Welcome to the 2015–2016 Undergraduate Student Health Insurance Plan (USHIP)! Below are brief highlights of plan benefits, as well as important dates and costs of coverage. Note that this plan is rated a PLATINUM level plan, as per the Affordable Care Act.

For more information, please consult the plan brochure. If the 2015–2016 brochure is not yet available, you may consult last year’s brochure for reference, making note of the changes listed below (“What’s New”).

You can find additional plan materials at www.4studenthealth.com/uci. If you have questions about medical benefits or claims, please call Personal Insurance Administrators, Inc., at (855) 515-2423. If you have questions about enrollment, please call Ascension at (800) 537-1777. For dental and vision plan information, please visit www.shc.uci.edu or call (800) 583-5899.

Rates and Important Dates
Rates include medical, dental, and vision insurance premium and administrative fees.

<table>
<thead>
<tr>
<th></th>
<th>Fall 09/21/15 to 01/03/16</th>
<th>Winter 01/04/16 to 03/22/16</th>
<th>Spring/Summer 03/23/16 to 09/18/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Deadline</td>
<td>09/11/15</td>
<td>12/11/15</td>
<td>03/11/16</td>
</tr>
<tr>
<td>Student</td>
<td>$499.00</td>
<td>$499.00</td>
<td>$499.00</td>
</tr>
</tbody>
</table>

For dependent rates and enrollment deadlines, please refer to the plan brochure.

Insurance ID Card
Download your insurance ID card at www.4studenthealth.com/uci. No other ID card will be mailed to you. If you go to a Doctor’s office, urgent care center, Hospital, or pharmacy, you will be asked for your ID card. Carry your insurance identification card with you at all times.

Referral Requirement
A Student Health Center (SHC) referral is required for non-emergency care within a 50-mile radius from campus, unless SHC is closed or for certain preventive care. If you do not obtain a referral, benefits will not be paid, even covered benefits. See brochure for further details.

What’s New for 2015–2016
- The PPO Network has changed from Cigna to First Health Network, and the prescription benefit manager has changed to Express Scripts.
- The policy year deductible has changed to $200 per policy year in-network, and $300 per policy year out-of-network.
- The out-of-pocket maximum has decreased to $1,600 per policy year in-network.
- Preventive Services have been expanded to include medications for breast cancer risk reduction for certain individuals.
- Dependents are now covered under the student plan, with the same benefit provisions as the student plan. Please see brochure for premium rates and important dates.
- All individuals will be required to provide evidence of health coverage on 2015 federal tax returns (see brochure for further details).

What’s Covered
- Preventive/Wellness services
- Doctor visits and urgent care
- Emergency expenses
- Surgery, inpatient and outpatient
- Physical therapy, acupuncture
- Tests, procedures, X-rays, and laboratory services, such as blood draws
- Pregnancy and maternity
- Prescription drugs

Limitations, copays, coinsurance, and deductibles may apply. Please see the plan brochure for benefit details.

Additional Plan Information
Please note the following levels for coinsurance, copays, deductibles, and other costs of this coverage.

<table>
<thead>
<tr>
<th>Covered Person Pays</th>
<th>Student Health Center</th>
<th>First Health Network PPO</th>
<th>Non-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>waived</td>
<td>$200 per policy year</td>
<td>$300 per policy year</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>10% for labs and X-rays 0% for all other services (insurance pays 100%)</td>
<td>10% in-network, after deductible</td>
<td>40% out-of-network, after deductible</td>
</tr>
<tr>
<td>Office Visit Copay</td>
<td>$0 for preventative services/ $15 for primary care/ $30 for specialist visit (deductible waived)</td>
<td>none (deductible applies)</td>
<td></td>
</tr>
<tr>
<td>Emergency Room Copay</td>
<td>n/a</td>
<td>$100 per visit (waived only if admitted to hospital)</td>
<td></td>
</tr>
<tr>
<td>Prescription Drug Copay</td>
<td>$10 generic / $35 formulary / $50 non-formulary drugs (PPO only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket Maximum</td>
<td>$1,600 per person, per policy year, for PPO</td>
<td>$6,000 per person, per policy year, for non-PPO</td>
<td></td>
</tr>
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University of California, Irvine
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