

DOMESTIC PLAN SUMMARY OF BENEFITS*

SHIP members must use University Health Services (UHS) for **all available primary, urgent, and preventive care**. Most services at UHS are fully covered for SHIP members with no out-of-pocket expense.

Medical and Mental Health Counseling services at UHS include: Primary Care; Women's Health; STI Testing and Treatment; Allergy/Immunization; 24-Hour Crisis Services; Individual, Couple/Partner, and Group Counseling; Alcohol and Other Drug Assessment and Treatment; Psychiatric Services.

Please remember that UHS is not open evenings and weekends and does not provide hospitalization, emergency room care, pediatric care, or specialty care for complex problems. However, SHIP members are well protected nationwide by In-Network hospitals, clinics, and specialized medical services. The SHIP Customer Service team can assist you with identifying In-Network providers.

SHIP coverage also includes an annual eye exam at Madison Optometric Center, global Out-Of-Network coverage, and worldwide assistance (including medical evacuation and repatriation).

Benefit Category	Health Care at UHS	Health Care In-Network**	Health Care Out-Of-Network
Plan Year Deductible	None	\$600 <i>(per person)</i>	\$1,200 <i>(per person)</i>
Primary/Urgent Care	No member cost	20% member coinsurance <i>(after deductible)</i>	40% member coinsurance <i>(after deductible)</i>
Diagnostic Services	No member cost <i>(x-rays and lab tests ordered by UHS providers)</i>	20% member coinsurance <i>(after deductible)</i>	40% member coinsurance <i>(after deductible)</i>
Preventive Care	No member cost	No member cost for covered preventive services not available at UHS	Not applicable
Mental Health and Chemical Dependency	No member cost	20% member coinsurance <i>(after deductible)</i>	40% member coinsurance <i>(after deductible)</i>
Hospital Services*** <i>(including inpatient and outpatient professional services)</i>	Not applicable	20% member coinsurance <i>(after deductible)</i>	40% member coinsurance <i>(after deductible)</i>
Plan Year Maximum Out-of-Pocket Expense <i>(coinsurance, copayments, and deductible)</i>	Not applicable	\$3,000 <i>(per person for covered services)</i>	\$6,000 <i>(per person for covered services)</i>
Emergency Room <i>Note: copayment change</i>	Not applicable	No member cost for medical emergencies <i>(after a \$100 copayment and in-network deductible)</i>	
Contraceptive Benefit	No member cost for prescribed FDA-approved contraceptives. A copayment will apply if a member receives a brand name contraceptive when a generic equivalent is available (unless medically necessary).		
Prescription Drugs	Generic = \$15 copayment; Brand = \$35 copayment; Non-Formulary = \$60 copayment; Specialty Drugs = 20% member responsibility up to a max of \$150 per fill		
Maximum Lifetime Benefit	<i>Unlimited</i>		

2020-21 PREMIUM RATES — DOMESTIC PLAN

COVERAGE TYPE	ANNUAL 8/15/2020 TO 8/14/2021	FALL 8/15/2020 TO 1/14/2021	SPRING/SUMMER 1/15/2021 TO 8/14/2021
Student only (age 25 and under)	\$2,556	\$1,065	\$1,491
Student only (age 26 and above)	\$4,176	\$1,740	\$2,436
Student (age 25 and under) + spouse/partner	\$7,368	\$3,070	\$4,298
Student (age 26 and above) + spouse/partner	\$10,296	\$4,290	\$6,006
Student (age 25 and under) + child	\$6,912	\$2,880	\$4,032
Student (age 26 and above) + child	\$9,840	\$4,100	\$5,740
Student (age 25 and under) + family	\$11,760	\$4,900	\$6,860
Student (age 26 and above) + family	\$15,828	\$6,595	\$9,233

Premium rates are based on the student's age as of August 15, 2020 (the beginning of the plan year).

We use this age to calculate the rate plan during the entire plan year.

* This is a benefits summary only. Exceptions may apply. Benefits are payable in accordance with the online Plan Document.

** In-Network facilities near campus include SSM Health St. Mary's Hospital, UnityPoint Health-Meriter Hospital, and UW Hospital and Clinics.

*** Note: Plan change. Pre-certification is required for inpatient hospital, surgery and selected outpatient services.