Who is Eligible?

- All domestic students living on the Webster University main campus in St. Louis, MO are automatically enrolled in this insurance plan at registration. The premium for coverage is added to their student account unless proof of comparable coverage has been submitted to the Webster University Student Health Services Insurance Coordinator by the specified deadline date.
- All F-1 and J-1 visa international students are automatically enrolled in this insurance plan at the time of registration. International students exempt from this requirement are students that have been sponsored by their government to attend Webster University, or students that have obtained academic sponsorship through an institution. Waiver of the insurance requirement for international students is determined by the Director of the International Services Department. The premium for coverage is added to their student account.
- Nurse anesthesia students currently enrolled in program courses are eligible.
- Undergraduate students with a current enrollment of 9 credit hours per term are eligible.
- Domestic graduate student eligibility for the student health insurance plan will be evaluated by the Health Services department based on current academic enrollment status.

Students must actively attend classes for at least the first 31 days. If the company discovers eligibility requirements have not been met, its only obligation is a refund of premium.

Insurance Rates:

<table>
<thead>
<tr>
<th>Period</th>
<th>Fall 1 10/21/17 - 12/31/17</th>
<th>Fall 2 10/21/17 - 12/31/17</th>
<th>Spring Semester 1/1/18 - 5/19/18</th>
<th>Spring 1 1/1/18 - 3/9/18</th>
<th>Spring 2 3/10/18 - 5/19/18</th>
<th>Summer 5/20/18 - 8/7/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Semester 8/8/17 - 8/7/18</td>
<td>$542</td>
<td>$526</td>
<td>$1,018</td>
<td>$498</td>
<td>$521</td>
<td>$596</td>
</tr>
<tr>
<td>Rate *</td>
<td>$2,683</td>
<td>$1,068</td>
<td>$542</td>
<td>$526</td>
<td>$1,018</td>
<td>$498</td>
</tr>
</tbody>
</table>

*Rates include an administrative fee

This plan is underwritten by National Guardian Life Insurance Company as Policy Form No BSHP-POL. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to the brochure, available at www.chpstudent.com.
**General Policy 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 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, radial keratotomy or laser surgery for vision correction or the treatment of visual defects or problems.
3. Skeletal irregularities of one or both jaws including Temporomandibular Joint Dysfunction (TMJ), orthognathia and mandibular rickets; nasal or sinus surgery.
4. 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.
5. 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.
6. Drugs and medications for the treatment of impotence and/or sexual dysfunction.
7. Reproductive/reproductive procedures and fertility tests, including but not limited to: family planning, fertility tests, infertility (male or female), including any supplies rendered for the purpose of 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; impotency organic or otherwise.
8. Expenses incurred in connection with voluntary sterilization or vasectomy reversal and sexual reassignment, except as specifically provided by the policy.
9. 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.
10. Expenses incurred for Injury or Sickness for which benefits are paid under any Worker's Compensation or Occupational Disease Act, or similar legislation.
11. 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.
12. Expenses incurred for dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth. 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.
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. This exclusion does not apply to a newborn hearing screening, necessary re-screening, and biological assessment and follow-up, and initial amplification.
17. Immunizations, except for routine immunizations of a child from birth to age 5 or 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. Hirudism, alopecia.
19. Weight management, weight reduction, and 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.

### Deductible and Outpatient Prescription Drugs

<table>
<thead>
<tr>
<th>Service</th>
<th>Deductible per covered person per Policy Year</th>
<th>Outpatient Prescription Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deductible is the amount of expenses for Covered Services and supplies which must be incurred and paid for by the Covered Person before benefits become payable by the Plan.</td>
<td>Copays per 30-day supply:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- $20 Generic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- $35 Formulary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- $55 Specialty</td>
</tr>
</tbody>
</table>

### Policy Year Maximum Benefit

<table>
<thead>
<tr>
<th>Benefit</th>
<th>PPO Provider</th>
<th>Out of Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital Stay</td>
<td>80% of Preferred Allowance (PA)</td>
<td>50% of Usual and Customary Charges (U&amp;C)</td>
</tr>
<tr>
<td>Doctor’s Office Visits</td>
<td>80% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>Surgery Benefits (inpatient and Outpatient)</td>
<td>80% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>Emergency Room Treatment</td>
<td>100% of PA after a $200 co-pay per visit</td>
<td>100% of PA after a $200 co-pay per Visit</td>
</tr>
<tr>
<td>Consultant Doctor’s Fees</td>
<td>100% of PA after a $50 co-pay per visit</td>
<td>70% of U&amp;C</td>
</tr>
<tr>
<td>Urgent Care Facility</td>
<td>100% of PA after a $50 co-pay per visit</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>Diagnostic X-Ray and Laboratory Procedures</td>
<td>80% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>Mental Illness (inpatient and outpatient)</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Substance Abuse (inpatient and outpatient)</td>
<td>Same as any other Covered Sickness</td>
<td>Same as any other Covered Sickness</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>100%</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>(inpatient and outpatient)</td>
<td>(No Cost Sharing)</td>
<td></td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>80% of PA</td>
<td>80% of U&amp;C</td>
</tr>
<tr>
<td>Outpatient Prescription Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>80% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>Intercolligate Sports</td>
<td>Paid as any other Covered Injury</td>
<td></td>
</tr>
</tbody>
</table>

### Benefits

- **Inpatient Hospital Stay:**
  - 80% of Preferred Allowance (PA) for the Outpatient
  - 70% of Usual and Customary Charges (U&C) for PPO and Out-of-Network providers

- **Doctor’s Office Visits:**
  - 80% of PA for PPO and Out-of-Network providers
  - 50% of U&C for PPO and Out-of-Network providers

- **Surgery Benefits:**
  - 80% of PA for PPO and Out-of-Network providers
  - 50% of U&C for PPO and Out-of-Network providers

- **Emergency Room Treatment:**
  - 100% of PA after a $200 co-pay per visit
  - 100% of PA after a $200 co-pay per visit

- **Consultant Doctor’s Fees:**
  - 100% of PA after a $50 co-pay per visit
  - 70% of U&C for PPO and Out-of-Network providers

- **Urgent Care Facility:**
  - 100% of PA after a $50 co-pay per visit
  - 50% of U&C for PPO and Out-of-Network providers

- **Diagnostic X-Ray and Laboratory Procedures:**
  - 80% of PA
  - 50% of U&C

- **Mental Illness (inpatient and outpatient):**
  - Same as any other Covered Sickness

- **Substance Abuse (inpatient and outpatient):**
  - Same as any other Covered Sickness

- **Preventive Services:**
  - 100% (No Cost Sharing)
  - 50% of U&C

- **Ambulance Services:**
  - 80% of PA
  - 80% of U&C

- **Outpatient Prescription Drugs:**
  - Copays per 30-day supply:
    - $20 Generic
    - $35 Formulary
    - $55 Specialty

- **Durable Medical Equipment:**
  - 80% of PA
  - 50% of U&C

- **Intercolligate Sports:**
  - Paid as any other Covered Injury