



Health care with a difference

Student Health Plan

Gallaudet University 2012–2013





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 680,000 doctors and 5,500 hospitals. So chances are your regular doctor already participates with us. It also means that almost anywhere 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. Whether your home is in Texas, Maryland, Colorado or almost anywhere else, your benefits travel with you.

With a nationwide network, your benefit coverage travels with you:

- ▶ 680,000 doctors
- ▶ 5,500 hospitals
- ▶ 60,000 pharmacies
- ▶ 57,000 counselors and mental health practitioners

Student Health Services

You will continue to have access to the services available through the Student Health Services. In order to receive the highest level of benefits, you are encouraged to visit the Student Health Services before seeking care elsewhere.

Eligibility

Students must actively attend classes for at least the first 31 days after the purchase date of this benefit coverage, unless an official medical withdrawal has been approved by Student Financial Services. Gallaudet University requires insurance for all International, MSSD and full-time undergraduates and graduates while attending their respective schools. Unless you waive this plan and show proof of comparable coverage, you are automatically enrolled in and charged for the Student Health Plan sponsored by Gallaudet University.

Gallaudet full-time undergraduate, graduate and international students must waive or purchase the Gallaudet's health insurance plan by Aug. 27, 2012, and by Jan. 22, 2013, for newly enrolled second semester students. To update your insurance information, you will need to access your Bison account. If Student Financial Services does not receive your form by the deadline, or if you failed to purchase comprehensive coverage, your student account will be automatically billed for the premium due. Missing the deadline may result in an administrative fee.

Full-time student status is determined in accordance with the standards set forth by Gallaudet University.

Voluntary enrollment is available to all part-time students. If you are a part-time student and would like to enroll in the Gallaudet Student Health Plan, please contact Student Financial Services. The enrollment deadline for voluntary enrollment will be Aug. 27, 2012, for fall semester and by Jan. 22, 2013, for newly enrolled second semester students

MSSD students may voluntarily purchase the Gallaudet University health insurance plan by contacting the Office of Student Life at Model Secondary School for the Deaf. The deadline to enroll for new fall semester students is Sept. 4, 2012 and for new spring semesters students is Jan. 22, 2013.

If you are eligible for coverage and waive it, but then lose coverage, you can enroll in the Student Health Plan after these deadlines. Presenting documentation from your former insurance company, the one that no longer provides you with personal accident and health insurance, and a payment for the premium within thirty-one (31) days will make you eligible for coverage under Gallaudet's program. The effective date under the Student Health Plan will be the date your former insurance expired. The premium will be prorated to reflect the reduced period of coverage. Requests for coverage after thirty-one (31) days from the expiration of the former coverage will not be considered until the next school year.

Eligible students who do enroll also may insure their dependents.

To be eligible for coverage under the Policy, a Dependent must reside within the United States.



The definition of Dependent is subject to the following conditions and limitations:

- ▶ A Dependent includes any unmarried dependent child under age 26.
- ▶ A Dependent includes an unmarried dependent child who is age 19 or older, but less than age 26, only if you furnish evidence upon our request, satisfactory to us, of all the following conditions:
 - The child must not be regularly employed on a full-time basis.
 - The child must be a full-time student.
 - The child must be primarily dependent upon the Covered Student for support and maintenance.

The Covered Student must reimburse us for any Benefits that we pay for a child at a time when the child did not satisfy these conditions.

A Dependent also includes a child for whom health care coverage is required through a “Qualified Medical Child Support Order” or other court or administrative order. The Enrolling Group is responsible for determining if an order meets the criteria of a Qualified Medical Child Support Order.

A Dependent does not include anyone who is also enrolled as a Covered Student. No one can be a Dependent of more than one Covered Student.

Dependent eligibility expires concurrently with that of the Insured student. To enroll dependents, please go to www.universityhealthplans.com.

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, its only obligation is refund of premium.

Effective and termination dates

The Master Policy on file at the school becomes effective July 15, 2012, at 12 a.m. The Master Policy terminates July 14, 2013, at 11:59 p.m. Coverage for newly enrolled spring students will become effective Dec. 15, 2012, at 12 a.m. and continues until July 14, 2013, at 11:59 p.m. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student.

Premium refund policy

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid and no refund will be allowed.

Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rated refund of premium will be made for such persons upon written request received by the company within 90 days of withdrawal from school. Refunds for any other reason are not available.

“Dependent” means the Covered Student’s spouse or an unmarried dependent child of the Covered Student or the Covered Student’s spouse. All references to the spouse of a Covered Student shall include a Domestic Partner. The term “child” includes any of the following:

- natural child
- stepchild
- legally adopted child
- child placed for adoption
- child for whom legal guardianship has been awarded to the Covered Student or the Covered Student’s spouse

Extension of benefits after termination

The coverage provided under the Policy ceases on the Termination Date. However, if a Covered Person is hospital confined on the Termination Date from a covered Injury or Sickness for which benefits were paid 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 31 days after the Termination Date.

The total payments made in respect of the Covered Person for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this Extension of Benefits after Termination provision has been exhausted, all benefits cease to exist and under no circumstances will further payments be made.

Some of the important benefits of your plan:

You have access to a network of physicians, facilities and other health care professionals, including specialists. There are no copayments for clinical services received at the campus. Student Health Services 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.

Summary of Benefits – UnitedHealthcare Choice Plus

With this plan, you will receive the highest level of benefits when you seek care at the campus Student Health Services, or when referred to a network physician, facility or other health care professional. In addition, you do not have to worry about any claim forms.

You also may choose to seek care outside the network. However, you should know that care received from 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 the non-network physician or health care professional about their billed charges before you receive care.

The following benefit summary reflects the following:

- ▶ In-network care is covered at 100%, except as noted.
- ▶ Out-of-network care is covered at 60%, with members responsible for 40% of eligible expenses.

Premiums

	Annual	Spring	Summer
Gallaudet University			
Student Only	\$2,100	\$1,225	\$350
Spouse	\$3,072	\$1,792	
Child(ren)	\$2,688	\$1,568	
Model Secondary School for the Deaf			
MSSD Student	\$2,064	\$1,204	

Student Coverage Periods

	Effective Date	Expiration Date
Annual	7/15/2012	7/14/2013
Spring/Summer	12/15/2012	7/14/2013
Summer	5/15/2013	7/14/2013

The following services are covered by the Student Health Plan:

- Emergencies anywhere in the world
- Prenatal care
- Routine checkups at Student Health Services
- Mammograms

The following chart shows how the plan pays benefits for the major types of health plan expenses. By using a Preferred Provider, you will lower your out-of-pocket expenses.

The summary is intended as an overview of the benefits provided under the 2012/2013 Gallaudet University Student Health Plan. To view the full plan brochure, including plan limitations and exclusions, please visit www.universityhealthplans.com and click on “Gallaudet University.”

Benefit Level	In-Network	Out-of-Network
Deductible: Single	\$100	\$400
Deductible: Family	\$200	\$600
Out-of-Pocket: Single	\$2,000	\$4,000
Out-of-Pocket: Family	\$3,000	\$6,000
Annual Maximum	\$100,000	\$100,000
Lifetime Maximum	\$100,000	\$100,000
Coinsurance	100%	60% coverage (member responsible for 40% of eligible expenses)
Inpatient Hospital	100%	60%
Outpatient Surgery	100%	60%
Physician Copay	No copayment	60%
Preventive Care	No copayment	60%
Emergency Room	\$100 per visit	60%
Urgent Care	\$50 per visit	60%
Outpatient Lab/Radiology	100%	60%
Mammography	100%	60%
Mental Health, Inpatient 60 Days	100%	60%
Mental Health, Outpatient No Limit	75% for first 40 visits, then 60% for following visits	60%
Substance Abuse, Inpatient 60 Days	100%	60%
Substance Abuse, Outpatient No Limit	75% for first 40 visits, then 60% for following visits	60%
Pharmacy (Retail) up to 31-day Supply		
Tier 1 (Copayment)	\$10	Retail + Difference
Tier 2 (Copayment)	\$30	Retail + Difference
Tier 3 (Copayment)	\$50	Retail + Difference
Pharmacy (Mail Order) up to 90-day Supply		
Tier 1 (Copayment)	\$25	Not Covered
Tier 2 (Copayment)	\$75	Not Covered
Tier 3 (Copayment)	\$125	Not Covered
Deductible	None	None
Out-of-Pocket Maximum	None	None
Annual Rx Maximum Benefit (Combined)	\$100,000	

UnitedHealthcare Student Health Insurance Modified *Plan 153*

Utilizing the Choice Plus 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 Student Health Benefit Plan.

The Choice Plus plan gives you the freedom to see any Physician or other health care professional from our Network, including specialists, without a referral. With this plan, you will receive the highest level of benefits when you seek care from a Network Physician, facility or other health care professional. In addition, you do not have to worry about any claim forms or bills.

You also may choose to seek care outside the Network, without a referral. 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 the non-Network Physician or health care professional 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, without designating a primary Physician or obtaining a referral.

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.

Pap smears are covered.

Prenatal care is covered.

Routine checkups are covered.

Childhood immunizations are covered.

Mammograms are covered.

Choice Plus *Benefits Summary*

Types of Coverage

This Benefits Summary is intended only to highlight your Benefits and should not be relied upon to fully determine coverage. This benefit plan may not cover all of your health care expenses. **More complete descriptions of Benefits and the terms under which they are provided are contained in the Certificate of Coverage (COC) that will be made available upon enrolling in the Plan.** If this Benefits Summary conflicts in any way with the Policy issued to the Enrolling Group, the Policy shall prevail.

Terms that are capitalized in the Benefits Summary are defined in the Certificate of Coverage.

Where Benefits are subject to day, visit and/or dollar limits, such limits apply to the combined use of Benefits whether Network or non-Network, except where mandated by state law.

Network Benefits are payable for Covered Health Services provided by or under the direction of your Network Physician.

*Prior Notification is required.

Network Benefits / Copayment Amounts

Annual Deductible: \$100 per Covered Person per Policy Year, not to exceed \$200 for all Covered Persons in a family.

Out-of-Pocket Maximum: \$2,000 per Covered Person per Policy Year, not to exceed \$3,000 for all Covered Persons in a family. The Out-of-Pocket Maximum does include the Annual Deductible. Copayments for some Covered Health Services will never apply to the Out-of-Pocket Maximum as specified in Section 1 of the COC.

Annual Maximum Policy Benefit: The Maximum amount that we will pay for Benefits during the Policy Year. Combined Network and non-Network: \$100,000 per Covered Person.

Maximum Policy Benefit: Combined Network and non-Network \$100,000 per Covered Person.

non-Network Benefits / Copayment Amounts

Annual Deductible: \$400 per Covered Person per Policy Year, not to exceed \$600 for all Covered Persons in a family.

Out-of-Pocket Maximum: \$4,000 per Covered Person per Policy Year, not to exceed \$6,000 for all Covered Persons in a family. The Out-of-Pocket Maximum does include the Annual Deductible. Copayments for some Covered Health Services will never apply to the Out-of-Pocket Maximum as specified in Section 1 of the COC.

Annual Maximum Policy Benefit: The Maximum amount that we will pay for Benefits during the Policy Year. Combined Network and non-Network: \$100,000 per Covered Person.

Maximum Policy Benefit: Combined Network and non-Network \$100,000 per Covered Person.

Types of Coverage	Network Benefits / Copayment Amounts	non-Network Benefits / Copayment Amounts
1. Ambulance Services - Emergency only	Ground Transportation: 100% Covered Air Transportation: 100% Covered	Same as Network Benefit
2. Durable Medical Equipment Network and non-Network Benefits for Durable Medical Equipment are limited to \$2,500 per Policy Year.	100% Covered	*40% of Eligible Expenses *Prior notification is required when the cost is more than \$1,000.
3. Emergency Health Services	\$100 per visit	Same as Network Benefit *Notification is required if results in an Inpatient Stay.
4. Home Health Care Network and non-Network Benefits are limited to 60 visits for skilled care services per Policy Year.	100% Covered	*40% of Eligible Expenses
5. Hospice Care	100% Covered	*40% of Eligible Expenses
6. Hospital - Inpatient Stay	100% Covered	*40% of Eligible Expenses
7. Maternity Services	Same as 6, 8, 9 and 10 No Copayment applies to Physician office visits for prenatal care after the first visit.	Same as 6, 8, 9 and 10 *Notification is required if Inpatient Stay exceeds 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.
8. Outpatient Surgery, Diagnostic and Therapeutic Services		
Outpatient Surgery	100% Covered	40% of Eligible Expenses
Outpatient Diagnostic Services	For lab and radiology/X-ray: No Copayment For mammography testing: No Copayment	No Benefits for Preventive Care No Benefits for Preventive Care
Outpatient Diagnostic/Therapeutic Services - CT Scans, PET Scans, MRI and Nuclear Medicine	100% Covered	40% of Eligible Expenses
Outpatient Therapeutic Treatments	100% Covered	40% of Eligible Expenses
9. Physician's Office Services		
- Preventive Care	No Copayment	No Benefits for Preventive Care
- Sickness and Injury	No Copayment	40% of Eligible Expenses
- Injections Received in a Physician's Office when no other health service is received	No Copayment	40% of Eligible Expenses
10. Professional Fees for Surgical and Medical Services	100% Covered	40% of Eligible Expenses
11. Prosthetic Devices Network and non-Network Benefits for prosthetic devices are limited to \$2,500 per Policy Year.	100% Covered	40% of Eligible Expenses
12. Reconstructive Procedures	Same as 6, 8, 9, 10 and 11	*Same as 6, 8, 9, 10 and 11
13. Rehabilitation Services - Outpatient Therapy Network and non-Network Benefits are limited as follows: 20 visits of physical therapy; 20 visits of occupational therapy; 20 visits of speech therapy; 20 visits of pulmonary rehabilitation; and 36 visits of cardiac rehabilitation per Policy Year.	No Copayment	40% of Eligible Expenses

YOUR BENEFITS

Types of Coverage	Network Benefits / Copayment Amounts	non-Network Benefits / Copayment Amounts
14. Skilled Nursing Facility/Inpatient Rehabilitation Facility Services Network and non-Network Benefits are limited to 60 days per Policy Year.	100% Covered	*40% of Eligible Expenses
15. Transplantation Services	*100% Covered	*40% of Eligible Expenses Benefits are limited to \$30,000 per transplant.
16. Urgent Care Center Services	\$50 Per visit	40% of Eligible Expenses

Additional Benefits

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.	No Copayment	40% of Eligible Expenses
Mental Health - Outpatient Must receive prior authorization through the Mental Health/Substance Abuse Designee. Any combination of Network and non-Network Benefits for Mental Health Services and/or Substance Abuse Services.	75% Covered for the first 40 visits per Policy Year. 60% Covered for each additional visit per Policy Year.	40% of Eligible Expenses
Mental Health - Inpatient and Intermediate Must receive prior authorization through the Mental Health/Substance Abuse Designee. Any combination of Network and non-Network Benefits for Mental Health and/or Substance Abuse Services is limited to 60 days per Policy Year.	100% Covered	40% of Eligible Expenses
Substance Abuse Services - Outpatient Must receive prior authorization through the Mental Health/Substance Abuse Designee. Any combination of Network and non-Network Benefits for Mental Health Services and/or Substance Abuse.	75% Covered for the first 40 visits per Policy Year. 60% Covered for each additional visit per Policy Year.	40% of Eligible Expenses
Substance Abuse Services - Inpatient and Intermediate Must receive prior authorization through the Mental Health/Substance Abuse Designee. Any combination of Network and non-Network Benefits for Mental Health and/or Substance Abuse Services is limited to 60 days per Policy Year. Detoxification is limited to 12 days per Policy Year.	100% Covered	40% of Eligible Expenses

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; rolfing; massage therapy; aromatherapy; 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 conditioners, 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 supernumerary teeth is excluded, even if 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 and treatments.

E. Experimental, Investigational or Unproven Services

Experimental, Investigational or Unproven Services are excluded. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological 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, cutting, or debriding; hygienic and preventive 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 that will not substantially improve beyond the current level of functioning, or that are not subject to favorable modification or management according to prevailing national standards of clinical practice, as reasonably determined by the Mental Health/Substance Abuse Designee.

Services utilizing methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents. Treatment provided in connection with or to comply with involuntary commitments, police detentions and other similar arrangements, unless authorized by the Mental Health/Substance Abuse Designee. Residential treatment services. Services or supplies that in the reasonable judgment of the Mental Health/Substance Abuse Designee are not, for example, consistent with certain national standards or professional research further described in Section 3 of the COC.

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, pharmacological regimens; nutritional procedures treatments; salabrasion, chemosurgery and other such skin abrasion 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, bodybuilding, 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.

K. Providers

Services performed by a provider with your same legal residence or who is a family member by birth or marriage, including spouse, brother, sister, parent or child. This includes any service the provider

may perform on himself or herself. Services provided at a free-standing or Hospital-based diagnostic facility without an order written by a Physician or other provider as further described in Section 3 of the COC (this exclusion does not apply to mammography testing).

L. Reproduction

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

M. 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 coverage and facilities are reasonably available to you. Health services while on active military duty.

N. Transplants

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

O. Travel

Health services provided in a foreign country, unless required as Emergency Health Services. Travel or transportation expenses, even though prescribed by a Physician. Some travel expenses related to covered transplantation 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

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.

Q. Other Exclusions

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

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

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 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 ends.

Health 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 a non-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 the services are considered to be medical or dental in nature.

Upper and lower jaw bone surgery except as required for direct treatment of acute traumatic Injury or cancer. Orthognathic surgery, jaw alignment, and treatment for the temporomandibular joint, except as a treatment of obstructive sleep apnea.

Surgical treatment and non-surgical treatment of obesity (including morbid obesity).

Surgical removal of excess skin and tissue resulting from weight loss.

Abdominoplasty.

Growth hormone therapy; sex transformation operations; treatment of benign gynecomastia (abnormal breast enlargement in males); medical and surgical treatment of excessive sweating (hyperhidrosis); medical and surgical treatment for snoring, except when provided as part of treatment for documented obstructive sleep apnea. Oral appliances for snoring. Custodial Care; domiciliary care; private duty nursing; respite care; rest cures.

Psychosurgery. Speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from Injury, stroke, autism or Congenital Anomaly.

Health services and supplies provided by the Enrolling Group's Student Health Center.

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.

UnitedHealthcare Student Health Insurance

Pharmacy Management Program Plan 060

UnitedHealthcare’s pharmacy management program provides clinical pharmacy services that promote choice, accessibility and value. The program offers a broad network of pharmacies (more than 56,000 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 you home delivery of prescriptions, 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 Service number on your ID card to determine tier status.

For a single Copayment, you may receive a Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits. You are responsible for paying the lower of the applicable Copayment or the retail Network Pharmacy’s Usual and Customary Charge, or the lower of the applicable Copayment or the Home Delivery Pharmacy’s Prescription Drug Cost.

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.

	Retail Network Pharmacy For up to a 31-day supply	Home Delivery Network Pharmacy For up to a 90-day supply	Retail Non-Network Pharmacy For up to a 31-day supply
Tier 1	\$10	\$25	\$10
Tier 2	\$30	\$75	\$30
Tier 3	\$50	\$125	\$50

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.

Annual Drug Deductible	No Annual Drug Deductible.
Out-of-Pocket Drug Maximum	No Out-of-Pocket Drug Maximum.
Annual Maximum Benefit	\$100,000 per Covered Person per Policy Year

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.

Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.

Drugs which are prescribed, dispensed or intended for use while you are an inpatient in a Hospital, Skilled Nursing Facility, or Alternate Facility.

Experimental, Investigational or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by us to be experimental, investigational or unproven.

Prescription Drug Products furnished by the local, state or federal government. Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare) whether or not payment or benefits are received, except as otherwise provided by law.

Prescription Drug Products for any condition, Injury, Sickness or mental illness arising out of, or in the course of, employment for which benefits are available under any workers' compensation law or other similar laws, whether or not a claim for such benefits is made or payment or benefits are received.

Any product dispensed for the purpose of appetite suppression and other weight loss products.

A specialty medication Prescription Drug Product (such as immunizations and allergy serum) which, due to its characteristics as determined by us, must typically be administered or supervised by a qualified provider or licensed/certified health professional in an outpatient setting. This exclusion does not apply to Depo Provera and other injectable drugs used for contraception.

Durable Medical Equipment. Prescribed and non-prescribed outpatient supplies, other than the diabetic supplies and inhaler spacers specifically stated as covered.

General vitamins, except the following which require a Prescription Order or Refill: prenatal vitamins, vitamins with fluoride, and single entity vitamins.

Unit dose packaging of Prescription Drug Products.

Medications used for cosmetic purposes.

Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that are determined to not be a Covered Health Service.

Prescription Drug Products as a replacement for a previously dispensed Prescription Drug Product that was lost, stolen, broken or destroyed.

Prescription Drug Products when prescribed to treat infertility.

Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed. Any Prescription Drug Product that is therapeutically equivalent to an over-the-counter drug. Prescription Drug Products that are comprised of components that are available in over-the-counter form or equivalent.

Prescription Drug Products for smoking cessation.

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 Benefits Summary are defined in the Outpatient Prescription Drug Rider and/or Certificate of Coverage.

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.¹

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. These are just some of the ways you can start achieving your wellness goals:

- ▶ **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.

Need a real person when you have health questions?

With [NurseLineSM](#) services, you can call an experienced registered nurse anytime, day or night. Ask health-related questions about anything from childhood illnesses, to treating a burn, to the possible side effects of medications. You also can get help with finding the right doctor or hospital and understanding possible treatment options with Treatment Decision Support.

To access NurseLine services, please call the National Relay Service at [1-800-855-2880](tel:1-800-855-2880) and ask for the number on your member health plan ID card.

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.

¹ Check your benefit plan documents to verify your coverage levels.

Before you enroll, visit welcometouhc.com

- Find a network doctor.
Choose with confidence. Our UnitedHealth Premium[®] Designation program takes the guesswork out of your doctor search because it recognizes physicians and hospitals for meeting quality and cost-efficiency guidelines. Just look for the stars on welcometouhc.com to find them.
- Estimate the cost of the plan.
- Find a network pharmacy.
- See recommended preventive care services based on your age and gender.



Good to know:

How to find mental health and substance abuse services

When you select the UnitedHealthcare benefit plan, in addition to being eligible for service from The Mental Health Center at Gallaudet University, you also get mental health and substance abuse benefits from United Behavioral Health.

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.

You can check out the site during your enrollment period by visiting www.liveandworkwell.com and entering the trial access code, "UHC."

Experienced specialists are available who can talk with you about your situation anytime, day or night. United Behavioral Health is available via TTY or through video relay.

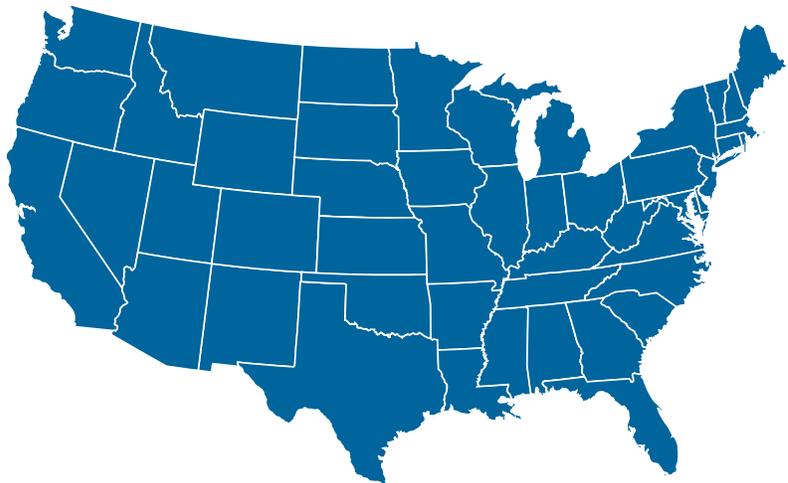
To access resources for chronic or complex medical conditions, or United Behavioral Health services, call the Customer Care telephone number on your member health plan ID card.

Coverage while away from home

UnitedHealthcare contracts with more than 680,000 doctors and 5,500 hospitals nationwide. If you need health care while outside of Washington D.C., contact the Customer Care toll-free number on your health plan ID card, or search our online provider directory at myuhc.com to identify network doctors or other health care professionals in the area you are visiting.

If an internship, off-campus program, or other event takes you away from campus for an extended period of time, please review the network directory before you leave campus.

When you use UnitedHealthcare doctors or other health care professionals outside of Washington D.C., you will receive reimbursement at your network level of benefits. And because we want to be there for you when you need it most, we'll cover emergency care, in-network or out.²



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.

² 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 professional.



Worldwide assistance: Global emergency medical assistance

When you enroll in the UnitedHealthcare benefit plan, you become eligible for global emergency medical assistance services when traveling 100 miles or more from home. Services are provided by Worldwide Assistance Services, Inc.

Services include evacuation, repatriation and return of mortal remains. If you need it, Worldwide Assistance will make arrangements to transport you from a hospital to your home or rehabilitation facility, with medical supervision, if necessary. More detailed information regarding this service can be obtained via UnitedHealthcare's Customer Care by calling the telephone number on the back of your health plan 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.



Online services

Visit UnitedHealthcare's website at myuhc.com[®] for information on a broad range of tools and services. Once you've enrolled, simply register to access your personal health benefits information virtually anytime, anywhere. myuhc.com can save you valuable time, hard to find when you are in college.

For dependent enrollment form, brochures, health plan ID card requests and other important information, please visit www.universityhealthplans.com.



UnitedHealthcare Health4MeSM

Once you are a member, the Health4Me app provides you with instant access to critical health information from your mobile device. The confidential app features include:

- ▶ Single-registration — you can register with myuhc.com to enable both the mobile and online app functionality
- ▶ Search for physicians or facilities
- ▶ View claims, account balances, benefit plan details and your health plan ID card
- ▶ Have an Easy Connect representative contact you to answer any questions and connect you with an experienced registered nurse 24/7

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

Direct all claims and/or customer service inquiries to:

UnitedHealthcare
P.O. Box 30555
Salt Lake City, UT 84130
1-800-436-7709
TTY: 1-866-206-7810
1-866-206-7811



www.myuhc.com

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

For a complete description of the UnitedHealth Premium[®] Designation program, including details on the methodology used, geographic availability, program limitations and medical specialties participating, please see myuhc.com[®].

Insurance coverage provided by or through United HealthCare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of the Mid-Atlantic, Inc.

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.

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