2015-2016 Hampton University 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, 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 dental services and wellness programs 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

Important Dates & Rates

	Annual	Spring
Coverage Period	8/2/2015-8/1/2016	1/1/2016-8/1/2016
Student Only*	$1,140	$680
Spouse Only*	$2,114	$1,235
Each Child*	$3,498	$2,043

*The above rates include administrative fee

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

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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/hamtptonu

	Covered At:
Deductible	None
Out-of-Pocket Maximum	$3,000 per individual, per Policy Year $6,000 per family, per Policy Year
Inpatient Hospital Expense	80% Usual & Customary (U&C)
Surgery Expense(Inpatient or Outpatient)	80% U&C
Doctor/Specialist Office Visit	80% U&C after $25 copayment
Laboratory, X-rays, and Diagnostic Testing	80% U&C
Emergency Room Copay waived if admitted	80% U&C after a $150 per visit copayment
Inpatient Mental Health	Same as any other Covered Sickness
Outpatient Mental Health	Same as any other Covered Sickness
Outpatient Pharmacy Benefits (30 day supply) Prescription must be filled at a participating Catamaran pharmacy	100% of U&C, subject to these copays per prescription: Generic-$5; Brand Name-$20; Non-formulary-$40 $0 copay for generic contraceptives
Preventive Services	100% of U&C, not subject to copay or coinsurance

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	1-877-498-7926
Email	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 AS Policy Form No.: BSHP-P0 et. al.
Claims are administered by	HealthSmart Benefit Solutions 1867 West Market Street Akron, OH 44313 akronclaims@healthsmart.com Phone: 1-800-331-1096

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Exclusions & Limitations

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 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 a 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, week 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.