Health care coverage that earns really high marks.

Medical Student Health Plan
University of Miami 2020 - 2021
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.
• Large national pharmacy network.
• 123,000+ 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 insurance coverage), 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 they are 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>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS1 MD ONLY</td>
<td>July 13, 2020 - June 30, 2021</td>
</tr>
<tr>
<td>MS 2-4 MD and MD/MPH</td>
<td>July 1, 2020 - June 30, 2021</td>
</tr>
<tr>
<td>MS1 MD/MPH</td>
<td>June 29, 2020 - June 30, 2021</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 (PCP) or family doctor first. Your PCP 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 PCP 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/checkchoosego.

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

**Virtual Visits**
Anywhere, anytime online doctor visits.

- Cold
- Flu
- Fever

**Convenience Care Clinic**
Treatment that’s nearby.

- Skin rash
- Flu shot

**Urgent Care Center**
Quicker after-hours care.

- Low back pain
- Respiratory (cough, pneumonia, asthma)
- Stomach (pain, vomiting, diarrhea)

**Emergency Room (ER)**
For serious immediate needs.

- Chest pain
- Shortness of breath
- Severe asthma attack

**Freestanding ERs**
Many people have been surprised by their bill after visiting a freestanding emergency room (FSER). FSERs, sometimes referred to as urgent 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.

**How to enroll dependents.**
For questions about enrolling dependents of medical students, please contact Academic Health Plans (AHP) at 855-844-3001 or visit www.myahpcare.com.

### How to enroll dependents.

**Medical Student Health Plan**

- MS1 MD ONLY
- MS 2-4 MD and MD/MPH
- MS1 MD/MPH

For more information, please contact Academic Health Plans at 855-844-3001.
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.

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 and 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.

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

Important:
When searching for a provider on myuhc.com, please select Find a Doctor. The name of your UnitedHealthcare plan is “Choice Plus.”
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 easier 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 myuhc.com, please select Find a Doctor. The name of your UnitedHealthcare plan is "Choice Plus."

Medical Student Health Insurance.

Benefit Summary.

<table>
<thead>
<tr>
<th>Types of Coverage</th>
<th>Student Health Service*</th>
<th>Copayment Amounts</th>
<th>Network Benefits</th>
<th>Out-of-network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ambulance Services</td>
<td>Emergency only</td>
<td>Ground Transportation: Not covered</td>
<td>Ground Transportation: 30% of Eligible Expenses</td>
<td>Annual Deductible: No Annual Deductible.</td>
</tr>
<tr>
<td>2. Durable Medical Equipment (DME)</td>
<td>Covered at 100% at SHS</td>
<td>30% of Eligible Expenses</td>
<td>40% of Eligible Expenses</td>
<td>Annual Deductible: $5,000 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>$200 per visit</td>
<td>Same as Network Benefit</td>
<td></td>
</tr>
<tr>
<td>4. Eye Examinations</td>
<td>Covered at 100%</td>
<td>$200 per visit</td>
<td>Same as Network Benefit</td>
<td></td>
</tr>
<tr>
<td>5. Hospital 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>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>6. Hospice Care</td>
<td>Not covered</td>
<td>30% of Eligible Expenses</td>
<td>40% of Eligible Expenses</td>
<td></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>
<td></td>
</tr>
</tbody>
</table>
### Benefit Summary (cont.)

<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 9, 10, 11 and 12. Maternity not available at UM facilities and therefore 15% of Eligible Expenses benefit not available. Physician Office visits for prenatal care are covered at 100% after the first visit.</td>
<td>Same as 9, 10, 11 and 12. 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>[Details not provided]</td>
<td>[Details not provided]</td>
<td>[Details not provided]</td>
</tr>
<tr>
<td>Outpatient Diagnostic Services</td>
<td>For lab and radiology/X-ray: Covered at 100%</td>
<td>No Benefits for Preventive Care</td>
<td>[Details not provided]</td>
</tr>
<tr>
<td>Outpatient Diagnostic/Therapeutic Services — CT Scans, PET Scans, MRI and Nuclear Medicine</td>
<td>Not covered</td>
<td>30% of Eligible Expenses for services at UHealth</td>
<td>40% of Eligible Expenses</td>
</tr>
<tr>
<td>Outpatient Therapeutic Treatments (DIALYS, CHEMOTHERAPY)</td>
<td>Not covered</td>
<td>30% of Eligible Expenses for services at UHealth</td>
<td>40% of Eligible Expenses</td>
</tr>
<tr>
<td>10. Physician's Office Services</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
<td>40% of Eligible Expenses</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
<td>40% of Eligible Expenses</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 Expenses</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 Expenses</td>
</tr>
<tr>
<td>11. Professional Fees for Surgical and Medical Services</td>
<td>Not covered</td>
<td>30% of Eligible Expenses for services at UHealth</td>
<td>40% of Eligible Expenses</td>
</tr>
<tr>
<td>12. Reconstructive Procedures</td>
<td>Same as 7, 9, 10, 11 and 12</td>
<td>Same as 7, 9, 10, 11 and 12</td>
<td>40% of Eligible Expenses</td>
</tr>
<tr>
<td>13. Rehabilitation Services — Outpatient Therapy</td>
<td>Not covered</td>
<td>$20 per visit</td>
<td>40% of Eligible Expenses</td>
</tr>
<tr>
<td>Network and Out-of-network Benefits are limited as follows: 15 visits of physical therapy; 15 visits of occupational therapy; 15 visits of speech therapy; 15 visits of pulmonary rehabilitation; and 36 visits of cardiac rehabilitation per Policy Year. Additional visits will be covered for services necessary after surgery or IP hospitalization.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
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<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 Expenses</td>
<td>40% of Eligible Expenses</td>
</tr>
<tr>
<td>Network and Out-of-network Benefits are limited to 60 days per Policy Year.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation Services</td>
<td>Not covered</td>
<td>30% of Eligible Expenses</td>
<td>40% of Eligible Expenses</td>
</tr>
<tr>
<td>16. Urgent Care Center Services</td>
<td>Not covered</td>
<td>$50 per visit</td>
<td>40% of Eligible Expenses</td>
</tr>
<tr>
<td>17. Elective Termination of Pregnancy</td>
<td>Not covered</td>
<td>30% of Eligible Expenses</td>
<td>40% of Eligible Expenses</td>
</tr>
<tr>
<td>18. Virtual Visits</td>
<td>Available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Network Provider by going to mystudenthealth.com or by calling the telephone number on your ID card.</td>
<td>No copayment</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Additional Benefits

- **Mental Health and Substance Abuse Disorder Services — Outpatient (Services provided by United Behavioral Health)**
  - Must receive prior authorization through the Mental Health/Substance Disorder Services Designee for Network and Out-of-network Benefits. Not covered
  - Covered at 100% per Policy Year. Not covered
- **Mental Health and Substance Abuse Disorder Services — Inpatient and Intermediate (Services provided by United Behavioral Health)**
  - Must receive prior authorization through the Mental Health/Substance Disorder Services Designee for Network and Out-of-network Benefits. Not covered
  - Covered at 100% per Policy Year. Not covered
- **Spinal Treatment**
  - Benefits include diagnosis and related services and are limited to 24 visits per Policy Year. Not covered
  - Covered at 100% per Policy Year. Not covered
- **Pediatric Vision Services**
  - Benefits covered up to age 18. Not covered
  - Please refer to your COC for specific coverage information.
- **Pediatric Dental Services**
  - Benefits covered up to age 18. Not covered
  - Please refer to your COC for specific coverage information.
- **Transgender services (hormone therapy, gender confirmation surgery and psychological support)**
  - Covered, please refer to your COC for specific coverage information.
  - Please refer to your COC for specific coverage information.
Exclusions—UnitedHealthcare Insurance Company.

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; hypnosis; massage, therapy; aroma therapy; acupuncture; and other forms of alternative treatment.

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

C. Dental (For Pediatric Dental, see section B below)
There is no coverage for dental care, preventive care, diagnostic treatment, or treatment of oral 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, fees, and services. Treatment for congenital missing, malpositioned or supernumerary teeth is excluded, if it is part of a Congenital Anomaly.

D. Drugs
Prescription drug products for outpatient use that are filled by a prescription order or refill. Self-injectable medications. Non-injectable medications given in a Physician’s office except as required in an Emergency. Over-the-counter drugs except as required in an Emergency.

E. Experimental, investigational or unproven services
Experimental. Insurances are excluded. The fact that an Experimental, 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, 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, wart treatment, and similar services are excluded. Services required to maintain hygiene and prevent maintenance foot care; treatment of flat feet or flattening of the foot; shoe orthotics.

G. Medical supplies and appliances
Devices used specifically for the performance or affect performance to specifically perform in sports-related activities. Prescribed or nonprescribed medical supplies and devices or parts thereof that are not available for treatment of 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. Mental Health/Substance Disorders Services
Services performed in conditions with classification not covered in the current edition of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition or the American Psychiatric Association. Services that extend beyond the period necessary for short-term evaluation, diagnosis, treatment or crisis intervention. Mental Health treatment of inpatients and outpatients, and mental health treatment of inmates or prisoners, and mental health services to persons 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 fundamentally modified or management according to prevailing national standards of clinical practice, as reasonably determined by the Mental Health/Substance Disorders Services Designee.

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

J. Physical appearance
Cosmetic Procedures including, but not limited to, pharmacological, surgical, nutritional procedures or treatments, saunas, cosmesurgery and other such 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 reasonable and necessary when the earlier breast implant is replaced as a result of a medical condition or an accident.)

K. Pharmacologic Regimens
Pharmacologic Regimens performed by a provider with your same legal residence or who is a family member by birth or marriage, and/or grandparent, and/or child. Services provided at a freestanding 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 that are sterilization and associated expenses for infertility services. Surrogacy parentage. Voluntary sterilization.

M. Services provided under another plan
Health care services for which other coverage is required by federal, state or local law to be purchased or provided through other arrangements, including, but not limited to, Health Maintenance Organizations, group health plans, health care insurance or automobile insurance similar or related. If coverage under workers’ compensation or similar legislation is optional because you could elect otherwise, you could be elected for it. Benefits will not be paid for any injury.

N. Transplants
Health care services for organ or tissue transplants are excluded, except those specified 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 transplantation by another person are excluded. Health care services for organ or tissue transplants involving mechanical or animal organs. Any multiple organ transplant was a Cosmetic Procedure. (Replacement of an existing breast implant is excluded if the earlier breast implant was a Cosmetic Procedure. (Replacement of an existing breast implant is a considered reasonable and necessary when the earlier breast implant is replaced as a result of a medical condition or an accident.)

O. Travel
Health services provided in a foreign country, unless required as Emergency Health services, and treatment or care not provided as part of a Covered Student’s participation in a school-sponsored program outside of the United States. Benefits are provided to those Covered Students and their Enrolled Dependent as Covered Health Services as Out-of-network Benefits, except for Emergency Health Services, which are provided as Network Benefits.

• Travel or transportation expenses, even though prescribed by a Physician or if you are required to cover transportation services may be reimbursed at our discretion.

• 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 T below)

P. 1 Vision services or treatments for seeing (other than aid devices for seeing). Seeing vision exams, including refraction, to determine vision impairment and the need for corrective lenses or contact lenses. Eye exercise therapy. Surgery that is intended to allow you to see better without glasses or vision correction, including keratoplasty, laser and other refractive eye surgery.

P. 2 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.

• 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 of any country.

• Health care 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 terminates.

• Health care services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Policy.

• In the event that an Out-of-network provider waives Copayments and/or the Annual Deductible for a particular health service, no Benefits are provided for the health service for which Copayments and/or the Annual Deductible are waived.

• Charges in excess of Eligible Expenses or in excess of any specified limitation. Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), whether or not the services are considered to be medical or dental in nature.

• Charges in excess of any allowed charges or any charges related to provider error. This type of replacement is the responsibility of the Dental Provider. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery, except as required for direct treatment of ADD and ADHD is covered under the prescription drug benefit. Testing and treatment for ADD and ADHD are not covered. Prescriptions for treatment of ADD and ADHD are covered under the prescription drug benefit.

• Any Dental Service or Procedure not listed as a Covered Pediatric Dental Service or Procedure.

• Any Dental Service or Procedure not listed as a Covered Pediatric Dental Service with a Certificate of Coverage (COC) or through a Rider to the Policy, but rendered after the date individual coverage under the Policy terminates.

• Charges in excess of any allowed charges or any charges related to provider error. This type of replacement is the responsibility of the Dental Provider. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery, except as required for direct treatment of ADD and ADHD is covered under the prescription drug benefit. Testing and treatment for ADD and ADHD are not covered. Prescriptions for treatment of ADD and ADHD are covered under the prescription drug benefit.

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

S. Pediatric Dental Services
Benefits are provided under the Pediatric Dental Services for the following:

Any Dental Service or Procedure not listed as a Covered Pediatric Dental Service with a Certificate of Coverage (COC) or through a Rider to the Policy, but rendered after the date individual coverage under the Policy terminates.

This includes pharmaceutical regimens not approved by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, 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, Investigational Unproven or the treatment of that particular condition.

Dental services are excluded, unless they are dispensed and utilized in the dental office during the patient visit. Self-injectable medications. Replacement of any partial dentures, fixed or removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dental Provider. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery, except as required for direct treatment of ADD and ADHD is covered under the prescription drug benefit. Testing and treatment for ADD and ADHD are not covered. Prescriptions for treatment of ADD and ADHD are covered under the prescription drug benefit.
Pharmacy management program
Plan 060.
This UnitedHealthcare plan includes pharmacy services with choice, accessibility and value. While most pharmacies participate in our network, you should check before filling. Call your pharmacist or visit myuhc.com to find nearby network retail neighborhood pharmacies by ZIP code.

Prescription order or refill and copayments.
All covered prescription drug products on the Prescription Drug List (PDL) are placed on Tier 1, Tier 2, Tier 3 or Tier 4. Please visit myuhc.com, or call the number on your health plan ID card to find tier placement.
For a single copayment, you may get up to the covered supply amount. Some products are subject to supply limits.
Some prescriptions require prior authorization. This means your doctor will have to give us more information about why the drug is right for you before we will cover it.
Due to health care reform law, many contraceptives are covered 100%. Refer to myuhc.com for a more complete list.

Other important cost-sharing information.
NOTE: If you purchase a Prescription Drug Product from an Out-of-network Pharmacy, you will have to pay the difference between what the Out-of-network Pharmacy price and what the network pharmacy cost would be. This could be higher than your normal copay.

<table>
<thead>
<tr>
<th>On-campus Walgreens</th>
<th>Retail Network Pharmacy</th>
<th>Home Delivery</th>
</tr>
</thead>
<tbody>
<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 1</td>
<td></td>
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<tr>
<td>$10</td>
<td>$20</td>
<td>$25</td>
</tr>
<tr>
<td>Tier 2</td>
<td></td>
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<tr>
<td>$35</td>
<td>$45</td>
<td>$87.50</td>
</tr>
<tr>
<td>Tier 3</td>
<td></td>
<td></td>
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<tr>
<td>$70</td>
<td>$85</td>
<td>$125</td>
</tr>
<tr>
<td>Tier 4</td>
<td></td>
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</tr>
<tr>
<td>$150</td>
<td>$150</td>
<td>$250</td>
</tr>
</tbody>
</table>

Specialty medications must be filled through the OptumRx® Specialty Pharmacy Program. Please call 888-739-5820 for more information.

Pharmacy benefit exclusions.
Exclusions from coverage are listed in the Certificate and the Rider and include, but are not limited to:

- 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.
- Fertility agents or sexual enhancement drugs, such as Parlodol®, Clomid®, Prozac®, Serophene® or Viagra®.
- Drugs used to treat or cure baldness, anabolic steroids used for bodybuilding 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.
- 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).

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.
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 non-public 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 non-public personal information. You may obtain a copy of our privacy practices by calling 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 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 123,000+ practitioners for personal, confidential counseling. You also can visit 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.

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 Global Medical Management, Inc.

Services include evacuation, repatriation and return of mortal remains. Once you are ready to be released from the hospital, Global Medical Management 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 Global Medical Management at 800-898-3344.

Global Medical Management 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 service inquiries to:

UnitedHealthcare Claims
P.O. Box 740800
Atlanta, GA 30374-0800
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.

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 are 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. Payment for Virtual Visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. The Designated Virtual Visit Provider’s reduced rate for a virtual visit is subject to change at any time.

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.

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.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

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.