

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.

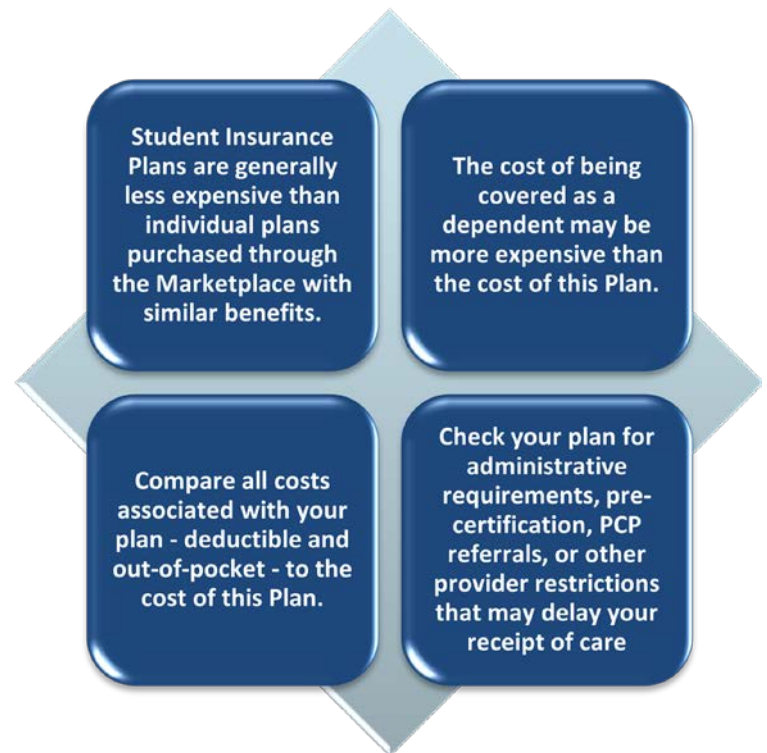
To ensure all students have health insurance coverage, your School has automatically enrolled you in and billed you for this Student Health Insurance Plan.

Need to Make a Decision?

Your Student Health Insurance Plan:

- Coordinates with your on-campus Student Health Services
- Gives you easy access to providers near campus or anywhere you may live or travel
- Offers comprehensive services, including preventive care services
- Includes Worldwide Travel Assistance, Medical Evacuation and Repatriation Coverage
- 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	Winter	Spring
Coverage Period	08/15/2017-08/14/2018	11/13/2017-8/14/2018	03/5/2018-08/14/2018
Student Only	\$1,693*	\$1,217	\$701

*The above rates include administrative fee.

2017-2018 Augustana 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/augustana.

	In- Network	Out-of-Network
Deductible	\$150 per covered person, per policy year	\$300 per covered person, per policy year
Out-of-Pocket Maximum	\$2,500 per individual, per policy year	Unlimited
Inpatient Hospital Expense	90% of PPO Allowance	70% of Usual & Reasonable
Surgery Expense	90% of PPO Allowance	70% of Usual & Reasonable
In Office Physician's Visits	100% of PPO Allowance Copayment: \$20, Deductible Waived	70% of Usual & Reasonable Deductible Waived
Laboratory, X-rays, and Diagnostic Testing	90% of PPO Allowance	70% of Usual & Reasonable
Emergency Room	90% of PPO Allowance Copayment: \$100 Deductible Waived Copayment waived if admitted	90% of PPO Allowance Copayment: \$100 Deductible Waived Copayment waived if admitted
Mental Health & Substance Abuse	Paid as any other Sickness	
Outpatient Pharmacy Benefits (30 day supply) Prescription must be filled at a participating OptumRx pharmacy	\$15 copay for Generic Drugs, \$30 copay for Preferred Brand Name Drugs, \$50 copay for Brand Name Drugs, \$0 copay for Contraceptives	
Wellness/Preventive Services, as specified by the Patient Protection & Affordable Care Act (PPACA)	100% PPO Allowance No cost sharing	70% of Usual & Reasonable

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 - 8:00pm EST	888-272-3505
Online Plan Information Available 24/7, LiveChat available during business hours	www.gallagherstudent.com/augustana click on Customer Service Link
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 (2016) PPO IL National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka the Guardian or Guardian Life
Claims are administered by	Commercial Travelers 70 Genesee Street, Utica, NY 13502 Phone: 1-800-756-3702 claims@commercialtravelers.com

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

2017K1A04 – Augustana College

Exclusions & Limitations

Exclusion Disclaimer: Any exclusion in conflict with the patient and the Affordable Care Act will be administered to comply with the requirements of the Act. The policy does not provide coverage for loss caused by or resulting from:

1. 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.
2. Preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy.
3. Routine physical or other examinations where there are no objective indications of impairment of normal health or except as specifically provided under the Policy.
4. 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.
5. Professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
6. Services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
7. Services or supplies in connection with eye examinations, eyeglasses or contact lenses, except those resulting from a covered accidental Injury or as provided by the Pediatric Vision Care Benefit.
8. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
9. 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.
10. Any expenses in excess of Usual and Reasonable charges.
11. 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.
12. 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.
13. 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;
14. Loss resulting from playing practicing traveling to or from, or participating in, or conditioning for, any professional sport;
15. 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.
16. 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.
17. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
18. Expenses for weight increase or reduction, except Medically Necessary bariatric surgery and hair growth or removal unless otherwise specifically covered under the policy.
19. 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.
20. Hearing examinations for the prescription or fitting of hearing aids, except for one inpatient hearing screening for a newborn dependent;
21. 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.
 - a. 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.
 - b. 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).
22. 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.
23. An Insured Person's: committing or attempting to commit a felony, being engaged in an illegal occupation, or participation in a riot.
24. Custodial care service and supplies.
25. Act of terrorism.