Exclusions and Limitations

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

- No benefits will be paid for services designated as “No Benefits” in the Schedule of Benefits or for procedures, equipment, services, supplies, or charges which the Company determines are not Medically Necessary or do not meet the Company’s medical policy, clinical coverage guidelines, or benefit policy guidelines.

- Acupuncture.


- This exclusion does not apply to Mental Illness and Substance Use Disorders.

- Biofeedback.

- Circumcision.

- Cosmetic procedure, except:
  - As specifically provided in the policy for Reconstructive Procedures.
  - To treat or correct Congenital Conditions of a newborn or adopted infant.

- 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.

- Dental treatment, except:
  - For accidental Injury to Normal Teeth.

- As specifically provided in the Schedule of Benefits.

- This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.

- Elective Surgery or Elective Treatment.

- Health spa or similar facilities. Strengthening programs.

- Hearing examination. Hearing aid, except as specifically provided in the policy for 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
  - Hypnosis.

- 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.

- Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or act, or similar legislation.

- 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.

- As specifically provided in the policy.

- Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrusion, except for surgery to treat functional impairments. Temporomandibular joint dysfunction. Dental and oral appliance, including substitution resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinonasal conditions.

- Stand-alone multidisciplinary 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.

- Surgical breast reduction, breast augmentation, breast implants or breast reconstructive device, except as specifically provided in the policy Gynecomastia, except when Medically Necessary.

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

- War or any act of war, declared or undeclared, or which is in the armed forces of any country (a pro-rated premium will be refunded upon request for such period not covered).

- 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.

- Reproductive/Infertility services including but not limited to the following:
  - Preconceptive counseling.
  - Genetic counseling and genetic testing.
  - Cryopreservation of reproductive materials. Storage of reproductive materials.
  - Fertility tests.
  - Infertility treatment (in vitro or female), including any supplies or services rendered for the purpose or with the intent of inducing conception, except as specifically provided in the policy for Benefits for Infertility Treatment.
  - Premenstrual examinations.
  - Impotence, organic or otherwise.
  - Female sterilization procedures, except as specifically provided in the policy.

- Vasectomy.

- Reversal of sterilization procedures.

- 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.


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

- To benefits specifically provided in Pediatric Vision Services.

- To benefits specifically provided in the policy.

- Day surgery or any hospital inpatient admission.

- Hartford’s list of participating health care providers, services; 6 Butterfield Road; Kingston, RI 02881; contact: University of Rhode Island Health Services or call 401-874-4749.

- If you have any questions, please contact UHCSR at 800-767-0700 or visit the website at www.uhcsr.com and select the Create an Account link.

- For questions about plans benefits, enrollment, claims, forms, or excluded drugs, please contact: UnitedHealthcare StudentResources; 800-867-0700; Monday through Friday, 8:00am to 8:00pm, EST.

- For questions about enrolling or waiving, contact: University of Rhode Island Health Services; 6 Butterfield Road; Kingston, RI 02881; 401-874-5749.

Download the Mobile App:

The free mobile app gives you access to the most popular self-service features, allowing you to do things like access My Account, display your electronic ID card, search for a provider, and view your claims, forms, or excluded drugs, please contact: UnitedHealthcare StudentResources; 800-867-0700; Monday through Friday, 8:00am to 8:00pm, EST.

- For questions about plans benefits, enrollment, claims, forms, or excluded drugs, please contact: UnitedHealthcare StudentResources; 800-867-0700; Monday through Friday, 8:00am to 8:00pm, EST.

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The University of Rhode Island

Dear Student(s) and/or Parent(s):

All full-time students and international students at the University of Rhode Island are required to be covered by a health insurance plan. In order to effectively administer our policy, all full-time students and international students are automatically assessed $1,899 for the University-sponsored Student Injury and Sickness Insurance Plan on their tuition bill. This charge can be waived, along with the coverage, if you provide proof of existing comparable coverage (as addressed below). Should you desire dependent coverage, please visit www.health.uri.edu and click on the Insurance/Insurance Waiver link to download an enrollment form.

The insurance is underwritten by UnitedHealthcare Insurance Company and offers the UnitedHealthcare Choice Plus for the Preferred Provider Network. For a full description of coverage including costs, benefits, exclusions, any redeterminations or limitations, and the terms under which the coverage may remain in force, please visit UHCSR’s website at www.uhcsr.com.

If you presently have comparable private health insurance and wish to waive the student plan offered by the University, you must complete an online waiver by logging on to www.health.uri.edu and selecting Insurance/Insurance Waiver link. Fill in all required fields and submit the form. If all required information is entered successfully, you will receive a confirming email; however, this does not confirm that you will not be charged the health insurance fee. If errors are found on the waiver once it is reviewed by our insurance office, we will send a notification to the e-mail account listed on the waiver. If all required information is correct, the insurance fee will be removed from your tuition bill in approximately thirty (30) days.

The deadline for completing the on-line waiver is September 30, 2016 for the Fall Term. If you do not complete your waiver by the deadline, you will be responsible for the $1,899 premium for the Student Injury and Sickness Insurance Plan.

If you have any questions, please contact UHCSR at 800-767-0700 or visit the website at www.uhcsr.com. You may also visit our Insurance Office located at URI Health Services or call 401-874-4749.

Sincerely,
Ellen M. Reynolds, MS
Director, URI Health Services

This Pamphlet provides a brief summary of the Plan. For a complete Plan description, please view the 2016-2017 Plan Brochure on the web at www.uhcsr.com.

For More Information:

- My Account is your secure, online portal that helps you manage your plan. You can check claims status, review your EOBs, print your ID card, locate a network provider and more. It’s easy to register. Just visit www.uhcsr.com and select the Create an Account link.


16COL3475
How the Plan Works
The Student Injury and Sickness Insurance Plan gives you the freedom to choose any doctor or other health care provider when you need care and still receive benefits under the Plan. In this pamphlet, we have briefly described how the Plan works.

First Stop: Student Health Services (SHS) Students and spouses should use the resources of the URI Health Services where treatment will be administered for best coverage. Dependent children are not eligible to use the SHS.

URI Health Services Hours of Operation Monday – Friday: 8:00am to 8:00pm Appointments available 9:00am to 7:30pm Saturday – Sunday and Holidays: 10:00am to 4:00pm Pharmacy and physician available 12:00pm to 4:00pm Closed: Thanksgiving, Spring and Summer Break

For updated information, please visit our website: www.health.uri.edu

About Preferred Providers
The doctors and other health care providers who belong to UnitedHealthcare Choice Plus network are called Preferred Providers.* They include primary care physicians, as well as specialists, hospitals and other health care facilities. Because UnitedHealthcare’s network is nationwide, you’ll find Preferred Providers locally as well as nationally. To find a Preferred Provider, go to www.uhcsr.com and select the UnitedHealthcare Network link.

Remember, using Preferred Providers may save you money because Preferred Providers agree to accept negotiated fees that may be lower than what Out-of-Network Providers charge. Also Preferred Providers do not charge more than the negotiated charge for a given service. For Out-of-Network Providers, the Plan pays benefits for usual and customary charges only. If an Out-of-Network Provider charges more than the usual and customary charge, you must pay the difference.

Am I Eligible?
All full-time Undergraduate Students who are enrolled in 12 or more hours and all Graduate Students taking nine or more hours are automatically enrolled in this insurance plan unless proof of comparable coverage is provided by completing the online waiver by the waiver deadline, September 30, 2016. All International Students are automatically enrolled in this insurance plan unless proof of comparable coverage is provided. Matriculating part-time students may enroll on a voluntary basis.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Except for medical withdrawal due to a covered Injury of Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Home study, correspondence, and online courses do not fulfill the Eligibility requirements. Matriculating part-time students may enroll on a voluntary basis.

How do I Enroll/Waive
If you are eligible to be covered under this program, you are automatically enrolled unless proof of comparable coverage is provided. If you presently have comparable health insurance and wish to waive the student plan offered by the University, you must complete an online waiver. To complete the online waiver, please log on to www.health.uri.edu and select Insurance/Insurance Waiver. Fill in all required fields and submit the form. The deadline for completing the online waiver is September 30, 2016 for the fall 2016 term.

You may enroll in this Insurance Program or waive the Insurance prior to the start of the school year, or during the thirty-one (31) day period beginning with the date you become eligible under this Plan; this is known as the Open Enrollment Period.

If you are eligible for coverage and wish to enroll in the Plan outside of these enrollment opportunities, you must provide documentation from your former insurance company that is no longer providing you with personal Accident and Sickness insurance coverage. Your Effective Date of coverage under this Insurance Program will be the first (1st) of the month following our receipt of your written request for coverage. The appropriate premium will be added to your tuition bill upon application receipt and sent to UHCSR for enrollment.

Eligible students who do enroll may also insure their eligible Dependents. See the Definition in the Brochure.

Plan Cost
The chart below shows the Plan cost per period.

<table>
<thead>
<tr>
<th>Plan Coverage Period</th>
<th>Premium</th>
<th>Benefits</th>
<th>Out-of-Network Transfer</th>
<th>Waiver Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016–2017 Annual</td>
<td>$1,899.00</td>
<td>$1,269.00</td>
<td>No</td>
<td>September 30, 2016</td>
</tr>
<tr>
<td>2016–2017 Spring/Summer</td>
<td>$1,899.00</td>
<td>$1,269.00</td>
<td>No</td>
<td>September 30, 2016</td>
</tr>
</tbody>
</table>

Plan Coverage Periods

<table>
<thead>
<tr>
<th>Type of Service or Supply</th>
<th>Benefit Level</th>
<th>Maximum Benefit</th>
<th>Preferred Provider Deductible</th>
<th>Out of Network Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Network</td>
<td>Out of Network</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Office Visit Expenses</td>
<td>Plan pays 50% of Preferred Allowance after a $20 Copay per visit, except at URI SHS after a $50 copay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Expenses</td>
<td>Plan pays 50% of Preferred Allowance after a $30 Copay per visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical-Emergency Disposal/Delegation waived if admitted to Hospital</td>
<td>Plan pays 50% of Preferred Allowance after a $30 Copay per visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance**</td>
<td>Plan pays 50% of Preferred Allowance after a $30 Copay per visit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** The Insured Person’s out of pocket expense shall not exceed $50 maximum per visit. showers. Such fees may, for example, cover your school’s administrative costs associated with offering this health plan.

For more details about the Plan benefits available to you, go to www.uhcsr.com.

Global Emergency Services
The Student Injury and Sickness Insurance Plan also provides emergency assistance with UnitedHealthcare Global. This benefit is available to domestic students traveling at least 100 miles from home or campus address; and international students worldwide, except in their home country. These services are available 24 hours a day, 365 days a year and include medical evacuation and repatriation, medical referrals, lost travel documents assistance, travel advisories, and much more.

The UnitedHealthcare Global number is on your permanent student health plan ID card. It is also available from within the My Account section of www.uhcsr.com.

Please note: UnitedHealthcare Global pays for all Assistance Services if it provides. All Assistance Services must be arranged and provided by UnitedHealthcare Global. UnitedHealthcare Global does not reimburse for services not provided by UnitedHealthcare Global.

Your Benefits at a Glance

The chart below shows how the Plan pays benefits for some of the major types of health care expenses. You can see the difference in your cost when you use Preferred Providers.

Actuarial Value: 89.434% Metallic Level: Platinum

Plan Coverage Periods

<table>
<thead>
<tr>
<th>Year</th>
<th>Domestic Coverage Period</th>
<th>Waiver Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-1149-1</td>
<td>September 1, 2016 – August 31, 2017</td>
<td>September 30, 2016</td>
</tr>
<tr>
<td>Annual Enrollment</td>
<td>January 1, 2017 – August 31, 2017</td>
<td>February 1, 2017</td>
</tr>
<tr>
<td>Summer</td>
<td>January 1, 2017 – August 31, 2017</td>
<td>February 1, 2017</td>
</tr>
<tr>
<td>Consumer Directed Account</td>
<td>August 15, 2016 – August 14, 2017</td>
<td>September 30, 2016</td>
</tr>
<tr>
<td>Summer</td>
<td>January 1, 2017 – August 14, 2017</td>
<td>February 1, 2017</td>
</tr>
</tbody>
</table>

For more details about the Plan benefits available to you, go to www.uhcsr.com.

How to Enroll
Only obligation is to refund the premium.