2018-2019 Student Health Insurance Plan
Policy No. 2018K1A09
Effective 8/15/18 - 8/15/19

Underwritten by: Administered by:
National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America a.k.a. The Guardian or Guardian Life.

Middlebury College
Middlebury, VT

Underwritten by: Administered by:
NGL

Commercial Travelers Life Insurance Company
70 Genesee Street
Utica, NY 13502
1.800.756.3702

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As Policy Form# NBH-280(2016)VT PPO Rev 2018 18K109 BRO
Parton Center for Health and Wellness
Middlebury College offers a wide range of health services through Parton Center for Health and Wellness, most of which are included in the cost of a student’s comprehensive fee (which is separate from the insurance plan cost). During the academic year Health Service is open, weekdays 8:00 a.m. – 6:00 p.m., and Sunday’s noon – 4:00 p.m. Appointments are scheduled with the doctor or nurse practitioner for weekdays, 9:00 a.m. to 4:00 p.m. You may schedule an appointment by telephone or walk-in. The services provided at Health Service include but are not limited to:

- Acute care outpatient clinic
- Allergy shots
- Immunizations
- Men’s and women’s health care including contraceptive management
- Sexually transmitted infection testing and sexuality counseling
- Comprehensive travel clinic
- Limited laboratory services
- Limited over-the-counter medications
- Referrals to appropriate local practitioners.

Counseling Service provides psychological counseling. Counselors provide short-term counseling, crisis intervention, educational and mental health programs, assessments and referrals to other professional therapists in the area. Students may be expected to pay for psychiatric assessment and follow-up psychiatric treatment. For a complete list of services offered by Parton Center for Health and Wellness visit our website at http://www.middlebury.edu/studentlife/services/health.

Health Center Charges
There is no charge for visits to Parton. Students will be charged through for certain lab tests, specifically STD and HIV testing, some vaccines and some medical supplies.

Introduction
The Middlebury College Student Health Insurance Plan has been developed especially for Middlebury College students. The Plan provides coverage for Sicknesses and Accidents that occur on and off campus and includes special cost saving features to keep the coverage as affordable as possible. Middlebury College is pleased to offer the Plan as described in this brochure.

This brochure is a brief description of the insurance coverage under the Middlebury College Student Health Insurance Plan. This plan is underwritten by National Guardian Life Insurance Company, serviced by Gallagher Student Health & Special Risk and claims are administered by Commercial Travelers. The exact provisions governing this Student Health Insurance Plan are contained in the Master Policy which will be issued to the College.

Student Eligibility and Enrollment
Enrollment in a health insurance plan is required for all full-time undergraduate students at Middlebury College. Only students that actively enroll in the plan will be enrolled and have their student account billed. Dependents are not eligible for coverage under this plan.

Online Waiver Process
Students who are currently enrolled in a Health Insurance Plan of comparable coverage that will be in effect until August 14, 2019 can elect to waive the Middlebury College Student Health Insurance Plan. Each academic year students will be asked to provide proof of comparable coverage in order to waive the Student Health Insurance Plan.

Waiver Process
To enroll or document proof of comparable coverage an Online Decision Form must be completed and submitted by the deadline.
1. Go to www.gallagherstudent.com/Middlebury.
2. On the left toolbar, click on 'Student Waive/Enroll'.
3. Log in (if you haven’t already).
4. Click the ‘I want to Waive/Enroll’ button.

Immediately upon submitting the Middlebury College Decision Form, you will receive a reference number indicating that the form has been successfully submitted. Print this reference number for your records. If you do not receive a reference number, you will need to correct any errors and resubmit the form. The online method is the only accepted process for waiving coverage.

Middlebury College reserves the right to audit and subsequently reject a waiver request. If it is determined that a student waived coverage with a health insurance plan that was not comparable coverage, the student will be automatically enrolled in the Student Health Insurance Plan, effective the date that the determination was made and there will be no prorata of premium.

In the event a student waives the Student Health Insurance Plan and then loses current coverage due to a qualifying event, (i.e. parent loss of coverage or the maximum age limit available is attained), the student has 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. If approved, the premium will not be prorated.

Waiver Deadline
The deadline for students to complete the Online Decision Form for annual coverage is September 28, 2018. Students who waive the Student Health Insurance Plan in the Fall waive coverage for the entire policy year. The Online Decision Form process is the only accepted process for making your insurance selection.

Policy Term
The policy for the current year becomes effective 08/15/2018 at 12:01 AM and expires on 08/15/2019 at 12:01 AM. Coverage remains in effect during holiday and vacation periods. Should an insured person graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid.

Plan Costs

<table>
<thead>
<tr>
<th>Student Health Insurance Plan</th>
<th>Annual**</th>
<th>Fall**</th>
<th>Spring**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student*</td>
<td>$2,449.00</td>
<td>$1,146.00</td>
<td>$1,303.00</td>
</tr>
</tbody>
</table>

*All coverage periods begin and end at 12:01 AM local time, at the policyholders address.

*The above rates may include an administrative fee.
Refund of Premium

Premiums received by Us are fully earned upon receipt. Refund of premium will be considered only:
1. For any student who does not attend school during the first thirty-one (31) days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a full refund of the premium will be made.
2. For Insured Persons entering the Armed Forces of any country. Such persons will not be covered under the Policy as of the date of his/her entry into the service. A pro rata refund of premium will be made for such person upon written request received by Us within ninety (90) days of withdrawal from school.
No other refunds will be allowed.

Network Providers

The Middlebury College Student Health Insurance Plan provides access to hospitals and health care providers throughout the country through the First Health Provider Network.

Network Providers are the Doctors, Hospitals, and other health care providers who are contracted to provide medical care at a negotiated fee, or Preferred Allowance. It is to the advantage of Insured Students to use Network Providers to help reduce out-of-pocket expenses, as any applicable coinsurance is based on the negotiated Preferred Allowance.

Non-Network Providers have not agreed to a Preferred Allowance and consequently your coinsurance is based on the negotiated Preferred Allowance. Non-Network services or care from a Non-Network Provider at a Network Hospital does not guarantee that all charges will be paid at the Network Provider level of benefits. It is important that the Insured Person verify that his or her Doctors are Network Providers when calling for an appointment or at the time of service. The most efficient way to identify Network Providers in the First Health Network is to call First Health toll free at 1-800-226-5116 or visit their website at www.myfirsthealth.com.

Definitions

Accident means accidental bodily injury sustained by the Insured Person and directly caused by an Accident which is not the result of disease or bodily infirmity.

Ambulance Service means transportation to a Hospital by an Ambulance Service.

Anesthetist means a Physician or nurse who administers anesthesia during a surgical procedure. He or she may or may not be an employee of the Hospital where the surgical procedure is performed.

Brand Name Drugs means drugs for which the drug manufacturer’s trademark registration is still valid and where the trademarked or proprietary name of the drug still appears on the packaged label.

Coinsurance means the ratio by which We and the Insured Person share in the payment of Usual and Reasonable expenses for treatment. The Coinsurance percentage that We will pay is stated in the Schedule of Benefits.

Complications of Pregnancy means conditions that require Hospital confinements before the pregnancy ends and whose diagnoses are distinct from but caused or affected by pregnancy. These conditions are acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar conditions as severe as these.

Complications of Pregnancy also include non-elective cesarean section, termination of an ectopic pregnancy, and spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.) Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, preeclampsia, and similar conditions not medically distinct from a difficult pregnancy.

Copayment means the amount of Usual and Reasonable expenses for treatment that We do not pay. The Insured Person is responsible for paying this portion of the expenses incurred. Any Copayment amounts are shown in the Schedule of Benefits.

Country of Assignment means the country in which an Eligible International Student or visiting faculty member is:
1. Temporarily residing; and
2. Actively engaged in education or educational research related activities sponsored by the National Association for Foreign Student Affairs or its Member Organizations.

Covered Injury means a bodily injury that is caused by the Accident directly and independently of all other causes. Coverage under the School’s policies must be in force on the date the services and supplies are received for them to be considered as a Covered Medical Expense.

Covered Medical Expense means those charges for any treatment, service or supplies that are:
1. Not in excess of the Usual and Reasonable charges therefore;
2. Not in excess of the charges that would have been made in the absence of this insurance;
3. Not in excess of the PPO Allowance; and
4. Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

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.

Deductible means the dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable under the Policy. The amount of the Deductible and the frequency (annual or per occurrence) will be shown in the Schedule of Benefits.

Dependent means:
1. An Insured Student’s lawful spouse;
2. An Insured Student’s dependent biological or adopted child or stepchild under age 26; and
3. An Insured Student’s biological or adopted child or stepchild who has reached age 26 and who is:
   a. primarily dependent upon the Insured Student for support and maintenance; and
   b. incapable of self-sustaining employment by reason of mental or physical disability that has been found to be a disability that qualifies or would qualify the child for benefits using the definitions, standards, and methodology in 20 C.F.R. Part 404, Subpart P.

Proof of the child’s incapacity or dependency must be furnished to Us for an already enrolled child who reaches the age limitation, or when a new Insured Student enrolls a new disabled child under the plan.

Elective Surgery or Elective Treatment means surgery or medical treatment that is: 1) not necessitated by a pathological or traumatic change in the function or structure of any part of the body; and 2) which occurs after the Insured Person’s effective date of coverage.

Elective Surgery includes, but is not limited to, circumcision, breast reduction, submucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include Plastic or Cosmetic Surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

Elective Treatment includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, infertility (not including diagnosis of infertility), learning disabilities, fertility tests and premarital examinations, preventive medicines or vaccines except when required for the treatment of Covered Injury or Covered Sickness to the extent coverage is not required by state or federal law.
Eligible Student means a student who meets all enrollment requirements of the School named as the Policyholder in the Insurance Information Schedule.

Emergency Medical Condition means a medical condition which:
1. manifests itself by acute symptoms of sufficient severity (including severe pain); and
2. causes a prudent layperson, who possesses an average knowledge of health and medicine, to reasonably expect that the absence of immediate medical attention might result in:
   a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
   b. Serious impairment to bodily functions; or
   c. Serious dysfunction of any bodily organ or part.

Emergency Services means, with respect to an Emergency Medical Condition: transportation services, including but not limited to ambulance services, and inpatient and outpatient Hospital services furnished by a Hospital or Physician qualified to furnish those services that are needed to evaluate or stabilize an Emergency Medical Condition.

Essential Health Benefits mean benefits that are defined as such by the Secretary of Labor and are to be provided in a manner that is equal to the scope of benefits provided under a typical employer plan. This applies to the following general categories and the items and services covered within the categories:
1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

Formulary means a list of medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. The Formulary includes Generic, Brand, and Preferred Brand Drugs.

Generic Drugs means a drug that is identical or bioequivalent to a Brand Named drug in dosage form, safety, strength, route of administration, quality, performance characteristics, intended use and is not protected by a patent.

Habilitation/Habilitative Services means health care services that help the Insured Person keep, learn, or improve skills and functions for daily living. Habilitative Services may include such services as physical therapy, occupational therapy, and speech therapy.

Home Country means the Insured Student’s country of citizenship. If the Insured Student has dual citizenship, his or her Home Country is the country of the passport he or she used to enter the United States. The Insured Student’s Home Country is considered the Home Country for any dependent of an Insured Student while insured under this Policy.

Hospital means an institution that:
1. Operates as a Hospital pursuant to law;
2. Operates primarily for the reception, care and treatment of sick or injured persons as inpatients;
3. Provides 24-hour nursing service by Registered Nurses on duty or call;
4. Has a staff of one or more Physicians available at all times; and
5. Provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis.

Hospital does not include the following:
1. Convalescent homes or convalescent, rest or nursing facilities;
PPO Allowance means the amount a Network Provider will accept as payment in full for Covered Medical Expenses.

Preferred Brand Drug means a formulary drug that is within a select subset of therapeutic classes, which make up the formulary drug list.

School or College means the college or university attended by the Insured Student.

Skilled Nursing Facility – a facility, licensed, and operated as set forth in applicable state law, which:
1. mainly provides inpatient care and treatment for persons who are recovering from an illness or injury;
2. provides care supervised by a Physician;
3. provides 24 hour per day nursing care supervised by a full-time Registered Nurse;
4. is not a place primarily for the care of the aged, Custodial or Domiciliary Care, or treatment of alcohol or drug dependency; and
5. is not a rest, educational, or custodial facility or similar place.

Sound, Natural Teeth means natural teeth. The major portion of a tooth must be present, regardless of fillings, and not carious, abscessed or defective. Sound, Natural Teeth will not include capped teeth.

Stabilize means, with respect to an Emergency Medical Condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

Substance Use Disorder means any condition or disorder that substantially limits the life activities of the Insured Person with the disorder. Substance Use Disorders must be listed in the most recent version of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

Total Disability or Totally Disabled, as it applies to the Extension of Benefits provision, means:
1. With respect to an Insured Person, who otherwise would be employed:
   a. His or her complete inability to perform all the substantial and material duties of his or her regular occupation;
   b. With care and treatment by a Physician for the Covered Injury or Covered Sickness caused the inability.
2. With respect to an Insured Person who is not otherwise employed:
   a. His or her inability to engage in the normal activities of a person of like age and sex; with
   b. Care and treatment by a Physician for the Covered Injury or Covered Sickness causing the inability; or
   c. His or her Hospital confinement or home confinement at the direction of his or her Physician due to a Covered Injury or a Covered Sickness, except for visits to receive medical treatment.

Treatment means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

Usual and Reasonable means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for a: 1) Like service by a provider with similar training or experience; or 2) Supply that is identical or substantially equivalent.

Visa, in so far as this Policy is concerned, means the document issued by the United States Government that permits an individual to participate in the educational activities of a college, university or other institution of higher learning either as a student or in another academic capacity. An International Student must have and maintain a valid visa, either an F-1 (Academic), J-1 (Exchange) or M-1(Vocational) in order to continue as a student in the United States.

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

Extension of Benefits: Coverage under the Policy ceases on the Termination Date shown in the Insurance Information Schedule. However, coverage for an Insured Person will be extended as follows: 1) If an Insured Person is Hospital confined for Covered Injury or Covered Sickness on the date his or her insurance terminates, we will continue to pay benefits for up to one year from the Termination Date while such confinement continues; or 2) If an Insured Person is Totally Disabled due to Covered Injury or Covered Sickness, the coverage for that condition will be extended for up to twelve months from the Termination Date.

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 Preferred Allowance (In-Network) or 100% of U&R (Out-of-Network). The Out-of-Pocket limit 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.
<table>
<thead>
<tr>
<th>SCHEDULE OF BENEFITS</th>
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<tbody>
<tr>
<td><strong>Preventive Services</strong></td>
</tr>
<tr>
<td>Network: 100% of the PPO Allowance. The Deductible, Coinsurance, and any Copayment are not applicable.</td>
</tr>
<tr>
<td>Non-Network: 90% of Usual and Reasonable</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
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<tr>
<td><strong>Coinsurance</strong></td>
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<tr>
<td><strong>Annual Out of Pocket Expense Limit</strong></td>
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<tr>
<td><strong>Prescription Drug Annual Out-of-Pocket Expense Limit</strong></td>
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<tr>
<th>BENEFITS PER COVERED INJURY/SICKNESS</th>
<th>IN-NETWORK</th>
<th>NON-NETWORK</th>
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</thead>
<tbody>
<tr>
<td><strong>Inpatient Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Room &amp; Board Expenses</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Hospital Intensive Care Unit Expense - in lieu of normal Hospital Room &amp; Board Expenses</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expenses for services &amp; supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts &amp; temporary surgical appliances, oxygen, blood &amp; plasma, misc. supplies</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Preadmission Testing</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Physician’s Visits while Confined</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td><strong>Inpatient Surgery:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgeon Services</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Physical Therapy (inpatient)</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Skilled Nursing Facility Expense Benefit</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
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</tbody>
</table>

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<thead>
<tr>
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<th>IN-NETWORK</th>
<th>NON-NETWORK</th>
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<tbody>
<tr>
<td><strong>Outpatient Benefits</strong></td>
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<tr>
<td>Outpatient Surgery:</td>
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</tr>
<tr>
<td>Surgeon Services</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services &amp; supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood &amp; plasma</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Service Description</td>
<td>PPO Allowance stated above</td>
<td>Usual and Reasonable Charge stated above</td>
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<tr>
<td>------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Habilitative Services are covered to the extent that they are Medically Necessary</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Emergency Services Expenses</td>
<td>The PPO Allowance stated above</td>
<td>The PPO Allowance stated above</td>
</tr>
<tr>
<td>In Office Physician’s Visits</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Specialist Visits</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Urgent Care Centers or Facilities</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Diagnostic X-ray Services</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Laboratory Procedures (Outpatient)</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>100% of PPO Allowance subject to:</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td></td>
<td>Copayment: $10.00 Generic Copayment: $20.00 Preferred Brand Deductible Waived</td>
<td></td>
</tr>
<tr>
<td>Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Home Health Care Expenses</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Hospice Care Coverage</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Home health aide limited to 100 hours per month</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Private Duty Nursing by Registered Nurse</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Other Benefits</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Including Braces, Appliances, Prosthesis and Orthotics</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Routine Newborn Care</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Abortion Expense</td>
<td>The PPO Allowance stated above</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Pediatric Dental Care Benefit</td>
<td>See Benefit for limitations 100% of PPO Allowance for Preventive Services</td>
<td>See Benefit for limitations 90% of the Usual and Reasonable Charge for Preventive Services</td>
</tr>
<tr>
<td>Preventive Dental Care</td>
<td>50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable</td>
<td>50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable</td>
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<tr>
<td>limited to 2 dental exams every 12 months</td>
<td>Emergency Dental Routine Dental Endodontic Services Prosthodontic Services Medically Necessary Orthodontic Care</td>
<td></td>
</tr>
<tr>
<td>The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care: Emergency Dental Routine Dental Endodontic Services Prosthodontic Services Medically Necessary Orthodontic Care</td>
<td>50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable</td>
<td>50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable</td>
</tr>
<tr>
<td>Pediatric Vision Care Benefit</td>
<td>100% of PPO Allowance for Preventive Services</td>
<td>The Usual and Reasonable Charge stated above</td>
</tr>
<tr>
<td>Limited to 1 visit and 1 pair of prescribed lenses and frames per Policy Year</td>
<td></td>
<td>Copayment: $10.00 for exam; $20.00 for lenses and frames</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage Details</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>Subject to a maximum number of visits of 12 per Policy Year, then prior approval after the 12th visit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The PPO Allowance stated above</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Usual and Reasonable Charge stated above</td>
<td></td>
</tr>
<tr>
<td>Transplant Services</td>
<td>The Coinsurance Amount Stated Above</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Usual and Reasonable Charge stated above</td>
<td></td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>The Coinsurance Amount Stated Above</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Usual and Reasonable Charge stated above</td>
<td></td>
</tr>
<tr>
<td>Mental Health Disorder (Inpatient and Outpatient)</td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td>Substance Use Disorder (Inpatient and Outpatient)</td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td>Mandated Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>Same as any other Preventive Service</td>
<td></td>
</tr>
<tr>
<td>Dental Coverage for Anesthesia and Hospitalization</td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td>Diabetes Treatment</td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td>Prostate Screening</td>
<td>Same as any other Preventive Service</td>
<td></td>
</tr>
<tr>
<td>Treatment of Inherited Metabolic Disease</td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td>Tobacco Cessation Medication</td>
<td>Same as any other Preventive Service</td>
<td></td>
</tr>
<tr>
<td>Clinical Trials</td>
<td>Same as any other Covered Sickness, subject to the limitations in the benefit</td>
<td></td>
</tr>
<tr>
<td>Craniofacial Disorders</td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td>Telemedicine</td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td>Early Childhood Development Disorders</td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td>Off-Label Prescription Drug</td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
<tr>
<td>Outpatient Sterilizations</td>
<td>Same as any other Covered Sickness</td>
<td></td>
</tr>
</tbody>
</table>

**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/Middlebury](http://www.gallagherstudent.com/Middlebury) and the Glossary of Terms available at [www.cciio.cms.gov](http://www.cciio.cms.gov) or you may request a copy by calling 1-800-430-0697. Please visit [www.healthcare.gov/what-are-my-preventive-carebenefits/](http://www.healthcare.gov/what-are-my-preventive-carebenefits/) for more information.
Exclusions

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** - 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.
- 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.
- Expenses incurred after:
  - 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, 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, 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.

Third Party Refund

When:

1. an Insured Person is injured through the negligent act or omission of another person (the "third party"); and
2. benefits are paid under the Policy as a result of that Injury, We are entitled to a refund by the Insured Person of all Policy benefits paid as a result of the Injury.

The refund must be made to the extent that the Insured Person receives payment for the Injury from the third party or that third party’s insurance carrier. We may file a lien against that third-party payment. Reasonable pro rata charges, such as legal fees and court costs, may be deducted from the refund made to Us. The Insured Person must complete and return the required forms to Us upon request.

Coordination of Benefits

If an insured person is covered by more than one health care plan, he or she may not be able to collect benefits from both plans. An insured should read all the rules very carefully, including the coordination of benefits section and compare them with the rules of any other plan that covers an insured or his/her family.
Claim Procedures

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

1. A claim form is not required to submit a claim. However, an itemized bill, HCFA 1500, or UB92 form should be used to submit expenses. If a referral was required, this form should accompany this submission. The Insured Student/Person’s name and identification number need to be included.

2. Providers should submit claims 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. If a student is submitting the claim, a copy should be retained and claims should be mailed to the Claims Administrator, Commercial Travelers Life Insurance Company, at the address on the back cover.

3. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator Commercial Travelers Life Insurance Company.

4. If you disagree with a claim payment decision, an Insured Person has the right to file an appeal. The process for filing an appeal can be found in the Appeals Procedure section of this brochure.

Any provisions of the Policy, which on its effective date, is in conflict with the statues of the state in which the Policy is issued will be administered to conform with the requirements of the state statutes.

Appeals 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 to the Claim Administrator’s address on the back cover.

Gallagher Student Health 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 National Guardian Life Insurance Company. More information is available at www.gallagherstudent.com/Middlebury 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 Lens Crafters, Sears Optical, Target Optical, JC Penney Optical, and most Pearle Vision locations. You will receive 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 savings between 15% and 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-EYEMED 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 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.

- Tell the dental office that you are an insured student and have 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 1-800-430-0697.

- 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 dietitians 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/Middlebury.

The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company. These value added services are provided by On Call International.

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.

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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 the death of the Participant, 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 include above, reimbursement for self-paid expenses will not be considered; it is not insurance but is added as a service in your Students 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, 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 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.