2016-2017 Monmouth College International Student Health Insurance Plan Eligibility Highlights

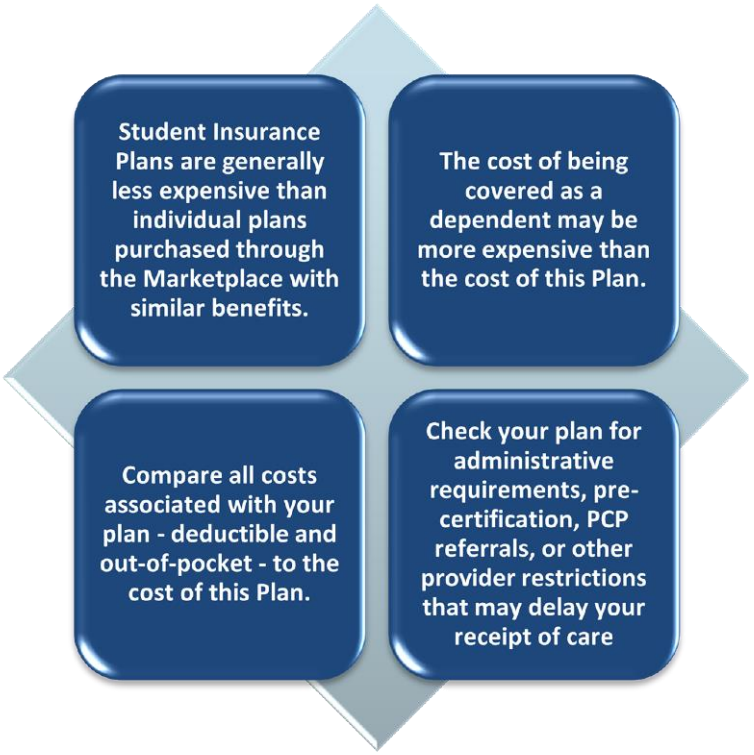
The Affordable Way to Protect Your Most Valuable Asset – Your Health!

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

Your Student Health Insurance Plan:

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

CONSIDER THIS:



Important Dates & Rates

	Annual	Fall	Spring
Coverage Period	08/10/2016 – 08/09/2017	08/10/2016 – 01/12/2017	01/13/2017 – 08/09/2017
Student Only	$1,560	$654	$906

*Rates include the cost of managing the plan

Policy number – 2016K1A12

To learn more, visit www.gallagherstudent.com/monmouth

Gallagher | STUDENT HEALTH & SPECIAL RISK

2016-2017 Monmouth College
Student Health Insurance Plan
Eligibility Highlights

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

Deductible	$200 per covered person, per policy year
Out-of-Pocket Maximum	$6,000 per individual, per Policy year
Inpatient Hospital Expense	80% of Usual & Customary
Surgery Expense	80% U&C
Doctor Office Visit	80% U&C $20 copay per visit
Laboratory, X-rays, and Diagnostic Testing	80% U&C
Emergency Room	80% U&C
Mental Health & Substance Abuse	Paid as any other Sickness
Outpatient Pharmacy Benefits (30 day supply) Prescription must be filled at a participating Catamaran pharmacy	100% PA after These Copays: Generic-$15; Preferred Brand -$30; Brand Name-$50; $0 Generic Contraceptives
Wellness/Preventive Services	100% PA, no cost sharing (Deductible does not apply)

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

Toll free phone Monday-Friday 8:30 am - 7:00pm EST	1-888-272-4473
Online Plan Information **Available 24/7, LiveChat available during business hours**	www.gallagherstudent.com/monmouth
Mailing Address	500 Victory Road, Quincy, MA 0271
This plan is subject to benefit limitations and exclusions and is underwritten by:	National Guardian Life Insurance Company As Policy Form Number: NBH-280 (2013)IL National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka The Guardian or Guardian National Life.
Claims are administered by	Commercial Travelers 70 Genesee Street Utica, NY 13502 claims@commercialtravelers.com

Exclusions & Limitations

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 – Expenses incurred within the Insured Person's Home Country or country of regular domicile, that exceeds the benefit amount shown in the Schedule of Benefits.
- 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.
- Well baby care other than as shown in the Schedule of Benefits or under the Child health Supervision Services.
- Medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits.
- Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's Sound, Natural Teeth.
- Professional serviced rendered by an Immediate Family Member or any who lives with the Insured Person.
- Services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
- Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury.
- Weak, strained or flat feet, corns, calluses or ingrown toenails.
- Birth control, including elective surgical procedures or devices, except as specifically provided in the Schedule of Benefits.
- Treatment of or removal of nonmalignant moles, warts, boils, acne, actinic or seborrheic keratosis, dermatofibrosis or nevus of any description or form, or sleep disorders including the testing for same.
- Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile, no-fault plan, public assistance program or government plan, except Medicaid.
- Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
- Any expenses in excess of Usual and Reasonable charges.
- Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fate 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, intramural or club sports.
- Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
- Intentionally self-inflicted Injury, attempted suicide, or suicide, while sane or insane.
- 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.
- Services that are duplicated when provided by both a certified nurse-midwife and a Physician.
- Expenses payable under any prior Policy which was in force for the person making the claim.
- Expenses incurred during a Hospital emergency room visit which is not of an emergency nature.
- Injury sustained as the result of the Insured Person's operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident rakes place.
- Expenses incurred after:
    - The date insurance terminated as to the Insured Person;
    - The Maximum Benefit for each Covered Injury or Covered Sickness has been attained; and
    - The end of the Benefit Period specified in the Benefit Schedule
- Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.

- Charges incurred for, acupuncture, physical therapy, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
- Expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
- Expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury.
- Racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hand gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.
- Expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from Reconstructive Surgery.
    - For the purposes of this provision, **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
    - For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance).
- Treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
- An Insured Person's:
    - Committing or attempting to commit a felony,
    - Being engaged in an illegal occupation, or
    - Participation in a riot.
- Elective abortions.
- Allergy testing or treatment.
- Assistant surgeon fees, except as specifically provided in the Schedule of Benefits.
- Braces and appliances, except as specifically provided in the Schedule of Benefits.
- Durable medical equipment except as specifically provided in the Schedule of Benefits.
- Custodial Care services and supplies.
- Expenses that are not recommended and approved by a Physician.
- Act of terrorism.
- Conditions due to accidental bodily injury occurring prior to the Insured Person's effective date of coverage.
- Physician's charges for diagnosis and treatment of structural imbalance, distorting or subluxation in vertebral column or elsewhere in body by manual, mechanical means, through muscular-skeletal adjustments, manipulations, and related modalities.