

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>(life-threatening medical emergencies)</i>	Not applicable	No member cost	No member cost
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>		

2018-19 PREMIUM RATES — INTERNATIONAL SCHOLAR PLAN

COVERAGE TYPE	ANNUAL 8/15/2018 TO 8/14/2019	6 MONTHS (HALF YEAR)	MONTHLY***
Scholar only (age 25 and under)	\$1,824	\$912	\$152
Scholar only (age 26 and above)	\$2,508	\$1,254	\$209
Scholar (age 25 and under) + spouse/partner	\$4,956	\$2,478	\$413
Scholar (age 26 and above) + spouse/partner	\$6,228	\$3,114	\$519
Scholar (age 25 and under) + child	\$4,560	\$2,280	\$380
Scholar (age 26 and above) + child	\$5,784	\$2,892	\$482
Scholar (age 25 and under) + family	\$7,620	\$3,810	\$635
Scholar (age 26 and above) + family	\$9,420	\$4,710	\$785

Premium rates are based on the scholar's age as of August 15, 2018 (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 St. Mary's Hospital, 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).*