macon, GA

2017-2018

— Please keep this outline of coverage for future reference —

Policy Number: 2017K1A39

Underwritten by National Guardian Life Insurance Company

As Policy Form Number: NBH-280 (2015) GA et al. National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka The Guardian or Guardian Life

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Introduction

This brochure describes the insurance coverage under the Student Health Insurance Plan available to Insured Students through Wesleyan College.

This Plan is underwritten by National Guardian Life Insurance Company. The exact provisions governing this Student Health Insurance Plan are contained in the Master Policy issued to Wesleyan College.

Student Eligibility and Enrollment

Undergraduate students who attend classes during the day and who are registered for 12 or more credit hours and all students living on campus are eligible for coverage and will be automatically enrolled in the Wesleyan College Student Health Insurance Plan (“the Plan”) at registration and the premium for coverage is added to their tuition billing unless proof of comparable coverage is furnished.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet and television (TV) courses do not fulfill the Eligibility requirement that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the eligibility requirements have not been met, its only obligation is refund of premium.

Online Waiver Process

Undergraduate students who attend classes during the day and who are registered for 12 or more credit hours and all students living on campus are eligible for coverage and will be automatically enrolled in the Wesleyan College Student Health Insurance Plan (“the Plan”). Students who are currently enrolled in a health insurance plan of comparable coverage that will be in effect until August 1, 2018 can elect to waive the Student Accident and Sickness Insurance Plan.

To Waive:

1. Log onto: www.gallagherstudent.com/wesleyancollege.
2. Click on “Student Waive/Enroll” and Log in (if you haven’t already). Your user name is your school e-mail address and password is your student ID.
3. Click the “I want to Waive” button. Please have your current health insurance ID card ready as you will need this information in order to complete the form.

After completing your online form you will be asked to review your information and click ‘Continue’. Immediately upon submitting the Online Waiver Form, you will receive a confirmation number confirming that the Online Waiver Form has been submitted. Receipt of this number only confirms submission, not acceptance, of your form. The Online Waiver process is the only accepted process for making your insurance selection.

Waiver Deadline

The deadline for students to complete the Online Waiver Form for the 2017-2018 coverage period is August 23, 2017. Students who waive the Student Accident and Sickness Insurance Plan in the fall, waive coverage for the entire policy year.

Students who do not submit the Online Waiver Form by the deadline will remain enrolled in the Student Accident and Sickness Insurance Plan and the fee will remain on their Student Account.

In the event that you waive the Student Accident and Sickness Insurance Plan or lose your current coverage due to a qualifying event, i.e. your parent loses coverage or you reach the maximum limit available under a parent’s plan, you have the right to petition to add coverage within 31 days of the qualifying event. If the petition is received within 31 days of the qualifying event, there will be no break in

coverage. For petitions received after 31 days, the effective date of coverage will be the date that the petition is received at Gallagher Student Health & Special Risk. If the petition is approved, the premium will not be prorated. **If it is later determined that a student who waived coverage, waived coverage with a plan that was not comparable to the Student Accident and Sickness Insurance Plan, that student will be automatically enrolled in the student insurance plan, effective the date that the determination was made and there will be no pro-rata of premium.**

Policy Term

Wesleyan College’s Student Accident and Sickness Insurance Plan for the 2017-2018 academic year is effective on August 1, 2017. An eligible student’s coverage becomes effective on that date or the date the application and full premium are received by the College or Gallagher Student Health & Special Risk, whichever is later. The School Year Policy terminates on August 1, 2018 or at the end of the period through which the premiums are paid, whichever is earlier.

Plan Costs and Periods of Coverage

Coverage Period**	Annual* 8/1/17-8/1/18	Spring* 1/01/18-8/1/18
Student	\$1,499	\$875

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

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

Refund of Premium

Premiums received by us are fully earned upon receipt. Refund of premium will be considered only:

1. For any student who does not attend school during the first thirty-one (31) days of the period for which the coverage is purchased. Such a student will not be covered under the Policy and a full refund of the premium will be made.
2. For insured persons entering the Armed Forces of any country. Such persons will not be covered under the Policy as of the date of his/her entry to the service. A pro rata refund of premium will be made for such a person upon written request received by us within ninety (90) days of withdrawal from school.
3. For International Students, Scholars, Visiting Faculty member and/or their covered Dependents. We will refund a pro rata portion of the premium actually paid for any individual who:
 - a. Withdraws from school during his/her first semester; and
 - b. Returns to his/her home country

A written request must be sent to us within 60 days of such departure. No other refunds will be accepted.

Network Providers

The Wesleyan College Accident and Sickness Insurance Plan provides access to hospitals and health care providers locally and across the country through the First Health Network. You are not required to use a Network Provider. However, the advantage to using a Network Provider is that Network Providers have agreed to accept as payment for their services a negotiated fee or PPO Allowance. Non-Network Providers have not agreed to a PPO Allowance and consequently your out-of-pocket costs may be greater. Students should be aware that In-Network Hospitals may be staffed with Non-Network Providers. Receiving services or care from a Non-Network Provider at an In-Network Hospital means that those charges will not be paid at the In-Network Provider level of benefits. It is important that the Insured Student verify that his or

her Doctors are In-Network Providers when calling for an appointment or at the time of service. The most efficient and accurate way to identify In-Network Providers is to call First Health toll-free at 1-888-685-7774 or visit their website at www.MyFirstHealth.com.

PPO provider participation is subject to change, so be sure to verify with the provider that they are participating in First Health when calling for an appointment or at the time of your appointment.

Definitions

Accident means a sudden, unforeseeable event that causes Injury to an Insured Person. The Accident must occur while coverage is in effect for the Insured Person.

Ambulance Service means transportation to a Hospital by an Ambulance Service.

Anesthetist means a Physician or nurse who administers anesthesia during a surgical procedure. He or she may not be an employee of the Hospital where the surgical procedure is performed.

Brand Name Drugs means drugs for which the drug manufacturer's trademark registration is still valid and where the trademarked or proprietary name of the drug still appears on the packaged label.

Coinsurance means the ratio by which We and the Insured Person share in the payment of Usual and Reasonable expenses for treatment. The Coinsurance percentage that We will pay is stated in the Schedule of Benefits.

Complications of Pregnancy means the following:

1. Conditions that require Hospital confinement when the pregnancy is not terminated and whose diagnoses are distinct from pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion, pre-eclampsia, intrauterine fetal growth retardation, and similar medical and surgical conditions of comparable severity; but the term shall not include false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and
2. Ectopic pregnancy which is terminated.

Copayment means the amount of Usual and Reasonable expenses for treatment that We do not pay. The Insured Person is responsible for paying this portion of the expenses incurred. Any Copayment amounts are shown in the Schedule of Benefits.

Country of Assignment means the country in which an Eligible International Student, scholar or visiting faculty member is:

1. Temporarily residing; and
2. Actively engaged in education or educational research related activities sponsored by the National Association for Foreign Student Affairs or its Member Organizations.

Covered Injury means a bodily injury that is:

1. Sustained by an Insured Person while he/she is insured under this Policy or the School's prior policies; and
2. Caused by an accident directly and independently of all other causes.

Coverage under the School's policies must have remained continuously

in force:

1. From the date of Injury; and
2. Until the date services or supplies are received, for them to be considered as a Covered Medical Expense under the Policy.

Covered Medical Expense means those charges that are:

1. Not in excess of the PPO Allowance for any Medically Necessary treatment, service, or supplies that are received from Network Providers;
2. Not in excess of the Usual and Reasonable charges for any Medically Necessary treatment, service, or supplies are received from Non-Network providers;
3. Not in excess of the charges that would have been made in the absence of this insurance;
4. Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

Covered Sickness means Sickness, disease or trauma related disorder due to Injury which:

1. causes a loss while the Policy is in force; and
 2. which results in Covered Medical Expenses.
- Covered Sickness includes Mental Health Disorders and Substance Use Disorders.

Deductible means the dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable under the Policy. The amount of the Deductible and the frequency (annual or per occurrence) will be shown in the Schedule of Benefits.

Elective Surgery or Elective Treatment means surgery or medical treatment that is:

1. not necessitated by a pathological or traumatic change in the function or structure of any part of the body; and
2. which occurs after the Insured Person's effective date of coverage.

Elective Treatment includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, preventive medicines or vaccines except when required for the treatment of Covered Injury or Covered Sickness to the extent coverage is not required by state or federal law. **Elective Surgery** includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, submucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include Plastic or Cosmetic Surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

Eligible Student means a student who meets all enrollment requirements of the School named as the Policyholder in the Insurance Information Schedule.

Emergency Medical Condition means a medical condition which:

1. manifests itself by acute symptoms of sufficient severity (including severe pain); and
2. causes a prudent layperson, who possesses an average knowledge of health and medicine, to reasonably expect that the absence of immediate medical attention might result in:
 - a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
 - b. Serious impairment to bodily functions; or
 - c. Serious dysfunction of any bodily organ or part.

Emergency Services means, with respect to an Emergency Medical

Condition: transportation services, including but not limited to ambulance services, and covered inpatient and outpatient Hospital services furnished by a Hospital or Physician qualified to furnish those services that are needed to evaluate or Stabilize an Emergency Medical Condition.

Essential Health Benefits mean benefits that are defined as such by the Secretary of Labor and are to be provided in a manner that is equal to the scope of benefits provided under a typical employer plan. This applies to the following general categories and the items and services covered within the categories:

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

Formulary means a list of medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. The Formulary includes Generic, Brand, and Preferred Brand Drugs.

Generic Drugs means a drug that is identical or bioequivalent to a Brand Named drug in dosage form, safety, strength, route of administration, quality, performance characteristics, intended use and is not protected by a patent.

Habilitation/Habilitative Services means health care services that help the Insured Person keep, learn, or improve skills and functions for daily living. Habilitative Services may include such services as physical therapy, occupational therapy, and speech therapy.

Home Country means the Insured Student's country of citizenship. If the Insured Student has dual citizenship, his or her Home Country is the country of the passport he or she used to enter the United States. The Insured Student's Home Country is considered the Home Country for any dependent of an Insured Student while insured under the Policy.

Hospital means an institution that:

1. Operates as a Hospital pursuant to law;
2. Operates primarily for the reception, care and treatment of sick or injured persons as inpatients;
3. Provides 24-hour nursing service by Registered Nurses on duty or call;
4. Has a staff of one or more Physicians available at all times; and
5. Provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis.

Hospital does not include the following:

1. Convalescent homes or convalescent, rest or nursing facilities;
2. Facilities primarily affording custodial, educational, or rehabilitant care; or
3. Facilities for the aged.

Hospital Confined or Hospital Confinement means a stay of eighteen (18) or more consecutive hours as a resident bed patient in a Hospital.

Immediate Family Member means the Insured Person and his or her spouse or the parent, child, brother or sister of the Insured Person or his or her spouse.

Insured Person means an Insured Student or dependent of an Insured Student while insured under the Policy.

Insured Student means a student of the Policyholder who is eligible and insured for coverage under the Policy.

International Student means an international student:

1. With a current passport and a student Visa;
2. Who is temporarily residing outside of his or her Home Country; and
3. Is actively engaged, on a full time basis, as a student or in educational research activities through the Policyholder.

In so far as the Policy is concerned, permanent residents or those who have applied for Permanent Residency Status are not considered to be an International Student.

Loss means medical expense caused by an Injury or Sickness which is covered by the Policy.

Medically Necessary means medical treatment that is appropriate and rendered in accordance with generally accepted standards of medical practice. The Insured Person's health care provider determines if the medical treatment provided is medically necessary.

Mental Health Disorder means a condition or disorder that substantially limits the life activities of the Insured Person with the disorder. Mental Health Disorders must be listed in the most recent version of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

Network Providers are Physicians, Hospitals and other healthcare providers who have contracted with Us to provide specific medical care at negotiated prices.

Non-Network Providers have not agreed to any pre-arranged fee schedules.

Out-of-pocket Expense Limit means the amount of expenses that an Insured Person is responsible for paying.

Physician means a:

1. Doctor of Medicine (M.D.); or
2. Doctor of Osteopathy (D.O.); or
3. Doctor of Dentistry (D.M.D. or D.D.S.); or
4. Doctor of Chiropractic (D.C.); or
5. Doctor of Optometry (O.D.); or
6. Doctor of Podiatry (D.P.M.); or

who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered.

A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a Health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

Physician will also means any licensed practitioner of the healing arts who We are required by law to recognize as a "Physician." This includes an acupuncturist, a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant, social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician.

The term Physician does not mean any person who is an Immediate Family Member.

PPO Allowance means the amount a Network Provider will accept as payment in full for Covered Medical Expenses.

Preferred Brand Drug means a formulary drug that is within a select subset of therapeutic classes, which make up the formulary drug list.

School or College means the college or university attended by the Insured Student.

Skilled Nursing Facility means a facility, licensed, and operated as set forth in applicable state law, which:

1. mainly provides inpatient care and treatment for persons who are recovering from an illness or injury;
2. provides care supervised by a Physician;
3. provides 24 hour per day nursing care supervised by a full-time Registered Nurse;
4. is not a place primarily for the care of the aged, Custodial or Domiciliary Care, or treatment of alcohol or drug dependency; and
5. is not a rest, educational, or custodial facility or similar place.

Sound, Natural Teeth means natural teeth. The major portion of a tooth must be present, regardless of fillings, and not carious, abscessed or defective. Sound, Natural Teeth will not include capped teeth.

Stabilize means, with respect to an Emergency Medical Condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

Substance Use Disorder means any condition or disorder that substantially limits the life activities of the Insured Person with the disorder. Substance Use Disorders must be listed in the most recent version of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

Treatment means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

Usual and Reasonable means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for a:

1. Like service by a provider with similar training or experience; or
2. Supply that is identical or substantially equivalent.

Visa, in so far as the Policy is concerned, means the document issued by the United States Government that permits an individual to participate in the educational activities of a college, university or other institution of higher learning either as a student or in another academic capacity. An International Student must have and maintain a valid visa, either an F-1 (Academic), J-1 (Exchange) or M-1 (Vocational) in order to continue as a student in the United States.

We, Us, or Our means National Guardian Life Insurance Company or its authorized agent.

Extension of Benefits: Coverage under the policy ceases on the Termination Date shown in the Insurance Information Schedule. However, coverage for an Insured Person will be extended as follows: If an insured person in Hospital confined for covered injury or covered sickness on the date his or her insurance terminates, we will continue to pay benefits for up to ninety (90) days from the termination date while such confinement continues.

Out-of-Pocket Expense Limit

The Out-of-Pocket Expense Limit is shown in the Schedule of Benefits. It provides a cap on the amount of Covered Medical Expenses an Insured Person has to pay. Expenses that are not eligible or amounts above any Maximum Benefit do not apply toward the Out-of-Pocket Expense Limit. However, the Insured Person's Coinsurance amounts, Deductibles and Copayments will apply toward the Out-of-Pocket Expense Limit.

SCHEDULE OF BENEFITS

Benefit Period: When an Insured Person receives initial medical treatment within 60 days of the occurrence of a Covered Injury or at the onset of a Covered Sickness, eligible benefits will be provided for a continuous Benefit Period. The Benefit Period begins:

1. On the date of occurrence of such Covered Injury; or
2. From the first day of treatment of a Covered Sickness. The Benefit Period terminates at the end of: the Policy Term (+ Extension of Benefits - when appropriate)

Preventive Services:

Network Provider: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of actual charge/Usual and Reasonable charge when services are provided through a Network Provider.

Non-Network: Deductible, Coinsurance, and any Copayment are applicable to Preventive Services provided through a Non-Network Provider. Any Deductible, Coinsurance, and Copayment for services provided by a Non-Network Provider are not applied toward the annual Out-of-Pocket Maximum. Benefits are paid at 60% of the Usual and Reasonable charge.

Deductible:

Network	\$250.00
Non-Network	\$500.00

Out-of-Pocket Expense Limit:

Network Provider	Individual - \$6,600
Non-Network Provider	Individual - \$15,000

Coinsurance Amount:

Network Provider:	80% of PPO Allowance for Covered Medical Expenses unless otherwise stated below.
Non-Network Provider:	60% of Usual and Reasonable Charge for Covered Medical Expenses unless otherwise stated below.

Benefit payment for Network Providers and Non-Network Providers

The policy provides benefits based on the type of health care provider selected. The Policy provides access to both Network and Non-Network Providers. Different benefits may be payable for Covered Medical Expenses rendered by Network Providers versus Non-Network Providers.

PREFERRED PROVIDER ORGANIZATION: First Health

THE COVERED MEDICAL EXPENSE FOR AN ISSUED POLICY WILL BE:

1. THOSE LISTED IN THE COVERED MEDICAL EXPENSES PROVISION;
2. ACCORDING TO THE FOLLOWING SCHEDULE OF BENEFITS; AND
3. DETERMINED BY WHETHER THE SERVICE OR TREATMENT IS PROVIDED BY A NETWORK OR NON-NETWORK PROVIDER.

BENEFITS PER COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
Inpatient Benefits		
Hospital Room & Board Expenses	80% of PPO Allowance	60% of Usual and Reasonable
Hospital Intensive Care Unit Expense	80% of PPO Allowance	60% of Usual and Reasonable
Hospital Miscellaneous Expenses	80% of PPO Allowance	60% of Usual and Reasonable
Preadmission Testing	80% of PPO Allowance	60% of Usual and Reasonable
Physician's Visits while Confined	80% of PPO Allowance	60% of Usual and Reasonable
Inpatient Surgery:		
Surgeon Services	80% of PPO Allowance	60% of Usual and Reasonable
Anesthetist	80% of PPO Allowance	60% of Usual and Reasonable
Assistant Surgeon	80% of PPO Allowance	60% of Usual and Reasonable
Registered Nurse Services	80% of Usual and Reasonable	60% of Usual and Reasonable
Physical Therapy (inpatient)	80% of Usual and Reasonable	60% of Usual and Reasonable
Skilled Nursing Facility Expense	80% of Usual and Reasonable	60% of Usual and Reasonable

Mental Disorders Treatment	Paid as any other condition	
Outpatient Benefits		
Outpatient Surgery: Surgeon Services Anesthetist Assistant Surgeon	80% of PPO Allowance 80% of PPO Allowance 80% of PPO Allowance	60% of Usual and Reasonable 60% of Usual and Reasonable 60% of Usual and Reasonable
Outpatient Surgery Miscellaneous	80% of PPO Allowance	60% of Usual and Reasonable
Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy Habilitative Services are covered to the extent that they are Medically Necessary Up to 40 visits per Policy Year	80% of PPO Allowance Copayment: \$15.00	60% of Usual and Reasonable Copayment: \$15.00
Emergency Services Expenses	80% of PPO Allowance Copayment: \$250.00	80% of Usual and Reasonable Copayment: \$250.00
In Office Physician's Visits	100% of PPO Allowance Copayment: \$15.00 Deductible waived	60% of Usual and Reasonable Copayment: \$50.00 Deductible waived
Urgent Care Centers or Facilities	100% of PPO Allowance Copayment: \$50.00 Deductible waived	60% of Usual and Reasonable Copayment: \$15.00
Diagnostic X-ray Services	100% of PPO Allowance	60% of Usual and Reasonable Copayment: \$15.00
Laboratory Procedures (Outpatient)	100% of PPO Allowance	60% of Usual and Reasonable Copayment: \$15.00
Shots and Injections	80% of PPO Allowance	60% of Usual and Reasonable
Mental Disorders Treatment	Paid as any other condition	
BENEFITS PER COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
Prescription Drugs	100% of PPO Allowance Subject to following copays: Generic: \$15.00 Preferred Brand: \$25.00 Brand: 60.00 Specialty Drug: \$60.00	N/A
Outpatient Miscellaneous Expense	80% of Usual and Reasonable	60% of Usual and Reasonable
Home Health Care Expenses	80% of Usual and Reasonable	60% of Usual and Reasonable
Hospice Care Coverage	80% of Usual and Reasonable	60% of Usual and Reasonable
Other Benefits		
Ambulance Service	80% of Usual and Reasonable	60% of Usual and Reasonable
Durable Medical Equipment	80% of Usual and Reasonable	60% of Usual and Reasonable
Maternity Benefit	Same as any other Covered Sickness	Same as any other Covered Sickness
Routine Newborn Care	Same as any other Covered Sickness	Same as any other Covered Sickness
Consultant Physician Services	100% of PPO Allowance Copayment: \$15.00	60% of Usual and Reasonable Copayment: \$15.00

Pediatric Dental Care Benefit Preventive Dental Care - limited 1 dental exams every 6 months <i>The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care:</i> Emergency Dental Care Routine Dental Care Endodontic Services Prosthodontic Services Medically Necessary Orthodontic Care	See Benefit for limitations 100% Coinsurance 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable	See Benefit for limitations The Usual and Reasonable Charge stated above 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable
Pediatric Vision Care Benefit Limited to 1 visit(s) per Policy Year and 1 pair of prescribed lenses and frames	100% of PPO Allowance for Covered Medical Expenses	The Usual and Reasonable Charge stated above
Chiropractic Care Subject to a maximum number of visits of 40 per Policy Year	100% of PPO Allowance Copayment: \$15.00	60% of Usual and Reasonable Copayment: \$15.00

IMPORTANT NOTE ABOUT YOUR BENEFITS

Should state law and/or federal law require certain benefits to be included in the Master Policy that are not included in this brochure, such benefits shall be deemed to be included in this brochure to the extent necessary to satisfy the minimum requirements of such law. For more information about your benefits, please read the Summary of Benefits and Coverages available at www.gallagherstudent.com/wesleyancollege and the Glossary of Terms available at www.cciio.cms.gov or you may request a copy by calling 1-888-272-3505

Outpatient Prescribed Medicine Expense

After a copayment of \$15 for generic or \$25 for a preferred brand name drug and \$60 for brand drugs, per prescription the cost of eligible prescription drugs is payable in full. Birth Control is included with \$0 copay for contraceptives. Prescriptions must be filled at a Optum Participating Pharmacy. Insured Persons will be given an insurance ID card which includes prescription drug information and should be shown to the Pharmacy as proof of coverage. A directory of participating pharmacies is available by calling Optum at 800-248-1062.

After you receive your insurance ID card, no claims forms need to be completed. After you receive the card you may call the toll-free customer service number listed on your card for assistance with pharmacy locations (800-248-1062). This number is effective for enrolled members only. You can access Optum online at www.optumrx.com.

- 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

EXCLUSIONS AND LIMITATIONS

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirement of the Act. The Policy does not provide coverage for loss caused by or resulting from, nor provide benefits for any of the following except as otherwise provided by the benefits of the policy and as shown in the schedule of benefits.

- 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.

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 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.

Third Party Refund - When:

1. an Insured Person is injured through the negligent act or omission of another person (the "third party"); and
 2. benefits are paid under the Policy as a result of that Injury,
- We are entitled to a refund by the Insured Person of all Policy benefits paid as a result of the Injury.

The refund must be made to the extent that the Insured Person receives payment for the Injury from the third party or that third party's insurance carrier. We may file a lien against that third-party payment. Reasonable pro rata charges, such as legal fees and court costs, may be deducted from the refund made to Us. The Insured Person must complete and return the required forms to Us upon request.

COORDINATION OF THIS POLICY'S BENEFITS WITH OTHER BENEFITS

The Coordination of Benefits ("COB") provision applies when a person has health care coverage under more than one Plan. Plan is defined below.

The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary plan. The Primary plan must pay benefits in accordance with its policy terms without regard to the possibility that another Plan may cover some expenses. The Plan that pays after the Primary plan is the Secondary plan. The Secondary plan may reduce the benefits it pays so that payments from all Plans do not exceed 100% of the total Allowable expense.

Claims Procedures

In the event of an Injury or Sickness the Insured Person should:

1. A claim form is not required to submit a claim. However, an itemized bill, HCFA 1500, or UB92 form should be used to submit expenses. If a referral was required, this form should accompany this submission. The Insured Student/Person's name and identification number need to be included.
2. Providers should submit claims within 30 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. If a student is submitting the claim, a copy should be retained and claims should be mailed to the Claims Administrator, Commercial Travelers Life Insurance Company, at the address on the back cover.
3. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator Commercial Travelers Life Insurance Company.
4. If you disagree with a claim payment decision, an Insured Person has the right to file an appeal. The process for filing an appeal can be found in the Appeals Procedure section of this brochure.

Appeals Procedure

If an insured Person wishes to appeal an Adverse Determination based on a claim decision, contact the Claims Administrator either orally or in writing: Commercial Travelers, Appeal Department at 70 Genesee Street, Utica, NY 13502. Phone: 1-800-756-3702

Gallagher Student Health Complements

Exclusively from Gallagher Student Health & Special Risk, enrolled students have access to the following menu of products at no additional cost. These plans are not underwritten by National Guardian Life Insurance Company. More information is available at www.gallagherstudent.com/wesleyancollege under the “Discounts and Wellness” link.

EyeMed Vision Care

The discount vision plan is available through EyeMed Vision Care. EyeMed’s provider network offers access to over 45,000 independent providers and retail stores nationwide, including Lens Crafters, Sears Optical, Target Optical, JC Penney Optical, and most Pearle Vision locations. You will receive a separate EyeMed ID card. There is no waiting period; you can take advantage of the savings immediately upon receipt of your EyeMed ID card. You can purchase prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses at savings between 15% and 45% off regular retail pricing. In addition, you can receive discounts from 5% to 15% off laser correction surgery at some of the nation’s most highly qualified laser correction surgeons. You can call 1-866-8EYEMED or go online to www.eyemedvisioncare.com and choose the Access network from the drop down network option.

Basix Dental Savings

Maintaining good health extends to taking care of your teeth, gums and mouth. The Basix Dental Savings Program provides a wide range of dental services. It is important to understand the *Dental Savings Program is not dental insurance*. Basix contracts with dentists that agree to charge a negotiated fee to students covered under your Gallagher Student Health plan. You must pay for the services received at the time of service to receive the negotiated rate.

Savings vary but can be as high as 50% depending upon the type of service received and the contracted dentist providing the service. To use the program, simply:

- Make an appointment with a contracted dentist. Contracted dentists and their fee schedules are listed on our website, www.basixstudent.com.
- Tell the dental office that you are an insured student and have the Basix program. Each dentist has an administrative person to assist you with any questions. You do not need a separate identification card for the Basix program, but you will need to show your student health insurance ID card to confirm your eligibility. If the office needs to check eligibility, call Gallagher Student Health & Special Risk at 1-888-272-3505.
- Remember, you must pay for the services you receive at the time of service, so make sure you understand what forms of payment (check, credit card, etc.) the dentist accepts.

Full details of the program can be viewed at the website: www.basixstudent.com. Once at the home page, select the link for your school. You may also contact us via email from our website, or by telephone at (888) 274-9961.

CampusFit

College health is all about helping students develop healthy habits for a lifetime. To support your efforts, CampusFit “digitizes” knowledge from registered dieticians and certified fitness instructors to help teach and reinforce mainstream ideas about diet, nutrition, fitness and general wellness.

- The Energy Management section of the site allows a student to easily assess how much energy they are consuming, and expending on a daily basis. It also displays the results in the context of the Food Pyramid so students can see how to improve their food choices.
- The Fitness Works section has dozens of downloadable mp3 files and written exercise routines to help students get more active.

Want to run your first 5K? We’ve got a nine week, step-by-step plan to get you there.

- The Wellness Support section has downloadable mp3 files for guided imagery relaxation, and dozens of recordings to reinforce fundamental diet and nutrition ideas. — We’ve even got a 20 minute discussion on the “Freshman 15”.

CampusFit is available at no cost to students. To access CampusFit, go to www.gallagherstudent.com/wesleyancollege.

ON CALL INTERNATIONAL Global Assistance Program

The Global Assistance Program (GAP) is supplemental to the Student Insurance Plan. The GAP provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center at 1-855-226-7915 (toll free) or collect at 1-603-952-2045. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance.

The Global Assistance Program is effective when you are outside your home country, or over 100 miles from home within the United States or when you are traveling.

The following emergency services are included*:

Emergency medical Evacuation and Repatriation if you suffer an accident, injury or sickness resulting in a serious medical condition which in the opinion of the On Call physician requires transportation to be treated adequately, On Call will arrange and pay for air and/or surface transportation, medical care during transportation, communication and all usual and customary ancillary charges incurred in moving and transporting you to the nearest hospital where appropriate medical care is available.

After being treated at a medical facility, On Call will arrange and pay for the transport of the Participant with a qualified medical attendant to the Country of Domicile or Country of Residence for further medical treatment or recovery should it be deemed medically necessary by the On Call physician.

Return of Remains In the event of death, On Call shall make the arrangements and pay for casket or air tray, preparation and transportation of his/her remains to his/her place of residence or to the place of burial.

Return of Dependent Children If your Dependent(s) are present but left unattended as a result of your hospitalization or Medical Evacuation, On Call shall make and pay for travel arrangements to return them home, including a non-medical escort as needed. This service has a limit of \$5,000.

Visit by Family/Friend If the Participant has or will be hospitalized for more than five (5) days while traveling, On Call shall make and pay for travel arrangements and suitable hotel accommodations for a person of your choice to join them. This service includes flights and up to \$200 a day for hotel for a maximum of seven (7) days, up to a combined service limit of \$5,000.

*On call International must pay and arrange for all services include above, reimbursement for self-paid expenses will not be considered; it is not insurance but is added as a service in your Students Health Insurance Policy.

Additional Medical and Travel Assistance

If There are third party costs associated with the following services, On Call will notify you and you will be responsible for the costs:

- **Pre-Trip Information**
- **Referral** to the nearest, most appropriate medical facility, and/or provider
- **Medical monitoring** by board certified emergency physicians in the United States
- **Guarantee of Payment** to provider and assistance in coordinating insurance benefits
- **Prescription Replacement Assistance** or Dispatch of Medicine if not available locally
- **Emergency Message Forwarding** to family, personal physician, school etc
- **Emergency Travel Arrangements** for disrupted travel
- **Legal Consultation and Referral**
- **Lost Luggage Assistance**
- **Lost/Stolen Travel Documents Assistance**

24 Hour Nurse Helpline

Students may utilize the Nurse Advice Line anytime they need confidential medical advice. A registered Nurse counselor will provide a clinical assessment to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose Member's ailments.

Contact On Call International to access any of the GAP services described above.

Toll Free from U.S. and Canada: 1-855-226-7915

Collect Worldwide: 1-603-952-2045

mail@oncallinternational.com

This is only an outline of services and terms, conditions and exclusions apply.

Questions? Need More Information?

For general information on benefits, enrollment/eligibility questions, ID cards or service issues, please contact:

Gallagher Student Health & Special Risk

500 Victory Road

Quincy, MA 02171

1-844-333-1406

Website:

www.gallagherstudent.com/wesleyancollege

If you need medical attention before the ID card is received, benefits will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits. Call Gallagher Student Health & Special Risk to verify eligibility. For information on a specific claim, or to check the status of a claim, please contact:

Commercial Travelers

College Claims Department

70 Genesee Street

Utica, NY 13502

1-800-756-3702

Email: claims@commercialtravelers.com

Electronic Claims Payer ID #: 88091

To review claims online, go to www.commercialtravelers.com

This Plan is Underwritten by:

National Guardian Life Insurance Company

Policy Number: 2017K1A39

Please keep this brochure as a general summary of the insurance. The Master Policy on file at the College contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits some of which may not be included in this Brochure. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

Privacy Practices

For a copy of the Company's Privacy Notice, go to www.commercialtravelers.com/privacy.html;

Or

www.gallagherstudent.com/wesleyancollege

Or

Request one from:

Commercial Travelers Life Insurance Company

c/o Privacy officer

70 Genesee Street

Utica, NY 13502

(Please indicate the school you attend with your written request.)

Representation of this plan must be approved by the company.