

INTERNATIONAL SCHOLAR PLAN SUMMARY OF BENEFITS*

SHIP members must use University Health Services (UHS) for **all available primary, urgent, and preventative 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 program.

Medical and Mental Health Counseling services at UHS include: Primary Care; Women's Health; STI Testing and Treatment; Allergy/Immunization; Crisis Intervention; Individual Counseling; Group Counseling; Relationship Counseling; Alcohol, Tobacco, and Other Drug Abuse 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>
Preventative Care	No member cost	Not applicable	Not applicable
Mental Health and Chemical Dependency	No member cost	10% member coinsurance	40% member coinsurance <i>(after deductible)</i>
Emergency Room <i>(for medical emergencies only)</i>	Not applicable	No member cost	No member cost <i>(after deductible)</i>
Hospital Services <i>(including inpatient and outpatient professional services)</i>	Not applicable	10% member coinsurance	40% member coinsurance <i>(after deductible)</i>
Pediatric Care	Not applicable	10% member coinsurance <i>(no member cost for immunizations to age 18)</i>	40% member coinsurance <i>(no member cost for immunizations to age 18)</i>
Plan Year Maximum Out-of-Pocket Expense <i>(coinsurance and deductible)</i>	Not applicable	\$2,000 <i>(per person for covered services)</i>	\$4,000 <i>(per person for covered services)</i>
Prescription Drugs	Generic = \$5 copayment; Brand = \$15 copayment; Non-Formulary = \$25 copayment		
Maximum Lifetime Benefit	\$1,000,000		

2011-12 PREMIUM RATES — INTERNATIONAL SCHOLAR PLAN

COVERAGE TYPE	ANNUAL 8/15/2011 TO 8/14/2012	6 MONTHS (HALF YEAR)	MONTHLY***
Scholar only (age 25 and under)	\$1,740	\$870	\$145
Scholar only (age 26 and above)	\$2,244	\$1,122	\$187
Scholar (age 25 and under) + spouse/partner	\$4,848	\$2,424	\$404
Scholar (age 26 and above) + spouse/partner	\$5,472	\$2,736	\$456
Scholar (age 25 and under) + child	\$4,452	\$2,226	\$371
Scholar (age 26 and above) + child	\$5,064	\$2,532	\$422
Scholar (age 25 and under) + family	\$7,500	\$3,750	\$625
Scholar (age 26 and above) + family	\$8,280	\$4,140	\$690

Premium rates are based on the scholar's age as of August 15, 2011 (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 Plan Document, which can be viewed online.

** 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).