

INTERNATIONAL SCHOLAR 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, including travel and meningococcal vaccines, the HPV vaccine, and a contraceptive benefit.

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 note 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 | None | \$500 <i>(per person)</i> |
| Primary/Urgent Care | No member cost | 10% member coinsurance | 40% member coinsurance <i>(after deductible)</i> |
| Diagnostic Services | No member cost <i>(x-rays and lab tests ordered by UHS providers)</i> | 10% member coinsurance | 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 | 10% member coinsurance | 40% member coinsurance <i>(after deductible)</i> |
| Emergency Room <i>Note: copayment change</i> | Not applicable | No member cost for medical emergencies <i>(after \$100 copayment)</i> | |
| Hospital Services**** <i>(including inpatient and outpatient professional services)</i> | Not applicable | 10% member coinsurance | 40% member coinsurance <i>(after 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). | | |
| Plan Year Maximum Out-of-Pocket Expense <i>(coinsurance, copayments, and deductible)</i> | Not applicable | \$2,000 <i>(per person)</i> <i>(for covered services)</i> | \$4,000 <i>(per person)</i> <i>(for covered services)</i> |
| Prescription Drugs | Generic = \$5 copayment; Brand = \$15 copayment; Non-Formulary = \$25 copayment; Specialty Drugs = 10% member responsibility up to a max of \$150 per fill | | |
| Maximum Lifetime Benefit | <i>Unlimited</i> | | |

2020-21 PREMIUM RATES — INTERNATIONAL SCHOLAR PLAN

| COVERAGE TYPE | ANNUAL 8/15/2020 TO 8/14/2021 | 6 MONTHS (HALF YEAR) | MONTHLY**** |
|---|----------------------------------|-------------------------|-------------|
| Scholar only (age 25 and under) | \$1,932 | \$966 | \$161 |
| Scholar only (age 26 and above) | \$2,664 | \$1,332 | \$222 |
| Scholar (age 25 and under) + spouse/partner | \$5,088 | \$2,544 | \$424 |
| Scholar (age 26 and above) + spouse/partner | \$6,408 | \$3,204 | \$534 |
| Scholar (age 25 and under) + child | \$4,644 | \$2,322 | \$387 |
| Scholar (age 26 and above) + child | \$5,964 | \$2,982 | \$497 |
| Scholar (age 25 and under) + family | \$7,836 | \$3,918 | \$653 |
| Scholar (age 26 and above) + family | \$9,684 | \$4,842 | \$807 |

Premium rates are based on the scholar's age as of August 15, 2020 (the beginning of the plan year). We use this age to calculate the rate 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.

*** For reference only. Premiums are not payable on a monthly basis. Premiums are payable on an annual or half yearly basis.

Premiums are pro-rated for J-1 scholars who are in the United States for a shorter period (subject to a minimum requirement).

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