Student Health Insurance Plan

Underwritten by:

HUMANA Health Plan, Inc.

Please read this brochure to understand your coverage.

Policy Number: 564249-11

2011-2012
Welcome to the University of Kentucky school-sponsored student health insurance plan. By familiarizing yourself with this plan brochure you have taken an important step in becoming an informed consumer of your health care.

Keep these three fundamental plan features in mind as you learn about this policy:

1. This health insurance plan is a Preferred Provider Organization (PPO). A PPO is a group of health care providers who accept a group rate fee for services from the insurance company in exchange for a large number of patients. In other words, the health care providers you choose will affect your out-of-pocket expenses. Remember: using UK providers will save you money. UK providers waive your annual deductible and many services are covered at 90% to the benefit maximums. See page 7 for details.

2. Your policy is an injury and illness plan. Since this plan is designed to complement the health fee, (See page 3 for details on your health fee and the care provided through the University Health Service) preventive and routine care, other than what is specifically mentioned in the Schedule of Benefits beginning on page 7, is not included in the insurance coverage.

3. Participating in an insurance plan does not mean all of your health care costs are paid in full by the insurance company. There are several areas for which you could be responsible for payment, including, but not limited to, a deductible, a coinsurance (patient percentage of covered medical expenses), medical costs for services excluded by the plan, and amounts above the maximum benefits provided. (For example, the maximum for the “outpatient non-surgical benefit” is $5,000 per sickness or injury per policy year.)

It is your responsibility to familiarize yourself with this plan. Limitations and exclusions must be applied to the coverage as a means of cost containment. The best way to make this coverage work for you is to be informed and proactive. Check the covered benefits in this brochure before your procedure whenever possible. Know the specifics and communicate them to your health care provider.

We are here to help. Representatives from Academic HealthPlans, HUMANA, and UK are available to answer your questions. You may contact us by phone at (855) AHP-CARE or (855)247-2273. If you prefer to discuss your situation in person, you may email a UK staff member for an appointment at studentinsurance@email.uky.edu.
Health Fee and University Health Service
If you are a full-time University of Kentucky student, you have access to University Health Service (UHS) through your tuition and mandatory fees. If you are a part-time student, you may request the health fee by contacting the student billing department. BCTC students may purchase the health fee through the UK e-store.

UHS is a student clinic located on south campus which offers a wide range of covered services including: unlimited visits with medical staff for injury or illness, well-patient physical exams, urgent care, women’s care (gynecology), behavioral health, allergy injections, immunization and vaccine administration, and health education and promotion. See ukhealthcare.uky.edu/uhs for details.

Services covered under the health fee are available at no charge and do not count against your student insurance maximums!

Utilizing the University Health Service without the Health Fee
Part-time students who choose not to pay the health fee and adults not eligible to purchase the health fee (ESL participants, visiting scholars and dependent spouses who are not UK students), who are enrolled in this student health insurance plan, may still choose to use UHS as their medical provider for services covered by the health insurance. It is important to remember that the insurance does not necessarily duplicate all of the services covered under the health fee. Always refer to this plan brochure to verify coverage for the medical services you wish to receive.

Since I can choose any UK doctor on this insurance, why would I choose UHS as my medical provider?
- Covered services are paid at 100% to the benefit maximum and the deductible is waived.
- Fast appointments--UHS can frequently offer same-day appointments.
- Some services, like tobacco cessation services, are only covered at UHS.
- For students who paid the health fee: services covered under the health fee do not count against insurance maximums.

Clinic location: 830 South Limestone
Medical appointments: 859-323-APPT (2778)
Behavioral Health appointments: 859-323-5511
General Information: 859-323-5823

See www.ukhealthcare.uky.edu/uhs for more information.
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Eligibility

Undergraduate and non-funded graduate students - Undergraduate and non-funded graduate students may purchase coverage provided by the plan. An undergraduate student must be enrolled in at least six (6) credit hours at the University of Kentucky or Bluegrass Community and Technical College (BCTC) campuses located at Cooper, Regency and Leestown Campus locations. A graduate student must be enrolled with the university. For more information, please visit www.ukhealthcare.uky.edu/uhs.

International students - All international students are required by the university to have insurance which meets the university’s minimum criteria. An international student, who is on an F-1, J-1 or J-2 Visa, is automatically enrolled in the coverage provided by the plan when he or she registers for classes. English as a second language (ESL) students and visiting scholars are eligible to voluntarily enroll in the coverage provided by the plan. For more information, please visit www.uky.edu/intlaffairs.

Funded graduate students - A funded graduate student is automatically enrolled in the coverage provided by the plan. A student must be enrolled in the Graduate School, degree-seeking, and receiving support from the university in the form of a full-time assistantship (TA, RA, GA), qualifying fellowship, or a combination of these positions. Full-time standing means an assignment of 20 hours per week or a fellowship stipend of $9,000 or more. The Graduate School determines eligibility each semester. Changes with a student’s assignment, fellowship, or status may affect his or her eligibility. For more information, please visit www.gradschool.uky.edu.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet, and television courses do not fulfill the eligibility requirement that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met a refund of premium may apply.

Eligible students who enroll may also insure their Dependents for an additional premium. Dependent enrollment must take place at the initial time of student enrollment or beginning with the next enrollment period, with the exception of newborn or adopted children. Dependent coverage is available only if the student is also insured. Dependent coverage cannot exceed the coverage of the Insured and expires concurrently with that of the Student. Eligible Dependents are the spouse, unmarried children from the moment of birth to age 19 and adopted children from the date of placement with the student.

Note: The student’s newborn child will automatically be covered for the first 31 days following the child’s birth. Premium is due within 31 days after the date of birth in order to have coverage continued beyond the first 31 days. To extend coverage for a newborn child past the 31 days, the covered student must: 1) enroll the child within 31 days of birth, and 2) pay the additional premium, starting from the date of birth.

For more information on enrollment and eligibility, please visit www.abpcare.com/uky.
Effective and Termination Dates

Coverage becomes effective at 12:01 a.m. at the University's address on the later of the following dates:

1) The effective date of the Policy; or
2) The day after the date premium is received by the Company or its authorized representative.

Semester coverage and student rates are as follows:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Student Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/26/2011</td>
<td>08/26/2012</td>
<td>$1,376</td>
</tr>
<tr>
<td>08/26/2011</td>
<td>10/29/2011</td>
<td>$ 240</td>
</tr>
<tr>
<td>10/29/2011</td>
<td>01/01/2012</td>
<td>$ 240</td>
</tr>
<tr>
<td>01/01/2012</td>
<td>03/26/2012</td>
<td>$ 322</td>
</tr>
<tr>
<td>03/26/2012</td>
<td>06/11/2012</td>
<td>$ 287</td>
</tr>
<tr>
<td>06/11/2012</td>
<td>08/26/2012</td>
<td>$ 287</td>
</tr>
</tbody>
</table>

The coverage provided with respect to the Covered Person shall terminate at 12:01 a.m. on the earliest of the following dates:

1) The last day of the period through which the premium is paid;
2) August 26, 2012;
3) The date the eligibility requirements are not met;
4) The date the Covered Person enters full time active duty in the Armed Services.

You must meet the Eligibility requirements listed herein each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 31 days after the coverage Expiration Date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. Refunds of premium are allowed only upon entry into the Armed Services, and the Company receives proof of active duty.

The Policy issued is a Non-Renewable, One-Year Term Policy. However, if you still maintain the required eligibility you may purchase the Plan the next year. It is the Covered Person’s responsibility to enroll for coverage each year in order to maintain continuous coverage.

Alternate Coverage - If you no longer meet the eligibility requirements contact Academic HealthPlans at (855) AHP-CARE or (855) 247-2273 prior to your termination date.

Extension of Benefits After Termination

No coverage is extended to a child born after the termination date and as a result of a covered person’s pregnancy.

If a Covered Person is totally disabled or hospital confined on the date their insurance terminates, medical expense benefits will be paid in accordance with the plan for expenses incurred after the termination date and during the continuance of that total disability or hospital confinement if: 1) the expense is due to a bodily injury or illness that caused the Covered Person to be disabled or confined on the date his or her insurance ceased; and 2) the Covered Person remained so disabled or confined at all times until the expense was incurred.

Such Extension of Benefits will continue until the date: 1) 12 months after the Covered Person's insurance under the group policy ceased; 2) the disability or confinement ceases; or 3) maximum benefits under the policy have been paid.

Such Extension of Benefits also continues for totally disabled people until the date coverage for the disabling condition is obtained under another policy.

Coordination of Benefits

If a Covered Person is eligible for benefits under this insurance plan and any other group or blanket plans, the Company will coordinate the benefits payable under this plan with the benefits payable under the other group or blanket plans.
Continuation of Coverage

In order to be eligible for continuation, a covered person must: have been continuously covered for at least three consecutive months under this policy or the prior plan offered by the university; and be ineligible for coverage under this plan. A covered person eligible for continuation of coverage may request a continuation application from the University Health Services (UHS) Insurance Coordinator. A covered person may continue coverage under this policy for up to 12 continuous months if a written request for continuation is provided to us within 31 days of the termination of coverage; and premium payment is made to us. No refunds are allowed. Continuation terminates on the earliest of twelve months after the date the request for continuation was made; or the date on which this policy terminates in its entirety.

Network Provider

The Company will pay benefits at the highest percentage, and the Covered Person will incur the lowest out-of-pocket costs when services are received from the University of Kentucky provider including University Health Services (UHS). Services received from campus community providers are not subject to a deductible. The UHS benefits are paid at 100% to the listed maximum and the deductible will be waived. To find UK and UHS information and providers, please go to www.ukhealthcare.uky.edu.

If it is necessary for a Covered Person to receive services away from the campus community, the Covered person can receive services from a network provider. In most cases, the Company will pay benefits for services received from a network provider at a higher percentage and the Covered Person will incur lower out-of-pocket costs than if services were received from a non-network provider. The Covered Person is responsible for any applicable deductible, coinsurance and/or copayment. The providers may be found online at www.ahpcare.com/uky. Please select Find a Doctor or Hospital under the Benefits Section.

Schedule of Benefits

Individual maximum benefit

The individual maximum benefit is a limit on covered expenses incurred for services received under the plan. The total amount of benefits payable by the Company for all covered expenses incurred by the covered person per bodily injury or sickness per year will not exceed the individual maximum benefit amounts as stated below. Once the individual maximum benefit is reached per bodily injury or sickness in that year, benefits are not payable and will not be reinstated.

<table>
<thead>
<tr>
<th>INDIVIDUAL MAXIMUM BENEFIT AMOUNTS</th>
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</thead>
<tbody>
<tr>
<td>Individual maximum benefit per bodily injury per year</td>
</tr>
<tr>
<td>Individual maximum benefit per sickness per year</td>
</tr>
</tbody>
</table>

Deductible

An annual deductible is a specified dollar amount that a covered person must pay for covered expenses per year before most benefits will be paid under the plan. The deductible amounts for each covered person are as follows, and must be satisfied per year. Copayments do not apply toward the deductible.

Any expense incurred by the covered person for covered expenses provided by a network provider will be applied to the network provider deductible. Any expense incurred by the covered person for covered expenses provided by a non-network provider will be applied to the non-network provider deductible.

<table>
<thead>
<tr>
<th>DEDUCTIBLE AMOUNTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Kentucky Provider</td>
</tr>
<tr>
<td>Deductible per year</td>
</tr>
</tbody>
</table>
Out-of-pocket limit

The out-of-pocket limit is the amount of covered expenses, excluding expenses used to satisfy copayments and deductibles that must be paid by the covered person per year before a benefit percentage will be increased. After the out-of-pocket limit has been satisfied in a year, the benefit percentage for covered expenses for that covered person will be payable at the rate of 100% for the rest of the year, subject to any benefit limit and all other terms, provisions, limitations and exclusions of the plan. Benefit specific copayments continue to be the covered person's responsibility. Any expense incurred by a covered person for covered expenses will be applied toward the satisfaction of the out-of-pocket limit. Copayments and deductibles do not apply toward any out-of-pocket limit. Also, out-of-pocket expenses for prescription drugs and covered organ transplants provided by a non-network provider do not apply toward any out-of-pocket limit.

<table>
<thead>
<tr>
<th>OUT-OF-POCKET LIMIT AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-pocket limit per year</td>
</tr>
</tbody>
</table>

Preauthorization requirements and penalty

Preauthorization by us is required for certain services and supplies. Call customer service at (877) 285-4621 to obtain a list of services and supplies that require preauthorization. The list of services and supplies that require preauthorization is subject to change. Coverage provided in the past for services or supplies that did not receive or require preauthorization, is not a guarantee of future coverage of the same services or supplies.

The covered person is responsible for informing the health care practitioner of the preauthorization requirements. The covered person or the health care practitioner must contact us by telephone, electronic mail, or in writing to obtain the appropriate authorization. The identification card will show the health care practitioner the telephone number to call to request authorization. Preauthorization is not a guarantee of benefits. Payment of benefits is subject to all terms and conditions of the plan. No benefits are paid for services or supplies that are not covered expenses.

If any required preauthorization of services or supplies is not obtained, the benefit payable for any covered expenses incurred for the services, will be reduced to 50%, after any applicable deductibles or copayments. If the rendered services are not covered expenses, no benefits are payable. The out-of-pocket amounts incurred by the covered person due to these benefit reductions may not be used to satisfy any out-of-pocket limits. This preauthorization penalty will apply if services are received when preauthorization is required and not obtained.

University Health Service (UHS)

University Health Service (UHS) is a student health service center with a wide range of outpatient services including a primary care clinic, a women's care clinic, and a behavioral health clinic. A student's dependent spouse may also receive care on a fee-for-service basis at UHS, except for immunizations and behavioral health. The following services received at UHS are payable by the Company at 100% and are not subject to a deductible. However, all services are subject to all of the terms, provisions, limitations and exclusions of the policy.

- Physician office visits
- Behavioral health visits.
- Care for a bodily injury requiring minor surgical procedure (Example: suturing of laceration; casting of a simple fracture).
- Outpatient surgery (Example: incision and drainage of an abscess; biopsy; removal of warts, malignant moles and lesions).
- Colposcopy.
- Cost of some laboratory tests.
- Cost of some prescriptions.
- Cost of the following immunization vaccines: Measles, Mumps, Rubella, Tetanus, Diphtheria, Pertussis, Polio, Varicella, Hepatitis B series, and Meningococcal Meningitis
- Women's Preventive Services.
- Expenses for treatment and supplies for programs involving cessation of tobacco use.

For more information on services provided at the UHS by utilizing the UHS Health Fee, please see page 3 or go to www.ukhealthcare.uky.edu/uhs.
(Schedule of Medical Expense Benefits Injury and Sickness continued)

### INPATIENT SERVICES

<table>
<thead>
<tr>
<th>Covered Expenses</th>
<th>University of Kentucky Provider (benefit payable)</th>
<th>Network Provider (benefit payable after network provider $350 deductible)</th>
<th>Non-network Provider (benefit payable after non-network provider $500 deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital room and board</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Benefits for a private or single-bed room are limited to the maximum allowable fee charged for a semi-private room; an intensive care unit is limited to 2 1/2 times the maximum allowable fee charged for a semi-private room.</td>
<td>Deductible waived</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital miscellaneous expenses</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Health care practitioner inpatient services</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Includes non-surgical services of a health care practitioner or consultation services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient surgery services</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Assistant surgeon or surgical assistant</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Anesthesiologist or anesthetist</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>

### OUTPATIENT SURGICAL SERVICES

*Outpatient surgical benefits are limited to a benefit limit of $25,000 per bodily injury or sickness, per year.*

<table>
<thead>
<tr>
<th>Covered Expenses</th>
<th>University of Kentucky Provider (benefit payable)</th>
<th>Network Provider (benefit payable after network provider $350 deductible)</th>
<th>Non-network Provider (benefit payable after non-network provider $500 deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient facility and miscellaneous expenses</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>
### Health care practitioner outpatient surgical services

<table>
<thead>
<tr>
<th></th>
<th>90%</th>
<th>80%</th>
<th>60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant surgeon or surgical assistant</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Anesthesiologist or anesthetist</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Routine colorectal cancer screening, 50 years of age or older or under the age of 50 at high risk.</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>

### OUTPATIENT NON-SURGICAL SERVICES

**Outpatient non-surgical benefits are limited to a benefit limit of $5,000 per bodily injury or sickness, per year. Covered services received at the UHS are payable at 100%, see page 3 for details.**

<table>
<thead>
<tr>
<th>Covered Expenses</th>
<th>University of Kentucky Provider (benefit payable)</th>
<th>Network Provider (benefit payable after network provider $350 deductible)</th>
<th>Non-network Provider (benefit payable after non-network provider $500 deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care practitioner office visits</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>
Includes services for removal of warts, malignant moles and lesions only when referred by UHS. |
| Injections, other than allergy | 90% | 80% | 60% |
| Diagnostic laboratory and pathology tests | 90% | 80% | 60% |
| Plain film radiology (x-ray) | 90% | 80% | 60% |
| Diagnostic testing for attention deficit disorder, attention deficit hyperactive disorder, and dyslexia | 90% | 80% | 60% |
| Emergency services | 90% after a $75 copayment | 80% after a $150 copayment | 60% after a $250 copayment |
Copayment waived if hospital confined. Benefits for covered expenses are payable for treatment and stabilization of an emergency medical condition. (See page 18 for details) |
| **Urgent care services**  
Includes facility expenses and health care practitioner services. | Not available | 80% | 60% |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical medicine and rehabilitative services following surgery</strong></td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>
| **Physical medicine and rehabilitative services not following surgery**  
Benefits are limited to 10 visit(s) per bodily injury or sickness per year, but are not subject to the outpatient non-surgical services benefit limit. | 90% after a $15 copayment | 80% after a $15 copayment | 60% after a $15 copayment |
| **Temporomandibular joint (TMJ) and craniomandibular dysfunction**  
Same as any other bodily injury or sickness based upon location of services and the type of provider. | Same as any other bodily injury or sickness based upon location of services and the type of provider. | Same as any other bodily injury or sickness based upon location of services and the type of provider. |
| **Voluntary termination of pregnancy**  
This benefit is in lieu of any other benefit. | Not available | 80% | 60% |
| **Dependent child preventive services**  
Includes:  
- Physical exams from birth to age two.  
- Routine hearing screening from birth to 12 months of age, limited to $50 per exam.  
- Routine vision screening from birth to age two, limited to $50 per exam.  
- Routine immunizations according to the CDC to age 19.  
*(For more information, go to [www.cdc.gov](http://www.cdc.gov))* | 90% | 80% | 60% |
Women's preventive services
Benefits for covered expenses are payable for the following preventive services:

- A baseline mammogram for a female covered person between the ages of 35 and 40 and an annual mammogram for a female covered person 40 years of age or older.
- Routine mammograms for covered persons regardless of age, who have been diagnosed with breast disease.
- An annual routine gynecological exam, including a Pap smear for a female covered person age 18 and older.
- Bone density screening for women age 35 years and older to obtain baseline data for early detection of osteoporosis.

See the University Health Service Section for more information on this benefit on page 3.

<table>
<thead>
<tr>
<th>BEHAVIORAL HEALTH SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT</strong></td>
</tr>
<tr>
<td>All acute inpatient services and partial hospitalization for mental health services and chemical dependency services are limited to 30 days per year. Two days of partial hospitalization equals one day of acute inpatient services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covered Expenses</th>
<th>University of Kentucky Provider (benefit payable)</th>
<th>Network Provider (benefit payable after network provider $350 deductible)</th>
<th>Non-network Provider (benefit payable after non-network provider $500 deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental/Behavioral health - inpatient services Includes room and board and health care practitioner services.</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>
### BEHAVIORAL HEALTH SERVICES

#### OUTPATIENT

All outpatient therapy and office therapy for mental health services and chemical dependency services are limited to one visit per day and a $1,000 benefit limit per year. **Covered services received at the UHS are payable at 100%, see page 3 for details.**

<table>
<thead>
<tr>
<th>Covered Expenses</th>
<th>University of Kentucky Provider (benefit payable)</th>
<th>Network Provider (benefit payable after network provider $350 deductible)</th>
<th>Non-network Provider (benefit payable after non-network provider $500 deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental/Behavioral health - outpatient therapy and office therapy</td>
<td>90%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Includes outpatient health care practitioner services and services provided as part of an intensive outpatient program.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical dependency/Substance abuse - outpatient therapy and office therapy</td>
<td>90%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Includes outpatient health care practitioner services and services provided as part of an intensive outpatient program.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OTHER COVERED SERVICES

<table>
<thead>
<tr>
<th>Covered Expenses</th>
<th>University of Kentucky Provider (benefit payable)</th>
<th>Network Provider (benefit payable after network provider $350 deductible)</th>
<th>Non-network Provider (benefit payable after non-network provider $500 deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>Not available</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Includes ground and air ambulance services.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Durable medical equipment and diabetes equipment

<table>
<thead>
<tr>
<th></th>
<th>90%</th>
<th>80%</th>
<th>60%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Autism</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited to $500 per month per dependent child. This limit shall not apply to other health conditions of the dependent child and services for the dependent child not related to the treatment of autism.</td>
<td>Same as any other sickness based upon location of services and the type of provider.</td>
<td>Same as any other sickness based upon location of services and the type of provider.</td>
<td>Same as any other sickness based upon location of services and the type of provider.</td>
</tr>
<tr>
<td><strong>Home health care</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Limited to 60 visits per year.</td>
<td>Not available</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Hospice</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient hospice services are limited to 30 days per year. $3,000 lifetime limit.</td>
<td>Not available</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Diabetes self-management training</strong></td>
<td>90%</td>
<td>70% after a $20 copayment</td>
<td>50% after a $20 copayment</td>
</tr>
<tr>
<td>Limited to $200 per year.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Advanced imaging</strong>, including High Cost Diagnostic Procedure greater than $200. Limited to $2,000 per bodily injury or sickness per year.</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Outpatient chemotherapy and radiation following surgery</strong></td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Outpatient chemotherapy and radiation not following surgery</strong></td>
<td>90%</td>
<td>80% after a $15 copayment</td>
<td>60% after a $15 copayment</td>
</tr>
<tr>
<td><strong>Pregnancy and complications of pregnancy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visits for prenatal care are covered at 100% after the initial visit.</td>
<td>Same as any other sickness based upon location of services and the type of provider.</td>
<td>Same as any other sickness based upon location of services and the type of provider.</td>
<td>Same as any other sickness based upon location of services and the type of provider.</td>
</tr>
<tr>
<td><strong>Routine newborn care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes: • Routine nursery care; • Health care practitioner charges, limited to 1 visit per day.</td>
<td>Same as any other sickness based upon location of services and the type of provider.</td>
<td>Same as any other sickness based upon location of services and the type of provider.</td>
<td>Same as any other sickness based upon location of services and the type of provider.</td>
</tr>
</tbody>
</table>
### Dental Injury to Sound Natural Tooth

<table>
<thead>
<tr>
<th></th>
<th>90%</th>
<th>80%</th>
<th>60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment for the diagnosis of attention deficit disorder, attention deficit hyperactive disorder, or dyslexia</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Covered expenses apply toward outpatient mental health services and chemical dependency services benefit limits.

### Prosthetic Devices

<table>
<thead>
<tr>
<th></th>
<th>90%</th>
<th>80%</th>
<th>60%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>

### Vision Care Exam

<table>
<thead>
<tr>
<th></th>
<th>90%</th>
<th>80%</th>
<th>60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited to one routine eye exam per year, subject to a $150 benefit limit. Age 2 and over.</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>

### Educational Exposure to Blood Borne Pathogen Benefit

Educational exposure to blood borne pathogens benefit to cover 100% of medication from Day one (1) through Day twenty-eight (28). This benefit is not part of the prescription drug benefit but part of the medical plan.

**Please note:** You are required to pay in full at the time of service for all prescriptions related to exposure and submit claims for reimbursement.

### Additional Other Covered Services

<table>
<thead>
<tr>
<th></th>
<th>Same as any other bodily injury or sickness based upon location of services and the type of provider.</th>
<th>Same as any other bodily injury or sickness based upon location of services and the type of provider.</th>
<th>Same as any other bodily injury or sickness based upon location of services and the type of provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>
### KIDNEY TRANSPLANT - MEDICAL SERVICES

<table>
<thead>
<tr>
<th>Covered Expenses</th>
<th>University of Kentucky Provider (benefit payable)</th>
<th>Network Provider designated by HUMANA as an approved transplant provider (benefit payable after network $350 provider deductible)</th>
<th>Non-network Provider (benefit payable after non-network provider $500 deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible waived</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The total amount of benefits payable by us for covered organ transplant services received from non-network providers will not exceed the transplant non-network provider benefit limit of $35,000 per covered organ transplant.

**Organ transplant**
- 90% for University of Kentucky Provider
- 80% for Network Provider
- 60% for Non-network Provider

### KIDNEY TRANSPLANT - DIRECT, NON-MEDICAL SERVICES

Benefits for direct, non-medical costs are limited to a combined maximum of $10,000 per covered organ transplant.

<table>
<thead>
<tr>
<th>Covered Expenses</th>
<th>University of Kentucky Provider (benefit payable)</th>
<th>Network Provider designated by HUMANA as an approved transplant provider (benefit payable)</th>
<th>Non-network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible waived</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Transportation: 100% for University of Kentucky Provider, 100% for Network Provider, Not covered for Non-network Provider
- Temporary lodging: 100% for University of Kentucky Provider, 100% for Network Provider, Not covered for Non-network Provider

Prescription Drug Benefit

<table>
<thead>
<tr>
<th>INDIVIDUAL PHARMACY MAXIMUM BENEFIT AMOUNTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic medications and brand-name medications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RETAIL PHARMACY / SPECIALTY PHARMACY</th>
</tr>
</thead>
<tbody>
<tr>
<td>up to a 30 day supply</td>
</tr>
</tbody>
</table>

| Allergy drugs, medicines or medications are covered only at the Kentucky Clinic Pharmacy |

<table>
<thead>
<tr>
<th>Covered Expenses</th>
<th>Kentucky Clinic</th>
<th>Network Pharmacy</th>
<th>*Non-network Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic medications</td>
<td>$10 per prescription or refill</td>
<td>$15 per prescription or refill</td>
<td>$15 per prescription or refill</td>
</tr>
<tr>
<td>Brand-name medications</td>
<td>$30 per prescription or refill</td>
<td>$45 per prescription or refill</td>
<td>$45 per prescription or refill</td>
</tr>
</tbody>
</table>

A covered person’s cost share is greater if he/she requests a brand-name medication when a generic medication is available. The covered person is responsible for the applicable generic medication copayment and 100% of the difference between the amount we would have paid the dispensing pharmacy for the brand-name medication and the amount we would have paid the dispensing pharmacy for the generic medication. The covered person is only responsible for the applicable copayment of a brand-name medication if the prescribing health care practitioner determines that the brand-name medication is medically necessary.

*Non-network pharmacy
When a non-network pharmacy is used, the covered person must pay for the prescription or refill at the time it is dispensed. The covered person must file a claim for reimbursement with the plan. The plan will reimburse the covered person 70% of the default rate, after any applicable cost share. The covered person is responsible for 100% of the difference between the default rate and the non-network pharmacy’s charge. If the covered person receives prescriptions or refills from a non-network pharmacy, he or she will have a larger cost share.

In order to access this program, go to a participating pharmacy within the HUMANA network. Present your insurance ID Card to the pharmacy to identify yourself as a participant in the plan. Eligibility status will be on-line at the pharmacy. You can locate a participating pharmacy online at www.aphcare.com/uky. See the Certificate for additional details of this benefit located on the website at www.ahpcare.com/uky.

Academic Emergency Services

Students enrolled in the Student Health Insurance Plan can call the multilingual call center 24 hours a day, 365 days a year to confirm coverage and access available services. Services are available to students traveling more than 100 miles from their home or outside of their home country.

In addition to the insurance protection provided by your insurance plan, Academic HealthPlans has arranged to provide you with a $10,000 Accidental Death and Dismemberment benefit and access to travel assistance services anywhere in the world. These services include:

- Medical Assistance including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation, and return of mortal remains.
- Personal Assistance including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification and medical claims assistance.
Travel Assistance including emergency travel arrangements and arrangements for the return of your traveling companion or dependents.

Security Assistance including access to a secure, web-based system for tracking global threats and health or location based risk intelligence, and at an additional cost, a crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling outside of the country.

In the event of a medical emergency call Academic Emergency Services immediately.

1-800-625-8833 toll free in the USA or Canada

1-240-330-1470 collect outside of the USA

This information provides you with a brief outline of the services available to you. Accident insurance is underwritten by ACE American Insurance Company on Form # AH-10324. Reimbursement for any service expenses is limited to the terms and conditions of the accident policy under which you are insured. You may be required to pay for services not covered under the policy. (Academic Emergency Services, Inc. is not affiliated with HUMANA Health Plans, Inc.)

Definitions

Accident means a sudden event that results in a bodily injury or dental injury and is exact as to time and place of occurrence. The accident must occur while the covered person's coverage is effective under the plan.

Covered Expense means medically necessary services or preventive services which are ordered by a health care practitioner; not in excess of maximum allowable fee; for the benefits described herein, subject to any benefit limit and all other terms, provisions, limitations and exclusions of this policy; and incurred when a covered person is insured for that benefit under this policy on the date that the service is rendered.

Covered Person means a student and any dependent of the student enrolled for benefits provided under this policy and paid the applicable premium.

Emergency Medical Condition means services provided in a hospital emergency facility for a bodily injury or sickness manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: 1) Placing the health of that individual (or, with respect to a pregnant woman, the health of the woman; 2) or her unborn child) in serious jeopardy; 3) Serious impairment of bodily functions; or 4) Serious dysfunction of any bodily organ or part.

Emergency medical condition does not mean services for the convenience of the covered person or the provider of treatment or services.

Health Care Practitioner means a practitioner professionally licensed by the appropriate state agency to diagnose or treat a bodily injury or sickness and who provides services within the scope of that license.

Maximum allowable fee for a covered expense is the lesser of the fee: 1) charged by the provider for the services; 2) Negotiated with the provider whether directly or through one or more intermediaries or shared savings contracts for the services; 3) established by the Company comparing rates from one or more regional or national databases or schedules for the same or similar services from a geographical area determined by the Company; 4) based upon rates negotiated by the Company or other payors with one or more network providers in a geographic area determined by the Company for the same or similar services; 5) Based upon the provider's cost for providing the same or similar services as reported by such provider in its most recent publicly available Medicare cost report submitted to the Centers for Medicare and Medicaid Services (CMS) annually; or 6) based on a percentage determined by the Company of the fee Medicare allows for the same or similar services provided in the same geographic area.

Medically Necessary means health care services that a health care practitioner exercising prudent clinical judgment would provide to his or her patient for the purpose of preventing, evaluating, diagnosing or treating a bodily injury or sickness or its symptoms. Such health
(Definitions continued)
care service must be: 1) in accordance with nationally recognized standards of medical practice; 2) clinically appropriate in terms of type, frequency, extent, site and duration, and considered effective for the patient’s bodily injury or sickness; 3) not primarily for the convenience of the patient, physician or other health care provider; and 4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the patient’s bodily injury or sickness.

For the purpose of medically necessary, generally accepted standards of medical practice means standards that are based on credible scientific evidence published in peer reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations, the views of physicians practicing in relevant clinical areas and any other relevant factors.

Network Provider means a hospital, health care treatment facility, health care practitioner, or any other health services provider who has signed an agreement with us as an independent contractor or who has been designated by us as an independent contractor to provide services to all covered persons. Network provider designation by the Company may be limited to specified services.

Non-Network Provider means a hospital, health care treatment facility, health care practitioner, or any other health services provider who has not signed an agreement with the Company who has not been designated by the Company to provide covered expenses as a network provider by the Company.

Sickness means a disturbance in function or structure of the body which causes physical signs or physical symptoms and which, if left untreated, will result in a deterioration of health state of the structure or system(s) of the body. The term also includes: (1) pregnancy; (2) any medical complications of pregnancy; and (3) chemical dependency and mental health services. All related conditions and recurrent symptoms of the same or similar condition are considered one sickness.

University of Kentucky provider means the following providers who have been designated by the University of Kentucky to provide services and supplies to all covered persons: 1) University of Kentucky Hospital; and 2) University of Kentucky College of Medicine.

Please go to www.ahpcare.com/uky for a complete list of definitions located in the Certificate.

Pre-Existing Condition Limitation

Benefits will not be paid for Pre-existing Conditions until the Covered Person is continuously insured under the school’s existing policy for at least nine (9) consecutive months, or the Covered Person was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 60 days prior to the effective date of coverage under the Policy, except as specifically provided in the Schedule of Benefits, or no charges have been incurred or treatment rendered for the condition for six consecutive months from the Covered Person’s effective date under this plan.

“Pre-existing Condition” means a bodily injury or sickness for which a covered person received medical attention during the twelve months prior to the covered person’s effective date under the plan. For the purposes of this definition, medical attention means care, advice, examination, treatment, services, medication, procedures, tests, consultation, referral or diagnosis from a health care practitioner.

Creditable Coverage

Your coverage under this health plan is “creditable coverage”. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this plan. You may need such a certificate if you become covered under a group health plan or other health plan within 60 days after your coverage under this health plan terminates. A Certificate of Creditable Coverage may be requested in writing from Academic HealthPlans.

Accident, including all related conditions and recurrent symptoms of these Covered Injuries, are considered a single Covered Injury.
Exclusions and Limitations

Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:

1. Treatments, services, supplies or surgeries that are not medically necessary, except for the specified preventive services as outlined in the “Schedule of Benefits” and described in the “Covered Expenses” section of the plan.

2. A bodily injury or sickness arising out of, or in the course of, any employment for wage, gain or profit.

3. Care and treatment while confined in a jail, holdover or regional jail when facilitated by a unit of local government or a regional jail authority for a covered person convicted of a felony.

4. Care and treatment given in a hospital owned or run by any government entity, unless the covered person is legally required to pay for such care and treatment. However, care and treatment provided by military hospitals to covered persons who are armed services retirees and their dependents are not excluded.

5. Any service furnished while the covered person is confined in a hospital or institution owned or operated by the United States government or any of its agencies for any military service connected bodily injury or sickness.

6. Any service the covered person would not be legally required to pay for in the absence of this insurance.

7. Bodily injury or sickness for which the covered person is in any way paid or entitled to payment or care and treatment by or through a government program, except for Medicaid.

8. Any service not ordered by a health care practitioner.

9. The following services received in connection with home health care: Charges for mileage or travel time to and from the covered person’s home; Wage or shift differentials for any representative of a home health care agency; Charges for supervision of home health care agencies; Custodial care; or The provision or administration of self-administered injectable drugs.

10. The following services received in connection with hospice care: A confinement not required for acute pain control or other treatment for an acute phase of chronic symptom management; Services by volunteers or persons who do not regularly charge for their services; Services by a licensed pastoral counselor to a member of his or her congregation; and Bereavement counseling services for family members not covered under this policy.

11. Services rendered by a standby physician, surgical assistant, assistant surgeon, physician assistant, registered nurse or certified operating room technician unless medically necessary, or as otherwise determined by the plan.

12. Any service which is not rendered or not substantiated in the medical records.

13. Education or training, except for diabetes self-management training.

14. Educational or vocational therapy, testing, services or schools, including therapeutic boarding schools and other therapeutic environments. Educational or vocational videos, tapes, books and similar materials are also excluded.

15. Medical services provided by a covered person’s family member.

16. Ambulance services for routine transportation to, from, or between medical facilities and/or a health care practitioner’s office.

17. Any drug, biological product, device, medical treatment, or procedure which is experimental, investigational, or for research purposes.

18. Vitamins, dietary supplements, and dietary formulas, except enteral formulas, nutritional supplements or low protein modified food products for the treatment of an inherited metabolic disease, e.g. phenylketonuria (PKU).
22. Contraceptives, including implant systems and devices, regardless of the purpose(s) for which prescribed.
23. Growth hormones (medications, drugs or hormones to stimulate growth), unless there is a laboratory confirmed diagnosis of growth hormone deficiency, or as otherwise determined by the plan.
24. Treatment of nicotine habit or addiction, including nicotine patches, hypnosis, smoking cessation classes or tapes, or as otherwise determined by the plan.
25. Prescription drugs and self-administered injectable drugs, unless administered to the covered person: a) while an inpatient in a hospital, or skilled nursing facility, or health care treatment facility; or residential treatment facility; b) by the following, when deemed appropriate by the plan: 1) a health care practitioner; a) during an office visit; or b) while an outpatient; or 2) a home health care agency as part of a covered home health care plan when approved by the plan.
26. Hearing aids, the fitting of hearing aids, or advice on their care; implantable hearing devices, except for cochlear implants as otherwise stated in the plan.
27. Services received in an emergency room, unless required because of an emergency medical condition. (See page 18 for the definition of emergency medical condition.)
28. Weekend non-emergency hospital confinements, specifically confinements to a hospital on a Friday or Saturday at the convenience of the covered person or the health care practitioner when there is no cause for an emergency confinement. This exclusion applies if no surgery or therapeutic treatment is received until the following Monday.
29. Hospital inpatient services while in observation status.
30. Infertility services.
31. Elective sterilization or the reversal of an elective sterilization.
32. Sex change services, regardless of any diagnosis of gender role or psychosexual orientation problems.
33. Services for the evaluation and treatment of sexual dysfunctions or inadequacies, regardless of the cause.
34. No benefits will be provided for: Immunotherapy for recurrent abortion; Chemonucleolysis; Biliary lithotripsy; Home uterine activity monitoring; Sleep therapy; Light treatments for Seasonal Affective Disorder (S.A.D.); Immunotherapy for food allergy; Prolotherapy; Cranial banding, unless otherwise determined by the plan; Hyperhydrosis surgery; Lactation therapy; or Sensory integration therapy.
35. Cosmetic surgery and cosmetic services or devices.
36. Hair prosthesis, hair transplants or implants, and wigs.
37. Dental services, appliances or supplies for treatment of the teeth, gums, jaws or alveolar processes, including, any oral surgery or periodontic surgery and preoperative and postoperative care, implants and related procedures, orthodontic procedures, and any dental services related to a bodily injury or sickness, or as otherwise determined by the plan.
38. The following types of care of the feet: shock wave therapy of the feet; the treatment of weak, strained, flat, unstable or unbalanced feet; hygienic care, and the treatment of superficial lesions of the feet, such as corns, calluses, or hyperkeratosis; the treatment of tarsalgia, metatarsalgia, or bunion, except surgically; the cutting of toenails, except the removal of the nail matrix; the provision of heel wedges, lifts, or shoe inserts; and the provision of arch supports or orthopedic shoes, unless medically necessary because of diabetes.

40. Sickness or bodily injury caused by the covered person's: engagement in an illegal act or occupation; or commission of or an attempt to commit a criminal act.

41. Expenses for services that are primarily and customarily used for environmental control or enhancement (whether or not prescribed by a health care practitioner) and certain medical devices including, Common household items including air conditioners, air purifiers, water purifiers, vacuum cleaners, waterbeds, hypoallergenic mattresses or pillows or exercise equipment; Motorized transportation equipment (e.g. scooters), escalators, elevators, ramps or modifications or additions to living/working quarters or transportation vehicles; Personal hygiene equipment including bath/shower chairs, transfer equipment or supplies or bed side commodes; Personal comfort items including cervical pillows, gravity lumbar reduction chairs, swimming pools, whirlpools, spas or saunas; Medical equipment including blood pressure monitoring devices, breast pumps, PUVA lights and stethoscopes; Communication system, telephone, television or computer systems and related equipment or similar items or equipment; Communication devices, except after surgical removal of the larynx or a diagnosis of permanent lack of function of the larynx.

42. Therapy and testing for treatment of allergies including, services related to clinical ecology, environmental allergy and allergic immune system dysregulation and sublingual antigen(s), extracts, neutralization tests and/or treatment.

43. Treatment of allergies including allergy injections and allergy serum.

44. Lodging accommodations or transportation; communications or travel time.

45. Expenses for any membership fees or program fees paid by the covered person, including health clubs, health spas, aerobic and strength conditioning, work-hardening programs, and weight loss or surgical programs; and any materials or products related to these programs.

46. Any treatment, including surgical procedures: For obesity, which includes morbid obesity; or For obesity, which includes morbid obesity, for the purpose of treating a bodily injury or sickness caused by, complicated by, or exacerbated by the obesity.

47. Surgical procedures for the removal of excess skin and/or fat in conjunction with or resulting from weight loss or a weight loss surgery.

48. Bodily injury or sickness for which medical payment or expense coverage benefits are paid or payable under any automobile, homeowners, premises, workers’ compensation or similar coverages.

49. Services of a midwife, unless provided by a Certified Nurse Midwife.

50. Alternative medicine.

51. Acupuncture, unless performed in lieu of generally accepted anesthesia practices.

52. Services rendered in a premenstrual syndrome clinic or holistic medicine clinic.

53. Vision examinations or testing for the purposes of prescribing corrective lenses (except as required for repair caused by a bodily injury); orthoptic training (eye exercises); radial keratotomy, refractive keratoplasty or any other surgery or procedure to correct myopia, hyperopia or stigmatic error; or, the purchase or fitting of eyeglasses or contact lenses (except as the result of an accident or following cataract surgery or as stated in the plan).

54. Services and supplies which are rendered in connection with mental illnesses not classified in the International Classification of Diseases of the U.S. Department of Health and Human Services.

55. Services of a midwife, unless provided by a Certified Nurse Midwife.

56. Marriage counseling.

57. Court-ordered treatment.

58. Expenses for employment, school, sport or camp physical examinations or for the purposes of obtaining insurance.

59. Expenses for care and treatment of non-covered procedures or services.
60. Expenses for treatment of complications of non-covered procedures or services.
61. Expenses incurred for services prior to the effective date or after the termination date of
   the covered person’s coverage under the plan. Coverage will be extended as described in
   the “Extension of Benefits” provision.
62. Pre-surgical/procedural testing duplicated during a hospital confinement.
63. Expenses incurred for breast reduction mammoplasty.
64. Expenses incurred for gynecal mastectomy (male breasts).
65. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
66. Expenses incurred for care, treatment, services, or supplies for or related to obstructive
   sleep apnea, and sleep disorders, including CPAP, and UPP.
67. Expenses for treatment of covered students who specialize in the Behavioral health care
   field, and who receive treatment as part of their training in that field.
68. Bodily injuries sustained as the result of an accident involving: Flight in any kind of
   aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial
   airline.
69. Expenses incurred for the removal of an organ from a covered person for the purpose
   of donating or selling the organ to any person or organization. This limitation does not
   apply to a donation by a covered person to a spouse, child, brother, sister, or parent.
70. Organ transplants, other than kidney.
71. Bodily injury sustained while: Participating in any interscholastic, collegiate, intercollegiate,
   or professional sport, contest or competition; or participating in any
   practice or conditioning program for such sport, contest or competition.

These limitations and exclusions apply even if a health care practitioner has performed or
prescribed a medically appropriate procedure, treatment or supply. This does not prevent a
covered person’s health care practitioner from providing or performing the procedure, treatment
or supply; however, the procedure, treatment or supply will not be a covered expense.

**Claim Procedure**

In the event of Injury or Sickness, the Student should:

1) Report to the University Health Services for treatment or when not in school, to your
   Physician or Hospital. Covered Persons should go to a participating Physician or
   Hospital for treatment if possible.

   IN AN EMERGENCY, REPORT DIRECTLY TO THE
   NEAREST EMERGENCY ROOM FOR TREATMENT.

2) Mail to the address below all medical and hospital bills along with patient’s name and
   Insured student’s name, address, social security number and name of the University under
   which the student is insured.

3) File claims within 30 days of Injury or first treatment for a Sickness. Bills should be
   received by the Company within 90 days of service. Bills submitted after one year will not
   be considered for payment except in the absence of legal capacity.

**Submit All Claims and Inquiries to:**

HUMANA Health Plan, Inc.

P.O. Box 14610

Lexington, KY

40512-4610

Phone #: (877) 285-4621
Important Notice

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered. Complete details may be found online at www.ahpcare.com/uky or in the policy on file at your school’s office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

Privacy Disclosure

Under HIPAA’s Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You will receive a copy of HUMANA’s HIPAA Privacy Notice upon request. Please write to Academic HealthPlans, Inc., P.O. Box 1605, Colleyville, TX 76034-1605 or call (817) 479-2100. You may also view and download a copy from the website at: www.ahpcare.com/uky.