

# Gallagher Student Health Series

Designed Specifically for the Consortium for Global Education



## Monthly Rates

US Citizens	Age	Student	Spouse	Dependent Child
PLATINUM	0-30	\$72.20	\$414.43	\$78.05
	31-50	\$156.05	\$604.55	\$78.05
	51-64	\$335.45	\$604.55	\$78.05

Non-US Citizens	Age	Student	Spouse	Dependent Child
PLATINUM	0-30	\$90.73	\$476.83	\$103.40
	31-50	\$244.78	\$700.10	\$103.40
	51-64	\$531.43	\$700.10	\$103.40

With a valued relationship that spans over 20 years with the Consortium for Global Education, Arthur J. Gallagher & Company is proud to announce the Gallagher Student Health Series. In addition to meeting student and faculty visa requirements, this plan was designed with product enhancements for the Consortium for Global Education. Students and Faculty from CGE Member Institutions will be able to access vetted coverage when participating in worldwide study, service, and teaching programs. For more information please contact our team:

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# Medical Summary



SCHEDULE OF BENEFITS	BENEFIT DESCRIPTION
<b>Plan Type</b>	<b>GALLAGHER STUDENT HEALTH SERIES</b>
<b>Coverage Area</b>	Worldwide - Excluding Home Country
<b>Rate Guarantee</b>	12 months
<b>Maximum Limit</b>	Per Illness or Injury Maximum Student: \$750,000 Dependent: \$150,000 Maximum Limit per Period of Coverage Student: \$1,000,000 Dependent: \$150,000
<b>Deductible</b>	Outside of US: \$25 per illness/injury US In-Network: \$100 per illness/injury US Out-of-Network: \$250 per illness/injury Student Health Center: \$5
<b>Coinsurance (following the applicable Deductible)</b>	Outside of US (out of pocket max- \$0) or Student Health Center (copayment per visit- \$5): Plan pays 100% of Eligible Expenses. US In-Network (out of pocket max- \$1,000): Plan pays 90% of Eligible Expenses. Insured pays 10%. US Out-of-Network (up to maximum limit): Plan pays 80% of Eligible Expenses. Insured pays 20%.
<b>HOSPITAL SERVICES</b>	
<b>Inpatient Room &amp; Board</b>	URC*
<b>Intensive Care</b>	URC*
<b>Emergency Room – Injury</b>	URC*
<b>Emergency Room – Illness</b>	URC*; subject to additional \$250 deductible
<b>Physical Therapy</b>	URC* limited to 1 visit per day
<b>Prescription Drugs</b>	URC*
<b>Mental &amp; Nervous Disorders (including substance abuse)</b>	URC up to \$10,000 lifetime maximum Student Health Center: \$0
<b>OUTPATIENT SERVICES</b>	
<b>Outpatient Prescription Drugs</b>	50% of actual charges
<b>Outpatient Physical Therapy</b>	URC* limited to 1 visit per day
<b>Outpatient Mental &amp; Nervous Disorders (including substance abuse)</b>	\$50 per day; \$500 lifetime maximum Student Health Center: \$0
<b>OTHER SERVICES</b>	
<b>Eligible Medical Expenses</b>	URC*
<b>Durable Medical Equipment</b>	URC*
<b>Local Ambulance</b>	Per injury: Up to \$750 - Per illness: \$750 only if admitted as in-patient
<b>Dental</b>	For injury due to covered Accident: \$500 For Sudden & Unexpected Pain: \$350
<b>Maternity and Newborn Care</b>	Maximum Limit: \$5,000. Pre-natal care, delivery of a newborn, and post-natal care of an Insured Person, including complications. Newborn routine care during the first 31 days of life. Outside of US: 100% US In-Network: 80% US Out-of-Network: 60%
<b>Home Nursing Care (upon direct transfer from acute care Hospital)</b>	URC*
<b>Accidental Death and Dismemberment</b>	Student: \$100,000 Spouse: \$10,000 Dependent Child: \$5,000 Accident Dismemberment percentage of principal sum.
<b>Terrorism Coverage</b>	\$50,000 lifetime maximum
<b>Interscholastic/Intercollegiate/ Intramural or Club Sports</b>	\$5,000 maximum per injury/illness
<b>Incidental Home Country Trip Coverage</b>	Up to (2) cumulative weeks
<b>Pre-existing Conditions</b>	12 month waiting period, that can be reduced with proof of prior creditable coverage
<b>Telemedicine</b>	Included
<b>Benefit/Treatment Period</b>	60 day minimum
<b>EMERGENCY SERVICES</b>	
<b>Emergency Medical Evacuation</b>	Up to \$500,000 Lifetime Maximum (Independent of the Maximum Limit)
<b>Emergency Reunion</b>	Up to \$500,000 Maximum
<b>Return of Mortal Remains</b>	Up to \$50,000 Maximum
<b>Political Evacuation</b>	Up to \$10,000 Lifetime Maximum

Prescription Drugs and Medication			
Subject to Deductible and Coinsurance unless otherwise noted			
Eligible Medical Expenses are limited to Usual, Reasonable and Customary			
Limits per Period of Coverage			
The following Prescription Drugs and Medication Period of Coverage limit accumulates toward the Maximum Limit			
Period of Coverage limit • Subject to the Coinsurance amounts listed below	<ul style="list-style-type: none"> <li>Primary Insured Person: \$250,000 per person</li> <li>Spouse and Child: Up to the Maximum Limit (\$150,000)</li> </ul>		
Inpatient and Outpatient Surgery Prescription Drugs and Medication	90%	80%	100%
Emergency Room and Outpatient Office Visits Prescription Drugs and Medication	90%	80%	100%
Retail Pharmacy Prescription Drugs and Medication • Dispensing maximum for Retail Pharmacy: 90 days per prescription	Not Applicable	50%	50%

\*\*Please refer to the Certificate Wording for specific terms, conditions, and other details regarding benefits, limitations, eligibility, and exclusions outlined in this summary. The certificate wording prevails over any information provided in this summary and is available upon request prior to purchase.