Important: Please see the Notice on the first page of this plan material concerning student health insurance coverage.
Notice
Regarding Your Student Health Insurance Coverage

Your student health insurance coverage, offered by UnitedHealthcare Insurance Company, may not meet the minimum standards required by the health care reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012 and $500,000 for policy years beginning on or after September 23, 2012 but before January 1, 2014. Your student health insurance coverage puts a policy year limit of $500,000 for each Injury or Sickness that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at 1-888-344-6118. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.
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:

- This health insurance plan is a Preferred Provider Organization (PPO). A PPO are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. 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 4 for details.

- 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 Copay/Coinsurance (patient percentage of Covered Medical Expenses), medical costs for services excluded by the plan, and amounts above the maximum benefits provided.

- It is your responsibility to familiarize yourself with this plan. Exclusions and Limitations 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, UHCSR 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.
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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 detailed copy of our privacy practices by calling us toll-free at 1-888-344-6118 or visiting us at www.uhcsr.com/uky.

Eligibility

Undergraduate, non-funded graduate students, OPT students and visiting scholars - Undergraduate, non-funded graduate students, OPT students and visiting scholars 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. For more information, please visit www.uky.edu/intlaffairs.

English as a Second Language (ESL) students - An ESL student is automatically enrolled in the coverage provided by the Plan when he or she registers for classes, unless proof of comparable coverage is furnished. 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 and online courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate Eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and dependent children under 26 years of age. Dependent Eligibility expires concurrently with that of the Insured student.

The Insured student's newborn infant or adopted child will be automatically covered for the first 31 days following birth or placement for adoption. Premium is due within 31 days after the date of birth or placement for adoption in order to have coverage continued beyond the first 31 days. To extend coverage past the 31 days, the insured student must: 1) enroll the child within 31 days of birth or placement for adoption; and 2) pay the required additional premium. If the Insured does not use this right, all coverage for the newborn infant or adopted child will terminate at the end of 31 days.
Effective and Termination Dates

The Master Policy on file at the university becomes effective at 12:01 a.m., August 26, 2012. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 11:59 p.m., August 25, 2013. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

If paying premiums by any payment period other than annual, coverage expires as follows:

<table>
<thead>
<tr>
<th>Period</th>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 1</td>
<td>10/28/2012</td>
<td>$288</td>
</tr>
<tr>
<td>Fall 2</td>
<td>12/31/2012</td>
<td>$288</td>
</tr>
<tr>
<td>Spring 1</td>
<td>03/25/2013</td>
<td>$378</td>
</tr>
<tr>
<td>Spring 2</td>
<td>06/10/2013</td>
<td>$346</td>
</tr>
<tr>
<td>Summer</td>
<td>08/25/2013</td>
<td>$342</td>
</tr>
</tbody>
</table>

You must meet the Eligibility requirements 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 premiums are allowed only upon entry into the armed forces.

The Policy is a Non-Renewable One Year Term Policy.

Extension of Benefits After Termination

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured 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 12 months after the Termination Date. The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payment be made.

Pre-Admission Notification

UnitedHealthcare should be notified of all Hospital Confinements prior to admission.

1. PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS: The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.

2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS: The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide notification of any admission due to Medical Emergency.

UnitedHealthcare is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.
University Health Services

Health Fee and University Health Service

If you are a full-time University of Kentucky student, you have access to University Health Services (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 Sickness, well-patient physical exams, urgent care, women's care (gynecology), behavioral health, allergy injections, immunizations 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!

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% of the benefit maximum and the Deductible is waived:
  - Physician Office Visits
  - Mental Illness and Substance Use Disorder Treatment Visits
  - Care for an 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 the following immunization vaccines: Measles, Mumps, Rubella, Tetanus, Diphtheria, Pertussis, Polio, Varicella, Influenza, HPV, Hepatitis B series, Meningococcal Meningitis, Hep A, Herpes Zoster and Pneumococcal, etc.
  - Women's Preventive Services
  - Treatment and supplies for programs involving cessation of tobacco use
  - Fast appointments - UHS can frequently offer same-day appointments
  - Some services are only covered at UHS 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.
The Policy provides benefits for the Covered Medical Expenses incurred by an Insured Person for a loss due to a covered Injury or Sickness up to the Maximum Benefit of $500,000 for each Injury or Sickness.

Preferred Provider: University of Kentucky providers, and the In-Network provider for this plan is UnitedHealthcare Options PPO (see page 14).

If care is received from a University of Kentucky Preferred Provider, benefits will be paid at the Preferred Provider level of benefits. If care is received within the Network any Covered Medical Expenses will be paid at the In-Network Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the In-Network Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

University Health Service (UHS) Benefits: The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at University Health Service for the following services subject to all of the terms, provisions, limitations, and exclusions of this policy (see page 3).

Out-of-Pocket Maximum: The Out-of-Pocket maximum is the amount of Covered Medical Expenses, excluding all Deductibles and Copays, that must be paid by the Insured Person Per Policy Year before a benefit percentage will be increased. After the Out-of-Pocket maximum has been satisfied in a policy year, the benefit percentage for Covered Medical Expenses for that Insured Person will be payable at a rate of 100% for the rest of the policy year, subject to any benefit limits and all other terms, provisions, limitations and exclusions of the Plan. Benefit specific Copays/Deductibles continue to be the Insured's responsibility. Policy Deductibles, per service Copay and Deductibles, and non-Covered Medical Expenses do not apply toward the Out-of-Pocket maximum.

Copays and per service Deductibles: All Copays and per service Deductibles are in addition to the policy Deductible.

Maximum Benefit: Benefits are subject to the policy Maximum Benefit unless otherwise specifically stated. Benefits will be paid up to the maximum benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider, In-Network and Out-of-Network unless otherwise specifically stated. Covered Medical Expenses include:

### Schedule of Medical Expense Benefits

<table>
<thead>
<tr>
<th>INJURY &amp; SICKNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum Benefit:</strong> $500,000 (For Each Injury or Sickness each Policy Year)</td>
</tr>
<tr>
<td><strong>Deductible Preferred Provider:</strong> $0 (Per Insured Person) (Per Policy Year)</td>
</tr>
<tr>
<td><strong>Deductible In-Network Provider:</strong> $500 (Per Insured Person) (Per Policy Year)</td>
</tr>
<tr>
<td><strong>Deductible Out-of-Network:</strong> $1,000 (Per Insured Person) (Per Policy Year)</td>
</tr>
<tr>
<td><strong>Coinsurance Preferred Provider:</strong> 90% except as noted below</td>
</tr>
<tr>
<td><strong>Coinsurance In-Network Provider:</strong> 80% except as noted below</td>
</tr>
<tr>
<td><strong>Coinsurance Out-of-Network:</strong> 60% except as noted below</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum:</strong> $5,000 (Per Insured Person, Per Policy Year)</td>
</tr>
<tr>
<td>PA = Preferred Allowance</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td><strong>INPATIENT</strong></td>
</tr>
<tr>
<td>University of Kentucky Preferred Providers (Deductible waived)</td>
</tr>
<tr>
<td><strong>Room and Board Expense</strong>, daily semi-private room rate when confined as an Inpatient and general nursing care provided by the Hospital.</td>
</tr>
<tr>
<td><strong>Intensive Care</strong></td>
</tr>
<tr>
<td><strong>Hospital Miscellaneous Expense</strong>, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.</td>
</tr>
<tr>
<td><strong>Routine Newborn Care</strong>, while Hospital Confined; and routine nursery care provided immediately after birth for an inpatient stay of at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother agrees, the attending Physician may discharge the newborn earlier.</td>
</tr>
<tr>
<td><strong>Physiotherapy</strong></td>
</tr>
<tr>
<td><strong>Surgeon’s Fees</strong>, if two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.</td>
</tr>
<tr>
<td><strong>Assistant Surgeon</strong></td>
</tr>
<tr>
<td><strong>Anesthetist</strong>, professional services administered in connection with inpatient surgery.</td>
</tr>
<tr>
<td><strong>Registered Nurse’s Services</strong>, private duty nursing care.</td>
</tr>
<tr>
<td><strong>Physician’s Visits</strong>, non-surgical services when confined as an Inpatient.</td>
</tr>
<tr>
<td><strong>Pre-Admission Testing</strong>, payable within 3 working days prior to admission.</td>
</tr>
</tbody>
</table>
## Outpatient Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>University of Kentucky Preferred Providers (Deductible waived)</th>
<th>In-Network Providers United Healthcare Options PPO ($500 Deductible)</th>
<th>Out-of-Network Providers ($1,000 Deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surgeon's Fees</strong>, if two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.</td>
<td>90% of PA</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td><strong>Day Surgery Miscellaneous</strong>, related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.</td>
<td>90% of PA</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td><strong>Assistant Surgeon</strong></td>
<td>90% of PA</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td><strong>Anesthetist</strong>, professional services administered in connection with outpatient surgery.</td>
<td>90% of PA</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
</tbody>
</table>

### Outpatient Benefits for Non-Surgical Services

Outpatient Benefits for Non-Surgical Services are payable for the following services. Note: Covered Medical Expenses received at UHS are payable at 100%. See Page 3 for UHS benefit details.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>University of Kentucky Preferred Providers (Deductible waived)</th>
<th>In-Network Providers United Healthcare Options PPO ($500 Deductible)</th>
<th>Out-of-Network Providers ($1,000 Deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician's Visits</strong></td>
<td>90% of PA</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td><strong>Physiotherapy</strong>, Physiotherapy includes but is not limited to the following: 1) physical therapy; 2) occupational therapy; 3) cardiac rehabilitation therapy; 4) manipulative treatment; and 5) speech therapy. Speech therapy will be paid only for the treatment of speech, language, voice, communication and auditory processing when the disorder results from Injury, trauma, stroke, surgery, cancer or vocal nodules. Review of Medical Necessity will be performed after 12 visits per Injury or Sickness. Benefits are limited to 10 days maximum when treatment does not follow surgery or Hospital Confinement.</td>
<td>90% of PA $15 Copay per visit*</td>
<td>80% of PA $15 Copay per visit*</td>
<td>60% of U&amp;C $15 Deductible per visit*</td>
</tr>
</tbody>
</table>

*The per visit Copay/Deductible will be waived when treatment follows surgery or Hospital Confinement.
<table>
<thead>
<tr>
<th>Medical Emergency</th>
<th>University of Kentucky Preferred Providers (Deductible waived)</th>
<th>In-Network Providers United Healthcare Options PPO ($500 Deductible)</th>
<th>Out-of-Network Providers ($1,000 Deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90% of PA $75 Copay per visit</td>
<td>80% of PA $150 Copay per visit</td>
<td>60% of U&amp;C $250 Deductible per visit</td>
</tr>
<tr>
<td>Diagnostic X-ray Services</td>
<td>90% of PA</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Radiation Therapy &amp; Chemotherapy</td>
<td>90% of PA ($15 Copay if chemotherapy and radiation does not follow surgery)</td>
<td>80% of PA</td>
<td>60% of U&amp;C ($15 Deductible if chemotherapy and radiation does not follow surgery)</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>90% of PA</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Tests &amp; Procedures, diagnostic services and medical procedures performed by a Physician, other than Physician’s Visits, Physiotherapy, X-Rays and Lab Procedures. The following therapies will be paid under this benefit: inhalation therapy, infusion therapy, pulmonary therapy and respiratory therapy.</td>
<td>90% of PA</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Injections, when administered in the Physician’s office and charged on the Physician’s statement. (Note - Allergy injections are not covered under this Plan.)</td>
<td>90% of PA</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Urgent Care Center, facility or clinic fee billed by the Urgent Care Center. All other services rendered during the visit will be paid as specified in the Schedule of Benefits.</td>
<td>N/A</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Hospital Outpatient Facility or Clinic, benefits are limited to the facility or clinic fee billed. All other services rendered during the visit will be paid as specified in the Schedule of Benefits.</td>
<td>90% of PA</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>OTHER</td>
<td>University of Kentucky Preferred Providers (Deductible waived)</td>
<td>In-Network Providers United Healthcare Options PPO ($500 Deductible)</td>
<td>Out-of-Network Providers ($1,000 Deductible)</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>N/A</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Durable Medical Equipment, a written prescription must accompany the claim when submitted. Benefits are limited to the initial purchase or one replacement purchase per Policy Year. Durable Medical Equipment includes external prosthetic devices that replace a limb or body part but does not include any device that is fully implanted in the body.</td>
<td>90% of PA</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Consultant Physician Fees, when requested and approved by attending Physician.</td>
<td>90% of PA</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Dental Treatment, made necessary by Injury to Sound, Natural Teeth only. (Benefits are not subject to the $500,000 Maximum Benefit.)</td>
<td>90% of U&amp;C</td>
<td>80% of U&amp;C</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Mental Illness / Behavioral Health Treatment, services received on an Inpatient and outpatient basis. Institutions specializing in or primarily treating Mental Illness and Substance Abuse Disorders are not covered.</td>
<td>Paid as any other Sickness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use Disorder Treatment, services received on an Inpatient and outpatient basis. Institutions specializing in or primarily treating Mental illness and Substance Abuse Disorders are not covered.</td>
<td>Paid as any other Sickness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity, benefits will be paid for an Inpatient stay of at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother agrees, the attending Physician may discharge the mother earlier. (Office visits for prenatal care are covered at 100% after the initial visit.)</td>
<td>Paid as any other Sickness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complications of Pregnancy</td>
<td>Paid as any other Sickness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective Abortion (Elective Abortion benefits are not subject to the $500,000 Maximum Benefit.)</td>
<td>Paid as any other Sickness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER (Con’t)</td>
<td>University of Kentucky Preferred Providers (Deductible waived)</td>
<td>In-Network Providers United Healthcare Options PPO ($500 Deductible)</td>
<td>Out-of-Network Providers ($1,000 Deductible)</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>N/A</td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>(60 days maximum Per Policy Year. Benefits are payable as specified in Benefits for Home Health Care, page 17)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice Care, services received from a licensed hospice agency and when recommended by a Physician for an Insured Person that is terminally ill with a life expectancy of six months or less. (30 days maximum Per Policy Year, $3,000 Lifetime Maximum.) (Hospice Care benefits are not subject to the $500,000 Maximum Benefit.)</td>
<td>N/A</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Reconstructive Breast Surgery Following Mastectomy, in connection with a covered Mastectomy for 1) all stages of reconstruction of the breast on which the mastectomy has been performed; 2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3) prostheses and physical complications of mastectomy, including lymphedemas.</td>
<td></td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Diabetes Services, in connection with the treatment of diabetes for Medically Necessary: 1) outpatient self-management training, education and medical nutrition therapy service when ordered by a Physician and provided by appropriately licensed or registered healthcare professionals; and 2) Prescription Drugs, equipment, and supplies including insulin pumps and supplies, blood glucose monitors, insulin syringes with needles, blood glucose and urine test strips, ketone test strips and tablets and lancets and lancet devices. (The foot care exclusion will be waived and benefits paid the same as any other Sickness when treatment is medically necessary for Diabetes or circulatory problems.)</td>
<td></td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Educational Exposure to Blood Bourne Pathogen,</td>
<td>University of Kentucky Preferred Providers (Deductible waived)</td>
<td>In-Network Providers United Healthcare Options PPO ($500 Deductible)</td>
<td>Out-of-Network Providers ($1,000 Deductible)</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>(This Benefit covers 100% of medication from day one (1) through day twenty-eight (28). This benefit is not part of the Prescription Drug benefit. Insured is required to pay in full at the time of service for all prescriptions related to exposure and submit claims for reimbursement.)</td>
<td>100% of PA</td>
<td>100% of PA</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td>TMJ and Craniomandibular Joint Treatment</td>
<td>Paid as any other Sickness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Benefits are payable as specified in Benefits for Temporomandibular Joint Disorder and Craniomandibular Disorder, page 16.) (TMJ benefits are not subject to the $500,000 Maximum Benefit.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prescription Drugs**

**Kentucky Clinic Pharmacy**
- $10 Copay per prescription Tier 1
- $30 Copay per prescription for Tier 2, up to a 31-day supply per prescription.

**United-Healthcare Network Pharmacy (UHPS)**
- $15 Copay per prescription Tier 1
- $45 Copay per prescription for Tier 2, $75 Copay per prescription for Tier 3 up to a 31-day supply per prescription.
  (Mail order through UHPS at 2 times the retail Copay up to a 90 day supply.)

**70% of Usual and Customary Charges**
- $15 Deductible per prescription for generic drugs
- $45 Deductible per prescription for brand name up to a 31-day supply per prescription.
Preventive Care Benefits

**Preventive Care Services**, medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and are limited to the following as required under applicable law: 1) Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force; 2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; 3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and 4) with respect to women, such additional preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider.

Below are some examples of the preventive services available as part of your Preventive Care Services benefit. See [www.healthcare.gov](http://www.healthcare.gov) for complete details of the services provided for specific risk groups.

<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>University of Kentucky Preferred Providers (Deductible waived)</th>
<th>In-Network Providers United Healthcare Options PPO ($500 Deductible)</th>
<th>Out-of-Network Providers ($1,000 Deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screenings and Services for Adults: Alcohol Misuse, Blood Pressure, Colorectal Cancer (ages 50 and over), Depression, Obesity, Sexually Transmitted Infection (population details provided in <a href="http://www.healthcare.gov">www.healthcare.gov</a>), Tobacco Use, Immunization recommendations according to <a href="http://www.healthcare.gov">www.healthcare.gov</a>.</td>
<td>100% of PA</td>
<td>100% of PA</td>
<td>No Benefits</td>
</tr>
<tr>
<td>Screenings and Services for Women: Bone Density, Contraception methods (details provided in <a href="http://www.healthcare.gov">www.healthcare.gov</a>), Domestic and Interpersonal Violence, Mammography, Well-woman visit.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screenings and Services for Children: Behavioral Assessment, Depression (for adolescents), Developmental screening (under 3 and surveillance throughout childhood), Hearing, Medical History, Obesity, Vision, Routine Immunizations according to the CDC to age 19 (<a href="http://www.cdc.gov">www.cdc.gov</a>).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER (Con’t)</td>
<td>University of Kentucky Preferred Providers (Deductible waived)</td>
<td>In-Network Providers United Healthcare Options PPO ($500 Deductible)</td>
<td>Out-of-Network Providers ($1,000 Deductible)</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
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</tr>
</tbody>
</table>

**Preventive Care Benefits**

**Bone Density Screening**, benefits are payable as specified in Benefits for Bone Density Testing for Osteoporosis Detection, see page 17.

<table>
<thead>
<tr>
<th>Vision Exam</th>
<th>90% of PA</th>
<th>80% of PA</th>
<th>60% of U&amp;C</th>
</tr>
</thead>
<tbody>
<tr>
<td>($150 maximum Per Policy Year, one routine eye exam per year, age 2 and older.) (Vision Exam benefits are not subject to the $500,000 Maximum Benefit.)</td>
<td>Paid as any other Sickness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mammography**, benefits are payable as specified in the mandated Benefits for Mammography. Mammogram frequency is increased to an annual mammogram for women ages 40 and older.

<table>
<thead>
<tr>
<th>90% of PA</th>
<th>80% of PA</th>
<th>60% of U&amp;C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid as any other Sickness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
UnitedHealthcare Network Pharmacy Benefits

Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by the Kentucky Clinic Pharmacy or other UnitedHealthcare Network Pharmacy. Benefits are subject to supply limits and Copayments that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable Copayments. Your Copayment is determined by the tier to which the Prescription Drug Product is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access www.uhcsr.com or call 1-877-417-7345 for the most up-to-date tier status.

**Kentucky Clinic Pharmacy:**
- $10 Copay per prescription order or refill for a Tier 1 Prescription Drug up to 31 day supply
- $30 Copay per prescription order or refill for a Tier 2 Prescription Drug up to 31 day supply

**Other UnitedHealthcare Network Pharmacies:**
- $15 Copay per prescription order or refill for a Tier 1 Prescription Drug up to 31 day supply
- $45 Copay per prescription order or refill for a Tier 2 Prescription Drug up to 31 day supply
- $75 Copay per prescription order or refill for a Tier 3 Prescription Drug up to 31 day supply

Mail order Prescription Drugs are available at 2 times the retail Copay up to a 90 day supply.

Please present your ID card to the network pharmacy when the prescription is filled. If you do not present the card, you will need to pay the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please visit www.uhcsr.com and log in to your online account or call 877-417-7345 or the customer service number on your ID card.

When prescriptions are filled at pharmacies outside the network, the Insured must pay for the prescriptions out-of-pocket and submit the receipts for reimbursement to UnitedHealthcare StudentResources, P.O. Box 809025, Dallas, TX 75380-9025. See the Schedule of Benefits for the benefits payable at out-of-network pharmacies.

**Additional Exclusions**

In addition to the policy Exclusions and Limitations, the following Exclusions apply to Network Pharmacy Benefits:

1. Coverage for Prescription Drug Products for the amount dispensed (days’ supply or quantity limit) which exceeds the supply limit.
2. Experimental or Investigational Services or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by the Company to be experimental, investigational or unproven.
3. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a prescription order or refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. Compounded drugs that contain at least one ingredient that requires a prescription order or refill are assigned to Tier-3.
4. Drugs available over-the-counter that do not require a prescription order or refill by federal or state law before being dispensed, unless the Company has designated the over-the-counter medication as eligible for coverage as if it were a Prescription Drug Product and it is obtained with a prescription order or refill from a Physician. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent. Certain Prescription Drug Products that the Company has determined are Therapeutically Equivalent to an over-the-counter drug. Such determinations may be made up to six times during a calendar year, and the Company may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.

5. Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury.

Definitions

**Prescription Drug or Prescription Drug Product** means a medication, product or device that has been approved by the U.S. Food and Drug Administration and that can, under federal or state law, be dispensed only pursuant to a prescription order or refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of the benefits under the policy, this definition includes insulin.

**Prescription Drug List** means a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to the Company's periodic review and modification (generally quarterly, but no more than six times per calendar year). The Insured may determine to which tier a particular Prescription Drug Product has been assigned through the Internet at [www.uhcsr.com](http://www.uhcsr.com) or call Customer Service at 1-877-417-7345.

**Preferred Provider and In-Network Provider Information**

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are members of University of Kentucky Providers.

"In-Network Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. In-Network Providers in the local school area are members of UnitedHealthcare Options PPO network.

The availability of specific providers is subject to change without notice. Insureds should always confirm that a provider is participating at the time services are required by calling the Company at 1-888-344-6118 and/or by asking the provider when making an appointment for services.

"Preferred Allowance" means the amount a Preferred Provider and In-Network Provider will accept as payment in full for Covered Medical Expenses.

"Out of Network" providers have not agreed to any prearranged fee schedules. Insureds may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

**Inpatient Expenses**

PREFERRED and IN-NETWORK HOSPITALS - Eligible Inpatient expenses at a Preferred Provider will be paid at the Coinsurance percentages specified in the Schedule of Benefits or up to any limits specified in the Schedule of Benefits. In-Network Hospitals include UnitedHealthcare Options PPO United Behavioral Health (UBH) facilities. Call 1-888-344-6118 for information about Preferred Hospitals.
OUT-OF-NETWORK PROVIDERS - If Inpatient care is not provided at a Preferred Provider, eligible Inpatient expenses will be paid according to the benefit limits in the Schedule of Benefits.

Outpatient Hospital Expenses
Preferred Providers and In-Network Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

Professional & Other Expenses
Benefits for Covered Medical Expenses provided by University of Kentucky and UnitedHealthcare Options PPO and will be paid at the Coinsurance percentage specified in the Schedule of Benefits or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

Maternity Testing
This policy does not cover all routine, preventive, or screening examinations or testing. The following maternity tests and screening exams will be considered for payment according to the policy benefits if all other policy provisions have been met.

Initial screening at first visit:
- Pregnancy test: urine human chorionic gonatropin (HCG)
- Asymptomatic bacteriuria: urine culture
- Blood type and Rh antibody
- Rubella
- Pregnancy-associated plasma protein-A (PAPPA) (first trimester only)
- Free beta human chorionic gonadotrophin (hCG) (first trimester only)
- Hepatitis B: HBsAg
- Pap smear
- Gonorrhea: Gc culture
- Chlamydia: chlamydia culture
- Syphilis: RPR
- HIV: HIV-ab
- Coombs test

Each visit: Urine analysis
Once every trimester: Hematocrit and Hemoglobin
Once during first trimester: Ultrasound
Once during second trimester: Ultrasound (anatomy scan)
- Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a

Once during second trimester if age 35 or over: Amniocentesis or Chorionic villus sampling (CVS)
Once during second or third trimester: 50g Glucola (blood glucose 1 hour postprandial)
Once during third trimester: Group B Strep Culture

Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-888-344-6118.
Coordination of Benefits

Benefits will be coordinated with any other medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of allowable expenses incurred for covered services and supplies.

Mandated Benefits

Benefits for Mammography

Benefits will be paid the same as any other Sickness for low-dose mammography screening according to the following guidelines:

1. One screening mammogram to women age thirty-five through thirty-nine.
2. One mammogram every 2 years for women age forty through forty-nine.
3. One mammogram per year for women age fifty years of age and over.

Benefits shall also provide coverage for mammograms, performed on dedicated equipment that meets the guidelines established by the American College of Radiology, for any covered person, regardless of age, who has been diagnosed with breast disease upon referral by a health care practitioner acting within the scope of his or her licensure.

"Mammography" means an x-ray examination of the breast using equipment dedicated specifically for mammography, including, but not limited to, the x-ray tube, filter, compression device, screens, film and cassettes, with two views of each breast and with an average radiation exposure at the current recommended level as set forth in guidelines of the American College of Radiology.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the Policy.

Benefits for Bone Marrow Transplants for Treatment of Breast Cancer

Benefits will be paid the same as any other Sickness for the treatment of breast cancer by high-dose chemotherapy with autologous bone marrow transplantation or stem cell transplantation.

The administration of high-dose chemotherapy with autologous bone marrow transplantation or stem cell transplantation shall only be covered when performed in institutions that comply with the guidelines of the American Society for Blood and Marrow transplantation or the International Society of Hematotherapy and Graft Engineering, whichever has the higher standard.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the Policy.

Benefits for Temporomandibular Joint Disorder and Craniomandibular Disorder

Benefits will be paid the same as for treatment to any other joint in the body, for surgical and nonsurgical treatment of temporomandibular joint disorder and craniomandibular jaw disorder. Treatment may be administered or prescribed by a Physician or dentist.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the Policy.
Additional Benefits

Benefits for Bone Density Testing for Osteoporosis Detection
Benefits will be paid the same as any other Sickness for bone density testing for women age thirty-five (35) and older, as indicated by the Physician, in accordance with standard medical practice, to obtain baseline data for the purpose of early detection of osteoporosis.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the policy.

Removal of Warts, Non-Malignant Moles and Lesions
Benefits will be paid for the removal of Warts & Non-Malignant Moles and Lesions provided that the treatment is rendered at the University Health Service or the Insured obtains a referral from the University Health Service for outside treatment. The referral issued by the University Health Service must accompany the claim when submitted.

Benefits for Home Health Care
Benefits will be paid the same as any other Sickness for home health care subject to the terms and conditions of the policy and the provisions of this benefit. However, benefits shall not be less than sixty (60) home health care visits in any calendar year or in any continuous period of twelve (12) months for each Insured Person covered under the policy. Each visit by an authorized representative of a home health agency shall be considered as one (1) home health care visit except that at least four (4) hours of home health aide service shall be considered as one (1) home health visit.

Home health care shall not be reimbursed unless an attending Physician certifies that hospitalization or confinement in a skilled nursing facility as defined by the Kentucky health facilities and health services certificate of need and licensure board would otherwise be required if home health care was not provided.

Medicare beneficiaries shall be deemed eligible to receive home health care benefits under this policy provided that the policy shall only pay for those home health care services which are not paid for by medicare and do not exceed the maximum liability of the policy.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the policy.

Elective Abortion
The exclusion will be waived and benefits will be paid for elective abortion as for any other Sickness.

Definitions
COPAY/COPAYMENT means a specified dollar amount that the Insured is required to pay for certain Covered Medical Expenses.

COVERED MEDICAL EXPENSES means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the Preferred Allowance when the policy includes Preferred Provider benefits and the charges are received from a Preferred Provider; 3) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 4) made for services and supplies not excluded under the policy; 5) made for services and supplies which are a Medical Necessity; 6) made for services included in the Schedule of Benefits; and 7) in excess of the amount stated as a Deductible, if any;

Covered Medical Expenses will be deemed “incurred” only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

DEDUCTIBLE means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply as specified in the Schedule of Benefits.
**INJURY** means bodily injury which is all of the following:

1) directly and independently caused by specific accidental contact with another body or object.
2) unrelated to any pathological, functional, or structural disorder.
3) a source of loss.
4) treated by a Physician within 30 days after the date of accident.
5) sustained while the Insured Person is covered under this policy.

All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

**INPATIENT** means an uninterrupted confinement that follows formal admission to a Hospital by reason of an Injury or Sickness for which benefits are payable under this policy

**MEDICAL EMERGENCY** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in any of the following:

1) Death.
2) Placement of the Insured's health in jeopardy.
3) Serious impairment of bodily functions.
4) Serious dysfunction of any body organ or part.
5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

**MEDICAL NECESSITY** means those services or supplies provided or prescribed by a Hospital or Physician which are all of the following:

1) Essential for the symptoms and diagnosis or treatment of the Sickness or Injury.
2) Provided for the diagnosis, or the direct care and treatment of the Sickness or Injury.
3) In accordance with the standards of good medical practice.
4) Not primarily for the convenience of the Insured, or the Insured's Physician.
5) The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being confined as an Inpatient means that both:

1) The Insured requires acute care as a bed patient.
2) The Insured cannot receive safe and adequate care as an outpatient.

This policy only provides payment for services, procedures and supplies which are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Inpatient confinement.

**OUT-OF-POCKET MAXIMUM** means the amount of Covered Medical Expenses that must be paid by the Insured Person before Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year according to the policy Schedule of Benefits. The following expenses do not apply toward meeting the Out-of-Pocket Maximum, unless otherwise specified in the policy Schedule of Benefits:

1) Deductibles.
2) Copays.
3) Expenses that are not Covered Medical Expenses.
PRE-EXISTING CONDITION means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured's Effective Date under the policy.

PREFERRED ALLOWANCE means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses (see page 14).

SICKNESS means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy’s Effective Date will be considered a Sickness under this policy.

URGENT CARE CENTER means a facility that provides treatment required to prevent serious deterioration of the Insured Person’s health as a result of an unforeseen Sickness, Injury, or the onset of acute or severe symptoms.

USUAL AND CUSTOMARY CHARGES means the lesser of the actual charge or a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. The Company uses data from FAIR Health, Inc. to determine Usual and Customary Charges. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acupuncture;
2. Allergy including allergy testing;
3. Addiction, such as: nicotine addiction, except as specifically provided in the policy;
4. Biofeedback;
5. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions; except as specifically provided in the policy;
6. 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;
7. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
8. Elective Surgery or Elective Treatment;
9. Elective abortion;
10. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a covered Injury or disease process or except as specifically provided in the policy;
11. Flat foot conditions; supportive devices for the foot; subluxations of the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery); except as specifically provided in the policy;
12. Health spa or similar facilities; strengthening programs;
13. Hearing examinations; hearing aids; or cochlear implants; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process; except as specifically provided in the policy;
14. Hypnosis;
15. 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;
16. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation;
17. Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
18. Investigational services;
19. Marital or family counseling;
20. Commission of or attempt to commit a felony;
21. Pre-existing Conditions, except for individuals who have been continuously insured under the school’s student insurance policy for at least 9 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy provided the coverage was continuous to a date within 60 days prior to the Insured’s effective date under this policy. This exclusion will not be applied to an Insured Person who is under age 19;
22. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
   a) 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;
   b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use; except as specifically provided in Preventative Care Services
   c) Immunization agents, except as specifically provided in the policy, biological sera, blood or blood products administered on an outpatient basis;
   d) Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs;
   e) Products used for cosmetic purposes;
   f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
   g) Anorectics - drugs used for the purpose of weight control;
   h) Fertility agents or sexual enhancement drugs, such as: Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
   i) Growth hormones;
   j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
23. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
24. 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;
25. Routine Newborn Infant Care, well-baby nursery and related Physician charges except as specifically provided in the policy;
26. Preventive care services; routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
27. Services provided normally without charge by the Health Service of the Policyholder;
28. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic purulent sinusitis;
29. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline; or chartered aircraft only while participating in a school sponsored intercollegiate sport;
30. Sleep disorders;
31. Supplies, except as specifically provided in the policy;
32. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
33. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
34. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
35. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

Continuation Privilege

All Insured Persons who have been continuously insured under the school’s regular student Policy for at least 3 consecutive months and who no longer meet the Eligibility requirements under the Policy are eligible to continue their coverage for a period of not more than 90 days under the school’s policy in effect at such time of such continuation. If the Insured is still eligible for continuation at the beginning of the next Policy Year, the Insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that policy year.

Application must be made and premium must be paid directly to Academic Health Plans and be received within 31 days after the expiration date of your student coverage. For further information on the Continuation Privilege, please contact Academic Health Plans.

Collegiate Assistance Program

Insured Students have access to nurse advice, health information, and counseling support 24 hours a day by dialing the number listed on the permanent ID card. Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help students determine if they need to seek medical care, need legal/financial advice or may need to talk to someone about everyday issues that can be overwhelming.
Academic Emergency Services

These services are not provided or underwritten by: UnitedHealthcare Insurance Company.

AcademicHealthPlans has arranged to provide you with a $10,000 Accidental Death and Dismemberment benefit and access to travel assistance services anywhere in the world.

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.

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 is not affiliated with UnitedHealthcare Insurance Company.

Notice of Appeal Rights

Right to Internal Appeal

Standard Internal Appeal

The Insured Person has the right to request an Internal Appeal if the Insured Person disagrees with the Company's denial, in whole or in part, of a claim or request for benefits. The Insured Person, or the Insured Person's Authorized Representative, must submit a written request for an Internal Appeal within 180 days of receiving a notice of the Company's Adverse Determination.

The written Internal Appeal request should include:

1. A statement specifically requesting an Internal Appeal of the decision;
2. The Insured Person's Name and ID number (from the ID card);
3. The date(s) of service;
4. The Provider's name;
5. The reason the claim should be reconsidered; and
6. Any written comments, documents, records, or other material relevant to the claim.
Please contact the Customer Service Department at 800-767-0700 with any questions regarding the Internal Appeal process. The written request for an Internal Appeal should be sent to: UnitedHealthcare StudentResources, PO Box 809025, Dallas, TX 75380-9025.

**Expedited Internal Appeal**

For Urgent Care Requests, an Insured Person may submit a request, either orally or in writing, for an Expedited Internal Appeal. An Urgent Care Request means a request for services or treatment where the time period for completing a standard Internal Appeal:

1. Could seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person's ability to regain maximum function; or
2. Would, in the opinion of a Physician with knowledge of the Insured Person's medical condition, subject the Insured Person to severe pain that cannot be adequately managed without the requested health care service or treatment.

To request an Expedited Internal Appeal, please contact Claims Appeals at 888-315-0447. The written request for an Expedited Internal Appeal should be sent to: Claims Appeals, UnitedHealthcare StudentResources, PO Box 809025, Dallas, TX 75380-9025.

**Right to External Independent Review**

After exhausting the Company's Internal Appeal process, the Insured Person, or the Insured Person's Authorized Representative, has the right to request an External Independent Review when the service or treatment in question:

1. Is a Covered Medical Expense under the Policy; and
2. Is not covered because it does not meet the Company's requirements for Medical Necessity, appropriateness, health care setting, level or care, or effectiveness.

**Standard External Review**

A Standard External Review request must be submitted in writing within 4 months of receiving a notice of the Company's Adverse Determination or Final Adverse Determination.

**Expedited External Review**

An Expedited External Review request may be submitted either orally or in writing when:

1. The Insured Person or the Insured Person's Authorized Representative has received an Adverse Determination, and
   a. The Insured Person, or the Insured Person's Authorized Representative, has submitted a request for an Expedited Internal Appeal; and
   b. Adverse Determination involves a medical condition for which the time frame for completing an Expedited Internal Review would seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person's ability to regain maximum function; or
2. The Insured Person or the Insured Person's Authorized Representative has received a Final Adverse Determination, and
   a. The Insured Person has a medical condition for which the time frame for completing a Standard External Review would seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person's ability to regain maximum function; or
   b. The Final Adverse Determination involves an admission, availability of care, continued stay, or health care service for which the Insured Person received emergency services, but has not been discharged from a facility.

**Standard Experimental or Investigational External Review**

An Insured Person, or an Insured Person's Authorized Representative, may submit a request for an Experimental or Investigational External Review when the denial of coverage is based on a determination that the recommended or requested health care service or treatment is experimental or investigational.
A request for a Standard Experimental or Investigational External Review must be submitted in writing within 4 months of receiving a notice of the Company's Adverse Determination or Final Adverse Determination.

**Expedited Experimental or Investigational External Review**

An Insured Person, or an Insured Person's Authorized Representative, may submit an oral request for an Expedited Experimental or Investigational External Review when:

1. The Insured Person or the Insured Person's Authorized Representative has received an Adverse Determination, and
   a. The Insured Person, or the Insured Person's Authorized Representative, has submitted a request for an Expedited Internal Appeal; and
   b. Adverse Determination involves a denial of coverage based on a determination that the recommended or requested health care service or treatment is experimental or investigational and the Insured Person's treating Physician certifies in writing that the recommended or requested health care service or treatment would be significantly less effective if not initiated promptly; or

2. The Insured Person or the Insured Person's Authorized Representative has received a Final Adverse Determination, and
   a. The Insured Person has a medical condition for which the time frame for completing a Standard External Review would seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person's ability to regain maximum function; or
   b. The Final Adverse Determination is based on a determination that the recommended or requested health care service or treatment is experimental or investigational and the Insured Person's treating Physician certifies in writing that the recommended or requested health care service or treatment would be significantly less effective if not initiated promptly.

**Where to Send External Review Requests**

All types of External Review requests shall be submitted to Claims Appeals at the following address:

Claims Appeals  
UnitedHealthcare StudentResources  
PO Box 809025  
Dallas, TX 75380-9025  
888-315-0447

**Questions Regarding Appeal Rights**

Contact Customer Service with questions regarding the Insured Person's rights to an Internal Appeal and External Review.

Other resources are available to help the Insured Person navigate the appeals process. For questions about appeal rights, your state department of insurance may be able to assist you at:

Kentucky Department of Insurance  
Kentucky Health Insurance Advocate  
P.O. Box 517  
Frankfort, KY 40602  
(877) 587-7222  
http://healthinsurancehelp.ky.gov  
DOI.CAPOmbudsman@kygov
Online Access to Account Information

UnitedHealthcare StudentResources insureds have online access to claims status, Explanation of Benefits, correspondence and coverage information via My Account at www.uhcsr.com/uky. Insureds can also print a temporary ID card, request a replacement ID card and locate network providers from My Account.

If you don’t already have an online account, simply select the “Create an Account” link from the home page at www.uhcsr.com/uky. Follow the simple, onscreen directions to establish an online account in minutes. Note that you will need your 7-digit insurance ID number to create an online account. If you already have an online account, just log in from www.uhcsr.com/uky to access your account information.

You can also access key MyAccount functions from your smartphone at https://my.uhcsr.com/uky or you may also go to ahpcare.com/uky.

Claim Procedure

In the event of Injury or Sickness, students should:

1. Report to Health Services for treatment or referral, or when not in school, to their Physician or Hospital.

2. Mail to the address below all medical and hospital bills along with the patient’s name and Insured student’s name, address, social security number and name of the university under which the student is insured. A Company claim form is not required for filing a claim.

3. File claim 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.

The Plan is Underwritten by:
UnitedHealthcare Insurance Company

Submit all Claims or Inquiries to:
UnitedHealthcare StudentResources
PO. Box 809025
Dallas, Texas 75380-9025
1-866-907-6342
customerservice@uhcsr.com
claims@uhcsr.com

Plan is arranged by:
Academic HealthPlans, Inc.
P. O. Box 1605
Colleyville, TX 76034-1605;
817-479-2100;
855-247-2273
www.ahpcare.com/uky

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

This Brochure is based on Policy # 2012-298-1