2015–2016
Student Injury and Sickness Plan for University of Alaska Fairbanks

Who is eligible to enroll?
All students who are enrolled in a UAF graduate program and are paid a stipend must be enrolled in this plan on a mandatory basis. The premium is paid by the University on behalf of the student. Enrollment is not automatic. Graduate students must come to the Office of the Graduate School and show a copy of their contract letter to complete the enrollment process. Eligible students may also insure their Dependents. Eligible Dependents are the student’s spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of the Brochure for the specific requirements needed to meet Domestic Partner eligibility.

Where can I get more information about the benefits available?
Please read the plan brochure to determine whether this plan is right before you enroll. The plan brochure provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the plan brochure are available from the University and may be viewed at www.uhcsr.com/uaf.

Who can answer questions I have about the plan?
If you have questions please contact Customer Service at 1-888-344-5989 or customerservice@uhcsr.com.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2015-335-2. The Policy is a Non-Renewable One-Year Term Policy.
<table>
<thead>
<tr>
<th>Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
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<tbody>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
<td>There is no overall maximum dollar limit on the policy</td>
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<tr>
<td><strong>Plan Deductible</strong></td>
<td>Each Insured Person is responsible for satisfaction of an initial $400 Preferred Provider and $800 Out-of-Network Deductible per Policy Year. Once the initial Deductible has been met, the Company will pay Covered Medical Expenses incurred at 80% for Preferred Providers and 70% for Out-of-Network Providers up to $2,500. After the Company has paid $2,500, the Insured Person is responsible for satisfaction of an additional $5,000 Preferred Providers Deductible and $5,000 Out-of-Network Deductible Per Policy Year. Once the Deductible has been satisfied, the Company will pay Covered Medical Expenses incurred at 80% for Preferred Providers and 70% for Out-of-Network Providers.</td>
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<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.</td>
<td>$6,350 Per Insured Person, Per Policy Year $12,700 For all Insureds in a Family, Per Policy Year</td>
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<tr>
<td><strong>Coinsurance</strong></td>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Mail order through UHCP at 2.5 times the retail copay up to a 90 day supply. (Prescription Drugs dispensed at the Student Health Center are payable at 100% and are not subject to the Copays. Self-Injectables are not covered.)</td>
<td>$25 Copay for Tier 1 $45 Copay for Tier 2 $75 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) $25 Deductible per prescription for generic drugs $75 Deductible per prescription for brand name up to a 31 day supply per prescription</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see <a href="http://www.healthcare.gov">www.healthcare.gov</a> for complete details of the services provided for specific age and risk groups.</td>
<td>100% of Preferred Allowance Usual and Customary Charges</td>
</tr>
<tr>
<td><strong>The following services have per Service Copays/Deductibles</strong></td>
<td>Medical Emergency: $100 (waived if admitted to the Hospital and in addition to the Policy Deductible.)</td>
<td>Medical Emergency: $100 (waived if admitted to the Hospital and in addition to the Policy Deductible.)</td>
</tr>
<tr>
<td><strong>Pediatric Dental and Vision Benefits</strong></td>
<td>Refer to the plan brochure for details (age limits apply).</td>
<td></td>
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</tbody>
</table>

**Preferred Providers**
The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: http://www.uhcsr.com/lookupredirect.aspx?delsys=01.
Online Services
UnitedHealthcare Student Resources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at www.uhcsr.com/myaccount. To create an online account, select the "create My Account Now" link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple’s App Store.

Global Emergency Services
If you are a member insured with this insurance plan, you and your insured spouse or Domestic Partner and minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International students, insured spouse or Domestic Partner and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic students, insured spouse or Domestic Partner and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Services include:
- Transfer of Insurance Information to Medical Providers
- Monitoring of Treatment
- Transfer of Medical Records
- Medication, Vaccine
- Worldwide Medical and Dental Referrals
- Dispatch of Doctors/Specialists
- Emergency Medical Evacuation
- Facilitation of Hospital Admittance up to $5,000.00 payment (when included with Your enrollment in a UnitedHealthcare Student Resources health insurance policy)
- Transportation to Join a Hospitalized Participant
- Transportation After Stabilization
- Coordinate the replacement of Corrective Lenses and Medical Devices
- Emergency Travel Arrangements
- Hotel Arrangements for Convalescence
- Continuous Updates to Family and Home Physician
- Return of Dependent Children
- Replacement of Lost or Stolen Travel Documents
- Repatriation of Mortal Remains
- Worldwide Destination Intelligence Destination Profiles
- Legal Referral
- Transfer of Funds
- Message Transmittals
- Translation Services
- Security and Political Evacuation Services
- Natural Disaster Evacuation Services

Please visit www.uhcsr.com/UHCGlobal for the UnitedHealthcare Global brochure which includes service descriptions and program exclusions and limitations.

To access services please call:
(800) 527-0218 Toll-free within the United States
(410) 453-6330 Collect outside the United States

Services are also accessible via e-mail at assistance@UHCGlobal.com.
When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:
- Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on your Medical ID Card;
- Description of the patient's condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

UnitedHealthcare Global is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. Please refer to the UnitedHealthcare Global information in My Account at www.uhsr.com/MyAccount for additional information, including limitations and exclusions.

Exclusions and Limitations:
No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acne.
2. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
3. Learning disabilities.
4. Circumcision except as specifically provided in the policy benefits for Routine Newborn Care.
5. Cosmetic procedures, except reconstructive procedures to:
   - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy. The primary result of the procedure is not a changed or improved physical appearance.
   - Treat or correct Congenital Conditions of a Newborn or adopted Infant.
6. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As described under Dental Treatment in the policy.
   - As specifically provided in the Schedule of Benefits.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
8. Foot care for the following:
   - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).
   This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
9. Hearing examinations, except as specifically provided in the Benefits for Newborn Infant Hearing Screening. Other treatment for hearing defects and hearing loss. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
   This exclusion does not apply to:
   - Hearing defects or hearing loss as a result of an infection or Injury.
11. Immunizations, except as specifically provided in the policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy.
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. Injury sustained while:
   - Participating in any interscholastic, intercollegiate or professional sport, contest or competition.
   - Traveling to or from such sport, contest or competition as a participant.
   - Participating in any practice or conditioning program for such sport, contest or competition.
14. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
15. Prescription Drugs, services or supplies as follows:
   - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy.
   - Immunization agents, except as specifically provided in the policy. Biological sera. Blood or blood products administered on an outpatient basis.
   - Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs.
   - Products used for cosmetic purposes.
   - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Growth hormones.
• Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

16. Reproductive/Infertility services including but not limited to the following:
• Procreative counseling.
• Genetic counseling and genetic testing.
• Cryopreservation of reproductive materials. Storage of reproductive materials.
• Fertility tests.
• Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
• Premarital examinations.
• Impotence, organic or otherwise.
• Female sterilization procedures, except as specifically provided in the policy.
• Vasectomy.
• Reversal of sterilization procedures.
• Sexual reassignment surgery.

17. Research or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the policy for Approved Clinical Trials and Benefits for Routine Care Costs for Cancer Clinical Trials.

18. Routine eye examinations, except as specifically provided in Benefits for Well-Baby Exams. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
• When due to a covered Injury or disease process.
• To benefits specifically provided in Pediatric Vision Services.

19. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy benefit for Routine Newborn Care.

20. Preventive services, including:
• Routine physical examinations and routine testing.
• Preventive testing or treatment.
• Screening exams or testing in the absence of Injury or Sickness.
This exclusion does not apply to benefits specifically provided in the policy for Preventive Care Services or as specifically provided in the policy Schedule of Benefits.

21. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.

22. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Temporomandibular joint dysfunction. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.


24. Sleep disorders.

25. Speech therapy, except as specifically provided in the policy benefit for Physiotherapy.

26. Supplies, except as specifically provided in the policy.

27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.

28. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

29. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).


Note: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.
NOTICE:
The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC2

1. Added section for Global Emergency Services

NOC1 (10/2/15)

Updated eligibility to the following –

All Domestic students who are enrolled in a UAF graduate program and are paid a stipend must be enrolled in this plan on a mandatory basis. The premium is paid by the University on behalf of the student. Enrollment is not automatic. Graduate students must come to the Office of the Graduate School and show a copy of their contract letter to complete the enrollment process. Eligible students may also insure their Dependents. Eligible Dependents are the student’s spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions of the Brochure for the specific requirements needed to meet Domestic Partner eligibility.