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. Summer School Employee 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. All Summer School Employees are eligible to enroll in the Summer School Employee Health Insurance Plan.

Need to Make a Decision?
Your Summer School Employees 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
- Includes Worldwide Travel Assistance Program and Medical Evacuation and Repatriation Coverage through On Call International
- 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:
- Summer School Employee Insurance Plans are generally less expensive than individual plans purchased through the Marketplace.
- The cost of being covered as a dependent may be more expensive than the cost of this Plan.
- Check your plan for administrative requirements, pre-certification, PCP referrals, or other provider restrictions that may delay your receipt of care.
- Compare all costs associated with your plan - deductible and out-of-pocket - to the cost of this Plan.

<table>
<thead>
<tr>
<th>Important Dates &amp; Rates</th>
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<tbody>
<tr>
<td>Coverage Period</td>
<td>6/1/2017-8/31/2017</td>
</tr>
<tr>
<td>Per Individual</td>
<td>$486</td>
</tr>
</tbody>
</table>

To learn more, visit

www.gallagherstudent.com/Middlebury
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 and mandates, visit www.gallagherstudent.com/Middlebury.

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
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</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$100 per Individual, Policy year (In-Network and Out-of-Network Combined)</td>
<td></td>
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<tr>
<td>Out-of-Pocket Maximum</td>
<td>$5,050 per individual, Policy year (In-Network and Out-of-Network Combined)</td>
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<tr>
<td>Inpatient Hospital Expense</td>
<td>90% Preferred Allowance (PA)</td>
<td>90% Usual &amp; Customary (U&amp;C)</td>
</tr>
<tr>
<td>Surgery Expense</td>
<td>90% PA</td>
<td>90% U&amp;C</td>
</tr>
<tr>
<td>Doctor/Specialist Office Visit</td>
<td>90% PA</td>
<td>90% U&amp;C</td>
</tr>
<tr>
<td>Laboratory, X-rays, and Diagnostic Testing</td>
<td>90% PA</td>
<td>90% U&amp;C</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>90% PA</td>
<td>90% PA</td>
</tr>
<tr>
<td>Mental Health &amp; Substance Abuse</td>
<td>90% PA</td>
<td>90% U&amp;C</td>
</tr>
<tr>
<td>Outpatient Pharmacy Benefits (30 day supply) Prescription must be filled at a participating Express Scripts pharmacy</td>
<td>100% PA after These Copays: Generic-$10 Preferred Brand-$20;</td>
<td>90% U&amp;C</td>
</tr>
<tr>
<td>Wellness/Preventive Services</td>
<td>100% PA, no cost sharing</td>
<td>90% U&amp;C</td>
</tr>
</tbody>
</table>

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: 1-800-430-0697
- **Online Plan Information** Available 24/7, LiveChat available during business hours: [www.gallagherstudent.com/Middlebury](http://www.gallagherstudent.com/Middlebury)
- **Mailing Address**: 500 Victory Road, Quincy, MA 02171
- **This plan is subject to benefit limitations and exclusions and is underwritten by**: Companion Life Insurance Company BSHP-POL VT 2015 et al
- **Claims are administered by**: Health Smart Benefit Solution 3320 West Market Street, Suite 100 Fairlawn, OH 44333 1-844-206-0376

To learn more, visit [www.gallagherstudent.com/Middlebury](http://www.gallagherstudent.com/Middlebury)
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. Charges that are not Medically Necessary or in excess of the Usual and Customary charge.
2. Expenses in connection with vision services and prescriptions for adults, including 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. Expenses in connection with cosmetic treatment or cosmetic surgery, except as a result of:
   a. medially necessary reconstructive surgery with prior approval of physician;
   b. a covered Injury that occurred while the Covered Person was insured;
   c. a covered child’s congenital defect or anomaly; or
   d. as specifically provided for in the Policy.
4. Drugs and medications for the treatment of impotence and/or sexual dysfunction.
5. Reproductive/Infertility procedures and fertility tests, including but not limited to: family planning, fertility tests, infertility (male or female), including any supplies rendered for the purpose or with the intention of achieving conception; premarital examinations. Examples of fertilization procedures are: ovulation induction; in vitro fertilization; embryo transplant; or similar procedures that augment or enhance the Covered Person’s reproductive ability; impotence organic or otherwise.
6. 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.
7. 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.
8. 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.
9. 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 teeth caused by a covered Injury, and as specifically provided in the Hospitalization and Anesthesia for Dental Procedures expense benefit.
10. Expenses incurred for acupuncture.
11. Except as otherwise provided under the Early Childhood Developmental Disorders Benefit, Autistic disease of childhood, hyperkinetic syndromes, milieu therapy.
12. Except as otherwise provided in this Policy, Elective Surgery or Elective Treatment.
13. 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.
14. Hearing aids or other treatment for hearing defects or problems, except as otherwise provided in this Policy. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
15. Hirsutism, alopecia.