Who Is Eligible for coverage under the University of Houston Student Health Insurance Plan (“the Plan”)?

**Domestic students** attending UH – Main Campus who are enrolled for 6 or more credit hours (3 for summer session) are eligible to enroll for coverage under the Plan and may enroll online at www.studentinsurance.com/Schools/TX/UH prior to the following enrollment deadlines: Annual/Fall – 9/24/15; Spring/Summer – 2/19/16; Summer Only – 7/6/16. Enrollment deadlines are also posted online at www.studentinsurance.com/Schools/TX/UH.

**Non-Immigrant International Students** who are enrolled in any amount of credit hours will be automatically enrolled in and billed each semester for coverage under the Plan unless a request for a waiver of coverage has been submitted and approved by the waiver deadline each semester. A waiver of coverage request must be submitted online at: www.studentinsurance.com/Schools/TX/UH. Additional waiver procedures and deadline information are available at: www.uh.edu/healthcenter and www.studentinsurance.com/Schools/TX/UH. Waiver deadlines: Fall - 9/9/15; Spring/Summer - 2/3/16; Summer Only (1,2,3) - 6/9/16; Summer 4 – 7/14/16.

**Brief Overview of the UH-Student Health Insurance Plan:**
Aggregate Maximum Benefit per Policy Year: Unlimited

<table>
<thead>
<tr>
<th>Deductible Amount: (Deductibles do not apply to Eligible Expenses incurred at the UH Health Center)</th>
<th>Outpatient per policy year:</th>
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<tbody>
<tr>
<td>In Network: $250/Out of Network: $250</td>
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<tr>
<th>Inpatient per confinement:</th>
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<tbody>
<tr>
<td>In Network: $150/Out of Network: $250</td>
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</table>

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<tr>
<th>Out of Pocket Limitation Per Covered Person</th>
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</thead>
<tbody>
<tr>
<td>In Network: $6,350/Out of Network: $6,350</td>
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The Out-of-Pocket Limit is reached when the amount of Eligible Expenses incurred by the Covered Person during the Policy Year for which the Covered Person is responsible due to covered percentages being less than 100% reach the Out-of-Pocket Limit. The Out-of-Pocket Limit includes deductibles, copays, and coinsurance. The Out-of-Pocket Limit does not include charges in excess of Reasonable and Customary; charges in excess of any specified maximum; or charges incurred for any services not covered under the Policy.

When the Out-of-Pocket Limit is met during a Policy Year, covered percentages are increased to 100% for all Eligible Expenses incurred by the Covered Person in the remainder of that Policy Year up to any benefit maximum that may apply.

<table>
<thead>
<tr>
<th>Covered Percentage (Unless Otherwise Stated)</th>
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<tbody>
<tr>
<td>(When services are rendered at UH Health Center, Eligible Expenses will be payable at 100%)</td>
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<tr>
<th>Inpatient:</th>
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<tbody>
<tr>
<td>In Network: 80% of Allowable Charges (AC)</td>
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<tr>
<td>Out of Network: 60% of Reasonable and Customary Charges (R&amp;C)</td>
</tr>
</tbody>
</table>

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</tr>
</tbody>
</table>

**Prescription Drugs**
(Copays are per prescription – limited to a 30 day supply)

- **UH Health Center - Copay:**
  - Generic: $15/
  - Brand name: $25

- **Outside UH Health Center - Copay:**
  -Generic: $20/
  - Brand Name: $50 or 50% covered percentage, whichever is higher

**Hospital Emergency Room,** subject to a $100 copay per visit

In Network: 80% of Allowable Charges (AC)

| Out of Network: 80% of Reasonable and Customary Charges (R&C) |

**Surgical Expense**
(Inpatient or Outpatient)

In Network: 80% of Allowable Charges (AC)

| Out of Network: 80% of Reasonable and Customary Charges (R&C) |

**Preventive Services**
(Mandated by Patient Protection and Affordable Care Act)

100% of Eligible Expenses, not subject to deductibles, copays or coinsurance when services are rendered at UH Health Center or In Network. Services rendered by an Out of Network provider will be payable the same as any other Sickness.

You may view a detailed description of insurance benefits, exclusions and limitations in the UH Student Health Insurance Plan brochure available at [www.studentinsurance.com/Schools/TX/UH](http://www.studentinsurance.com/Schools/TX/UH).
Important Provisions

1. **Special Health Center Benefits**: In order to receive the highest level of benefits under the Plan, students should use the resources of the UH Health Center. In the event of a covered Accident or Sickness, the Plan will pay 100% of the Eligible Expenses incurred at the UH Health Center (subject to any applicable copay amount). Services include: (1) Labs; (2) Prescription drugs (routinely stocked by UH Health Center). Each prescription or refill (limited to a 30-day supply) is subject to: $25 copayment for brand name, $15 copayment for generic (or the usual price, whichever is lower), and a $100 copay for specialty brand name drugs; (3) Supplies; (4) Doctor’s fees; and (5) Preventive Services mandated by The Patient Protection and Affordable Care Act.

2. **Preferred Provider Network: Private Healthcare Systems (“PHCS”)**: In order to maximize the benefits offered under the Plan, the Covered Person should seek treatment from the PHCS Preferred Provider Network. PHCS consists of Hospitals, Doctors, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. A listing of participants is available by calling (888) 560-7427 or through the University of Houston’s personalized webpage at www.studentinsurance.com/Schools/TX/UH.

**OPTIONAL DENTAL TREATMENT EXPENSE** – available to students at initial enrollment in the UH Student Health Insurance Plan (additional premium required – see premium amount in table below). You may view a detailed description of the Optional Dental Treatment Expense benefits, exclusions and limitations in the UH Student Health Insurance Plan brochure available at www.studentinsurance.com/Schools/TX/UH.

**MEDICAL EVACUATION AND REPATRIATION OF REMAINS EXPENSES** - Mandatory for International students/Optional for Domestic students (additional premium required – see premium amount in table below) – Combined Maximum Limit of $1,000,000

**REPATRIATION OF REMAINS**

In the event an Injury or Emergency Sickness causes your death while you are outside your home country, the Plan will reimburse Eligible Expenses reasonably incurred for preparation and transportation of the body remains.

**MEDICAL EVACUATION**

The Plan will pay for Evacuation to the nearest adequate medical facility following a covered Injury or Emergency Sickness if you are outside your home country and a Doctor determines that adequate medical treatment is not locally available. Travel Guard must make all arrangements and must authorize all expenses in advance for these benefits to be payable. If it was not reasonably possible to contact Travel Guard in advance, the Company reserves the right to determine the benefits payable, including any reductions.

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Annual *8/24/15-8/23/16</th>
<th>Fall *8/24/15-1/18/16</th>
<th>Spring/Summer 1/19/16-8/23/16</th>
<th>Summer Only (newly insured students in the Summer semester only) 6/6/16 – 8/23/16</th>
</tr>
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<tbody>
<tr>
<td>UH Student Health Insurance Plan</td>
<td>$1577</td>
<td>$788</td>
<td>$789</td>
<td>$394</td>
</tr>
<tr>
<td>Medical Evacuation/ Repatriation of Remains (additional premium)</td>
<td>$10</td>
<td>$5</td>
<td>$5</td>
<td>$2</td>
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</table>

*8/10/15 for newly eligible International students and 8/25/15 for students maintaining continuous coverage.

Cost includes an administrative fee for Fall and Spring/Summer semesters to be retained by the University.

**EXCLUSIONS, REDUCTIONS & LIMITATIONS**

The Plan does not cover nor provide benefits for loss or expenses incurred:

1. as a result of dental treatment, except as specifically provided in the Policy.
2. for eye examinations, eyeglasses, contact lenses, replacement of eyeglasses or prescription for such except as specifically provided; radial keratotomy or laser surgery; or hearing aids; except as required for repair caused by a covered injury.
3. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
4. for Injury or Sickness resulting from war or act of war, declared or undeclared.
5. as a result of an Injury or Sickness for which the Covered Person is entitled to benefits under any Workers' Compensation or Occupational Disease Law.
6. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
7. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. for cosmetic surgery. “Cosmetic surgery” shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or...
other diseases of the involved part. It also shall not include breast reconstructive surgery after a mastectomy.
9. for preventive treatment, testing, immunizations, injections, medicines, serums, vaccines, vitamins or anti-toxins except as specifically provided in the Policy. This exclusion does not apply to Preventive Benefits mandated by the Patient Protection and Affordable Care Act.
10. as a result of committing or attempting to commit an assault or felony or participation in a riot or civil commotion.
11. for Elective Treatment or elective surgery or complications arising therefrom.
12. after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision in the Policy.
13. for any services rendered by a Covered Person's immediate family member, except this exclusion will not apply to the Covered Person's choice of a Doctor if the Doctor is licensed to practice medicine by the Texas State Board of Medical Examiners.
14. for any treatment, service or supply which is not Medically Necessary.
15. as a result of suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury. This exclusion does not apply to repatriation of remains coverage or medical evacuation coverage.
16. for Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage of or for the purpose as prescribed by the Covered Person's Doctor.
17. for surgery and/or treatment of acupuncture; biofeedback-type services; breast reduction unless Medically Necessary following a mastectomy; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis or unless due to Injury occurring while coverage is in force; family planning except as specifically provided; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; impotence, organic or otherwise; learning disabilities; premarital examinations; vasectomy; hyperhidrosis; and weight reduction. This exclusion does not apply to Preventive Benefits mandated by the Patient Protection and Affordable Care Act.
18. for routine medical care, physical examinations, health examinations or preschool physical examinations. This exclusion does not apply to Preventive Benefits mandated by the Patient Protection and Affordable Care Act.
19. for Injury resulting from travel in or upon a snowmobile, ATV (all terrain or similar type two or three-wheeled vehicle and/or off-road four wheeled motorized vehicles).
20. for voluntary or elective abortions.
21. for Injury resulting from: the practicing for, participating in, intercollegiate, professional and semi-professional sports.
22. for treatment in the Hospital emergency room which is not due to an Emergency Medical Condition.
23. for Injury resulting from fighting, except in self-defense.
24. for treatment of obesity, except resulting from diabetes, regardless of the history or diagnosis, including, but not limited to the following: weight reduction or dietary control programs; prescription or nonprescription drugs or medications such as vitamins (whether taken orally or by injection), minerals, appetite suppressants, or nutritional supplements; and any complication resulting from weight loss treatments or procedures.
25. for breast reconstruction and implantation or removal of breast prostheses unless such care and services are performed solely and directly as a result of a Medically Necessary mastectomy.
26. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.
27. for botox injections.
28. for electro-medicine, including nerve stimulation.
29. for treatment, service or supply for which a charge would not have been made in the absence of insurance.

DEFINITIONS

Accident means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

Allowable Charges (“AC”) means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

Covered Person means a Covered Student insured under the Plan.

Covered Student means a student of the Policyholder who is insured under the Policy.

Doctor means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification.

Eligible Expense means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury; (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of the policy; (c) with respect to the Preferred Provider, is the Allowable Charge; (d) is the negotiated rate, if any; and (e) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

Emergency Medical Condition means a Sickness or Injury for which health care services are provided in a Hospital emergency facility, freestanding emergency medical facility, or comparable emergency facility to evaluate and stabilize a medical condition of a recent onset and severity, including severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the person's condition, Sickness or Injury, is of such nature that failure to get immediate medical care could result in: (a) placing the Covered Person's health in serious jeopardy; (b) serious impairment to bodily functions; (c) serious dysfunction of a bodily organ or part; (d) serious disfigurement; or (e) in the case of a pregnant woman, serious jeopardy to the health of the fetus.

“Freestanding emergency facility” means a facility, structurally separate and distinct from a Hospital that receives an individual and provides emergency care and is licensed by the state of Texas under Chapter 254 of the Health and Safety Code.

Essential Health Benefits has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes
Injury means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person’s effective date of coverage; and (c) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered one Injury.

Medical Necessity/ Medically Necessary means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the Covered Person or provider; or (b) it is not the appropriate treatment for the Covered Person’s diagnosis or symptoms; or (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or (d) it is experimental/ investigational or for research purposes; or (e) could have been omitted without adversely affecting the patient’s condition or the quality of medical care; or (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

Preventive Services mandated by the Patient Protection and Affordable Care Act and, in addition to any other preventive benefits described in the Policy or Certificate, means the following services and without the imposition of any cost-sharing requirements, such as deductibles, copayment amounts or coinsurance amounts to any Covered Person receiving any of the following: 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, except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009; 2) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved; 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, not described in paragraph 1 above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

The Company shall update new recommendations to the preventive benefits listed above at the schedule established by the Secretary of Health and Human Services.

Reasonable and Customary (“R&C”) means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing. “Geographic area” means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

Sickness means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person’s coverage. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

LIMITATIONS AND REDUCTIONS

1. Coordination of Benefits—The Policy will coordinate benefits with any valid collectible insurance or plan as outlined in the Master Policy, which is available at the UH Health Center.

2. Right of Subrogation—If claims are incurred as a result of another person’s negligence, the Company has the right to seek reimbursement in accordance with the Policy.

This is only a brief description of the coverages available under policy series S30749NUFIC-PPO-TX. The Policy contains definitions, reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy on file with the University. If there is any conflict between the content of this document and the Policy, the Policy shall govern in all cases. Insurance Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY.

Please call AIG, Educational Markets at 1-844-337-6873 for additional information.