Health care with a difference.
Medical Student Health Plan | University of Miami | 2009 - 2010
Thank you for considering UnitedHealthcare as your provider of health benefit coverage.

We know 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 can help.

A really big network
Our network is one of the largest in the nation, with more than 583,000 doctors and 4,910 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. Your benefits travel with you.

With a nationwide network, your benefit coverage travels with you:
• 583,000 doctors
• 4,910 hospitals
• 60,000 pharmacies
• 57,000 counseling and mental health practitioners

Eligibility
All domestic and international medical students actively enrolled in six 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 records to verify that the policy eligibility requirements have been met. If and whenever UnitedHealthcare discovers that the policy eligibility requirements have not been met, it may discontinue coverage and its only obligation is refund of premium.

Eligible medical students who do enroll also may insure their dependents at the time the student is first able to enroll in the plan (within 14 days of the start of the semester), except for a change in dependent status due to a life event. Eligible dependents are the spouse and their children under age 25 who are not self-supporting, who live with the insured person or who are full-time or part-time students. Dependent eligibility expires concurrently with that of the insured medical student.

Effective and termination dates
Medical student coverage begins July 1, 2009, and ends June 30, 2010.

Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by UnitedHealthcare (or its authorized representative), whichever is later. 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 medical student or extend beyond that of the insured medical student.

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, one-year term policy.

Extension of benefits after termination
The coverage provided under the policy ceases on the termination date. However, if an insured person is totally disabled on the termination date from a covered injury or sickness for which benefits are payable before the termination date, covered medical expenses for such injury or sickness will continue to be paid as long as the condition continues but not to exceed 12 months after the termination date.

If an insured is person pregnant on the termination date and the conception occurred while covered under this policy, covered medical expenses for such pregnancy will continue to be paid through the term of the pregnancy.

The total payments made in respect of the insured person for such condition both before and after the termination date will never exceed the maximum benefit. After this “Extension of Benefits” provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.
Summary of benefits – UnitedHealthcare Benefit Plan

With this plan, you will receive the highest level of benefits when you seek care at UHealth facilities or 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 a non-network physician, facility 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 Maximum. We recommend that you ask non-network physicians or health care professionals about their billed charges before you receive care.

Oral contraceptives are not covered under this plan, except when dispensed at the Student Health Service pharmacy. For more information, please see page 10.

<table>
<thead>
<tr>
<th>Medical Students</th>
<th>Annual Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,907.00</td>
</tr>
<tr>
<td>Spouse Under Age 25</td>
<td>$4,245.00</td>
</tr>
<tr>
<td>Spouse Age 25-34</td>
<td>$5,175.00</td>
</tr>
<tr>
<td>Spouse Age 35-44</td>
<td>$6,604.00</td>
</tr>
<tr>
<td>Spouse Age 45 and Older</td>
<td>$8,464.00</td>
</tr>
<tr>
<td>Each Child</td>
<td>$1,744.00</td>
</tr>
</tbody>
</table>

Student Coverage Period

<table>
<thead>
<tr>
<th>Medical Students</th>
<th>Effective Date</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Students</td>
<td>7/01/2009</td>
<td>6/30/2010</td>
</tr>
</tbody>
</table>

Important words to understand

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 Maximum - you share expenses until you reach a yearly limit on how much you have to pay.

Network vs. Non-Network - network means you receive care from a doctor, specialist, hospital or other provider or facility that participates in a medical plan’s network. Non-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 non-network care.

Better manage your benefit plan

When you become a member, your main tool for managing your benefit plan is myuhc.com®. Once you’ve enrolled, just register to access your personal plan information. A few clicks and you can search the directory for a network doctor or hospital in your area. You also can see what services are covered and how much you’ll pay for a copayment and deductible.*

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

Other myuhc.com features:

• Track your claims to see when they are paid
• Create an emergency medical ID card
• Find the cost of many different medical services in your area by using the Treatment Cost Estimator

Health planning tools: Get well, stay well

You may be surprised to know that as a member, you get more than just benefit coverage. On myuhc.com, you also have a wealth of online tools, information and programs to help you obtain and maintain good health.

Gauge your health status by taking a Personal Health Assessment.

Manage your health and wellness with the Personal Health Record.

Choose from several health improvement tools to begin your healthy journey.

Receive discounts on thousands of wellness products and services.

Keep track of your progress with personal journaling and other wellness tools.

Learn healthy tips and trivia with wellness quizzes and games.

Read up on health topics in our vast libraries of health and wellness articles.

Sign up for a personalized e-mail newsletter - go to www.uhc.com/myhealthnews and supply your group ID number from your member ID card.

* Check your benefit plan documents to verify your coverage levels.
UnitedHealthcare Medical Student Health Insurance Plan

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

UnitedHealthcare's network plan 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 try to receive care from UHealth facilities or other network providers. You also may choose to seek care outside the network. However, you should know that care received from a non-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 maximum. We recommend that you ask non-network physicians or health care professionals for information about their billed charges before you receive care.

Some of the 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 CoordinationSM 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.
• Mammograms are covered.
• Oral and hormonal contraception is covered when dispensed at the Student Health Service Pharmacy. For more information, please see page 10.
• As a reminder, medical students have the option of seeking services at the Student Health Service Pharmacy. For more information, please call the Student Health Service Pharmacy at 305-284-5927.
• Your plan utilizes the Choice Plus network. When searching for a provider on myuhc.com, please select “UnitedHealthcare Choice Plus” from the drop down menu under “Select a Plan.”

Medical Student Health Insurance

Benefits summary

<table>
<thead>
<tr>
<th>Types of Coverage</th>
<th>Network Benefits</th>
<th>Non-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ambulance Services Emergency only</td>
<td>Ground Transportation: 30% of Eligible Expenses1</td>
<td>Same as Network Benefit</td>
</tr>
<tr>
<td></td>
<td>Air Transportation: 30% of Eligible Expenses1</td>
<td></td>
</tr>
<tr>
<td>2. Durable Medical Equipment (DME) Network and non-Network Benefits for DME are limited to $2,500 per Policy Year</td>
<td>30% of Eligible Expenses1</td>
<td>40% of Eligible Expenses1 2</td>
</tr>
<tr>
<td>3. Emergency Health Services</td>
<td>$150 per visit</td>
<td>Same as Network Benefit</td>
</tr>
<tr>
<td></td>
<td>Notification is required if results in an Inpatient Stay</td>
<td></td>
</tr>
<tr>
<td>4. Eye Examinations Covered for medical students at the Student Health Service designated facility, for one visit annually, at a $20 Copayment. For more information, please call the Student Health Service at 305-284-5927.</td>
<td>Covered for medical students at the Student Health Service designated facility, for one visit annually, at a $20 Copayment. For more information, please call the Student Health Service at 305-284-5927.</td>
<td></td>
</tr>
<tr>
<td>5. Home Health Care Network and non-Network Benefits are limited to 60 visits for skilled care services per Policy Year.</td>
<td>30% of Eligible Expenses1</td>
<td>40% of Eligible Expenses1 2</td>
</tr>
<tr>
<td>6. Hospice Care</td>
<td>30% of Eligible Expenses1</td>
<td>40% of Eligible Expenses1 2</td>
</tr>
</tbody>
</table>

1 After you’ve reached your deductible, coinsurance will apply. Coinsurance is the percentage amount.
2 Prior Notification is required.
### Types of Coverage

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Network Benefits</th>
<th>Non-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital - Inpatient Stay</strong></td>
<td>30% of Eligible Expenses</td>
<td>40% of Eligible Expenses¹²</td>
</tr>
<tr>
<td></td>
<td>10% of Eligible Expenses for services at UMH, UMHC, UMSCCC, ABLEH¹²</td>
<td></td>
</tr>
<tr>
<td><strong>Maternity Services</strong></td>
<td>Same as 7, 9, 10 and 11</td>
<td>Same as 7, 9, 10 and 11¹¹</td>
</tr>
<tr>
<td></td>
<td>Covered at 100% applies to Physician Office visits for prenatal care after the first visit.</td>
<td>Notification is required if Inpatient Stay exceeds 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.</td>
</tr>
<tr>
<td><strong>Outpatient Surgery, Diagnostic and Therapeutic Services</strong></td>
<td>30% of Eligible Expenses</td>
<td>40% of Eligible Expenses¹¹</td>
</tr>
<tr>
<td></td>
<td>10% of Eligible Expenses for services at UMH, UMHC, UMSCCC, ABLEH¹²</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outpatient Lab &amp; Radiology (LabCorp is the preferred lab)</td>
<td>No Benefits for Preventive Care</td>
</tr>
<tr>
<td></td>
<td>CT Scans, Pet Scans, MRI and Nuclear Medicine</td>
<td>30% of Eligible Expenses</td>
</tr>
<tr>
<td></td>
<td>Outpatient Therapeutic Treatments (dialysis, chemotherapy)</td>
<td>40% of Eligible Expenses¹¹</td>
</tr>
<tr>
<td></td>
<td>10% of Eligible Expenses for services at UMH, UMHC, UMSCCC, ABLEH¹²</td>
<td></td>
</tr>
<tr>
<td><strong>Physician’s Office Services</strong></td>
<td>Covered at 100% at the Student Health Service</td>
<td>30% of Eligible Expenses¹¹</td>
</tr>
<tr>
<td></td>
<td>Preventive Care</td>
<td>40% of Eligible Expenses¹¹</td>
</tr>
<tr>
<td></td>
<td>Sickness and Injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Injections Received in a Physician’s Office when no other health service is received</td>
<td>40% of Eligible Expenses¹¹</td>
</tr>
<tr>
<td><strong>Professional Fees for Surgical and Medical Services</strong></td>
<td>30% of Eligible Expenses¹²</td>
<td>40% of Eligible Expenses¹¹</td>
</tr>
<tr>
<td></td>
<td>10% of Eligible Expenses¹² for services at UMH, UMHC, UMSCCC, ABLEH¹²</td>
<td></td>
</tr>
<tr>
<td><strong>Prosthetic Devices</strong></td>
<td>Network and non-Network Benefits for prosthetic devices are limited to $2500 per Policy Year.</td>
<td>30% of Eligible Expenses¹²</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40% of Eligible Expenses¹¹</td>
</tr>
</tbody>
</table>

¹ After you’ve reached your deductible, coinsurance will apply. Coinsurance is the percentage amount.
² Prior Notification is required.

**UMH - University of Miami Hospital; UMHC - University of Miami Hospital & Clinics; UMSCCC - University of Miami Sylvester Comprehensive Cancer Center; ABLEH - Ann Bates Leach Eye Hospital.**

### Additional Benefits

- **Mental Health and Substance Abuse Services - Outpatient Services provided by United Behavioral Health**
  - Must receive prior authorization through the Mental Health/Substance Abuse Designee for Network and non-Network Benefits. Any combination of Network and non-Network Benefits are limited to 30 visits per Policy Year.
  - 30% of Eligible Expenses¹¹

- **Mental Health and Substance Abuse Services - Inpatient and Intermediate (Services provided by United Behavioral Health)**
  - Must receive prior authorization through the Mental Health/Substance Abuse Designee for Network and non-Network Benefits. Any combination of Network and non-Network Benefits are limited to 30 days per Policy Year.
  - 30% of Eligible Expenses¹¹

- **Spinal Treatment**
  - Benefits include diagnosis and related services and are limited to one visit and treatment per day. Network and non-Network Benefits are limited to 24 visits per Policy Year.
  - $20 per visit

¹ After you’ve reached your deductible, coinsurance will apply. Coinsurance is the percentage amount.
² Prior Notification is required.
Medical exclusions

A. Alternative treatments
Acupuncture; hypnosis; cold; 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; barber or beauty service; guest service; supplies, equipment and similar incidental services and supplies for personal comfort including air conditioning, air purifiers and filters; batteries and battery chargers, dehumidifiers and humidifiers; devices or computers to assist in communication and speech.

C. Dental
There is no coverage for dental care, preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums (including extraction, restoration, and replacement of teeth), medical or surgical treatments of dental conditions, and services to improve dental clinical outcomes. Dental implants and dental braces are excluded. Dental x-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia. Treatment for congenitally missing, malpositioned, or super-numery teeth is excluded, even if it part of a Congenital Anomaly.

D. Drugs
Prescription drug products for outpatient use that are filed 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 and treatments. (The items mentioned herein are covered under the Pharmacy Management Program. See page 10 for more information.)

E. Experimental, investigational or unproven services
Experimental, Investigational or Unproven Services are excluded. The fact that an Experimental, Investigational or Unproven 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, cutting, or debriding; hygiene and prevention; maintenance foot care; treatment of flat feet or subluxation of the foot; shoe orthotics.

G. Medical supplies and appliances
Devices used specifically as safety items or to affect performance primarily in sports-related activities. Prescribed or non-prescribed medical supplies and disposable supplies including but not limited to elastic stockings, ace bandages, gauze and dressings, ostomy supplies, syringes and diabetic test strips. Orthotic appliances that straighten or re-shape a body part (including cranial banding and some types of braces). Tubings and masks are not covered except when used with Durable Medical Equipment as described in Section 1 and 2 of the COC.

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

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

J. Physical appearance
Cosmetic Procedures including, but not limited to, pharmaceutical regimens; nutritional procedures or treatments; salabrasion, chemosurgery and other skin lesion procedures associated with the removal of scars, tattoos, and/or which are performed as a treatment for acne. Replacement of an existing breast implant is excluded if the earlier breast implant was a Cosmetic Procedure. (Replacement of an existing breast implant is considered reconstructive if the initial breast implant followed mastectomy) Physical conditioning programs such as athletic training, body building, exercise, fitness, flexibility, and diversion or general motivation. Weight loss programs for medical and non-medical reasons. Wigs, regardless of the reason for the hair loss. Surgical breast reductions, augmentation, breast implants or breast prosthesis devices except as specifically provided in this policy.

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

L. NCAAs sports exclusion
Injuries sustained while: a. participating in any intercollegiate sport, contest, or competition, b. traveling to or from such sport contest or competition as a participant, c. while participating in any practice or conditioning program for such sport contest or competition.

M. Pre-existing condition
Pre-existing conditions will apply for the first 6 months except for individuals who have been continuously insured under the school’s insurance policy for at least 6 consecutive months. Credit will be given for the time the insured person was covered under a previous similar plan if the previous coverage was continuous to a date not more than 62 days prior to the Insured person’s effective date under the current plan.

N. Reproduction
Health services and associated expenses for infertility treatments. Surrogate parenting. The reversal of voluntary sterilization.

O. Services provided under another plan
Health 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 coverage required by workers’ compensation, no-fault automobile insurance, or similar legislation. If coverage under workers’ compensation or similar legislation is optional because you could elect it, or could have it elected for you, Benefits will not be paid for any Injury. Mental Illness or Sickness that would have been covered under workers’ compensation or similar legislation had that coverage been elected. Health services for treatment of military service-related disabilities, when you are legally entitled to other care and facilities are reasonably available to you. Health services while on active military duty.

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

Q. Travel
Health services provided in a foreign country, unless required as Emergency Health Services. Travel or transportation expenses, except those provided by a Physician. Some travel expenses related to covered transplants 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.

R. Vision and hearing
Purchase cost of eye glasses, contact lenses, or hearing aids. Routine vision exams, including refraction, to determine vision impairment and the need for corrective lenses. Fitting charge for hearing aids, eye glasses or contact lenses. Eye exercise therapy. Surgery that is intended to allow you to see better without glasses or other vision correction including radial keratotomy, laser, and other refractive eye surgery.

S. Other exclusions
Health supplies that do not meet the definition of a Covered Health Service – see definition in Section 10 of the COC.

This summary of Benefits is intended only to highlight your Benefits and should not be relied upon to fully determine coverage. This plan may not cover all your health care expenses. Please refer to 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 Certificate of Coverage, the Certificate of Coverage prevails. Terms that are capitalized in the Benefit Summary are defined in the Certificate of Coverage.
Pharmacy management program

Plan 060

United Healthcare’s pharmacy management program provides clinical pharmacy services that promote choice, accessibility and value. The program offers a broad network of pharmacies (more than 60,000 nationwide) to provide convenient access to medications. While most pharmacies participate in our network, you should check first. Call your pharmacist or visit our online pharmacy service at www.myuhc.com.

The online service offers the ability to view personal benefit coverage, access to health and well-being information, and even 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 or Tier 3. Please access www.myuhc.com through the Internet, or call the Customer Care number on your ID card to determine tier status.

Hormonal Contraception is available only at Student Health Service Pharmacy. (Group 1—$10 copayment per month; Group 2—$35 copayment per month.) A maximum 3 month supply of Hormonal Contraception can be purchased subject to the applicable 3 month copayment up until May 2010. More information is available at www.miami.edu/student-health.

Low cost generic medicines are available for a $4 copayment for a one month supply, or a $12 copayment for a 3 month supply at the Student Health Service Pharmacy only. More information is available at www.miami.edu/student-health.

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.

<table>
<thead>
<tr>
<th>Student Health Service</th>
<th>Retail Network Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>For up to a 31-day supply</td>
</tr>
<tr>
<td></td>
<td>$10</td>
</tr>
<tr>
<td></td>
<td>$20 with $1,000 Annual Maximum</td>
</tr>
<tr>
<td>Tier 2</td>
<td>For up to a 31-day supply</td>
</tr>
<tr>
<td></td>
<td>$35</td>
</tr>
<tr>
<td></td>
<td>$45 with $1,000 Annual Maximum</td>
</tr>
<tr>
<td>Tier 3</td>
<td>For up to a 31-day supply</td>
</tr>
<tr>
<td></td>
<td>$50</td>
</tr>
<tr>
<td></td>
<td>$65 with $1,000 Annual Maximum</td>
</tr>
</tbody>
</table>

Important: Please call the Student Health Service Pharmacy at 305-284-5922 to coordinate processing and delivery of your covered maintenance medication and/or oral contraceptives.

Other important cost sharing information

NOTE: If you purchase a Prescription Drug Product from a Non-Network Pharmacy, you are responsible for any difference between what the Non-Network Pharmacy charges and the amount we would have paid for the same Prescription Drug Product dispensed by a Network Pharmacy.

- Low cost generic medicines are available for a $4 copayment for a one month supply, or a $12 copayment for a 3 month supply at the Student Health Service Pharmacy only.
- A maximum 3 month supply of Hormonal Contraception can be purchased subject to the applicable 3 month copayment up until May 2010.

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 specially 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.
- Birth control and/or contraceptives, oral or oral, whether medication or device, regardless of intended use, except when dispensed at the Student Health Service pharmacy.
- 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, 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 folic acid, 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 the-counter drug, Prescription Drug Products that are comprised of components 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 hereditary 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.

Annual Drug Deductible

No Annual Drug Deductible.

Out-of-Pocket Drug Maximum

No Out-of-Pocket Drug Maximum.

Annual Maximum Benefit

Student Health Service - No annual maximum benefit. Prescription drugs purchased at pharmacies outside the Student Health Service with a $1,000 Maximum Annual Benefit.
Through participation in UnitedHealthcare’s Student Plan, you are eligible for global emergency medical assistance services when traveling 100 miles or more from your principal residence. Services are provided by Worldwide Assistance Services, Inc.

Services include evacuation, repatriation and return of mortal remains. Once you are ready to be released from the hospital, Worldwide Assistance will make arrangements to transport you to your residence or rehabilitation facility, with medical supervision, if necessary. More detailed information regarding this service can be obtained from UnitedHealthcare’s Customer Care by calling the telephone number on your member ID card.

Worldwide Assistance is not travel or medical insurance, but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to UnitedHealthcare and 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 non-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 member 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 180 days of service. Bills submitted after one year will not be considered for payment except in the case of legal capacity.

Good to know: How to find mental health and substance abuse 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 abuse services. This site also links to the United Behavioral Health Preventive Health Program for exclusive 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.

Coverage while away from home

UnitedHealthcare contracts with more than 583,000 doctors and 4,910 hospitals nationwide. Therefore, 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 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 non-network doctor or other health care professionals.

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 Customer Care at 1-800-436-7709 or by visiting myuhc.com.

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 can 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.

Customer Care staff

Customer Care staff available by calling 1-800-436-7709

UnitedHealthcare

P.O. Box 740800
Atlanta, GA 30374-0800
1-800-436-7709
Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services Inc. or their affiliates.

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 UnitedHealthcare Student Health Plan and/or Health Discount Program may not be available in all states or for all group sizes. The Healthy Pregnancy Program follows national practice standards from the Institute for Clinical Systems Improvement. Insurance coverage is provided by or through: United HealthCare Insurance Company.

M40498  4/09  Consumer
© 2009 United HealthCare Services, Inc.