



Student Accident and Sickness Insurance Plan

designed for

Hampton University 2016-2017

Hampton, VA

Policy Number: 2016K1A06

Companion Life Insurance Company Form Number BSHP-POL VA 2015

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Before You Waive Coverage

Under the Hampton University Student Accident and Sickness Insurance Plan, check your current policy carefully to make sure you're fully covered while on campus and throughout the academic year. Often a student covered by a Health Maintenance Organization (HMO) or a managed care policy at home may have limited or no benefits while in Hampton, other locations in the U.S., or in a foreign country. Employer groups are increasingly ending dependent coverage at age 26. Virtually all students who are 26 years or older or married are no longer covered as dependents under their parent's health insurance policy. Finally, some students declare financial independence to gain eligibility for financial aid programs. This may mean that the student is ineligible for coverage as a dependent under a parent's policy regardless of the student's age.

Student Eligibility and Enrollment

All Hampton University full-time undergraduate students are automatically enrolled in and billed for the Student Accident and Sickness Insurance Plan, unless proof of comparable coverage is provided.

On-campus graduate students are eligible to enroll on a voluntary basis.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased to stay in effect. Online courses do not count towards meeting this requirement. The Insurance Company maintains its right to investigate student status and to verify that the policy eligibility requirements have been met.

Dependent Eligibility and Enrollment

Eligible dependents of students enrolled in the Plan may participate on a voluntary basis. Dependents must be enrolled at the time of the Insured Student's enrollment or within 31 days of birth of the newborn. Eligible dependents are the Insured's spouse or domestic partner and children under 26 years of age. Dependent Eligibility expires concurrently with that of the Insured student. It is the student's responsibility to enroll eligible dependents by the deadline each year. Dependents are not automatically re-enrolled. Previously enrolled dependents must be re-enrolled for coverage by the deadline for student coverage enrollment, in order to avoid a break in coverage.

The Effective Date for an Insured's eligible spouse, domestic partner, or dependents enrolled with an Insured is the Insured's Effective Date provided we receive the required premium for the spouse, domestic partner, or dependent by the enrollment deadline. If a spouse, domestic partner, or dependent becomes eligible after an Insured's Effective Date, the Insured has 31 days from the date such spouse, domestic partner or dependent first becomes eligible to enroll them and pay the applicable premium.

To enroll your eligible dependents, please go to www.gallagherstudent.com/hamptonu and click on "Dependent Enroll".

Online Student Waive/Enroll Process

Students who are currently enrolled in a health insurance plan that provides comparable coverage to the Hampton University Student Accident and Sickness Insurance Plan and is in effect during the 2016 - 2017 academic year can elect to waive the school sponsored Student Accident and Sickness Insurance Plan.

Recognizing that health insurance coverage may change, at the

beginning of each academic year students will be asked to provide proof of comparable coverage to the Hampton University Student Accident and Sickness Insurance Plan in order to waive coverage.

In the event you waive coverage and then lose coverage due to a qualifying event, i.e. your parent loses coverage or you reach the maximum age 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 the 31 days, the effective date of coverage will be the date that the petition is received at Gallagher Student Health & Special Risk. The premium will not be prorated.

Enrollment Process

Full-time undergraduate students who decide they would like to enroll in the Hampton University Student Accident and Sickness Insurance Plan may do so by completing the following steps.

1. Go to www.gallagherstudent.com/hamptonu.
2. Click on "Student Waive/Enroll".
3. Create a user account or log in if you are a returning user.
4. Select the "I want to Enroll" button. Upon completing your online form, you will be asked to review the information provided and click "submit" to complete the process. Immediately upon submitting your online form you will receive a reference number. Please save this number and print a copy for your records. If you do not receive a reference number, you will need to correct any errors and resubmit the form.

On-campus graduate students who decide they would like to enroll in the Hampton University Student Accident and Sickness Insurance Plan may do so by completing the following steps.

1. Go to www.gallagherstudent.com/hamptonu.
2. Click on "Student Direct Pay Enroll".
3. Create a user account or log in if you are a returning user.
4. Follow the instructions to complete the form and submit payment.
5. Print or save a copy of the confirmation page.

Waiver Process

To document proof of comparable coverage an online waiver form must be completed by September 2, 2016.

1. Go to www.gallagherstudent.com/hamptonu.
2. Click on "Student Waive/Enroll".
3. Create a user account or log in if you are a returning user.
4. Select the "I want to Waive" button. Upon completing your online form, you will be asked to review the information provided and click "submit" to complete the process. Immediately upon submitting your online form you will receive a reference number. Please save this number and print a copy for your records. If you do not receive a reference number, you will need to correct any errors and resubmit the form.

Hampton University reserves the right to audit and subsequently reject a waiver or enrollment request. If it is determined that a student waived coverage with a health insurance plan that was not comparable coverage or does not meet the eligibility guidelines the student will be automatically enrolled in the Student Accident and Sickness Insurance Plan or the student's enrollment request will not be processed.

Waiver Deadline

The deadline for processing the online waiver is September 3, 2016 for students enrolling in the fall and January 31, 2017 for students

who are newly enrolled for the spring term. Students who do not meet these deadlines will remain enrolled in and billed for the Student Accident and Sickness Insurance Plan. Students, who complete and successfully submit a Waiver Form in the fall, waive coverage for the entire policy year. Only students who are newly enrolled student at Hampton University for the Spring Term are allowed to waive or enroll for coverage for the Spring Term.

Policy Term

Annual Coverage for all Insured Students will become effective on August 2, 2016 and will terminate on August 1, 2017. New Spring Semester Insured Students, coverage will become effective on January 1, 2017 and will terminate on August 1, 2017.

Plan Costs

| Undergraduate | Annual 8/2/2016 - 8/1/2017 | Spring 1/1/2017 - 8/1/2017 |
|----------------------|-------------------------------|-------------------------------|
| Student* | \$1,048 | \$626 |
| Spouse* | \$1,915 | \$1,118 |
| All Children* | \$3,129 | \$1,827 |

*Rates include an administration fee

| Graduate | Annual 8/2/2016 - 8/1/2017 | Spring 1/1/2017 - 8/1/2017 |
|----------------------|-------------------------------|-------------------------------|
| Student* | \$1,239 | \$738 |
| Spouse* | \$2,292 | \$1,336 |
| All Children* | \$3,749 | \$2,186 |

*Rates include an administration fee

Refund of Premium

In the event the insured student withdraws from school or reduces his/her semester hours to less than 6, within the first 30 days of the semester. We will refund any premiums paid for the student and any covered Dependents.

A pro-rata refund of premium will be made only in the event:

1. the Covered Person enters full-time active duty in any Armed Forces; and
2. We receive proof of such active duty service.

Definitions

Accident means an unexpected and unintended event, which is the direct cause of an Injury. The Accident must occur while the Covered Person is insured under the Policy.

Allowable Charge means the charge which is the lesser of: 1) The actual charge, or 2) the Usual and Customary Charge for a covered service.

Benefit Period means a period commencing on the first date of treatment for a covered Accident or covered Sickness and continuing for a maximum period shown in the Schedule of Benefits. The term, Benefit Period; includes any Extension of Benefits shown in the Policy.

Biological Drug means a substance that is made from a living organism or its products and is used in the prevention, diagnosis or treatment of cancer and other diseases. Biological drugs include antibodies, interleukins, and vaccines.

Complications of Pregnancy means conditions which require medical

treatment before pregnancy ends, and whose diagnosis is distinct from, but are caused or affected by pregnancy. Such conditions are; acute nephritis or nephrosis, cardiac decompensations; missed abortion; hyperemesis gravidarum; pre-eclampsia; non-elective cesarean section; termination of ectopic pregnancy; and spontaneous termination when a live birth is not possible.

Complications of Pregnancy does not include: false labor; occasional spotting; voluntary abortion; Doctor prescribed rest during pregnancy; morning sickness; and similar conditions not medically distinct from a difficult pregnancy.

Co-payment means a fixed dollar amount that the Covered Person must pay before benefits are payable under the Policy.

Covered Accident means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable.

Covered Expenses means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the Policy. Coverage under the Policy must remain continuously in force from the date the Accident or Sickness occurs until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

Covered Person means any eligible person or an eligible Dependent who applies for coverage, and for whom the required premium is paid to Us.

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.

Dependent means: 1) an Insured's lawful spouse; 2) an Insured's child, from the moment of birth to age 26; or 3) the Insured's domestic partner.

A "child", includes an Insured's: 1) natural child; 2) stepchild; 3) adopted child, beginning with any waiting period pending finalization of the child's adoption, and 4) foster child.

Coverage will continue for a child who is 26 or more years old, chiefly supported by his or her parent or dependent on other care providers and incapable of self-sustaining employment by reason of a handicapped condition that occurred before the attainment of the limiting age. Proof of the child's condition and dependence will be requested by Us within 2 months prior to the date the child will cease to qualify as a child as defined above. Such proof must be submitted to Us within 31 days of the child's attainment of the specified age. Subsequent proof may be required by Us but not more frequently than annually after the two-year period following the child's attainment of the specified age. If proof is not submitted within the 31 days following any such request, coverage for the Dependent will terminate.

With respect to a handicapped child, "dependent on other care providers" means such child requires a Community Integrated Living Arrangement, group home, supervised apartment, or other residential services licensed or certified by the Department of Human Services, the Department of Public Health, or the Department of Public Aid.

You and your domestic partner must submit a complete domestic partner affidavit and meet the following criteria to qualify your domestic partner for insurance under this group policy. For at least six consecutive months prior to the effective date of your domestic partner insurance, you and your domestic partner:

1. are and have been each other's sole domestic partner, and have

maintained the same principal place of residence and intend to do so indefinitely;

2. are both at least 18 years of age;
3. are not married or related by blood; and
4. are jointly responsible for each other's welfare and financial obligations.

The term also includes the child of your domestic partner.

Deductible means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a Policy Term basis before benefits are payable under the Policy.

Doctor means a Doctor licensed to practice medicine. It also means any other practitioner of the healing arts who is licensed or certified by the state in which his or her services are rendered and acting within the scope of that license or certificate.

It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

Elective Surgery or Elective Treatment: means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that:

1. are deemed by the Insurer to be research, investigative, or experimental;
2. are not generally recognized and accepted medical practices in the United States.

Emergency Hospitalization and Emergency Medical Care means hospitalization or medical care:

That is provided for an Injury or a Sickness caused by the unexpected onset of a medical condition with acute symptoms of sufficient severity and pain that would cause a prudent layperson with an average knowledge of health and medicine to expect that the absence of immediate medical care to result in:

1. The Covered Person's health or in the case of a pregnant woman, the health of the woman and her unborn child, being placed in serious jeopardy.
2. Serious impairment of the Covered Person's bodily functions.
3. Serious dysfunction of any of the Covered Person's bodily organs or parts.

Experimental or Investigational means any procedure, treatment, facility, supply, device, or drug that:

1. is not generally accepted by the United States medical community as effective for diagnosis, care or treatment; or
2. is subject to research protocols indicating that the procedure, treatment, facility, supply, device, or drug is "experimental or investigational;" or
3. requires the patient to sign a consent form which indicates that the procedure, treatment, supply, device, or drug is "experimental or investigational" or is part of a research or study program; or
4. requires the provider's institutional review board to acknowledge that the procedure, treatment, facility, supply, device, or drug is "experimental or investigational," and subject to the board's approval.

Generic Drug means therapeutically equivalent drugs as determined by the Food and Drug Administration which are identical to the Brand Name drugs in strength or concentration, dosage form and route of administration.

Home Country means the Covered Person's country of domicile or citizenship named on the enrollment form to the roster, as applicable. However, the Home Country of an eligible Dependent who is a child is the same as that of the eligible participant.

Home Health Care means nursing care and treatment and Daily

Living Services provided to a Covered Person in His home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

1. the Home Health Care plan must be established and approved in writing by a Covered Person's attending Doctor, including certification in writing by the attending Doctor that confinement in a Hospital or extended care facility would be required in the absence of Home Health Care;
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency; and
3. Daily Living Services must be approved in writing by the attending Doctor or by the provider of the nursing care services.

"Daily Living Services" means cooking, feeding, bathing, dressing and personal hygiene services performed by a Home Health Aide, and which are necessary to the care and health of the Covered Person.

Hospice means a public or private agency or facility which:

1. administers medically supervised written plans of physical, psychological, social and spiritual care for terminally ill individuals and their immediate family;
2. has its own staff doctors, nurses and medical and social counseling services on call 24 hours a day, 7 days a week or contracts and monitors this staff if not furnished by the hospice itself;
3. is supervised on a full-time basis by a doctor or registered nurse (RN);
4. keeps a written record of all hospice services furnished to its patients and families;
5. makes use of trained volunteers and keeps written records of their use and cost savings;
6. is licensed or certified according to the laws of the state in which it is located; and
7. provides bereavement and medical social services.

Hospital means an institution that:

1. operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons;
2. provides 24-hour nursing service by Registered Nurses on duty or call;
3. has a staff of one or more licensed Doctors available at all times;
4. provides organized facilities for diagnosis, treatment and surgery, either:
 - a. on its premises; or
 - b. in facilities available to it, on a pre-arranged basis;
5. is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such.

Hospital also means a licensed alcohol and drug abuse rehabilitation facility or a mental hospital. Alcohol and drug abuse rehabilitation facilities and mental hospitals are not required to provide organized facilities for major surgery on the premises on a prearranged basis.

Hospital Confined means a stay of 18 or more consecutive hours as a registered resident bed-patient in a Hospital.

Immediate Family means a Covered Person's parent, spouse, child, brother or sister.

Injury means accidental bodily harm sustained by a Covered Person that results directly and independently of disease and any bodily infirmity from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent

symptoms of these injuries, are considered a single Injury.

Insured means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person. An Insured is not a Dependent covered under the Policy.

Medically Necessary means a service, drug or supply which is necessary and appropriate for the diagnosis and treatment of a Covered Injury and Covered Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply will not be considered as Medically Necessary if, it:

1. is investigational, experimental or for research purposes;
2. is provided solely for the convenience of the patient, the patient's family Doctor, Hospital or any other provider;
3. exceeds in scope, duration or intensity the level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;
4. could have been omitted without adversely affecting the person's condition or the quality of medical care; or
5. involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration.

Non-Preferred Brand Drugs mean drugs that are not included on the plan's formulary or list of Preferred Brand Drugs. Non-Preferred Brand Drugs have a higher coinsurance than Preferred Brand Drugs. Non-Preferred Brand Drugs may include Specialty and Biological Drugs.

Partial Hospitalization means a licensed or approved day or evening treatment program that includes the major diagnostic, medical, psychiatric and psychosocial rehabilitation treatment modalities designed for patients with mental, emotional, or nervous disorders, and

alcohol or other drug dependence who required coordinated, intensive, comprehensive and multi-disciplinary treatment. Such a program shall provide treatment over a period of six or more continuous hours per day to individual or groups of individual who are not admitted as inpatients. Such term shall also include intensive outpatient programs for the treatment of alcohol or other drug dependence which provide treatment over a period of three or more continuous hours per day to individuals or groups of individuals who are not admitted as inpatients.

Preferred Brand Drugs mean drugs that are listed on the plan's formulary or preferred list of Prescription Drugs. Preferred Brand Drugs may include Specialty and Biological Drugs.

Prescription Drugs mean 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs that under the applicable state or federal law may be dispensed only upon written prescription of a Doctor; and 4) injectable insulin.

Specialty Drug means a typically high-cost drug, including but not limited to the oral, topical, inhaled, inserted or implanted, and injected routes of administration. Included characteristics of a Specialty Drug are (1) drugs that are used to treat and diagnose rare or complex diseases, (2) require close clinical monitoring and management, (3) frequently require special handling, and (4) may have limited access or distribution.

Usual and Customary Charge means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

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

| Schedule of Benefits | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Accident and Sickness Medical Expense Benefits | |
| Unless otherwise specified, any Deductibles, Co-payments, Co-insurance Percentages and Benefit Maximums apply on a per Covered Person, per Covered Accident/covered Sickness and Coverage Period basis. | |
| Scope of Coverage: Benefits will be paid as shown for each service shown in the schedule below. | |
| After the Deductible and any Co-payments and Out-of-Pocket maximum have been satisfied, per Covered Person, per Policy year under the Policy for Covered Medical Expenses, benefits will be paid at 100% of the Usual and Customary amount. | |
| Annual Out-of-Pocket Maximum per Covered Person | \$3,000.00/Individual \$6,000.00/Family |
| Covered Inpatient Expenses: | |
| Hospital Room & Board – Limited to the semiprivate room rate | 80% of Usual & Customary |
| Intensive Care | 80% of Usual & Customary |
| Hospital Services | 80% of Usual & Customary |
| Hospital Miscellaneous Expenses | 80% of Usual & Customary |
| Surgery | 80% of Usual & Customary |
| Anesthetist & Assistant Surgeon Fees | 80% of Usual & Customary |
| Doctor's Visit | 80% of Usual & Customary |
| Transplant Surgery | 80% of Usual & Customary |
| Emergency Room Care – Medical Emergency only, subject to an additional \$150.00 copay per visit (waived if admitted) | 80% of Usual & Customary |
| Mental Health and Substance Use Disorders | Same as any other Covered Sickness |
| Skilled Nursing Facility (120 days per stay) | 80% of Usual & Customary |
| Residential Treatment Facilities/Centers | 80% of Usual & Customary |
| Oral and Maxillofacial Surgery | 80% of Usual & Customary |
| Bones/Joints (TMJ Diagnostic and Surgical Procedures) | 80% of Usual & Customary |
| Covered Outpatient Expenses: | |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Doctor's Visits – Does not apply when related to surgery or physiotherapy, subject to a \$25.00 copay | 80% of Usual & Customary |
| Day Surgery including day surgery miscellaneous expenses | 80% of Usual & Customary |
| Anesthetist & Assistant Surgeon Fees | 80% of Usual & Customary |
| Other Practitioner Visits | 80% of Usual & Customary |
| Urgent Care visits, subject to a \$25.00 copay | 80% of Usual & Customary |
| Chiropractor Care | 80% of Usual & Customary |
| Diagnostic X-ray and Laboratory Procedures | 80% of Usual & Customary |
| Medical Emergency Expenses, subject to a \$150.00 copay per visit (waived if admitted) | 80% of Usual & Customary |
| Mental Health and Substance Use Disorders | Same as any other Covered Sickness |
| Radiation Therapy and Chemotherapy | 80% of Usual & Customary |
| Hospice – by a licensed agency/provider for terminally ill patients with life expectancy of 6 months or less | 80% of Usual & Customary |
| Home Health Care to a maximum of 100 visits per policy year | 80% of Usual & Customary |
| Respiratory/Inhalation Therapy | 80% of Usual & Customary |
| Infusion Services | 80% of Usual & Customary |
| End Stage Renal Disease Treatment | 80% of Usual & Customary |
| Allergy Testing and Treatment | 80% of Usual & Customary |
| Bones/Joints (TMJ Diagnostic and Surgical Procedures) | 80% of Usual & Customary |
| Lymphedema | 80% of Usual & Customary |
| Injectable Drugs and Drugs Administered in Outpatient Setting | 80% of Usual & Customary |
| Other Covered Expenses: | |
| Durable Medical Equipment | 80% of Usual & Customary |
| Ambulance Service | 80% of Usual & Customary |
| Consulting Doctor Fees – When requested and approved by the attending Doctor | 80% of Usual & Customary |
| Maternity and Newborn Care (including Birthing Center services) | Same as any other Covered Sickness |
| Complications of Pregnancy | Same as any other Covered Sickness |
| Dental Treatment (Injury Only to Sound, Natural Teeth) – Subject to a maximum of \$500.00 per Covered Injury | 80% of Usual & Customary |
| Medical Food Supplements | 80% of Usual & Customary |
| Oxygen | 80% of Usual & Customary |
| Nutritional Counseling | 80% of Usual & Customary |
| Smoking and Tobacco Cessation Counseling | 80% of Usual & Customary |
| Sleep Testing and Treatment | 80% of Usual & Customary |
| Prescription Drugs – prescriptions filled at non-Express Scripts pharmacies are not covered | 100% of Usual & Customary subject to the following copayments: \$5.00 for Generic; \$20.00 for Preferred Brand; \$40.00 for Brand Name |
| Preventive Services – includes preventive services such as screenings, exams and immunizations as specified by the Patient Protection and Affordable Care Act (PPACA) For more information visit: http://www.healthcare.gov | 100% of Usual & Customary not subject to deductibles, copayments or coinsurance |
| Pediatric Dental Services Benefit Covers: <ul style="list-style-type: none"> Preventive Services – including exams and cleanings (two per year), fluoride treatments and sealants to age 16; Basic Services – including fillings, x-rays, oral surgery and simple extractions Major Services – including endodontics, periodontics, crowns, bridges and dentures; Orthodontia | 100% Usual & Customary for Preventive Services 50% Usual & Customary after \$500.00 deductible for all other Covered Services |
| Pediatric Vision Services Benefit | 100% Usual & Customary for Preventive Services |
| Routine Eye Exam (Adult) | 80% of Usual & Customary |
| Essential Health Benefits – per Patient Protection and Affordable Care Act. Benefits are included in the following categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and visions care. | Coverage is subject to limits on the number of visits, specific dollar amounts paid for the issuer, deductibles, copayments, coinsurances in and out of network, and age requirements in accordance with the terms of this Policy and state and federal guidelines. |

| State Mandated Accident and Sickness Medical Expense Benefits: | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Emergency Services Prior to Stabilization | 80% of Usual & Customary |
| Mammography Expense Benefit | Same as any other Preventive Service |
| Annual Pap Smear – One Pap Smear per Policy Term or more frequently if recommended by a doctor. Covered at 100% if performed at the Student Health Center. | Same as any other Preventive Service |
| Bone Mass Measurement and Osteoporosis Treatment Expense Benefit | Same as any other Diagnostic Procedure |
| Inpatient Care Following Mastectomy | Same as any other Covered Sickness |
| Breast Reconstructive Surgery after Mastectomy | Same as any other Covered Surgery |
| Prostate Cancer Screening | Same as any other Covered Condition |
| Colorectal Cancer Screening | Same as any other Preventive Service |
| Diabetes – Includes all Medically Necessary equipment, supplies, medications, labs and outpatient self-management training and educational services. | Same as any other Covered Sickness |
| Dental Anesthesia and Facility – Facility charges and general anesthesia services performed in connection with dental services for dependent children with special needs as specified in the Policy. | Same as any other Covered Condition |
| Clinical Trials Benefit | Same as any other Covered Sickness |
| Hemophilia and Congenital Bleeding Disorders Benefit | Same as any other Covered Sickness |
| Early Intervention Services Benefit | According to the limitations stated in the Policy |
| Telemedicine Services Benefit | According to the limitations stated in the Policy |
| Vision Correction after Surgery or Accident Benefit | Same as any other Covered Condition |
| Infertility Benefit | Same as any other Covered Condition |
| Rehabilitative and Habilitative Services and Devices, subject to a \$25.00 copay per visit | 80% of Usual & Customary |
| Autism Spectrum Disorder – Limited to a maximum annual benefit of \$35,000.00 | 80% of Usual & Customary |

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/hamptonu and the Glossary of Terms available at www.cciio.cms.gov, or you may request a copy by calling 1-877-498-7926.

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 Usual and Customary Charge (U&C). The Out-of-Pocket Maximum 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. Deductibles, your coinsurance share, and copays are included in the Out-of-Pocket Maximum.

Prescription Drug Program

The outpatient prescription drug benefit is available through the Express Scripts Pharmacy Network. The Express Scripts Pharmacy Network includes national pharmacy chains, CVS, Walgreens, Brooks, Colonial Pharmacy and other local pharmacies. After a per prescription co-payment of \$5.00 for a 30 day supply of a generic drug, a per prescription co-payment of \$20.00 for a 30 day supply of a preferred brand name drug, or a per prescription co-payment of \$40.00 for a 30 day supply of a Non-Formulary drug, the Expenses incurred for the cost of prescription drugs will be reimbursed at 100% up to the policy year maximum. Insured Persons will print out an ID card to

show to the pharmacy as proof of coverage. If a prescription needs to be filled prior to printing an ID card, reimbursement will be made upon submitting a completed Rx claim form (claim forms can be obtained from Gallagher Student Health & Special Risk). A listing of Express Scripts Pharmacies is available by calling 1-800-711-0917 or by viewing www.express-scripts.com. Not all medications are covered (See Exclusion Section).

Mail Service Prescription Drug Program

Medications that are taken for a chronic condition can be filled for up to a 90-day supply using Express Scripts's Mail Service Prescription Drug Program. Using the Mail Service Prescription Drug Program, a 90-day supply of a medication can be filled with a co-payment that is 2 times the co-payment of a 30-day supply. When you use the Mail Service Prescription Drug Program you will need to complete a "Express Scripts by Mail" Order Form and mail it directly to Express Scripts along with your doctor's signed prescription form. After submitting your initial prescription, additional prescriptions can be filled by going online to www.express-scripts.com. A brochure describing the Mail Service Prescription Drug Program, order forms, and accompanying mailing envelope are available at www.gallagherstudent.com/hamptonu. Not all medications are covered, for example vitamins or food supplements, smoking deterrents, drugs to promote hair growth or weight loss, immunizations, and experimental drugs.

Accidental Death and Dismemberment Benefit

Loss of Life Limb or Sight – Maximum Benefit

| For the Loss of.. | Amount |
|-------------------------|----------|
| Life | \$10,000 |
| Two or more members | \$10,000 |
| One Member. | \$5,000 |
| Thumb or Index Finger.. | \$2,500 |

Member means hand, arm, foot, leg or eye. Loss shall mean: For hands, arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint.

For eyes, the entire and irrecoverable loss of sight.

The Insurer will pay the stated benefit if death or one of the specified losses occurs under the following conditions:

1. loss is, directly and independently of disease or any bodily infirmity, the result of accidental injury; and
2. the Injury occurred while the Covered Person insured by this policy; and
3. the death or loss occurred within 180 days of the Injury.

If the accidental Injury results in more than one of the specified losses, benefits will be paid only for the greatest. The total benefit payment under this coverage in combination with any benefits payable under the medical expense portion of this policy will not exceed the Policy Maximum Benefit as stated in the Schedule of Benefits.

Exclusions: No benefit will be paid by this coverage for a death or loss that results from, or that is caused by or is the result of a disease or mental illness, or the treatment of these conditions. Coverage is also subject to all exclusions or limitations shown in the General Exclusion section of the Policy.

Exclusions & Limitations

The Policy does not provide coverage for loss caused by or resulting from:

1. Charges that are not Medically Necessary or in excess of the Usual and Customary charge.
2. Expenses in connection with services and prescriptions for eye examinations, eye refractions, eye glasses or contact lenses, or the fitting of eyeglasses or contact lenses, radial keratotomy or laser surgery for vision correction or the treatment of visual defects or problems except as specifically provided for in the Policy;
3. Drugs and medications for the treatment of impotence and/or sexual dysfunction;
4. Expenses incurred in connection with voluntary sterilization or sterilization reversal, vasectomy or vasectomy reversal and sexual reassignment;
5. War, or any act of war, whether declared or undeclared; service in the Armed Forces of any country. Loss which occurs during or as a result of committing or attempting to commit an assault, felony, or participation in a riot or insurrection, engaging in an illegal occupation;
6. Expenses incurred for Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation.
7. Treatment, services, supplies, in a Veteran's Administration or Hospital owned or operated by a national government or its agencies unless there is a legal obligation for the Covered Person to pay for the treatment.
8. Except as specifically provided for in the Policy, Expenses incurred for dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth. This exclusion does not apply to the repair of Injuries to sound natural caused by a covered Injury, and except as specifically provided in the Hospitalization and Anesthesia for Dental Procedures expense benefit;
9. Expenses incurred for acupuncture;
10. Hyperkinetic syndromes, milieu therapy, conceptual handicap,

- developmental delay or disorder, or mental retardation;
11. Elective Surgery or Elective Treatment as defined by the Policy;
12. Except as specifically provided for in the Policy, foot care including: flat foot conditions, supportive devices for the foot, subluxations, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, week feet, foot strain, and symptomatic complaints of the feet, except those related to diabetic care;
13. Preventive medicines or vaccines, except when required for treatment of a covered Injury or as specifically provided in the Policy;
14. Hirsutism, alopecia;
15. Weight management, weight reduction, treatment for obesity, surgery for the removal of excess skin or fat, or nutrition programs, except as related to treatment for diabetes.
16. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of any Injury or Sickness, except as specifically provided by the Policy.

Extension of Benefits

If a Covered Person is confined in a Hospital for a medical condition on the date his insurance ends, expenses Incurred during the continuation of that Hospital stay will be considered a Covered Expense, but only while such expenses are incurred during the 90 day period following the termination of insurance.

We will not continue to pay for these Covered Expenses if:

1. the Covered Person's medical condition no longer continues;
2. the Covered Person reaches the Lifetime Aggregate Maximum per covered Accident or covered Sickness; or
3. the Covered Person obtains other coverage.
4. the Covered Expenses are incurred more than 3 months following termination of insurance.

Right of Recovery

If We make payments with respect to benefits payable under the Policy in excess of the amount necessary, We shall have the right to recover such payments. We shall notify the Covered Person of such overpayment and request reimbursement from the Covered Person. However, should the Covered Person not provide such reimbursement, We shall have the right to offset such overpayment against any other benefits payable to the Covered Person under the Policy to the extent of the overpayment.

Appeal 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:

HealthSmart Benefit Solutions

3320 West Market Street, Suite 100

Fairlawn, OH 44333

1-877-349-9017

Email: akronclaims@healthsmart.com

Website: www.healthsmart.com

Claims Procedures

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

1. If, at the University, and the Health Center is open, report immediately to the Health Center so that proper treatment can be prescribed or approved, or
2. If away from the University, and the Health Center is closed, consult a Doctor and follow his/her advice.

3. A claim form is not required to submit a claim. However, an itemized medical bill, HCFA 1500, or UB-92 form should be used to submit expenses. The Insured Student/Person's name and identification number need to be included.
4. The form(s) should be mailed 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. Retain a copy for your records and mail a copy to the Claims Administrator, HealthSmart Benefit Solutions.
5. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator, Health Smart, listed on the last page of this brochure.

Privacy Practices

For a copy of the Company's privacy notice you may:

Go to www.gallagherstudent.com/hamptonu or
Request one from the Health Office at your School or
Request one from:
Commercial Travelers Mutual Insurance Company
C/O Privacy Officer
70 Genesee Street
Utica, NY 13502

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

The following services are not part of the Plan Underwritten by Companion Life Insurance Company.

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

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

Gallagher Student 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 Companion Life Insurance Company. More information is available online at www.gallagherstudent.com/hamptonu 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 LensCrafters, Sears Optical, Target Optical, JC Penney Optical, and most Pearle Vision locations. You will be able to print 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 a savings of 15% to 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 & Special Risk 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 access to 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 1-877-498-7926.
- 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/hamptonu.

Questions? Need More Information?

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

Gallagher Student Health & Special Risk

500 Victory Road

Quincy, MA 02171

1-877-498-7926

Email: hamptonustudent@gallagherstudent.com

www.gallagherstudent.com/hamptonu

For information on a specific claim or to check the status of a claim, please contact:

HealthSmart Benefit Solutions

3320 West Market Street, Suite 100

Fairlawn, OH 44333

1-877-349-9017

Email: akronclaims@healthsmart.com

Website: www.healthsmart.com

This Policy is underwritten by:

Companion Life Insurance Company

Policy Number: 2016K1A06

Form Number: BSHP-POL VA 2015 et-al

A Master Policy is available for review at Hampton University. In the event of any conflict between this description of services provided and the Policy, the Master Policy will govern.