Who is eligible to enroll?
All registered Domestic Undergraduate and Graduate students taking 12 or more credit hours are eligible and must enroll in the plan unless proof of comparable coverage is provided. All registered International students taking credit hours are eligible and must be enrolled in the plan on a mandatory basis. Eligible Dependents of students enrolled in the plan may participate in the plan on a voluntary basis. Eligible Dependents are the student’s spouse and dependent children under 26 years of age.

Where can I get more information about the benefits available?
Please read the plan brochure to determine whether this plan is right before you enroll. The plan brochure provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the plan brochure are available from the University and may be viewed at www.uhcsr.com.

Who can answer questions I have about the plan?
If you have questions please contact Customer Service at 1-800-767-0700 or customerservice@uhcsr.com. Instructions on how to access the online waiver system can be located at http://legacy.butler.edu/health-services/student-health-insurance/.

What important dates or deadlines should I be aware of?
Online waivers must be submitted by August 26, 2015.

How much does the plan cost?

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8/15/15 – 8/14/16</th>
<th>Fall 8/15/15 – 12/31/15</th>
<th>Spring/Summer 1/1/16 – 8/14/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,645.00</td>
<td>$625.00</td>
<td>$1,020.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,645.00</td>
<td>$625.00</td>
<td>$1,020.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,645.00</td>
<td>$625.00</td>
<td>$1,020.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$3,290.00</td>
<td>$1,250.00</td>
<td>$2,040.00</td>
</tr>
<tr>
<td>Spouse + Two or More Children</td>
<td>$4,935.00</td>
<td>$1,875.00</td>
<td>$3,060.00</td>
</tr>
</tbody>
</table>

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2015-267-1. The Policy is a Non-Renewable One-Year Term Policy.
# Highlights of the Coverage and Services offered by UnitedHealthcare Student Resources

<table>
<thead>
<tr>
<th></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$150 per Insured Person, per Policy Year</td>
<td>$750 per Insured Person, per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$3,500 Per Insured Person, Per Policy Year and $7,000 For all Insureds in a Family, Per Policy Year</td>
<td>There is no Out-of-Pocket Maximum for Out-of-Network benefits.</td>
</tr>
<tr>
<td><strong>Preferred Providers</strong></td>
<td>UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: <a href="http://www.uhcsr.com/lookupredirect.aspx?delsys=01">http://www.uhcsr.com/lookupredirect.aspx?delsys=01</a></td>
<td></td>
</tr>
<tr>
<td><strong>Online Services</strong></td>
<td>UnitedHealthcare Student Resources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at <a href="http://www.uhcsr.com/myaccount">www.uhcsr.com/myaccount</a>. To create an online account, select the “create My Account Now” link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple’s App Store.</td>
<td></td>
</tr>
</tbody>
</table>
Other Coverage
Also available for Butler University students is a UnitedHealthcare Insurance Company fully insured Dental plan. To enroll go to www.uhcsr.com.

Exclusions and Limitations:
No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:
1. Acne.
2. Acupuncture.
3. Learning disabilities.
5. Cosmetic procedures, except reconstructive procedures to:
   • Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy. The primary result of the procedure is not a changed or improved physical appearance.
   • Treat or correct Congenital Conditions of a Newborn or adopted Infant.
   • Correct hemangiomas and port wine stain of the head and neck area for Insureds 18 and under.
     • Correct limb deformities such as club hand, club foot, syndactyly (webbed digits), polydactyly (supernumerary digits), macrodactylia.
   • Improve hearing by directing sound in the ear canal through Otoplasty, when ear or ears are absent or deformed from Injury, surgery, disease, or Congenital Condition.
   • Perform tongue release for diagnosis of tongue-tied.
   • Treat or correct Congenital Conditions that cause skull deformity such as Crouzon’s disease.
   • Correct cleft lip and cleft palate.
6. Dental treatment, except:
   • For accidental Injury to Sound, Natural Teeth.
   • As described under Dental Treatment in the policy.
     This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
8. Elective abortion.
9. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
10. Foot care for the following:
    • Routine foot care including the care, cutting and removal of corns, calluses and bunions (except capsular or bone surgery).
    This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
12. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
    This exclusion does not apply to:
    • Hearing defects or hearing loss as a result of an infection or Injury.
14. Immunizations, except as specifically provided in the policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy.
15. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
16. Injury sustained while:
    • Participating in any interscholastic, club, intercollegiate or professional sport, contest or competition.
    • Traveling to or from such sport, contest or competition as a participant.
    • Participating in any practice or conditioning program for such sport, contest or competition.
17. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
18. Prescription Drugs, services or supplies as follows:
   - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy.
   - Immunization agents, except as specifically provided in the policy. Biological sera. Blood or blood products administered on an outpatient basis.
   - Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs.
   - Products used for cosmetic purposes.
   - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Growth hormones.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

19. Reproductive/Infertility services including but not limited to the following:
   - Procreative counseling.
   - Genetic counseling and genetic testing.
   - Cryopreservation of reproductive materials. Storage of reproductive materials.
   - Fertility tests.
   - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
   - Premarital examinations.
   - Impotence, organic or otherwise.
   - Reversal of sterilization procedures.
   - Sexual reassignment surgery.

20. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
   - When due to a covered Injury or disease process.
   - To benefits specifically provided in Pediatric Vision Services.
   - To one pair of eyeglasses or contact lenses following a covered Surgery or accidental Injury when they replace the function of the human lens.

21. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.

22. Preventive care services, except as specifically provided in the policy, including:
   - Routine physical examinations and routine testing.
   - Preventive testing or treatment.
   - Screening exams or testing in the absence of Injury or Sickness.

23. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.

24. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis. This exclusion does not apply to Newborn Infants.


26. Sleep disorders.

27. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.

28. Supplies, except as specifically provided in the policy.

29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.

30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

31. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).


NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.