### Important Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Why this Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>In-Network: $600 person/$1,200 family/Out-of-Network: $1,200 person/$2,400 family. Does not apply to services received at the UW-Madison University health Services (UHS), preventive care covered in-network and prescription drugs.</td>
<td>You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</td>
</tr>
<tr>
<td>Is there an out-of-pocket limit on my expenses?</td>
<td>Yes. In-Network: $3,000 person/$6,000 family Out-of-Network: $6,000 person/$12,000 family.</td>
<td>The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, balance-billed charges, and health care this plan doesn’t cover.</td>
<td>Even though you pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td>Is there an overall annual limit on what the plan pays?</td>
<td>No.</td>
<td>The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.</td>
</tr>
<tr>
<td>Does this plan use a network of providers?</td>
<td>Yes. For a list of in-network providers go to <a href="http://www.uhs.wisc.edu/ship/">http://www.uhs.wisc.edu/ship/</a> or call 1-800-223-4139 for providers in The Alliance network or 1-800-226-5116 for providers in the First Health network.</td>
<td>If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.</td>
</tr>
<tr>
<td>Do I need a referral to see a specialist?</td>
<td>No.</td>
<td>You can see the specialist you choose without permission from this plan.</td>
</tr>
<tr>
<td>Are there services this plan doesn’t cover?</td>
<td>Yes.</td>
<td>Some of the services this plan doesn’t cover are listed on page 5. See your policy or plan document for additional information about excluded services.</td>
</tr>
</tbody>
</table>
University Of Wisconsin Madison:
Student Health Insurance Plan-Domestic

Coverage Period: 08/15/2015 – 08/14/2016
Coverage for: Student & Family | Plan Type: PPO

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is your share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan’s **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven’t met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use In-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your Cost If You Use University Health Services (UHS)</th>
<th>Your Cost If You Use an In-network Provider</th>
<th>Your Cost If You Use an Out-of-network Provider</th>
<th>Limitations &amp; Exceptions</th>
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</thead>
<tbody>
<tr>
<td><strong>If you visit a health care provider’s office or clinic</strong></td>
<td>Primary care visit to treat an injury or illness</td>
<td>No charge</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>Not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td></td>
<td>Other practitioner office visit</td>
<td>No charge</td>
<td>20% coinsurance for chiropractic care</td>
<td>40% coinsurance for chiropractic care</td>
<td>---none---</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No charge</td>
<td>Student/Spouse: Not covered/Children: No charge</td>
<td>Student/Spouse: Not covered/Children: 40% coinsurance</td>
<td>Student/Spouse: No charge for services rendered In-network that are not available at UHS/Children: No charge for immunizations In- or Out-of-Network</td>
</tr>
<tr>
<td><strong>If you have a test</strong></td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>No charge</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>No charge</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
</tbody>
</table>
University Of Wisconsin Madison:
Student Health Insurance Plan-Domestic
 Coverage Period: 08/15/2015 – 08/14/2016
Coverage for: Student & Family | Plan Type: PPO

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</thead>
<tbody>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Generic drugs</td>
<td>$15 copay/prescription</td>
<td>$15 copay/prescription</td>
<td>Not covered</td>
<td>No charge for prescribed FDA-approved contraceptives. Covers up to a 31-day supply (retail) per fill</td>
</tr>
<tr>
<td></td>
<td>Preferred brand drugs</td>
<td>$35 copay/prescription</td>
<td>$35 copay/prescription</td>
<td>Not covered</td>
<td>Unless a brand name contraceptive is prescribed as medically necessary, a copay will apply if a member receives a brand name contraceptive when a generic equivalent is available. Covers up to a 31-day supply (retail) per fill.</td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>$60 copay/prescription</td>
<td>$60 copay/prescription</td>
<td>Not covered</td>
<td>Covets up to a 31-day supply (retail) per fill</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>Not covered</td>
<td>Limited to $150 copay/prescription. Covers up to a 31-day supply (retail) per fill</td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>Not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>Not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room services</td>
<td>Not covered</td>
<td>20% coinsurance &amp; $50 copay/visit</td>
<td>40% coinsurance &amp; $50 copay/visit</td>
<td>0% coinsurance &amp; $50 copay/visit for life threatening medical emergency</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>Not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>No charge</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>Not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fee</td>
<td>Not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
</tbody>
</table>

Questions: Call 1-866-796-7899 or visit us at www.uhs.wisc.edu/ship.
If you aren’t clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-866-796-7899 to request a copy.
# University Of Wisconsin Madison: Student Health Insurance Plan-Domestic

**Summary of Benefits and Coverage:** What this Plan Covers & What it Costs

**Coverage Period:** 08/15/2015 – 08/14/2016

**Coverage for:** Student & Family | **Plan Type:** PPO

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<th>Your Cost If You Use an Out-of-network Provider</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have mental health, behavioral health, or substance abuse needs</td>
<td>Mental/Behavioral health outpatient services</td>
<td>No charge</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td></td>
<td>Mental/Behavioral health inpatient services</td>
<td>Not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder outpatient services</td>
<td>No charge</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder inpatient services</td>
<td>Not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Prenatal and postnatal care</td>
<td>Not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td></td>
<td>Delivery and all inpatient services</td>
<td>Not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>Not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>Limited to 60 visits/ Plan Year. No coverage for custodial care.</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>No charge for physical therapy/all other rehabilitation services not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>Limited to 40 physical therapy visits; 40 occupational therapy visits; 20 speech therapy visits; 20 cognitive rehabilitation visits/condition</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>No charge for physical therapy/all other habilitation services not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>Limited to 40 physical therapy visits; 40 occupational therapy visits; 20 speech therapy visits; 20 cognitive rehabilitation visits/condition</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>Not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>Not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
<tr>
<td></td>
<td>Hospice service</td>
<td>Not covered</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>---none---</td>
</tr>
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### Common Medical Event

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<tr>
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<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>If your child needs dental or eye care</td>
<td>Eye exam</td>
<td>No charge</td>
<td>No charge</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Glasses</td>
<td>No charge</td>
<td>20% coinsurance &amp; $25 copay/exam &amp; $25 copay/materials</td>
<td>20% coinsurance &amp; $25 copay/exam &amp; $25 copay/materials</td>
</tr>
<tr>
<td></td>
<td>Dental check-up</td>
<td>No charge</td>
<td>50% coinsurance</td>
<td>50% coinsurance</td>
</tr>
</tbody>
</table>

### Excluded Services & Other Covered Services:

#### Services Your Plan Does NOT Cover
(This isn’t a complete list. Check your policy or plan document for other excluded services.)

- Bariatric surgery
- Cosmetic surgery except reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part or reconstructive surgery because of a congenital disease or anomaly of a covered dependent child which has resulted in a functional defect, or breast reconstructive surgery after a mastectomy
- Dental care (Adult)
- Infertility treatment
- Long-term care
- Routine foot care
- Weight loss programs

#### Other Covered Services
(This isn’t a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture when referred by the attending physician for rehabilitative services/habilitative services
- Chiropractic care
- Hearing aids (If age 18 and older, benefits are limited to a single purchase (including repair/replacement) every three years. If under 18, benefits will not exceed the cost of one hearing aid per ear per child more than once every three years)
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
University Of Wisconsin Madison:
Student Health Insurance Plan-Domestic
Coverage Period: 08/15/2015 – 08/14/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Your Rights to Continue Coverage:
Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your premium. There are exceptions, however, such as if:
• You commit fraud
• The University stops offering services in the State
• You move outside the coverage area

You must have been enrolled in this health insurance coverage for at least 120 days prior to the continuation effective coverage date. You must also be a resident in the State of Wisconsin. Continuation is available for a lifetime maximum period of one coverage period only (fall or spring/summer). It is not possible to enroll in continuation more than once.

For more information on your rights to continue coverage, contact AIG, Educational Markets at 866-796-7899.

Your Grievance and Appeals Rights:
If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: AIG, Educational Markets, Appeal Letter, Two Aquarium Drive, Suite 200 Camden NJ 08103.

Does this Coverage Provide Minimum Essential Coverage?
The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” This plan or policy does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?
The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.
About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

- **Having a baby** (normal delivery)
  - Amount owed to providers: $7,540
  - Plan pays $5,420
  - Patient pays $2,120

  **Sample care costs:**
  - Hospital charges (mother): $2,700
  - Routine obstetric care: $2,100
  - Hospital charges (baby): $900
  - Anesthesia: $900
  - Laboratory tests: $500
  - Prescriptions: $200
  - Radiology: $200
  - Vaccines, other preventive: $40
  - **Total:** $7,540

  **Patient pays:**
  - Deductibles: $600
  - Copays: $20
  - Coinsurance: $1,300
  - Limits or exclusions: $200
  - **Total:** $2,120

- **Managing type 2 diabetes** (routine maintenance of a well-controlled condition)
  - Amount owed to providers: $5,400
  - Plan pays $4,420
  - Patient pays $980

  **Sample care costs:**
  - Prescriptions: $2,900
  - Medical Equipment and Supplies: $1,300
  - Office Visits and Procedures: $700
  - Education: $300
  - Laboratory tests: $100
  - Vaccines, other preventive: $100
  - **Total:** $5,400

  **Patient pays:**
  - Deductibles: $0
  - Copays: $600
  - Coinsurance: $300
  - Limits or exclusions: $80
  - **Total:** $980

This is not a cost estimator.

Don’t use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don’t include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren’t specific to a particular geographic area or health plan.
- The patient’s condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn’t covered or payment is limited.

**Does the Coverage Example predict my own care needs?**

✓ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor’s advice, your age, how serious your condition is, and many other factors.

**Does the Coverage Example predict my future expenses?**

✓ **No.** Coverage Examples are not cost estimators. You can’t use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you’ll find the same Coverage Examples. When you compare plans, check the “Patient Pays” box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you’ll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.