



HAMPTON UNIVERSITY

2014-2015

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, as well as 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 will automatically enroll you in and bill you for this Student Health Insurance Plan.

Need to Make a Decision?

Keep in mind that 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
- Includes Worldwide Travel Assistance, Medical Evacuation and Repatriation Coverage
- Offers comprehensive services, including preventive services
- Offers discounts on dental & vision services and other Plan enhancements
- Does not require you to submit a claim form; participating providers will bill the claims company directly
- Offers access to exceptional service from Gallagher Student's Customer Service team, ready to assist you with your insurance needs and questions

OTHER CONSIDERATIONS

- Student Insurance Plans are generally less expensive than individual plans with similar benefits.
- Check the cost of being covered as a dependent; is it more expensive than the cost of this Plan?
- Compare your deductible and out-of-pocket costs to the premium of the cost of this Plan.
- Are there administrative requirements, pre-certification, PCP referrals, or other provider restrictions under your current plan that may delay your receipt of care?

Important Dates and Rates

	Annual	Spring
Coverage Period	8/2/14 - 8/1/15	1/14/15 - 8/1/15
Waiver Deadline	9/3/14	1/31/15
Undergraduate Student Only	\$1,146	\$644
Undergraduate Spouse	\$2,130	\$1,172
Undergraduate Child(ren)	\$3,457	\$1,901
Graduate/ Part time Student Only	\$1,288	\$722
Graduate/ Part-time Spouse	\$2,413	\$1,327
Graduate/ Part-time Child(ren)	\$3,924	\$2,158



To learn more, visit

www.gallagherstudent.com/hamptonu

Follow @CollegeWellness on Twitter for the latest in student health news.



Gallagher | STUDENT HEALTH & SPECIAL RISK

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The information provided below is used as a general summary of benefits. For a detailed plan description, limitations, and exclusions, visit www.gallagherstudent.com/hamptonu

	Covered At:
Aggregate Benefit Maximum	Unlimited
Deductible	None, except as otherwise indicated
Out of Pocket Maximum	\$6,350 per person, \$12,700 per family
Pre-Existing Conditions	Covered as any other Injury or Sickness
Inpatient Hospital Expense	80% Reasonable & Customary (R&C)
Surgery Expense (Inpatient/Outpatient)	80% R&C
Doctor/Specialist Office Visit	80% R&C after \$25 copay per visit
Laboratory, X-rays and Diagnostic Testing	80% R&C
Emergency Room	80% R&C after \$150 copay per visit, waived if admitted
Inpatient Mental Health & Substance Abuse	80% R&C
Outpatient Mental Health & Substance	80% R&C
Outpatient Pharmacy Benefits Prescriptions must be filled at a Express Scripts pharmacy	\$15 generic, \$25 brand name, \$50 non-formulary
Preventive Services	100% R&C
Pediatric Dental Service Benefit Covers: Preventive Services including exams and cleanings (two per year), fluoride treatments and sealants to age 16; Basic Services including fillings, x-rays, oral surgery and simple extractions; Major Services including endodontics, periodontics, crowns, bridges and dentures; and Orthodontia.	50% R&C after \$500 Deductible
Pediatric Vision Service Benefit	50% R&C after \$20 copay per exam \$40 copay for materials and supplies
Essential Health Benefits – per the Patient Protection and Affordable Care Act. Benefits are included in the following categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.	Coverage is subject to limits on the number of visits, specific dollar amounts paid by the issuer, deductibles, copayments, coinsurances in and out of network, and age requirements in accordance with the terms of the policy and state and federal guidelines.

For additional questions regarding eligibility or benefits, contact the Gallagher Student Customer Service Department:

Toll-Free Phone Monday-Friday - 8:30 a.m. – 7:00 p.m. EST	877-498-7926
Email (Responses within 1 business day)	hamptonstudent@gallagherstudent.com
Online Plan Information Available 24/7, LiveChat available during business hours	www.gallagherstudent.com/hamptonu
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
Claims are administered by	HealthSmart 3320 West Market Street Suite 100 Fairlawn, OH 44333 800-331-1096

Exclusions & Limitations:***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 services and prescriptions for eye examinations, eye refractions, eye glasses or contact lenses, or the fitting of eyeglasses or contact lenses, except as specifically provided in the Pediatric Vision Service benefit, radial keratotomy or laser surgery for vision correction or the treatment of visual defects or problems;
3. Expenses in connection with cosmetic treatment or cosmetic surgery, except as a result of:
 - a. a covered Injury that occurred while the Covered Person was insured;
 - b. a covered child's congenital defect or anomaly; or
 - c. as specifically provided for in the Policy.
4. Injuries arising out of:
 - a. playing or participating in an interscholastic, intercollegiate, or professional sport, contest or competition;
 - b. traveling to or from such sport, contest or competition as a participant; or
 - c. participation in any practice or conditioning program for such sport, contest, or competition.
5. Expenses incurred for birth control drugs, procedures, supplies or devices, including oral contraceptives used for birth control, except as specifically provided in the Policy. Drugs and medications for the treatment of impotence and/or sexual dysfunction;
6. 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.
7. Expenses incurred in connection with voluntary sterilization or sterilization reversal, except as specifically provided in the Policy, vasectomy or vasectomy reversal and sexual reassignment;
8. 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;
9. 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.
10. 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.
11. Expenses incurred for dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth, except as specifically provided in the Pediatric Dental Services benefit. This exclusion does not apply to the repair of Injuries to sound natural caused by a covered Injury, and except as specifically provided in the Hospitalization and Anesthesia for Dental Procedures expense benefit;
12. Expenses incurred for acupuncture;
13. Hyperkinetic syndromes, milieu therapy, conceptual handicap, developmental delay or disorder, or mental retardation;
14. Elective Surgery or Elective Treatment as defined by the Policy;
15. 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, weak feet, foot strain, and symptomatic complaints of the feet, except those related to diabetic care;
16. Hearing examinations or hearing aids; or other treatment for hearing defects or problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
17. Immunizations, except as specifically provided in the Policy; preventive medicines or vaccines, except when required for treatment of a covered Injury or as specifically provided in the Policy;
18. Hirsutism, alopecia;
19. Weight management, weight reduction, treatment for obesity, surgery for the removal of excess skin or fat, or nutrition programs, except as related to treatment for diabetes.
20. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of any Injury or Sickness, except as specifically provided by the Policy.