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:
- 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:

<table>
<thead>
<tr>
<th>Coverage Period</th>
<th>Annual*</th>
<th>Spring*</th>
<th>Summer*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Deadline</td>
<td>September 14, 2017</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Undergraduate Student</td>
<td>$2,150</td>
<td>$1,290</td>
<td>$528</td>
</tr>
<tr>
<td>Graduate Student</td>
<td>$3,100</td>
<td>$1,940</td>
<td>$784</td>
</tr>
</tbody>
</table>

*The above rates include administrative fee.

**All coverage periods begin and end at 12:01 AM, local time, at the policyholder’s 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/quinnipiac](http://www.gallagherstudent.com/quinnipiac).

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$250 per covered person, per policy year</td>
<td>$500 per covered person, per policy year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,350 combined per individual, per Policy year</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Expense</td>
<td>80% PPO Allowance (PA)</td>
<td>50% Usual &amp; Reasonable (U&amp;R)</td>
</tr>
<tr>
<td>Surgery Expense</td>
<td>80% PA</td>
<td>50% U&amp;R</td>
</tr>
<tr>
<td>In Office Physician Fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Including Chiropractic Care</td>
<td>100% PA</td>
<td>50% U&amp;R</td>
</tr>
<tr>
<td>Laboratory Procedures and Diagnostic X-ray Services</td>
<td>80% PA</td>
<td>50% U&amp;R</td>
</tr>
<tr>
<td>Emergency Services Expense</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100% PA</td>
<td>100% PA</td>
</tr>
<tr>
<td></td>
<td>$175 copay (waived if admitted)</td>
<td>$175 copay (waived if admitted)</td>
</tr>
<tr>
<td>Mental Health &amp; Substance Abuse</td>
<td></td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Outpatient Pharmacy Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(30 day supply) Prescription</td>
<td>100% PA subject to</td>
<td></td>
</tr>
<tr>
<td>must be filled at a</td>
<td>Generic-$5 copay; Preferred Brand-$40 copay;</td>
<td></td>
</tr>
<tr>
<td>participating Cigna pharmacy</td>
<td>$0 copay for FDA Approved Contraceptives required under the ACA</td>
<td></td>
</tr>
<tr>
<td>Wellness/Preventive Services</td>
<td>100% PA</td>
<td>50% U&amp;R</td>
</tr>
<tr>
<td></td>
<td>No Cost Sharing</td>
<td></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
  
  1-877-449-7939

- **Online Plan Information**
  
  Available 24/7, LiveChat available during business hours
  
  [www.gallagherstudent.com/quinnipiac](http://www.gallagherstudent.com/quinnipiac)

- **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(2014) CT et al
  
  National Guardian Life Insurance Co. is not affiliated with Guardian Life Insurance Co. of America aka the Guardian or Guardian Life

- **Claims are administered by**
  
  Consolidated Health Plans
  
  2077 Roosevelt Avenue
  
  Springfield, MA 01104
  
  1-877-657-5030 [customerservice@consolidatedhealthplan.com](mailto:customerservice@consolidatedhealthplan.com)
Exclusions & 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** – 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.
- preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy.
- medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided 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 covered in the Pediatric Dental Benefit.
- professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
- services or supplies not necessary for the medical care of the Insured Person’s Injury or Sickness.
- services or supplies in connection with eye examinations, eyeglasses or contact lenses, except those resulting from a covered accidental Injury or unless otherwise covered under the Pediatric Vision Benefit.
- 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 incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
- 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.
- loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate sport.
- loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
- 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.
- expenses payable under any prior Policy which was in force for the person making the claim.
- expenses incurred during a Hospital emergency room visit which is not of an emergency nature.
- 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 date insurance terminates as to the Insured Person;
  - The Maximum Benefit for each Covered Injury or Covered Sickness has been attained; and
  - 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, and hair growth or removal unless otherwise specifically covered under the policy.
- expenses for radial keratotomy.
• 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.
  o 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.
  o 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.
• treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. 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 or to treatment covered under the Pediatric Dental Benefit.
• an Insured Person’s:
  o committing or attempting to commit a felony,
  o being engaged in an illegal occupation, or
  o Participation in a Riot.
• elective abortions
• congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
• custodial care service and supplies.
• expenses that are not recommended and approved by a Physician.
• conditions due to accidental bodily injury occurring prior to the Insured Person’s effective date of coverage.
• cosmetic procedures related to Gender Dysphoria including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, breast augmentation, body contouring, reduction thyroid chondoplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants.