2016–2017
Student Injury and Sickness Plan for
The University of Tennessee Space Institute
Domestic Students

Who is eligible to enroll?
Degree seeking students attending University of Tennessee Space Institute taking 6 or more undergraduate credit hours or 3 or more graduate credit hours and students participating in a co-op program are eligible to enroll in this plan. Credit hours can be a combination of on-line and attending classes on campus, with a minimum of one credit hour on campus. Eligible students 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 Brochure for the specific requirements needed to meet Domestic Partner eligibility.

Where can I get more information about the benefits available?
Please read the plan brochure to determine whether this plan is right before you enroll. The plan brochure 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 plan brochure may be viewed at www.studenthealthprograms.com.

Who can answer questions I have about the plan?
If you have questions please contact The Hildreth Agency at 1-800-874-0831 or studenthealth@hildrethins.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 1/1/17 – 7/31/17</th>
<th>Summer 5/1/17 – 7/31/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,752.00</td>
<td>$730.00</td>
<td>$1,022.00</td>
<td>$438.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,752.00</td>
<td>$730.00</td>
<td>$1,022.00</td>
<td>$438.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,752.00</td>
<td>$730.00</td>
<td>$1,022.00</td>
<td>$438.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$3,504.00</td>
<td>$1,460.00</td>
<td>$2,044.00</td>
<td>$876.00</td>
</tr>
<tr>
<td>Spouse + Two or More Children</td>
<td>$5,256.00</td>
<td>$2,190.00</td>
<td>$3,066.00</td>
<td>$1,314.00</td>
</tr>
</tbody>
</table>

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2016-300-1. 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 78.990%**

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Deductible</td>
<td>$500 Per Insured Person, Per Policy Year</td>
<td>$1,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,350 Per Insured Person, Per Policy Year</td>
<td>$12,700 For all Insureds in a Family, Per Policy Year</td>
</tr>
</tbody>
</table>

**Coinsurance**

All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan brochure.

- **Preferred Providers:** 80% of Preferred Allowance for Covered Medical Expenses
- **Out-of-Network Providers:** 60% of Usual and Customary Charges for Covered Medical Expenses

**Prescription Drugs**

Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.

- **Preferred Providers:**
  - $20 Copay for Tier 1
  - $50 Copay for Tier 2
  - $80 Copay for Tier 3
  - Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)
- **Out-of-Network Providers:** No Benefits

**Preventive Care Services**

Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for complete details of the services provided for specific age and risk groups.

- **Preferred Providers:** 100% of Preferred Allowance
- **Out-of-Network Providers:** No Benefits

**The following services have per Service Copays/Deductibles**

This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.

- **Physician’s Visits:** $25

**Pediatric Dental and Vision Benefits**

Refer to the plan brochure for details (age limits apply).

**Preferred Providers**


**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.
Other Coverage
Also available for University of Tennessee Space Institute students is a UnitedHealthcare Insurance Company fully insured Dental plan. To enroll go to www.studenthealthprograms.com.

Accident coverage for Intercollegiate sports injury is available under a separate policy, 2016-201885-8.

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, except as specifically provided in the policy.
2. 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.
3. 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.
4. Dental treatment, except:
   • For accidental Injury to Sound, Natural Teeth.
   • As described under Dental Treatment in the policy.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
5. Elective Surgery or Elective Treatment.
6. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
7. Foot care for the following:
   • Flat foot conditions.
   • Supportive devices for 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 preventive foot care for Insured Persons with diabetes.
8. Health spa or similar facilities. Strengthening programs.
9. 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 the policy.
11. Hypnosis.
12. 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.
13. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
14. Injury or Sickness outside the United States and its possessions, Canada or Mexico except when traveling for academic study abroad programs, business, or pleasure.
15. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.
16. Injury sustained while:
   - Participating in any intercollegiate, or professional sport, contest or competition.
   - Traveling to or from such sport, contest or competition as a participant.
   - Participating in any practice or conditioning program for such sport, contest or competition.

17. Investigational services.

18. Lipectomy.

19. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting except when unprovoked and in self-defense.

20. Prescription Drugs, services or supplies as follows:
   - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy.
   - Immunization agents, except as specifically provided in the policy. Biological sera. Blood or blood products administered on an outpatient basis.
   - Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs.
   - Products used for cosmetic purposes.
   - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

21. Reproductive/Infertility services including but not limited to the following:
   - 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.
   - Reversal of sterilization procedures.
   - Sexual reassignment surgery.

22. Research or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the policy.

   This exclusion does not apply as follows:
   - When due to a covered Injury or disease process.
   - To benefits specifically provided in Pediatric Vision Services.
   - To the first pair of eyeglasses or contact lenses following cataract surgery.

24. Preventive care services, except as specifically provided in the policy, including:
   - Routine physical examinations and routine testing.
   - Preventive testing or treatment.
   - Screening exams or testing in the absence of Injury or Sickness.

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


27. 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.

28. Supplies, except as specifically provided in the policy.

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

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

31. 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).

32. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the policy.
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.