Who is eligible to enroll?
All students enrolled at the following Tufts University Health Sciences Schools are required to purchase this insurance, unless proof of comparable coverage is furnished: Cummings School of Veterinary Medicine, School of Dental Medicine, Friedman School of Nutrition Science and Policy, School of Medicine, Sackler School of Graduate Biomedical Sciences, Public Health and Professional Degree Programs. Continued enrollment in the plan is dependent on your student status. Eligible students may also insure their Dependents. Eligible Dependents are the student’s spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

Where can I get more information about the benefits available?
Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage 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 certificate of coverage are available from the University and may be viewed at www.uhcsr.com/tuftshealthsciences.

Who can answer questions I have about the plan?
If you have questions please contact Customer Service at 1-866-909-6342 or customerservice@uhcsr.com.

How much does the plan cost?

<table>
<thead>
<tr>
<th>Rates</th>
<th>Monthly 9/1/15 – 8/31/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$329.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$329.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$329.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$658.00</td>
</tr>
<tr>
<td>Spouse and 2 or More Children</td>
<td>$987.00</td>
</tr>
</tbody>
</table>

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school’s administrative costs associated with offering this health plan.

This plan is underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care, Inc. and administered by UnitedHealthcare StudentResources and is based on policy number 2015-202788-1.

The Policy is a Non-Renewable One-Year Term Policy.
<table>
<thead>
<tr>
<th>Highlights of the Coverage and Services offered by UnitedHealthcare Student Resources</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Plan Maximum</td>
<td>There is no overall maximum dollar limit on the policy</td>
<td></td>
</tr>
<tr>
<td>Plan Deductible</td>
<td>$0 Per Insured Person, Per Policy Year</td>
<td>$150 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$3,500 Per Insured Person, Per Policy Year $10,000 For all Insureds in a Family, Per Policy Year</td>
<td>$6,500 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</td>
<td>100% of Preferred Allowance for Covered Medical Expenses</td>
<td>80% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>100% of Preferred Allowance for Covered Medical Expenses</td>
<td>80% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
<tr>
<td>Prescription Drugs and medicines lawfully obtainable only upon written prescription of a Physician</td>
<td>$15 Copay for Tier 1 $30 Copay for Tier 2 $50 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)</td>
<td>50% of Usual and Customary Charges</td>
</tr>
<tr>
<td>Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care Services</td>
<td>100% of Preferred Allowance</td>
<td>80% of Usual and Customary Charges</td>
</tr>
<tr>
<td>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see <a href="http://www.healthcare.gov">www.healthcare.gov</a> for complete details of the services provided for specific age and risk groups.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The following services have per Service Copays/Deductibles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays/Deductibles.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Dental and Vision Benefits</td>
<td></td>
<td>Refer to the plan certificate for details (age limits apply).</td>
</tr>
<tr>
<td>UnitedHealthcare Global: Global Emergency Services</td>
<td>Domestic Students are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address. International Students are covered worldwide except in their home country.</td>
<td></td>
</tr>
</tbody>
</table>

**Preferred Providers**


**Online Services**

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 www.uhcsr.com/myaccount. 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. Insureds can also download our UHCSR Mobile App available on Google Play and Apple’s App Store.
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. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.

2. Biofeedback.

3. Circumcision.

4. 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.

5. Custodial Care.
   - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
   - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.

6. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As described under Dental Treatment in the policy.
   - As specifically provided in the Schedule of Benefits.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.

7. Elective Surgery or Elective Treatment.

8. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.

9. 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.
   - Benefits specifically provided in Benefits for Treatment of Speech, Hearing and Language Disorders.

10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.

11. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.

12. Injury sustained while:
   - Participating in any 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.

13. Investigational services.

14. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.

15. Prescription Drugs, services or supplies as follows:
   - Therapeutic devices or appliances, including: 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.
   - Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Sexual enhancement drugs, such as Viagra.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

16. Reproductive services for the following, except as specifically provided in Benefits for Infertility:
   - Impotence, organic or otherwise.

17. Research or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the policy.
   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 contact lenses to treat keratoconus.
   • To benefits specifically provided in the policy.

19. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except orthognathic surgery to correct a significant functional impairment that cannot be adequately corrected with orthodontic services. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.

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

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

22. 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).

23. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in Weight Loss Programs.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by Harvard Pilgrim Health Care. 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 Harvard Pilgrim Health Care 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.