## BENEFIT SCHEDULE - Summary Only

A complete plan description will be available online

<table>
<thead>
<tr>
<th>Maximum Benefit</th>
<th>Preferred Provider - UnitedHealthcare Choice Plus Network</th>
<th>Out of Network - Benefits are Reduced or Declined</th>
</tr>
</thead>
</table>

### Effective Dates: August 1, 2015 through July 31, 2016

### INPATIENT

<table>
<thead>
<tr>
<th>Room &amp; Board/Hosp Miscellaneous:</th>
<th>Preferred Allowance</th>
<th>Usual &amp; Customary Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive Care:</td>
<td>Preferred Allowance</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Routine Newborn Care: Maximum of 4 days inpatient</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Physiotherapy:</td>
<td>Preferred Allowance</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Surgery:</td>
<td>Preferred Allowance</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Anesthetist, Assistant Surgeon and/or Registered Nurse:</td>
<td>Preferred Allowance</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Physician’s Visits:</td>
<td>Preferred Allowance</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Pre-admission Testing:</td>
<td>Preferred Allowance</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Psychotherapy:</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
</tbody>
</table>

### OUTPATIENT

<table>
<thead>
<tr>
<th>Surgeon, Assistant Surgeon and/or Anesthetist:</th>
<th>Preferred Allowance</th>
<th>Usual &amp; Customary Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Surgery Misc:</td>
<td>Preferred Allowance</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Outpatient Misc Benefit:</td>
<td>Preferred Allowance</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Physician’s Visits:</td>
<td>Preferred Allowance</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Physiotherapy: (Review of Medical Necessity will be performed after 12 visits per Injury.)</td>
<td>Preferred Allowance</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Medical Emergency:</td>
<td>Preferred Allowance after a $150 Copay per Visit</td>
<td>Usual &amp; Customary Charges after a $150 Deductible per visit</td>
</tr>
<tr>
<td>X-Rays &amp; Laboratory:</td>
<td>Preferred Allowance</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Tests &amp; Procedures:</td>
<td>Preferred Allowance</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Prescription Drugs: United HealthCare Pharmacy Network</td>
<td>$15 / $35 / $60 copay per prescription.</td>
<td>No benefits</td>
</tr>
<tr>
<td>Psychotherapy:</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Urgent Care:</td>
<td>Preferred Allowance / $50 copay per visit</td>
<td>Usual &amp; Customary Charges / $50 deductible</td>
</tr>
<tr>
<td>Preventive Care*:</td>
<td>100% of Preferred Allowance / No Copay</td>
<td>No Benefits</td>
</tr>
</tbody>
</table>

### OTHER

<table>
<thead>
<tr>
<th>Ambulance:</th>
<th>Preferred Allowance</th>
<th>80% of U&amp;C Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braces &amp; Appliances/DME: ($1,000 maximum)</td>
<td>Preferred Allowance</td>
<td>80% of U&amp;C Charges</td>
</tr>
<tr>
<td>Consultant:</td>
<td>100% of Preferred Allowance</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Dental (Injury to sound, natural teeth): $1,000 max Per Policy Year</td>
<td>Usual &amp; Customary Charges</td>
<td>80% of U&amp;C Charges</td>
</tr>
<tr>
<td>Alcoholism/Drug Abuse:</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Maternity &amp; Complications of Pregnancy:</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Repatriation and Medical Evacuation:</td>
<td>Benefit provided by UnitedHealthcare Global</td>
<td>Benefit provided by UnitedHealthcare Global</td>
</tr>
<tr>
<td>Accidental Death &amp; Dismemberment (Scheduled):</td>
<td>$5,000 maximum</td>
<td>$5,000 maximum</td>
</tr>
<tr>
<td>Elective Abortion:</td>
<td>No Benefits</td>
<td>No Benefits</td>
</tr>
<tr>
<td>Intercollegiate Sports:</td>
<td>No Benefits</td>
<td>No Benefits</td>
</tr>
</tbody>
</table>

*Preventive services are wellness services identified by the government as needed to prevent serious illness or disease. Please visit www.healthcare.gov/what-are-my-preventive-care-benefits for a list of covered services.

**NOTE:** This is only a summary. It is not intended to take the place of the Full Plan Document. Please refer to the Full Plan Document for a complete description of benefits, exclusions and limitations of the Plan.
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. Acupuncture.
2. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
5. Congenital Conditions, except as specifically provided for:
   - Habilitative Services.
   - Newborn or adopted Infants.
   - Intraocular lens implantation for the treatment of aphakia
   - Reconstructive surgery to correct the following: 1) hemangiomas and port wine stains of the head and neck area for Insureds ages 18 and younger; 2) limb deformities such as club hand, club foot, syndactyly, polydactyly and macrodactyly; 3) Otoplasty when performed to improve hearing when ear or ears are absent or deformed; 4) tongue release for diagnosis of tongue-tied; 5) skull deformity caused by Congenital Conditions such as Crouzon’s disease; 6) cleft lip; and 7) cleft palate.
6. 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.
   - Correct the following: 1) hemangiomas and port wine stains of the head and neck area for Insureds ages 18 and younger; 2) limb deformities such as club hand, club foot, syndactyly, polydactyly and macrodactyly; 3) Otoplasty when performed to improve hearing when ear or ears are absent or deformed; 4) tongue release for diagnosis of tongue-tied; 5) skull deformity caused by Congenital Conditions such as Crouzon’s disease; 6) cleft lip; and 7) cleft palate.
   - Treat or correct Congenital Conditions of a Newborn or adopted Infant.
7. Custodial Care.
   - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
   - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
8. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As described under Dental Treatment in the policy.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
9. Elective Surgery or Elective Treatment.
10. Elective abortion.
11. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
12. Foot care for the following:
   - Flat foot conditions.
   - Supportive devices for the foot, except custom made orthotic shoe inserts.
   - Fallen arches.
   - Weak feet.
   - Chronic foot strain.
   - 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.
13. Health spa or similar facilities. Strengthening programs.
14. Hearing examinations. Hearing aids. 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.
17. 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.
18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
19. Injury sustained while:
   - Participating in any 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.
20. Investigational services.
21. Lipectomy.
22. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
23. 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 for children born small for gestational age.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
24. 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.
   - Reversal of sterilization procedures.
   - Sexual reassignment surgery.
25. 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.
   This exclusion does not apply as follows:
   - When due to a covered Injury or disease process.
   - To benefits specifically provided in Pediatric Vision Services.
   - To the first pair of eyeglasses or contact lenses following intraocular lens implantation for the treatment of cataracts or aphakia or to replace the function of the human lens for conditions caused by cataract surgery or injury.
27. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
28. Preventive care services, except as specifically provided in the policy, including:
   - Routine physical examinations and routine testing.
   - Preventive testing or treatment.
   - Screening exams or testing in the absence of Injury or Sickness.
29. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
30. Skeletal irregularities of one or both jaws, except for temporomandibular joint disorder and craniomandibular jaw or joint disorder. 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.
32. Sleep disorders.
33. Speech therapy, except as specifically provided in the policy. Naturopathic services.
34. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.
35. Supplies, except as specifically provided in the policy.
36. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.