

# 2019–2020 Student Health Insurance Plan

**Augustana**  
COLLEGE

Policy No. 2019K1A04  
Effective 8/15/19–8/15/20



## Augustana College

Rock Island, IL

### **Serviced by:**

Gallagher Student Health & Special Risk  
500 Victory Road  
Quincy, MA 02171  
**1-888-272-3505**  
[www.gallagherstudent.com/Augustana](http://www.gallagherstudent.com/Augustana)

### **Underwritten and Administered by:**



**National Guardian Life Insurance Company**  
Student Insurance Division  
Commercial Travelers Building  
70 Genesee Street  
Utica, NY 13502  
1-800-756-3702

Product underwritten by  
National Guardian Life Insurance Company (NGL), Madison, WI.  
National Guardian Life Insurance Company is not affiliated with  
The Guardian Life Insurance Company of America a.k.a. The Guardian or Guardian Life.

As Policy Form No. NBH-280 (2018) PPO IL Rev. 11-18 et al  
*Subject to Insurance Department Approval*

19-K1A04(Bro)

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## Introduction

The Augustana College Student Health Insurance Plan has been developed especially for Augustana College students. The Plan provides coverage for Sicknesses and Accidents that occur on and off campus and includes special cost saving features to keep the coverage as affordable as possible. Augustana College is pleased to offer the Plan as described in this brochure.

This brochure is a brief description of the insurance coverage under the Augustana College Student Health Insurance Plan. This plan is underwritten by National Guardian Life Insurance Company, serviced by Gallagher Student Health & Special Risk and claims are administered by National Guardian Life Insurance Company. The exact provisions governing this Student Health Insurance Plan are contained in the Master Policy which will be issued to the College.

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## Student Eligibility and Enrollment

All full time students (enrolled in 8 or more credit hours) will be automatically enrolled and included on the student's tuition bill, unless evidence of comparable coverage is provided and a waiver of coverage form is submitted on or before the waiver of coverage deadline.

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## Online Waiver Process

Students who are currently enrolled in a Health Insurance Plan of comparable coverage that will be in effect until August 15, 2020 can elect to waive the Augustana College Student Health Insurance Plan. Recognizing that health coverage may change, at the beginning of each academic year students will be asked to provide proof of comparable coverage in order to waive the Student Health Insurance Plan.

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## Waiver Process

To document proof of comparable coverage an Online Waiver Form must be completed and submitted by the deadline.

1. Go to [www.gallagherstudent.com/Augustana](http://www.gallagherstudent.com/Augustana).
2. On the left toolbar, click on 'Student Waive/Enroll'.
3. Log in (if you haven't already).
4. Select the Blue "I want to Waive/Enroll" button. If waiving the insurance, please have your current health insurance ID card ready as you will need this information in order to complete the waiver form.

Immediately upon submitting the Augustana College Annual Waiver Enrollment Form, you will receive a confirmation number indicating that the form has been successfully submitted. Print this reference number for your records. If you do not receive a reference number, you will need to correct any errors and resubmit the form. The online method is the only accepted process for waiving coverage.

Augustana College reserves the right to audit and subsequently reject a waiver request. If it is determined that a student waived coverage with a health insurance plan that was not comparable coverage, the student will be automatically enrolled in the Student Health Insurance Plan, effective the date that the determination was made and there will be no pro-rata of premium.

In the event a student waives the Student Health Insurance Plan and then loses current coverage due to a qualifying event, (i.e. parent loss of coverage or the maximum age limit available is attained), the student has the right to petition to add coverage within 31 days of the qualifying event.

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## Waiver Deadline

The deadline for students to complete the Online Waiver Form for annual coverage is September 6, 2019. Students who waive the Student Health Insurance Plan in the Fall, waive coverage for the entire Policy year. The Online Waiver process is the only accepted process for making your insurance selection. Students who do not submit the Online Waiver Form by the deadline will be enrolled in and billed for the Student Health Insurance Plan.

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## Policy Term

The Policy for the current year becomes effective 08/15/2019 at 12:01 AM and expires on 08/15/2020 at 12:01 AM. Coverage remains in effect during holiday and vacation periods.

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## Plan Costs

	Annual 08/15/19–08/15/20**	Spring 02/01/20–08/15/20**
Student	\$2,365.00*	\$1,231.00

\*The above rates include an administrative fee.

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

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## 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 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 into the service. A pro rata refund of premium will be made for such 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.

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## Network Providers

The Augustana College Student Health Insurance Plan provides access to hospitals and health care providers throughout the country through the First Health Provider Network.

Network Providers are the Doctors, Hospitals, and other health care providers who are contracted to provide medical care at a negotiated fee, or Preferred Allowance. It is to the advantage of Insured Students to use Network Providers to help reduce out-of-pocket expenses, as any applicable coinsurance is based on the negotiated Preferred Allowance. Non-Network Providers have not agreed to a Preferred Allowance and consequently your out-of-pocket costs may be greater. Students should be aware that Network Hospitals may be staffed with Non-Network Providers. Receiving services or care from a Non-Network Provider at a Network Hospital does not guarantee that all charges will be paid at the Network Provider level of benefits. It is important that the Insured Person verify that his or her Doctors are Network Providers when calling for an appointment or at the time of service. The most efficient way to

identify Network Providers in the First Health Network is to call First Health toll free at 1-800-226-5116 or visit their website at [www.myfirsthealth.com](http://www.myfirsthealth.com)

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## Definitions

These are key words used in the Policy. They are used to describe the Policyholder's rights as well as Ours. Reference should be made to these words as the Policy is read.

**Accident** means a sudden, unforeseeable external event which results independently of disease or bodily infirmity that causes Injury to an Insured Person.

**Ambulance Service** means transportation to or from a Hospital, Skilled Nursing Facility or the Insured Person's home 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 or facility where the surgical procedure is performed.

**Brand-Name Drug** means a Prescription Drug which protected by a patent and is sold by a drug company under a specific name or trademark. The tier status is shown in the Formulary.

**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 conditions that require Hospital confinements before the pregnancy ends and whose diagnoses are distinct from but caused or affected by pregnancy. These conditions are acute nephritis or nephrosis, cardiac decompensation, missed abortion, hyperemesis gravidarum, preeclampsia, or similar conditions as severe as these.

Complications of Pregnancy also include non-elective cesarean section, termination of an ectopic pregnancy, and spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.)

Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, and similar conditions not medically distinct from a difficult pregnancy.

**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 caused by the Accident directly and independently of disease or bodily infirmity. Coverage under the School's policies must be in force on the date the services and supplies are received for them to be considered as a Covered Medical Expense.

**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, 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 covered by the Policy. Use of medications listed the Formulary is intended 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 lists the type of drug and tier status. The Formulary is available at the following website(s): [www.studentplanscenter.com](http://www.studentplanscenter.com).

**Generic Prescription Drug** a Prescription Drug that is identical or a bioequivalent to a Brand-Name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. A Generic Prescription Drug is not protected by a patent. The tier status is shown in the Formulary.

**Habilitation/Habilitative Services and Devices** means health care services and devices that help the Insured Person keep, learn, or improve skills and functions for daily living. Examples include therapy for a child who is not walking or talking at the expected age. Habilitative Services may include such services as physical therapy, occupational therapy, and speech therapy and other services for an Insured Person with a disability in a variety of inpatient and/or outpatient settings.

**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. This also includes eating disorders, including but not limited to, anorexia nervosa, bulimia nervosa, pica, rumination disorder, avoidant/restrictive food intake disorder, other specified feeding or eating disorder (OSFED), and any other eating disorder contained in the most recent version of the DSM.

**Network Providers** are Physicians, Hospitals and other health-care 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.

**Off-Label Drug Treatment** means a drug that is prescribed for a use different from the use for which it was approved for marketing by the Federal Food and Drug Administration (FDA).

**Opioid Antagonist** means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the FDA.

**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  
7. Doctor of Naprapathy (D.N.);  
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 mean 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, an advanced practice nurse, a registered surgical assistant, 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.

**Prescription Drug** means a medication that, by law, requires a prescription.

**Private Duty Nursing Services** means services that cannot be provided by non-professional personnel and can only be provided by a licensed health care provider. Private Duty Nursing includes teaching and monitoring of complex care skills such as tracheotomy suctioning, medical equipment use and monitoring to home caregivers.

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

**Skilled Nursing Facility** means an institution that provides skilled nursing care under the supervision of a Physician, provides 24-hour nursing service by or under the supervision of a registered nurse (R.N.) and maintains a daily record of each patient. Skilled nursing facilities must be licensed by an appropriate state agency and approved for payment of Medicare benefits to be eligible for reimbursement.

**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.

**Synchronization** means the coordination of Prescription Drug refills for an Insured Person taking two or more Prescription Drugs

for one or more chronic conditions such that the Insured Person's Prescription Drugs are refilled on the same schedule for a given time period.

**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. 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.

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## 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:

1. If an Insured Person is 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 one year from the Termination Date while such confinement continues; or
2. If an Insured Person is Totally Disabled due to Covered Injury or Covered Sickness, the coverage for that condition will be extended for up to twelve months from the Termination Date.

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## Out-of-Pocket Maximum

After the Out-of-Pocket Maximum has been reached as shown in the Schedule of Benefits, benefits will be paid at 100% of the Preferred Allowance (In-Network) or 100% of U&R (Out-of-Network). The Out-of-Pocket limit is the most you could pay during the Policy Year for your share of the cost of covered services. This limit helps you plan for health care expenses.



Physician's Visits while Confined	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Inpatient Surgery: Surgeon Services	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Anesthetist	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Assistant Surgeon	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Registered Nurse Services for private duty nursing while confined	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Skilled Nursing Facility Expense Benefit	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Mental Health Disorder Benefit	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Substance Use Disorder Benefit	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
<b>BENEFITS PER COVERED INJURY/SICKNESS</b>	<b>IN-NETWORK</b>	<b>NON-NETWORK</b>
<b>Outpatient Benefits</b>		
Outpatient Surgery: Surgeon Services	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Anesthetist	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Assistant Surgeon	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services & supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood & plasma	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy.  Habilitative Services and Devices are covered to the extent that they are Medically Necessary  Cardiac Rehabilitation services limited to 36 treatment sessions per 6-month period.	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Emergency Services Expenses Emergency medical care because of a criminal sexual assault or abuse – no cost sharing	90% of PPO Allowance for Covered Medical Expenses Copayment: \$100.00 Deductible Waived Copayment waived if admitted	90% of PPO Allowance for Covered Medical Expenses Copayment: \$100.00 Deductible Waived Copayment waived if admitted

In Office Physician's Visits	100% of PPO Allowance for Covered Medical Expenses Copayment: \$20.00 Deductible Waived	70% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived
Mental Health Disorder	100% of PPO Allowance for Covered Medical Expenses Copayment: \$20.00 Deductible Waived	70% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived
Substance Use Disorder	100% of PPO Allowance for Covered Medical Expenses Copayment: \$20.00 Deductible Waived	70% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived
Urgent Care Centers or Facilities	90% of PPO Allowance for Covered Medical Expenses Copayment: \$50.00 Deductible Waived	90% of Usual and Reasonable Charge for Covered Medical Expenses Copayment: \$50.00 Deductible Waived
Diagnostic X-ray Services	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Laboratory Procedures (Outpatient)	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Allergy Testing and Treatment Benefit	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Prescription Drugs	100% of PPO Allowance for Covered Medical Expenses Generic Copayment: \$15.00; Preferred Brand Copayment: \$30.00; Brand Copayment: \$50.00; Specialty Drug Copayment: \$50.00 Deductible waived	N/A
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Home Health Care Expenses	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Hospice Care Coverage	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Private Duty Nursing	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Chiropractic Care	100% of PPO Allowance for Covered Medical Expenses Copayment: \$30 Deductible Waived	70% of Usual and Reasonable Charge for Covered Medical Expenses Deductible Waived
<b>Other Benefits</b>		
Ambulance Service	90% of PPO Allowance for Covered Medical Expenses	
Durable Medical Equipment	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Maternity Benefit	Same as any other Covered Sickness	
Routine Newborn Care	Same as any other Covered Sickness	
Additional Surgical Opinion upon requested by Insured Person	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Accidental Injury Dental Treatment	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses

Sports Accident Expense – incurred as the result of the play or practice of Intercollegiate sports Up to \$2,500 per Accident	100% of PPO Allowance for Covered Medical Expenses	100% of Usual and Reasonable Charge for Covered Medical Expenses
Pediatric Dental Care Benefit Preventive Dental Care limited to 2 dental exams every 12 months  <i>The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care:</i> Emergency Dental Clinical Oral Evaluations Endodontic Services Periodontal Services Prosthodontic Services Medically Necessary Orthodontic Care	See Benefit for limitations 100% of PPO Allowance for Preventive Services  50% Usual and Reasonable 50% Usual and Reasonable	See Benefit for limitations 100% of the Usual and Reasonable Charge for Preventive Services  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 or contact lenses)	100% of PPO Allowance for Preventive Services	100% of Usual and Reasonable Charge for Covered Medical Expenses
Naprapathic Service	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Non-Emergency Treatment outside the United States	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Oral Surgery/Temporomandibular Joint Dysfunction (TMJ) Benefit	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Hearing Aid Benefit	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Routine Eye Exam for Adults	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Treatment of Pediatric Autoimmune Neuropsychiatric Disorders	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses
Immune Gamma Globulin Therapy	90% of PPO Allowance for Covered Medical Expenses	70% of Usual and Reasonable Charge for Covered Medical Expenses

**MANDATED BENEFITS**

Habilitative Services for Children	Same as any other Habilitative Service
Shingles Vaccine For Insureds age 60 or older	Same as any other Preventive Service
Infertility Treatment Up to 4 treatments Additional 2 treatments following a live birth	Same as any other Covered Sickness
Post-Mastectomy Care	Same as any other Covered Sickness
Reconstructive Breast Surgery	Same as any other Surgical benefit
Routine Care During Clinical Cancer Trials Benefit	Same as any other Covered Sickness
Diabetes Management Benefit	Same as any other Covered Sickness
Amino Acid-based Elemental Formula Benefit	Same as any other Covered Sickness
Adjunctive Services in Dental Care Benefit	Same as any other Covered Sickness
Autism Spectrum Disorders Benefit	Same as any other Covered Sickness

Breast Cancer Pain Medication and Therapy Benefit	Same as any other Prescription Drug
Multiple Sclerosis Preventive Physical Therapy Benefit	Same as any other Covered Sickness
Mammography and Clinical Breast Examination	Same as any other Preventive Service
Prosthetic and Customized Orthotic Devices	Same as any other Covered Sickness

Please visit [www.healthcare.gov/prevention](http://www.healthcare.gov/prevention) for more information.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

Principal Sum for Double Dismemberment or Loss of Life . . . . . \$10,000  
1/2 Principal Sum for Single Dismemberment . . . . . \$ 5,000

Loss must occur within 180 days of the date of a covered Accident.

Only one benefit will be payable under this provision, that providing the largest benefit, when more than one loss occurs as the result of any one Accident. This benefit is payable in addition to any other benefits payable under the Policy.

**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/augustana](http://www.gallagherstudent.com/augustana) and the Glossary of Terms available at [www.cciio.cms.gov](http://www.cciio.cms.gov) or you may request a copy by calling 1-888-272-3503

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## Outpatient Prescribed Medicine Expense

After a copayment of \$15 for generic or \$30 for a preferred brand name drug and \$50 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 RX 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 RX at 1-800-248-1062.

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 RX online at [www.optumrx.com](http://www.optumrx.com).

## Accidental Death and dismemberment benefit

Principal Sum for Double Dismemberment or

Loss of Life.....	\$10,000
1/2 Principal Sum for Single Dismemberment.....	\$ 5,000

Loss must occur within 180 days of the date of a covered Accident.

Only one benefit will be payable under this provision, that providing the largest benefit, when more than one loss occurs as the result of any one Accident. This benefit is payable in addition to any other benefits payable under the Policy.

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## Exclusions

**Exclusion Disclaimer:** Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of the Act.

The Policy does not cover loss 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** - Eligible expenses within the Insured Person's Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
- 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.
- Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's Sound, Natural Teeth or as provided by the Pediatric Dental Care Benefit.
- 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.
- Expenses for radial keratotomy and services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury or as provided by the Pediatric Vision Care Benefit.
- 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 in excess of \$2,500.00 per Accident;
- 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.
- 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.
- Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Policy.
- Expenses for weight increase or reduction, except Medically Necessary bariatric surgery, and hair growth or removal, except when Medically Necessary, unless otherwise specifically covered under the Policy.
- expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses, except as required for repair caused by a Covered Injury.
- hearing examinations for the prescription or fitting of hearing aids, except for one inpatient hearing screening for a newborn dependent;
- 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. 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 except as provided under the Pediatric Dental Care Benefit.

- An Insured Person's:
  - Committing or attempting to commit a felony,
  - Being engaged in an illegal occupation, or
  - Participation in a riot.
- Custodial care service and supplies.
- Act of terrorism.

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### 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.

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### Coordination of 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.

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### 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 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.
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.

Any provisions of the Policy, which on its effective date, is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of the state statutes.

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### Appeals Procedure

If an Insured Person wishes to appeal an Adverse Determination based on a claim decision, contact the Claims Administrator National Guardian Life Insurance Company, Student Health Division, Appeal Department at Commercial Travelers Building, 70 Genesee Street, Utica, NY 13502 either orally or in writing.

## **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 considered insurance products and are not part of the Plan underwritten by National Guardian Life Insurance Company. More information is available at [www.gallagherstudent.com](http://www.gallagherstudent.com).

### **EyeMed Vision Care**

EyeMed Vision Care offers discounts on vision benefits. EyeMed's provider network gives students 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. Students will receive a separate EyeMed ID card. There is no waiting period; students can take advantage of the savings immediately upon receipt of their EyeMed ID card. Students can expect 15% to 45% off regular retail pricing on prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses, and even 5% to 15% off laser correction surgery at some of the nation's most highly qualified laser correction surgeons.

Call 1-866-8EYEMED or go online to [www.eyemedvisioncare.com](http://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 you with a wide range of dental discount services. Basix contracts with dentists that agree to charge a negotiated fee to students covered under the Gallagher Student Health Insurance plan. Students 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 on the type of service received and the contracted dentist providing the service. To use the program, students must:

- Make an appointment with a contracted dentist. Contracted dentists and their fee schedules are listed on [www.basixstudent.com](http://www.basixstudent.com).
- Tell the dental office that they have the student health insurance plan and the Basix program. Students don't need a separate ID card for the Basix program, but will need to show their student health insurance ID card to confirm eligibility.

Full details of the program are available on [www.basixstudent.com](http://www.basixstudent.com). Basix can also be reached via email from their website, or by telephone at (888) 274-9961.

### **SilverCloud Behavioral Health**

SilverCloud is an online behavioral health platform that lets students work through cognitive behavioral therapy based modules at their own pace. The platform has a broad library of online therapy programs to support positive behavior change, overall mental wellness, and treat anxiety, stress and depression. Each module is comprised of an introductory video and quiz, psychoeducational content with examples and personal stories, interactive activities, homework suggestions and summaries. SilverCloud is available to use anytime, anyplace, on any device.

Go to [gsh.silvercloudhealth.com/signup](http://gsh.silvercloudhealth.com/signup) to start using SilverCloud.

## On Call

The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company. These value added services are provided by On Call International.

### **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 included above, reimbursement for self-paid expenses will not be considered; it is not insurance but it is added as a service in your Student 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, friends, personal physician, school etc; **Emergency Travel Arrangements** for disrupted travel; **Legal Consultation and Referral**; **Interpreter Assistance and Referral**; **Lost Luggage Assistance**; **Lost/Stolen Travel Documents Assistance**.

#### **24 Hour Nurse Helpline**

Students may utilize the Nurse Advice Line when the school health clinic is closed or 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](mailto: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  
1-888-272-3505  
Website: [www.gallagherstudent.com/Augustana](http://www.gallagherstudent.com/Augustana)

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:

### **National Guardian Life Insurance Company**

Student Insurance Division  
Commercial Travelers Building  
70 Genesee Street  
Utica, NY 13502  
1-800-756-3702

Email: [ctclaims@nglic.com](mailto:ctclaims@nglic.com)

Electronic Claims Payer ID #: 88091

To review claims online, go to [www.studentplanscenter.com](http://www.studentplanscenter.com)

This Plan is Underwritten by: National Guardian Life Insurance Company

Policy Number: 2019K1A04

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.studentplanscenter.com/privacy/nglic](http://www.studentplanscenter.com/privacy/nglic)

Or [www.gallagherstudent.com/Augustana](http://www.gallagherstudent.com/Augustana)

Or **Request one from:**

### **National Guardian Life Insurance Company**

Student Insurance Division  
c/o Privacy officer  
Commercial Travelers Building  
70 Genesee Street  
Utica, NY 13502

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

### **Representation of this plan must be approved by the company.**

**This is not the Policy. Rather it is a brief description of the benefits and other provisions of the policy. The Policy is governed by the laws and regulations of the state in which it is issued. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of the state's laws, including those relating to mandated benefit.**