Health care coverage that’s in a class by itself.

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 students actively enrolled in 6 or more credit hours per semester, or considered full time in a program requiring documentation of health insurance coverage, exceptions listed at www.miami.edu/student-health are eligible and may participate in the plan on a voluntary basis. All international students, regardless of credit load, are required to be insured under the policy.

Students must actively attend classes for at least the first 31 days (unless an official nondegree-seeking, noncredit courses, home-study correspondence, internet and television classes, and evening or weekend only programs or courses do not fulfill the eligibility requirements.

Eligible dependents of students, dependents of students, and your health care. Here are some of the ways becoming a UnitedHealthcare member may help.

The Counseling Center offers a variety of services to students, including short-term psychotherapy, individual and group, career and educational counseling, and assessment services to assist students in their educational and career decisions. For appointments and more information, please call 305-284-5511.

Effective and termination dates.
The Master Policy on file at the school becomes effective August 15, 2018. Coverage becomes effective on the first day of the period for which premium is paid. The Master Policy terminates August 14, 2019. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student.

Refunds of premiums will be allowed only upon entry into the U.S. Armed Forces. 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 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/checkkoosego.

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

Quick Care Options

<table>
<thead>
<tr>
<th>24/7 NurseLine</th>
<th>Needs or Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call the number on your health plan ID card for expert advice.</td>
<td>- Choosing where to get medical care.</td>
</tr>
<tr>
<td>- Finding a doctor or hospital.</td>
<td>- Health and wellness help.</td>
</tr>
<tr>
<td>- Answers to questions about medications.</td>
<td></td>
</tr>
</tbody>
</table>

Virtual Visits

Anywhere, anytime online doctor visits.

\- Cold
\- Flu
\- Fever
\- Pinky
\- Sinus problems

Convenience Care Clinic

Treatment that’s nearby.

\- Skin rash
\- Flu shot
\- Minor injuries
\- Earache

Urgent Care Center

Quicker after-hours care.

\- Low back pain
\- Respiratory (cough, pneumonia, asthma)
\- Stomach (pain, vomiting, diarrhea)
\- Infections (skin, eye, ear/nose/throat, genital-urinary)
\- Minor injuries (burns, cuts, scrapes, small fractures)

Emergency Room (ER)

For serious immediate needs.

\- Chest pain
\- Shortness of breath
\- Severe asthma attack
\- Major burns
\- Severe injuries
\- Kidney stones

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. Neither located in nor attached to 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 — Student Health Plan.

With this plan, 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. You will also receive a higher level of benefits when you seek care at UHealth facilities. In addition, you do not have to worry about any claim forms.

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.

<table>
<thead>
<tr>
<th>Undergrad/Grad Students</th>
<th>Total Annual Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduates</td>
<td>$3,096</td>
</tr>
<tr>
<td>International Graduates</td>
<td>$3,096</td>
</tr>
<tr>
<td>Domestic Graduates</td>
<td>$3,096</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>

Student Coverage Period  Effective Date  Expiration Date
Annual                      8/15/2018            8/14/2019

*U.S. Service administrative fees included

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.

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.

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.

Stay in the know.

Current member? Go to uhc.com/myhealthnews and supply your group ID number from your health plan ID card to sign up to receive your personalized newsletter.

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

Utilizing the UnitedHealthcare network.
Access to affordable health care is vital to academic success. UnitedHealthcare helps keep you and your family healthier with extensive medical coverage options, including preventive care and emergency services. It is easy to get care and maintain your health with a 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, you should know that 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. No student cost-share.
• Mammograms are covered.
• Your plan utilizes the Choice Plus network. When searching for a provider on myuhc.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.

Student Health Insurance.
Benefit Summary.

<table>
<thead>
<tr>
<th>Types of Coverage</th>
<th>Student Health Service/ Covered at 100%</th>
<th>Network Benefits/Copayment</th>
<th>Out-of-network Benefits/ Covered at 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ambulance Services Emergency only</td>
<td>Ground transportation: Not covered</td>
<td>Same as Network Benefit</td>
<td>Ground Transportation: 30% of Eligible Expenses*</td>
</tr>
<tr>
<td>2. Durable Medical Equipment (DME)</td>
<td>Covered at 100%</td>
<td>30% of Eligible Expenses*</td>
<td>40% of Eligible Expenses*</td>
</tr>
<tr>
<td>3. Emergency Health Services</td>
<td>Covered at 100%</td>
<td>$150 per visit</td>
<td>Same as Network Benefit</td>
</tr>
<tr>
<td>4. Eye Examinations</td>
<td>Covered only at Student Health Service Designated facility for one visit annually at a $22 Copayment</td>
<td>Not covered</td>
<td>Not covered</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>Not covered</td>
<td>30% of Eligible Expenses*</td>
</tr>
<tr>
<td>6. Hospice Care</td>
<td>Not covered</td>
<td>30% of Eligible Expenses*</td>
<td>40% of Eligible Expenses*</td>
</tr>
<tr>
<td>7. Hospital – Inpatient Stay</td>
<td>Not covered</td>
<td>30% of Eligible Expenses*</td>
<td>40% of Eligible Expenses*</td>
</tr>
</tbody>
</table>

*Services only provided for students, not for dependents.
### Benefit Summary continued.

<table>
<thead>
<tr>
<th>Types of Coverage</th>
<th>Student Health Service/ Copayment Amounts</th>
<th>Network Benefits/Copayment Amounts</th>
<th>Out-of-network Benefits/Copayment Amounts</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>Not covered</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>For lab and radiology/K-ray covered at 100%</td>
<td>No Benefits for Preventive Care</td>
<td>Same as 7, 9, 10, 11 and 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30% of Eligible Expenses¹</td>
<td>40% of Eligible Expenses¹</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered at 100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>For lab and radiology/K-ray</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered at 100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>30% of Eligible Expenses¹</td>
<td>40% of Eligible Expenses¹</td>
</tr>
<tr>
<td>10. Physician’s Office Services</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
<td>40% of Eligible Expenses¹</td>
</tr>
<tr>
<td>Preventive Care</td>
<td></td>
<td>40% of Eligible Expenses¹</td>
<td></td>
</tr>
<tr>
<td>Sickness and Injury</td>
<td>Covered at 100%</td>
<td>$40 per Primary Care office visit</td>
<td>40% of Eligible Expenses¹</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$40 per Specialist office visit</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered at 100%</td>
<td></td>
</tr>
<tr>
<td>Injections Received in a Physician’s Office when no other health service is received</td>
<td>Covered at 100%</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></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>13. Rehabilitation Services — Outpatient Therapy</td>
<td>Not available</td>
<td>$20 per visit</td>
<td>40% of Eligible Expenses¹</td>
</tr>
<tr>
<td>Networks and Out-of-network Benefits are limited as follows: 15 visits of physical therapy, 15 visits of occupational therapy, 15 visits of pulmonary rehabilitation; and 36 visits of cardiac rehabilitation per Policy Year. 15 additional visits will be covered for services necessary after surgery or IP hospitalization.</td>
<td></td>
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</tr>
</tbody>
</table>
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 not covered:

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

B. Comfort or convenience
Personal comfort or convenience items or services such as television; telephone; barber or beauty service; guest service; supplies; equipment and similar incidental services and supplies for personal comfort including air conditioners, air purifiers and filters, batteries and battery chargers, dynamo cells and humidiﬁers, devices or computers to assist in communication and speech.

C. Dental (For Pediatric Dental, see section below) There is no coverage for dental care, preventive care, diagnostic treatment of or related to the teeth, jawbone or gums (including extraction, restorations, and replacement of lost 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 diagnostic and preventive treatments. Treatment for congenital missing, mispositioned, or supernumerary teeth is excluded, as is anything associated with a Congenital Anomaly.

D. Drugs
Prescription drug products for outpatient use that are billed by a prescription order or refill. Self-injectable medications not in a Physician’s ofﬁce except as required in an Emergency. Over-the-counter drugs and treatments.

E. Experimental, investigational or unproven services
Experimental, Investigational or Unproven Services are excluded. The fact that an Experimental, Investigational or Unproven Service is considered to be a covered service is not the surgery is incidental to a dental condition, injury, or Congenital Anomaly, unless the physician’s documentation of the involvement of the body of the patient, any Dental Procedure not directly associated with dental condition. Any Dental Procedure not performed in a dental setting. Procedures that are considered to be Experimental or Investigational or Unproven in the treatment of a condition that is the consequence of the failure to keep a scheduled appointment without obtaining the dental ofﬁce 24 hours notice. Exclusions for Dental Procedures begin prior to the Covered Person coverage being provided through the Rider to the Policy. Dental Services otherwise covered under the Policy, but rendered after the date individual coverage under the Policy terminates, including Dental Services for dental care arising prior to the date of your coverage under the Policy. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person’s family, including spouses, brother, sister, parent or child. Services to which Benefits are available as stated in the COC. Benefits are not provided under Pediatric Vision Services for the following:

F. Foot care Routine foot care (including the cutting or removal of corns and calluses), nail trimming, cutting, or debriding; hygiene and preventive maintenance foot care; treatment of ﬂat foot or叟acement of the shoe, foot orthotics.

G. Medical supplies and appliances
Devices used speciﬁcally for an injury or to affect performance primarily in sports-related activities. Prescribed or non-prescribed medical supplies and devices for which coverage 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.

H. Foot care
Routine foot care (including the cutting or removal of corns and calluses), nail trimming, cutting, or debriding; hygiene and preventive maintenance foot care; treatment of flat foot or叟acement of the shoe, foot orthotics.

I. Health/Substance Abuse Designee. Residential treatment services. Services performed in a facility, including a free-standing or Hospital-based facility charges. Any Dental Procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve the patient’s correct vertical dimension of occlusion (VDO). Billing for incision and other such skin abrasion procedures associated with the removal of scars, latches, and/or which are performed as a treatment for acne. Replacement of an existing breast implant is excluded if the breast implant was a Cosmetic Procedure. (Replacement of an existing breast implant is considered reconstructive in nature and is therefore a Covered Covered service under the Policy.) 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. Services 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).

J. Life care
Medicare services and supplies for the following:

K. Providers
Services performed in conformance with the same standards or to the same extent as similar services performed by a Comparable Provider.

L. Reproduction
All services for fertility preservation and assisted services for infertility prevention. Surrogate parenting. The voluntary reversal of sterilization.

M. Services provided under another plan
Health Services for which coverage is required by federal, state or local law to be purchased or provided through other arrangements, including but not limited to: (1) Covered Employee’s or Covered Family Member’s employer or facility’s group health or dental insurance; (2) Veterans Administration hospitalization, auto insurance, or similar legislation. Billings for services by workers’ compensation or similar legislation paid that have covered has been excluded. Health care services for treatment of military service-related disabilities, when you are entitled as an eligible family member and are reasonably available to you. Health care services while on active military duty.

N. Transplants
Health care services for organ or tissue transplants are excluded, except those specifically described in Section 1 and 2 of the COC. Health care services connected with the removal of an organ or tissue from you for purposes of a covered donation toward the reconstruction of an affected or damaged organ. Any multiple organ transplant is considered to be Experimental or Investigational or Unproven in the treatment of a condition that is the consequence of the failure to keep a scheduled appointment without obtaining the dental ofﬁce 24 hours notice. Exclusions for Dental Procedures begin prior to the Covered Person coverage being provided through the Rider to the Policy. Dental Services otherwise covered under the Policy, but rendered after the date individual coverage under the Policy terminates, including Dental Services for dental care arising prior to the date of your coverage under the Policy. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person’s family, including spouses, brother, sister, parent or child. Services to which Benefits are available as stated in the COC. Benefits are not provided under Pediatric Vision Services for the following:

O. Travel
Health services provided in a foreign country, unless required as Emergency Health Services for which you are participating in a student sponsored program outside of the United States. Benefits are provided for these Covered Students and their Enrolled Dependents for Covered Services as Out-of-Benefits, except for Emergency Health Services which are provided as Network Beneﬁts.

P. Transportation expenses, even though prescribed by a Physician Services for which you are required to covered transportation services may be reimbursed at our discretion.

Q. Other exclusions
Health care services and supplies that do not meet the deﬁnition of a Covered Health Service — see deﬁnition in Section 10 of the COC. 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 (including NCAA sports activities), 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.

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:

T. Pediatric Vision Services
Benefits are not provided under Pediatric Vision Services for the following:

Exclusions — UnitedHealthcare Insurance Company.

— University of Miami

Student Health Plan

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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 health service and is not experimental, investigational or unproven.

Other important cost-sharing information.

NOTE: If you purchase a Prescription Drug Product from an Out-of-network Pharmacy, you are responsible for paying the lower of the applicable copayment or the retail network pharmacy’s usual and customary charge.

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

<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>$20</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$35</td>
<td>$45</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$50</td>
<td>$65</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$100</td>
<td>$100</td>
</tr>
</tbody>
</table>

Specialty medications must be obtained through the OptumRx® Specialty Pharmacy Program.

Please call 1-888-739-5820 for more information.

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.

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 Parlodol, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
- Drugs used to treat or cure baldness, anabolic steroids used for body-building, or anoretics – 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. 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 heredity and not caused by a diagnosed medical condition).
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.

Global emergency medical assistance.
Through participation in the Student Health 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.

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.liveandworkwell.com 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.

Claim procedure.

In the event of injury or sickness:

1. Report to the Student Health Service or infirmary for treatment or referral, or when not in school, to the nearest physician or hospital.
2. If the provider 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 30 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 Care Services are received from Network providers, Eligible Expenses are our contracted fee(s) with that provider.
• When Covered Health Care 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% of the published rates allowed by Medicare for the same or similar service;
3. 50% 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 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.