Health care coverage that earns really high marks.

Medical Student Health Plan
University of Miami 2018 – 2019
Thanks for considering UnitedHealthcare.

You want the best benefit coverage with the fewest obstacles between you and your health care. Here are some of the ways becoming a UnitedHealthcare member may help.

Large national network.

Our network is one of the largest in the nation, with 900,000 doctors and 5,500 hospitals. So chances are your regular doctor already participates with us. It also means that wherever you are in the country, you’ll be able to find a network hospital and get the same benefit coverage level you find at home.

Benefit coverage wherever you travel.

• 900,000 physicians and health care professionals.
• 5,500 hospitals.
• 67,000 pharmacies.
• 57,000 counseling and mental health practitioners.

Eligibility.

All domestic and international medical students actively enrolled in 6 or more credit hours per semester, or considered full time (in a program requiring documentation of health and wellness support) are eligible and may participate in the plan on a voluntary basis.

Medical students must be actively enrolled or on an authorized leave of absence to qualify for coverage under the policy. UnitedHealthcare maintains its right to investigate student status and attendance requirements have been met. If and whenever UnitedHealthcare discovers that the policy eligibility requirements have not been met, it may discontinue coverage and its only obligation is refund of premium. Eligible medical students who do enroll also may insure their dependents at the time the student is first able to enroll in the plan (within 14 days of the start of the semester), except for a change in dependent status due to a life event. Eligible dependents are the spouse and children. Dependent eligibility expires concurrently with that of the insured medical student.

Effective and termination dates.

Medical student coverage is as follows:

<table>
<thead>
<tr>
<th>Medical student coverage</th>
<th>Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS1 MD ONLY</td>
<td>Aug. 1, 2018 – June 30, 2019</td>
</tr>
<tr>
<td>MS2-4</td>
<td>July 1, 2018 – June 30, 2019</td>
</tr>
<tr>
<td>MS1 MD/MPH</td>
<td>June 25, 2018 – June 30, 2019</td>
</tr>
</tbody>
</table>

Coverage becomes effective on the first day of the period for which premium is paid. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

You must meet the eligibility requirements listed herein each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, the premium must be received within 14 days after the coverage expiration date. It is the medical student’s responsibility to make timely renewal payments to avoid a lapse in coverage. The policy is a nonrenewable, 1-year term policy.

How, when and where to get care.

When you need care, call your primary care physician or family doctor first. Your physician has easy access to your records, knows the bigger picture of your health and may even offer same-day appointments to meet your needs. When seeing your physician is not possible, however, it’s important to know your quick care options to find the place that’s right for you and help avoid financial surprises. Compare your choices today at uhc.com/checkchoosergo.

Information on automatic charge of insurance premiums for medical students and waiver of insurance fee is available at miami.edu/student-health.

<table>
<thead>
<tr>
<th>Quick Care Options</th>
<th>Needs or Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>24/7 NurseLine</td>
<td>• Choosing where to get medical care.</td>
</tr>
<tr>
<td></td>
<td>• Finding a doctor or hospital.</td>
</tr>
<tr>
<td>Virtual Visits</td>
<td>• Health and wellness help.</td>
</tr>
<tr>
<td></td>
<td>• Answers to questions about medicines.</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>• Skin rash</td>
</tr>
<tr>
<td></td>
<td>• Flu shot</td>
</tr>
<tr>
<td></td>
<td>• Minor injuries</td>
</tr>
<tr>
<td></td>
<td>• Earache</td>
</tr>
<tr>
<td>Emergency Room (ER)</td>
<td>• Chest pain</td>
</tr>
<tr>
<td></td>
<td>• Shortness of breath</td>
</tr>
<tr>
<td></td>
<td>• Severe asthma attack</td>
</tr>
<tr>
<td></td>
<td>• Major burns</td>
</tr>
<tr>
<td></td>
<td>• Severe injuries</td>
</tr>
<tr>
<td></td>
<td>• Kidney stones</td>
</tr>
</tbody>
</table>

Freestanding ERs

Many people have been surprised by their bill after visiting a freestanding emergency room (FSER). FSERs, sometimes referred to as urgent care centers, bill at ER rates (or higher) and can be $1,500 more than an urgent care center. Most located in a hospital, FSERs are able to treat similar conditions as an ER but do not have an ER’s ability to admit patients.

Ask before you enter:
• Is this an urgent care center or an ER?
• Is this facility a network provider?
Summary of benefits —
Medical Student Health Plan.

With this plan, you will receive the highest level of benefits when you seek care at UHealth facilities or with a network physician, facility or other health care professional. You also may choose to seek care outside the network. However, you should know that care received from an out-of-network facility, physician or other health care professional means a higher deductible, copayment and coinsurance. In addition, if you choose to seek care outside the network, UnitedHealthcare only pays a portion of those charges, and it is your responsibility to pay the remainder. This amount you are required to pay, which could be significant, does not apply to the out-of-pocket limit. We recommend that you ask out-of-network physicians or health care professionals about their billed charges before you receive care.

Student Health Service.
This benefit plan is designed to be used in conjunction with the services of the Student Health Service. To obtain the greatest level of benefits, you will need to use the services of the Student Health Service first, where treatment will be administered or a referral issued. Appointments are available at mystudenthealth.miami.edu. However, in the case of a medical emergency, maternity, when away from campus or when the Student Health Service is closed, you can seek care directly from any doctor in UnitedHealthcare’s network.

<table>
<thead>
<tr>
<th>Medical Students</th>
<th>Total Annual Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS1 MD Only Student Rate</td>
<td>$2,358</td>
</tr>
<tr>
<td>MS2-4 MD Student Rate</td>
<td>$3,096</td>
</tr>
<tr>
<td>MS1-4 MD/MPH Student Rate</td>
<td>$3,096</td>
</tr>
<tr>
<td>MS2-4 MD/MPH Students</td>
<td>$3,096</td>
</tr>
<tr>
<td>Med Student on LOA</td>
<td>$3,276</td>
</tr>
<tr>
<td>Spouse</td>
<td>$3,227.25*</td>
</tr>
<tr>
<td>Each Child</td>
<td>$3,227.25*</td>
</tr>
</tbody>
</table>

Get the most out of your benefits by registering for myuhc.com®.

When it comes to managing your health plan and making more informed decisions, simpler is better. With myuhc.com, you have a personalized website that helps you access and manage your health plan. Use it to:

- Find and estimate costs for the network care you need.
- See what’s covered, and get information about preventive care.
- View claim details and account balances.
- Sign up for paperless delivery of your required plan communications.

Set up your account today.
2. Click on “Register Now.” You’ll need your health plan ID card.

Support to help you reach your wellness goals.
Rally® can help you get healthier, one small step at a time. Rally is designed to help you make changes to your daily routine, set smart goals and track your progress. You’ll get personalized recommendations to help you move more, eat better and improve your health—and have fun doing it.

On Rally, you can take the Health Survey and instantly get your Rally Age® — measure of your “health age” — to help assess your overall health. Then pick Missions to help you get your health on track. You can store your health history, connect with online Communities and compete in fun Challenges. Earn coins as you track and complete each Mission, then use them for a chance to win great prizes.
Sign up for Rally on myuhc.com.

What’s what. (A short glossary of terms.)

Copayment — a fixed dollar amount you pay when you receive certain types of network care.
Annual deductible — the amount you must pay before your medical plan pays.
Coinsurance — after you meet your deductible, the medical plan pays a percentage of the covered cost of some services and you pay the rest. Your share is called coinsurance.
Out-of-pocket limit — you share expenses until you reach a yearly limit on how much you have to pay.

Network vs. Out-of-network
Network means you receive care from a doctor, specialist, hospital or other provider or facility that participates in a medical plan’s network. Out-of-network means you receive care from a provider who is not in the network. Your deductible, coinsurance limit and out-of-pocket costs are higher for out-of-network care.

Eligible expenses — the amount we will pay for covered health care services, incurred while the policy is in effect, are determined as stated below.

For network and student health service benefits, eligible expenses are based on either of the following:

- When covered health services are received from network providers, eligible expenses are our contracted fee(s) with that provider.
- When covered health services are received from out-of-network providers as a result of an emergency or as otherwise arranged by us, eligible expenses are billed charges unless a lower amount is negotiated.

For out-of-network benefits, eligible expenses are based on the following applicable criteria, to the extent available, and in the order of priority as identified below:

1. Fee(s) we are able to negotiate with the provider, such as the Shared Savings Program;
2. 110 percent of the published rates allowed by Medicare for the same or similar service;
3. 50 percent of the billed charge.

*GDP Services, administrative fees included

Other myuhc.com features:
- Print a temporary health plan ID card and request a permanent health plan ID card.
- Find the cost of many different medical services in your area by using the myHealthcare Cost Estimator.

Use myuhc.com wherever you are.

Our Health4Me® app provides instant access to critical health information — anytime, anywhere. Whether you want to find a physician near you or check the status of a claim, Health4Me is your go-to resource.

Important:
When searching for a provider on myuhc.com, please select “Choice Plus” from the drop-down menu under “Select a Plan.”
Medical Student Health Plan.

Utilizing the UnitedHealthcare network.

Access to affordable health care is vital to academic success. UnitedHealthcare helps keep you and your family healthy with extensive medical coverage options, including preventive care and emergency services. It is easy to get care and maintain your health with a Medical Student Health Plan.

UnitedHealthcare’s network gives you the freedom to see any physician or other health care professional from our network, including specialists. In order to make the most of your benefits, you should visit the Student Health Service or UHealth facilities. There are no copayments for services received at the Student Health Service. You will receive the highest level of benefits when you seek care at the Student Health Service or when referred to a network physician, facility or other health care professional if services at the Student Health Service are either not covered or not available. In addition, you do not have to worry about any claim forms or bills.

You also may choose to seek care outside the network. However, care received from an out-of-network physician, facility or other health care professional means a higher deductible and copayment. In addition, if you choose to seek care outside the network, UnitedHealthcare only pays a portion of those charges, and it is your responsibility to pay the remainder. This amount you are required to pay, which could be significant, does not apply to the out-of-pocket limit. We recommend that you ask out-of-network physicians or health care professionals for information about their billed charges before you receive care.

Important benefits of your plan.

You have access to a network of physicians, facilities and other health care professionals, including specialists. Benefits are available for office visits and hospital care, as well as inpatient and outpatient surgery. Care Coordination services are available to help identify and prevent delays in care for those who might need specialized help.

- Emergencies are covered anywhere in the world.
- Prenatal care is covered.
- Routine checkups are covered at the Student Health Service. No student cost-share.
- Mammograms are covered.
- Your plan utilizes the Choice Plus network. When searching for a provider on myuhco.com, please select “Choice Plus” from the drop-down menu under “Select A Plan.”

Want to talk with a real person?

With NurseLine services, you can call to speak with an experienced registered nurse anytime, day or night. Ask health-related questions about anything from illnesses to treating a burn to the possible side effects of medications. You also can get help with finding the right doctor or hospital.

To access NurseLine services, call the toll-free number on your health plan ID card.

Medical Student Health Insurance.

Benefit Summary.

<table>
<thead>
<tr>
<th>Types of Coverage</th>
<th>Student Health Service/ Network Benefits</th>
<th>Out-of-network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ambulance Services</td>
<td>Ground Transportation: Not covered</td>
<td>Annual Deductible: $200 per Covered Person per Policy Year. After you meet your deductible, the medical plan and you will share expenses. Your share is called coinsurance and is represented in a percentage amount.</td>
</tr>
<tr>
<td>2. Durable Medical Equipment (DME)</td>
<td>Covered at 100% at SHS</td>
<td>Out-of-Pocket Limit: $4,000 per Covered Person per Policy Year. The Out-of-Pocket Limit does include the Annual Deductible, Copayments and Coinsurance. Prescription drug costs are also included in the Out-of-Pocket Limit.</td>
</tr>
<tr>
<td>3. Emergency Health Services</td>
<td>Covered at 100%</td>
<td>Annual Deductible: $400 per Covered Person per Policy Year. After you meet your deductible, the medical plan and you will share expenses. Your share is called coinsurance and is represented in a percentage amount.</td>
</tr>
<tr>
<td>4. Eye Examinations</td>
<td>Covered only at Student Health Service designated facility for one visit annually at a $20 Copayment. For more information, call Student Health Service at 305-284-9100.</td>
<td></td>
</tr>
<tr>
<td>5. Home Health Care</td>
<td>Network and Out-of-network Benefits are limited to 60 visits for skilled care services per Policy Year</td>
<td></td>
</tr>
<tr>
<td>6. Hospice Care</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>7. Hospital — Inpatient Stay</td>
<td>Not covered</td>
<td></td>
</tr>
</tbody>
</table>

More complete information about covered benefits and limitations is available in the Certificate of Coverage. The Certificate of Coverage contains the complete information about your health plan. If the Certificate of Coverage conflicts in any way with the Policy, the Policy shall prevail.

An out-of-network physician, facility or other health care professional means a higher deductible and copayment. In addition, if you choose to seek care outside the network, UnitedHealthcare only pays a portion of those charges, and it is your responsibility to pay the remainder. This amount you are required to pay, which could be significant, does not apply to the out-of-pocket limit. We recommend that you ask out-of-network physicians or health care professionals for information about their billed charges before you receive care.

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- Prenatal care is covered.
- Routine checkups are covered at the Student Health Service. No student cost-share.
- Mammograms are covered.
- Your plan utilizes the Choice Plus network. When searching for a provider on myuhco.com, please select “Choice Plus” from the drop-down menu under “Select A Plan.”

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With NurseLine services, you can call to speak with an experienced registered nurse anytime, day or night. Ask health-related questions about anything from illnesses to treating a burn to the possible side effects of medications. You also can get help with finding the right doctor or hospital.

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Benefit Summary continued.

<table>
<thead>
<tr>
<th>Types of Coverage</th>
<th>Student Health Service/ Copayment Amounts</th>
<th>Network Benefits</th>
<th>Out-of-network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Maternity Services</td>
<td>Not covered</td>
<td>Same as 7, 9, 10, 11 and 12*</td>
<td>Same as 7, 9, 10, 11 and 12*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maternity not available at UM facilities and therefore 10% of Eligible Expenses benefit not available. Physician Office visits for prenatal care are covered at 100% after the first visit.</td>
<td>Notification is required if Inpatient Stay exceeds 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.</td>
</tr>
<tr>
<td>9. Outpatient Surgery, Diagnostic and Therapeutic Services</td>
<td>Outpatient Diagnostic Services</td>
<td>For lab and radiology/X-ray: Covered at 100%</td>
<td>For lab and radiology/X-ray: Covered at 100%</td>
</tr>
<tr>
<td></td>
<td>Outpatient Diagnostic Services</td>
<td>For lab and radiology/X-ray: Covered at 100%</td>
<td>No Benefits for Preventive Care</td>
</tr>
<tr>
<td></td>
<td>Outpatient Diagnostic/Therapeutic Services — CT Scan, PET Scans, MRI and Nuclear Medicine</td>
<td>Not covered</td>
<td>30% of Eligible Expenses1</td>
</tr>
<tr>
<td></td>
<td>Outpatient Therapeutic Treatments (DIALYSIS, CHEMOTHERAPY)</td>
<td>Not covered</td>
<td>30% of Eligible Expenses1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10% of Eligible Expenses2 for services at UHealth3</td>
<td>40% of Eligible Expenses1</td>
</tr>
<tr>
<td>10. Physician’s Office Services</td>
<td>Preventive Care</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td></td>
<td>Sickness and Injury</td>
<td>Covered at 100%</td>
<td>$40 per Primary Care office visit</td>
</tr>
<tr>
<td></td>
<td>Injections Received in a Physician’s Office when no other health service is received.</td>
<td>Covered at 100%</td>
<td>$40 per Specialist office visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40% per visit</td>
<td>40% of Eligible Expenses1</td>
</tr>
<tr>
<td>11. Professional Fees for Surgical and Medical Services</td>
<td>Not covered</td>
<td>30% of Eligible Expenses1</td>
<td>40% of Eligible Expenses1</td>
</tr>
<tr>
<td></td>
<td>10% of Eligible Expenses1 for services at UHealth2</td>
<td>10% of Eligible Expenses1 for services at UHealth2</td>
<td></td>
</tr>
<tr>
<td>12. Reconstructive Procedures</td>
<td>Not covered</td>
<td>Same as 7, 9, 10, 11 and 12*</td>
<td>Same as 7, 9, 10, 11 and 12*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$25 per visit</td>
<td>40% of Eligible Expenses2</td>
</tr>
<tr>
<td>13. Rehabilitation Services — Outpatient Therapy</td>
<td>Not covered</td>
<td>$25 per visit</td>
<td>40% of Eligible Expenses2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types of Coverage</th>
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<th>Network Benefits</th>
<th>Out-of-network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Skilled Nursing Facility/Inpatient Rehabilitation Facility Services</td>
<td>Not covered</td>
<td>30% of Eligible Expenses1</td>
<td>40% of Eligible Expenses2</td>
</tr>
<tr>
<td></td>
<td>Network and Out-of-network Benefits are limited to 60 days per Policy Year.</td>
<td>Not covered</td>
<td>No copayment</td>
</tr>
<tr>
<td>15. Transportation Services</td>
<td>Not covered</td>
<td>30% of Eligible Expenses1</td>
<td>40% of Eligible Expenses2</td>
</tr>
<tr>
<td></td>
<td>$50 per visit</td>
<td>40% of Eligible Expenses1</td>
<td></td>
</tr>
<tr>
<td>16. Urgent Care Center Services</td>
<td>Not covered</td>
<td>30% of Eligible Expenses1</td>
<td>40% of Eligible Expenses1; $500 max</td>
</tr>
<tr>
<td>17. Elective Termination of Pregnancy</td>
<td>Not covered</td>
<td>30% of Eligible Expenses1</td>
<td>40% of Eligible Expenses1; $500 max</td>
</tr>
<tr>
<td>18. Virtual Visits</td>
<td>Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Network Provider by going to myuhc.com or by calling the telephone number on your ID card.</td>
<td>Not covered</td>
<td>No copayment</td>
</tr>
<tr>
<td></td>
<td>Network and Out-of-network Benefits.</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

Additional Benefits

<table>
<thead>
<tr>
<th>Types of Coverage</th>
<th>Student Health Service/ Copayment Amounts</th>
<th>Network Benefits</th>
<th>Out-of-network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health and Substance Abuse Disorder Services — Outpatient Services provided by United Behavioral Health</td>
<td>Not covered</td>
<td>$20 per visit</td>
<td>40% of Eligible Expenses1</td>
</tr>
<tr>
<td></td>
<td>Network and Out-of-network Benefits.</td>
<td>Not covered</td>
<td>No copayment</td>
</tr>
<tr>
<td></td>
<td>Must receive prior authorization through the Mental Health/Substance Disorder Services Designee for Network and Out-of-network Benefits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health and Substance Abuse Disorder Services — Inpatient and Intermediate Services provided by United Behavioral Health</td>
<td>Not covered</td>
<td>30% of Eligible Expenses1</td>
<td>40% of Eligible Expenses2</td>
</tr>
<tr>
<td></td>
<td>Must receive prior authorization through the Mental Health/Substance Disorder Services Designee for Network and Out-of-network Benefits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Network and Out-of-network Benefits.</td>
<td>Not covered</td>
<td>No copayment</td>
</tr>
<tr>
<td></td>
<td>Must receive prior authorization through the Mental Health/Substance Disorder Services Designee for United Behavioral Health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Network and Out-of-network Benefits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spinal Treatment Benefits include diagnoses and related services and are limited to one visit and treatment per day. Network and Out-of-network Benefits are limited to 24 visits per Policy Year.</td>
<td>Not covered</td>
<td>$20 per visit</td>
<td>40% of Eligible Expenses1</td>
</tr>
<tr>
<td></td>
<td>Please refer to your COC for specific coverage information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Vision Services</td>
<td>Not covered</td>
<td>Please refer to your COC for specific coverage information.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Benefits covered up to age 18.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Dental Services</td>
<td>Not covered</td>
<td>Please refer to your COC for specific coverage information.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Benefits covered up to age 18.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transgender services (hormone therapy, gender re-assignment surgery and psychological support)</td>
<td>Covered</td>
<td>Please refer to your COC for specific coverage information.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please refer to your COC for specific coverage information.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

University of Miami Medical Student Health Plan
Except as may be specifically provided in Section 1 and 2 of the Certificate of Coverage (COC) or through a Rider to the Policy, the following are excluded:

A. Alternative treatments
Acupuncture; hypnotism; rolling, massage therapy; aromatherapy; traditional Chinese medicine; and other forms of alternative treatment.

B. Comfort or care
Personal comfort or convenience items or services such as television, telephone or bar service, guest service, supplies, equipment and other incidental services and supplies for personal comfort including air conditioners, air purifiers and filters, bathtubs and bathroom chargers, dehumidifiers and humidifiers, devices or computers to assist in communication and speech.

C. Dental (For Pediatric Dental, see section 8 below)
There is no coverage for dental care, preventive care, diagnostic care, treatment of or related to the teeth, jawbones or gums (including extraction, restoration, and replacement of teeth, medical or surgical treatments of dental conditions, and services to improve dental clinical outcomes). Dental implants and dental braces are excluded. Dental X-rays, supplies and appliances and all associated costs are excluded except when used with Durable Medical Equipment as described in Section 3 of the COC. Treatment for congenital missing, malpositioned, or supernumerary teeth is excluded, if part of a Congenital Anomaly.

D. Drugs
Prescription drug products for out patient use that are filled by a prescription order or refill. Self-injectable medications. Non-injectable medications given in a Physician’s office except an Emergency. Overnight covered drugs and treatments as required.

E. Experimental, investigational or unproven services
Experimental, investigational or unproven services are excluded. The fact that an Experimental, Investigational or Unproven Service, treatment, device, or pharmaceutical agent or regimen is the only available treatment for a particular condition will not result in Benefits if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.

F. Foot care
Routine foot care (including the cutting or removal of corns and calluses), nail trimming, shoe fitting, veterinary, hygiene and preventive maintenance foot care, treatment of flat feet or subluxation of the foot, shoethotics.

G. Medical supplies and appliances
Device used specifically to improve or to afford performance primarily in sports-related activities. Prescribed or non-prescribed medical supplies and disposable appliances having medical, dental, physical, or psychological function not covered except when used with Durable Medical Equipment as described in Section 1 and 2 of the COC.

H. Mental Health/Substance Abuse Disorders
Services performed in connection with conditions not classified in the current edition of Diagnostic and Statistical Manual of the American Psychiatric Association. Services that extend beyond the period necessary for short-term evaluation, diagnosis, treatment, or crisis intervention. Mental Health treatment of mumps and other sleep disorders, neurological disorders, and other disorders with a known physical basis. Treatment of conduct and impulse control disorders, personality disorders, paraphilias and other Mental Illnesses that will not substantially improve beyond the current level of functioning, or that are not subject to favorable modification or management according to prevailing national standards of clinical practice, as reasonably determined by the Mental Health/ Subdserbance Disorders Service Designee.

Services utilizing methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyloxy-Methadol), Cycloperenzine, or their equivalents. Treatment provided in connection with medical treatments, operations or procedures, alcohol, drug or alcohol-related treatments or detentions and other similar arrangements, unless authorized by the Mental Health/Substance Abuse Designee. Residential treatment services. Services or supplies that are considered to be related to the reasonable judgment of the Mental Health/Substance Abuse Designee are not covered, for example, consistent with certain national standards. All such services and supplies are subject to the specific limitations, exclusions and deductibles set forth in Section 3 of the COC. Testing and treatment for ADD and ADHD are not covered. Prescriptions for treatment of ADD and ADHD are covered under the prescription drug benefit.

I. Nutrition
Megalovitamin and nutrition based therapy, nutritional counseling for either individuals or groups. Enteral feedings and other nutritional and electrolyte supplements, including infant formula and donor breast milk.

J. Physical appearance
Cosmetic Procedures including, but not limited to, cosmetic, surgical procedures, treatments or medical or surgical treatments for aesthetic purposes or malocclusion, and other skin ablation procedures associated with the removal of scars, tattoos, and/or which are performed as a treatment for acne. Replacement of an existing breast implant is excluded if the earlier breast implant was a Cosmetic Procedure. (Replacement of an existing breast implant is considered reconstructive if the earlier breast implant was in the mastectomy cavity or other deformity). Physical conditioning programs such as aerobic training, building, exercises, fitness, flexibility, and diversion or general motivation. Weight loss programs for medical and non-medical reasons. Wigs, regardless of the reason for the hair loss. Surgical breast reductions, augmentations, breast implants or breast prosthetic devices except as specifically provided in this policy.

K. Providers
Services performed by a provider with your same legal residence or who is a family member by birth or marriage, including spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services provided at a free-standing or Hospital-based diagnostic facility without an order written by a Physician or other provider as further described in Section 3 of the COC (this exclusion does not apply to mammography testing).

L. Reproduction
Services which have or will have no legal responsibility to pay, or for which a charge would not ordinarily be made in accordance with the COC.

M. Services provided under another plan
Services covered under another plan, except when used with Durable Medical Equipment as described in the Certificate of Coverage for the health service for which Copayments and/or the Annual Deductible are applicable. Services Benefits are not provided for the health service for which Copayments and/or the Annual Deductible are applicable.

N. Transplants
Health services for organ or tissue transplants are excluded, except those specified as covered in Section 1 and 2 of the COC. Health services connected with the removal of an organ or tissue from you for purposes of transplantation into another person. Health services for transplant mechanical or animal organs. Any multiple organ transplant not listed as a Covered Health Service in Section 1 and 2 of the COC.

O. Travel
Health services provided in a foreign country, unless required as Emergency Health services. Benefits are not provided for participating in a school sponsored program outside of the United States. Benefits are provided to these Covered Students and their Enrolled Dependent Students for the health services which are provided as Network Benefits.

1. Travel or transportation expenses, even though prescribed by a Physician. Services provided in connection with covered transportation services may be reimbursed at our discretion.

2. Transportation expenses resulting from a medical or commercial transfer from a medical facility in a foreign country to a medical facility in the United States.

P. Vision and hearing (For Pediatric Vision, see section 7 below)
Prescription lenses, contact lenses, glasses, or hearing aids. Routine vision exams, including refraction, to determine visual impairment and the need for corrective lenses. Fitting charge for hearing aids, eye glasses or contact lenses. Eye exercise therapy. Surgery that is intended to allow you to see better without glasses or vision correction including radial keratotomy, laser, and other refractive eye surgery.

Q. Other exclusions
Health services and supplies that do not meet the definition of a Covered Health Service — see definition in Section 10 of the COC.

1. Physical, psychiatric or psychological examinations, testing, vaccinations, immunizations or treatments otherwise covered under the Policy, when such services are: (1) required solely for purposes of career, education, sports or camp, travel, employment, insurance, marriage or adoption; (2) relating to judicial or administrative proceedings or orders; (3) conducted for purposes of medical research; or (4) to obtain or maintain a license of any type.

2. Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces or as a result of military service.

3. Health services received after the date your coverage under the Policy ends, including health services for medical conditions arising prior to the date your coverage under the Policy expires.

4. Health services for a family member by birth or marriage, including spouse, brother, sister, parent or child. Foreign Services are not covered unless required as an Emergency. Fixed or removable prosthetic restoration procedures for complete or partial oral rehabilitation or reconstruction. Procedures related to the reconstruction of a patient’s correct vertical dimension of occlusion (VDO). Botox for cosmetic or unproven therapy in the treatment of dystonia. Charges for repair or replacement due to a medical condition, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body. Any Dental Service not directly associated with dental hygiene. Any Dental Procedure not performed in a dental setting. Procedures that are considered to be Experimental or Investigational or Unproven Services. This includes pharmaceutical agents not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, or Investigational or Unproven Service, treatment, device or pharmaceutical regimen is the only available treatment for a particular condition will not result in Benefits if the procedure is considered to be Experimental or Investigational or Unproven in the treatment of that particular condition. Drugs or medications, obtained either directly or indirectly, unless they are administered or utilized in the dental office during the patient visit. Setting of facial bone fractures and any treatment associated with the occlusion of dental hard tissue. Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hair or soft tissue, including section Replacement of complete dentures, fixed and removable partial dentures or crowns if damaged or broken was directly related to provider error. This type of replacement is the responsibility of the Dental Provider. Replacement is Necessary because of patient noncompliance, the patient is liable for the cost of replacement. Services visits to a medical facility in a foreign country to a medical facility in the United States.

R. Elective surgery
Complications resulting from complications of elective surgery are excluded.

S. Pediatric Dental Services
Benefits are not provided under Pediatric Dental Services for the following: Any Dental Procedure not listed as a Covered Pediatric Dental Service. Dental Services that are not Necessary. Hospitalization or other facility charges. Any Detrimental Treatment. (Cosmetic procedures are those procedures that improve physical appearance.) Restorative services performed by a provider with the same legal residence as a Covered Person are excluded. Any treatment related to a dental condition, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body. Any Dental Procedure not directly associated with dental hygiene. Any Dental Procedure not performed in a dental setting. Procedures that are considered to be Experimental or Investigational or Unproven Services. This includes pharmaceutical agents not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, or Investigational or Unproven Service, treatment, device or pharmaceutical regimen is the only available treatment for a particular condition will not result in Benefits if the procedure is considered to be Experimental or Investigational or Unproven in the treatment of that particular condition. Drugs or medications, obtained either directly or indirectly, unless they are administered or utilized in the dental office during the patient visit. Setting of facial bone fractures and any treatment associated with the occlusion of dental hard tissue. Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hair or soft tissue, including section Replacement of complete dentures, fixed and removable partial dentures or crowns if damaged or broken was directly related to provider error. This type of replacement is the responsibility of the Dental Provider. Replacement is Necessary because of patient noncompliance, the patient is liable for the cost of replacement. Services visits to a medical facility in a foreign country to a medical facility in the United States.

Medical Student Health Plan

University of Miami

Medical Student Health Plan

11
Pharmacy management program
Plan 060.

UnitedHealthcare’s pharmacy management program provides clinical pharmacy services that promote choice, accessibility and value. The program offers a broad network of pharmacies (more than 67,000 nationwide). While most pharmacies participate in our network, you should check first. Call your pharmacist or visit our online pharmacy service at myuhc.com to find locations of network retail neighborhood pharmacies by ZIP code.

Copayment per prescription order or refill.

Your copayment is determined by the tier to which the Prescription Drug List Management Committee has assigned the prescription drug product. All prescription drug products on the Prescription Drug List are assigned to Tier 1, Tier 2, Tier 3 or Tier 4. Please visit myuhc.com, or call the number on your health plan ID card to determine tier status.

For a single copayment, you may receive a prescription drug product up to the stated supply limit. Some products are subject to additional supply limits. You are responsible for paying the lower of the applicable copayment or the retail network pharmacy’s usual and customary charge.

Also note that some prescription drug products require that you notify us in advance to determine whether the prescription drug product meets the definition of a covered health service and is not experimental, investigational or unproven.

Due to health care reform law, oral contraceptive pills placed in the UnitedHealthcare Tier 1 formulary will be covered at 100 percent.


drug products on the Prescription Drug List are assigned to Tier 1, Tier 2, Tier 3 or Tier 4. Please visit myuhc.com, or call the number on your health plan ID card to determine tier status.

For a single copayment, you may receive a prescription drug product up to the stated supply limit. Some products are subject to additional supply limits. You are responsible for paying the lower of the applicable copayment or the retail network pharmacy’s usual and customary charge.

Also note that some prescription drug products require that you notify us in advance to determine whether the prescription drug product meets the definition of a covered health service and is not experimental, investigational or unproven.

Due to health care reform law, oral contraceptive pills placed in the UnitedHealthcare Tier 1 formulary will be covered at 100 percent.

Other important cost-sharing information.

NOTE: If you purchase a prescription drug product from a Out-of-network Pharmacy, you are responsible for any difference between what the Out-of-network Pharmacy charges and the amount we would have paid for the same prescription drug product dispensed by a Network Pharmacy.

<table>
<thead>
<tr>
<th>On-campus Walgreens</th>
<th>Retail Network Pharmacy</th>
<th>Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$10</td>
<td>$25</td>
</tr>
<tr>
<td>For up to a 31-day supply</td>
<td>For up to a 31-day supply</td>
<td>Up to a 90-day supply</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$35</td>
<td>$87.50</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$50</td>
<td>$125</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$100</td>
<td>$250</td>
</tr>
<tr>
<td>For up to a 31-day supply</td>
<td>For up to a 31-day supply</td>
<td>Up to a 90-day supply</td>
</tr>
</tbody>
</table>

This Summary of Benefits is intended only to highlight your benefits for outpatient Prescription Drug Products and should not be relied upon to determine coverage. Your plan may not cover all your outpatient prescription drug expenses. Please refer to your Outpatient Prescription Drug Rider and the Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the Outpatient Prescription Drug Rider or the Certificate of Coverage, the Outpatient Prescription Drug Rider and Certificate of Coverage prevail. Capitalized terms in the Benefit Summary are defined in the Outpatient Prescription Drug Rider and/or Certificate of Coverage.

Exclusions.

Exclusions from coverage listed in the Certificate apply also to this Rider. In addition, the following exclusions apply:

- Coverage for Prescription Drug Products for the amount dispensed (days supply or quantity limit) which exceeds the supply limit.
- Drugs which are prescribed, dispensed or intended for use while you are an inpatient in a Hospital, Skilled Nursing Facility, or Alternate Facility. Experimental, Investigational or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by us to be experimental, investigational or unproven. Prescription Drug Products furnished by the local, state or federal government. Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare) whether or not payment or benefits are received, except as otherwise provided by law.
- Prescription Drug Products for any condition, Injury, Sickness or mental illness arising out of, or in the course of, employment for which benefits are available under any workers’ compensation law or other similar laws, whether or not a claim for such benefits is made or payment or benefits are received.
- Any product dispensed for the purpose of appetite suppression and other weight loss products.
- A specialty medication Prescription Drug Product (such as immunizations and allergy serum) which, due to its characteristics as determined by us, must typically be administered or supervised by a qualified provider or licensed/certified health professional in an outpatient setting.
- Fertility agents or sexual enhancement drugs, such as Paroxetine, Pergonal, Clonidine, Prozac, Methadon, Seroprim, or Viagra.
- Drugs used to treat or cure baldness, anabolic steroids used for body-building, or anorectics – drugs used for the purpose of weight control.
- Durable Medical Equipment. Prescribed and non-prescribed outpatient supplies, other than the diabetic supplies and inhaler spacers specifically stated as covered.
- General vitamins, except the following which require a Prescription Order or Refill: prenatal vitamins, vitamins with fluoride, and single-entity vitamins.
- Unit dose packaging of Prescription Drug Products.
- Products. Medications used for cosmetic purposes.
- Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that are determined to not be a Covered Health Service.
- Prescription Drug Products as a replacement for a previously dispensed Prescription Drug Product that was lost, stolen, broken or destroyed. Prescription Drug Products when prescribed to treat infertility.
- Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed. Any Prescription Drug Product that is therapeutically equivalent to an over-the-counter drug. Prescription Drug Products that are available in over-the-counter form or equivalent.
- Prescription Drug Products for smoking cessation except when dispensed at the Student Health Service Pharmacy.
- Compounded drugs that do not contain at least one ingredient that requires a Prescription Order or Refill. Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier 3.
- New Prescription Drug Products and/or new dosage forms until the date they are reviewed by our Prescription Drug List Management Committee. Growth hormone therapy for children with familial short stature (short stature based upon the height of a child’s parents).
Special help for chronic conditions.

A range of resources is available if you develop a chronic health condition. Disease management programs help you better control common conditions such as asthma or diabetes. Specialized resources may help if you are affected by a transplant, cancer or congenital heart disease — from choosing the right medical center to finding a nearby hotel when you have treatment.

Privacy policy.

We know that your privacy is important to you, and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling 1-800-436-7709 or by visiting myuhc.com.

Coverage while away from home.

UnitedHealthcare contracts with 900,000 doctors and 5,500 hospitals nationwide. So when you are traveling or visiting areas outside Miami, it is possible you will be in another UnitedHealthcare contracted network. As a result, if you need to access care while outside of Miami, you can contact the Customer Care toll-free number on your health plan ID card, or you can search our online provider directory at myuhc.com to identify network doctors or other health care professionals in the area you are visiting.

When you use UnitedHealthcare doctors or other health care professionals outside of Miami, you will receive reimbursement at your network level of benefits. Enrolled individuals receive network level benefits for emergency care that meets the "prudent layperson" definition, whether they receive care from a network or out-of-network doctor or other health care professionals.

How to find mental health and substance disorder services.

Through United Behavioral Health, you will have access to more than 57,000 practitioners for personal, confidential counseling. You also can visit www.livewell.org for information on mental health and substance disorder services. This site links to the United Behavioral Health Preventive Health Program for resources and information on major depression disorders, alcohol abuse and attention deficit hyperactivity disorder.

Experienced specialists are available who can talk with you about your situation any time, day or night.

Global emergency medical assistance.

Through participation in UnitedHealthcare’s Medical Student Plan, you are eligible for global emergency medical assistance services when traveling 100 miles or more from your principal residence. Services are provided by Worldwide Assistance Services, Inc.

Services include evacuation, repatriation and return of mortal remains. Once you are ready to be released from the hospital, Worldwide Assistance will make arrangements to transport you to your residence or rehabilitation facility, with medical supervision, if necessary. More detailed information regarding this service can be obtained from Worldwide Assistance at 1-800-898-3344.

Worldwide Assistance is not travel or medical insurance, but a service provider for emergency medical assistance services. All medical costs incurred are subject to the policy limits of your health coverage.

Emergencies are covered anywhere in the world.

Claim procedure.

In the event of injury or sickness:

1. When you receive services from network providers, they will file a claim for you.
2. When you receive services from a out-of-network provider who does not file a claim, you will need to fill out a claim form and mail to the address below along with all medical and hospital bills, along with the patient name, ID number on your health plan ID card, Social Security number, address and name of your university under which you are insured.
3. File the claim within 30 days of injury or first treatment for a sickness. Bills should be received by the company within 90 days of service. Bills submitted after one year will not be considered for payment except in the case of legal capacity.

In the event there is a conflict of this brochure and the Master Policy, the Master Policy shall prevail. You can obtain a brochure or Certificate of Coverage at the Student Health Service.

Direct all claims and/or customer care inquiries to:

UnitedHealthcare Claims
P.O. Box 740800
Atlanta, GA 30374-0800
1-800-436-7709
After you’ve reached your deductible, coinsurance will apply. Coinsurance is the percentage amount. Eligible Expenses — the amount we will pay for Covered Health Services, incurred while the Policy is in effect, are determined as stated below: For Network and Student Health Service Benefits, Eligible Expenses are based on either of the following:

- When Covered Health Services are received from Network providers, Eligible Expenses are our contracted fee(s) with that provider.
- When Covered Health Services are received from Out-of-network providers as a result of an Emergency or as otherwise arranged by us, Eligible Expenses are billed charges unless a lower amount is negotiated.

For Out-of-network Benefits, Eligible Expenses are based on the following applicable criteria, to the extent available, and in the order of priority as identified below:

1. Fee(s) we are able to negotiate with the provider, such as the Shared Savings Program;
2. 110 percent of the published rates allowed by Medicare for the same or similar service;
3. 50 percent of the billed charge.

Prior Notification is required.

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Questions?
To reach a University of Miami Student Health Service provider call 305-284-9100.

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- When Covered Health Services are received from Network providers, Eligible Expenses are our contracted fee(s) with that provider.
- When Covered Health Services are received from Out-of-network providers as a result of an Emergency or as otherwise arranged by us, Eligible Expenses are billed charges unless a lower amount is negotiated.

For Out-of-network Benefits, Eligible Expenses are based on the following applicable criteria, to the extent available, and in the order of priority as identified below:

1. Fee(s) we are able to negotiate with the provider, such as the Shared Savings Program;
2. 110 percent of the published rates allowed by Medicare for the same or similar service;
3. 50 percent of the billed charge.

Prior Notification is required.

UHealth — University of Miami Hospital; UMHC — University of Miami Hospital & Clinics; UMSCCC — University of Miami Sylvester Comprehensive Cancer Center; ABLEH — Ann Bates Leach Eye Hospital.

Immunizations required for travel are covered at the Student Health Service.

Virtual Visits is not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

NurseLine is for informational purposes only. Nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor’s care. NurseLine services are not an insurance program and may be discontinued at any time.

Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. Therefore, some services may not be included in the program due to state regulations.

The Medical Student Health Plan and/or Health Discount Program may not be available in all states or for all group sizes.

All UnitedHealthcare members can access a cost estimator online tool at myuhc.com. Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available in the Health4Me mobile app, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor’s care. If you have specific health care needs, consult an appropriate health care professional. Participation in the health survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

Questions?
To reach a University of Miami Student Health Service provider call 305-284-9100.