

2018-2019 Student Health Insurance Plan College of St. Joseph

Policy No. 2018K1A07

Effective 8/15/18 - 8/15/19

Health Insurance Benefit Summary



	NETWORK	NON-NETWORK
Deductible	\$250 per Individual per Policy Year	\$250 per Individual per Policy Year
Out-of-Pocket Maximum	Individual \$5,550, per Policy Year Family \$11,100, per Policy Year	Individual \$6,850, per Policy Year Family \$13,700, per Policy Year
Hospital Room & Board Expenses	80% of PPO Allowance (PA)	80% Usual & Reasonable (U&R)
Surgery Expenses	80% of PA	80% of U&R
In Office Physician's Visits, Specialist Visits	80% of PA \$20 Copay per visit	80% of U&R \$20 Copay per visit
Laboratory Procedures and Diagnostic X-ray Services	80% of PA	80% of U&R
Emergency Services Expenses	80% of PA \$200 Copay per visit (Copay waived if admitted)	80% of PA \$200 Copay per visit (Copay waived if admitted)
Mental Health Disorder & Substance use Disorder	Paid the same as any other Covered Sickness	
Prescription Drugs	100% PA Subject to: Generic-\$25 Copay; Preferred Brand-\$50 Copay; Brand-\$75 Copay; Specialty Copay: \$75	
Preventive Services	100% PA, no cost sharing	80% U&R

*This summary is provided as a courtesy and is not meant to replace or over-ride the terms and conditions detailed in the insurance Policy or brochure. Please refer to the Policy or brochure to verify medical coverage, eligibility, exclusions, limitations, and for more detailed information.

Important Dates & Rates

COVERAGE PERIOD	ANNUAL 8/15/18 - 8/15/19
Student Only	\$2,449.00*

*Rate includes an administrative fee.

Service Representative:

Gallagher Student Health & Special Risk
500 Victory Road
Quincy, MA 02171
1-877-306-5015

www.gallagherstudent.com/csi

As Policy Form No NBH-280(2016) VT PPO rev 2018

Underwritten by:



Administered by:

COMMERCIAL TRAVELERS
LIFE INSURANCE COMPANY

70 Genesee Street
Utica, NY 13502
1.800.756.3702

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2018K1A07 (BHF)