2016–2017
Student Injury and Sickness Plan for College of William & Mary

Who is eligible to enroll?
All international students are required to purchase this insurance Plan. All full-time domestic undergraduate and graduate students will be enrolled in this insurance plan and premium added to their tuition billing unless proof of comparable coverage is provided. All Visiting Faculty Scholars and Graduate Research and Graduate Teaching Assistants who are approved by the College to pursue academic work are eligible and are required to have the insurance plan unless proof of other insurance has been furnished. All other domestic full-time undergraduate or graduate students are eligible to enroll in this insurance plan.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

Where can I get more information about the benefits available?
Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the College and may be viewed at www.uhcsr.com/wm.

Who can answer questions I have about the plan?
If you have questions please contact Customer Service at 1-800-767-0700 or customerservice@uhcsr.com.

How much does the plan cost?

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8/1/16 – 7/31/17</th>
<th>Fall 8/1/16 – 12/31/16</th>
<th>Spring/Summer 1/1/17 – 7/31/17</th>
<th>Summer 5/16/17 – 7/31/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,848.00</td>
<td>$775.00</td>
<td>$1,073.00</td>
<td>$390.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,848.00</td>
<td>$775.00</td>
<td>$1,073.00</td>
<td>$390.00</td>
</tr>
<tr>
<td>One Children</td>
<td>$1,848.00</td>
<td>$775.00</td>
<td>$1,073.00</td>
<td>$390.00</td>
</tr>
<tr>
<td>One or More Children</td>
<td>$3,696.00</td>
<td>$1,550.00</td>
<td>$2,146.00</td>
<td>$780.00</td>
</tr>
<tr>
<td>Spouse and 2 or More Children</td>
<td>$5,544.00</td>
<td>$2,325.00</td>
<td>$3,219.00</td>
<td>$1,170.00</td>
</tr>
</tbody>
</table>

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2016-1404-2. The Policy is a Non-Renewable One-Year Term Policy.
### Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources

#### METALLIC LEVEL - GOLD WITH ACTUARIAL VALUE OF 85.369%

<table>
<thead>
<tr>
<th></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
<td>There is no overall maximum dollar limit on the policy</td>
<td></td>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$200 per Insured Person, Per Policy Year</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$5,750 Per Insured Person, Per Policy Year</td>
<td>There is no Out-of-Pocket Maximum for Out-of-Network benefits.</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$11,500 For all Insureds in a Family, Per Policy Year</td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
<td>50% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>$20 Copay for Tier 1&lt;br&gt;$30 Copay for Tier 2&lt;br&gt;25% Coinsurance per prescription&lt;br&gt;Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)</td>
<td>No Benefits</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>100% of Preferred Allowance</td>
<td>No Benefits</td>
</tr>
<tr>
<td><strong>The following services have per Service Copays/Deductibles</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pediatric Dental and Vision Benefits</strong></td>
<td>Refer to the plan certificate for details (age limits apply).</td>
<td></td>
</tr>
<tr>
<td><strong>UnitedHealthcare Global:</strong>&lt;br&gt;<strong>Global Emergency Services</strong></td>
<td>Domestic Students are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address. International Students are covered worldwide except in their home country.</td>
<td></td>
</tr>
</tbody>
</table>

#### Preferred Providers

The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: [http://www.uhcsr.com/lookupredirect.aspx?delsys=01](http://www.uhcsr.com/lookupredirect.aspx?delsys=01).

#### Online Services

UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at [www.uhcsr.com/myaccount](http://www.uhcsr.com/myaccount). To create an online account, select the “create My Account Now” link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple’s App Store.
NurseLine and Student Assistance

Insureds have immediate access to nurse advice, a health information library, and counseling support 24 hours a day by calling the toll-free number listed on their medical ID card. NurseLine is staffed by both English and Spanish speaking Registered Nurses who can provide health information, support, and guidance on when to seek medical care. The Student Assistance Program coordinates services using a network of resources. Services available include financial and legal advice, as well as mediation. Counseling is also available by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount.

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 any of the following:

1. Acupuncture.
3. Cosmetic procedures, except reconstructive procedures to:
   - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy. The primary result of the procedure is not a changed or improved physical appearance.
   - Treat or correct Congenital Conditions of an Adopted or Newborn Child.
4. Dental treatment, except:
   - As provided in the Dental Treatment benefit.
   - As specifically provided in the Schedule of Benefits.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
5. Elective Surgery or Elective Treatment.
7. Foot care for the following:
   - Flat foot conditions.
   - Supportive devices for the foot.
   - Subluxations of the foot.
   - Fallen arches.
   - Weak feet.
   - Chronic foot strain.
   - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).
   This exclusion does not apply to routine or preventive foot care for Insured Persons with diabetes.
8. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
   This exclusion does not apply to:
   - Hearing defects or hearing loss as a result of an infection or Injury.
   - Benefits specifically provided in Benefits for Newborn Infant Hearing Screening.
10. Immunizations for travel or work.
11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
12. Lipectomy.
13. Participation in a riot or civil disorder, Commission of or attempt to commit a felony. Fighting.
14. Prescription Drugs, services or supplies as follows, except as specifically provided in the Schedule of Benefits:
   - Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy.
   - Immunization agents, except as specifically provided in the policy. Biological sera.
   - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
   - Products used for cosmetic purposes.
   - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene.
   - Growth hormones.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
15. Reproductive/Infertility services including but not limited to the following:
   - Procreative counseling.
   - Genetic counseling and genetic testing, except as specifically provided in Genetic Testing
   - Cryopreservation of reproductive materials. Storage of reproductive materials.
   - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except to diagnose or treat the underlying cause of the infertility.
• Premarital examinations.
• Impotence, organic or otherwise.
• Female sterilization procedures, except as specifically provided in the policy.
• Vasectomy.
• Reversal of sterilization procedures.
• Sexual reassignment surgery.

16. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
• When due to a covered injury or disease process.
• To benefits specifically provided in Pediatric Vision Services.
• To eyeglasses or contact lenses as described under Vision Correction in the policy.
• To benefits specifically provided in the Schedule of Benefits.

17. Routine Adopted or Newborn Child Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.

18. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.

19. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.

20. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.

21. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

22. 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).

23. Weight management. Weight reduction. Treatment for obesity (except morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Schedule of Benefits.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.