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.

All Eligible students are required to enroll in the Students Health Insurance Plan if they do not submit an online waiver documenting proof of comparable coverage.

Need to Make a Decision?

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
- Includes Worldwide Travel Assistance, Medical Evacuation and Repatriation Coverage
- Gallagher Student Health offers wellness programs and discounts on dental 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:

- Student Insurance Plans are generally less expensive than individual plans purchased through the Marketplace with similar benefits.
- The cost of being covered as a dependent may be more expensive than the cost of this Plan.
- Compare all costs associated with your plan - deductible and out-of-pocket - to 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.

<table>
<thead>
<tr>
<th></th>
<th>Annual*</th>
<th>Fall*</th>
<th>Winter/Spring*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage Period**</td>
<td>08/15/2017 – 08/15/2018</td>
<td>08/15/2017 – 02/01/2018</td>
<td>2/1/2018 – 8/15/2018</td>
</tr>
<tr>
<td>Student Only</td>
<td>$1,959.00</td>
<td>$917.00</td>
<td>$1,042.00</td>
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</table>

*The above rates include an administrative fee.

**All coverage periods begin and end at 12:01 AM local time, at the policy holders address
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/Middlebury](http://www.gallagherstudent.com/Middlebury).

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<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
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<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$5,550 Per Individual, Per Policy Year</td>
<td>$6,850 Per Individual, Per Policy Year</td>
</tr>
<tr>
<td></td>
<td>Prescription Drugs: $1300 Per Individual Per Policy Year</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital Expense</strong></td>
<td>90% PPO Allowance (PA)</td>
<td>90% Usual &amp; Reasonable (U&amp;R)</td>
</tr>
<tr>
<td><strong>Surgery Expense</strong></td>
<td>90% PA</td>
<td>90% U&amp;R</td>
</tr>
<tr>
<td><strong>In-Office Physician’s Visit</strong></td>
<td>90% PA</td>
<td>90% U&amp;R</td>
</tr>
<tr>
<td><strong>Laboratory Procedures and Diagnostic X-ray Services</strong></td>
<td>90% PA</td>
<td>90% U&amp;R</td>
</tr>
<tr>
<td><strong>Emergency Services Expense</strong></td>
<td>90% PA</td>
<td>90% PA</td>
</tr>
<tr>
<td><strong>Mental Health &amp; Substance Abuse</strong></td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Pharmacy Benefits (30 day supply)</strong></td>
<td>100% PA Subject to: Generic-$10 Copay; Preferred Brand-$20 Copay</td>
<td>90% U&amp;R</td>
</tr>
<tr>
<td>Prescription must be filled at a participating Optum Rx pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wellness/Preventive Services</strong></td>
<td>100% PA, no cost sharing</td>
<td>90% U&amp;R</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 - 7:00pm 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 0271
- **This plan is subject to benefit limitations and exclusions and is underwritten by**: National Guardian Life Insurance Company As Policy Form No. NBH-280(2016)VT PPO et al National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Co. of America aka The Guardian or Guardian Life
- **Claims are administered by**: Commercial Travelers, 70 Genesee Street Utica, N.Y. 13502 claims@commercialtravelers.com 1-800-756-3702

To learn More: [www.gallagherstudent.com/Middlebury](http://www.gallagherstudent.com/Middlebury)
EXCLUSIONS AND 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.

This Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of this 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.
- 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.
- 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.
- Weak, strained or flat feet, corns, calluses or ingrown toenails, unless Medically Necessary.
- Diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
- 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 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. 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.
- Charges incurred for acupuncture, or massage, in any form, except to the extent provided in the Schedule of Benefits.
- 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 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. This exclusion does not include gender dysphoria surgery when Medically Necessary.
- 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.
- Congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
- Act of terrorism.