2016–2017
Student Injury and Sickness Plan for
Fairleigh Dickinson University

Who is eligible to enroll?
All full-time undergraduate students taking 12 credit hours or more, all full-time graduate students taking 9 credit hours or more, all Petrocelli students, and any graduate student designated as full time by their department, all students participating in the summer EOF Program and all international students regardless of credit hours (including English as a Second Language, American Studies Program, and visiting faculty/scholars) and those working as an intern are automatically enrolled on a hard waiver basis. All students engaged in any study abroad program are required to purchase this insurance Plan.

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 Fairleigh Dickinson University and may be viewed at www.firststudent.com.

Who can answer questions I have about the plan?
If you have questions please contact Customer Service at 800-505-4160 or customerservice@firstriskadvisors.com

How do I Enroll / Waive?
To complete the Enrollment or the Waiver process, please go to www.firststudent.com, select your school, click on either the Enroll Now - Health Insurance or the Waive Your School's Health Insurance button and follow the directions. Once you are enrolled in the plan, there are no refunds.

*For Petrocelli Non Traditional/Non Standard Programs, the coverage dates are:
Annual 9/15/16 – 9/14/17
Spring/Summer 1/10/17 – 9/14/17

All personal e-mails sent securely from the following companies:
· Nuvotera
· Cisco

What important deadlines should I be aware of?
Important Information for Hard Waiver Students:
Open Enrollment Periods for all Dependents and Hard Waiver Students: If you are a hard-waiver student and you fail to waive coverage before the October 17, 2016 deadline, you will be enrolled automatically and responsible to pay Fairleigh Dickinson University for this annual coverage that was purchased on your behalf.

*For new students in the spring semester, your open enrollment deadline is February 28, 2017.

Preferred Providers
The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: www.firststudent.com.

Online Services
UnitedHealthcare StudentResources 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.firststudent.com. To create an online account, select the “My Account” 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.

How much does the plan cost?

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8/15/16 – 8/14/17</th>
<th>Spring/Summer 1/1/17 – 8/14/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,460.00</td>
<td>$932.00</td>
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</tbody>
</table>

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2016-200137-2
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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 81.17%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$250 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>$6,350 Per Insured Person, Per Policy Year</td>
<td>$8,000 Per Insured Person, Per Policy Year</td>
</tr>
</tbody>
</table>

**Note:** There is no overall maximum dollar limit on the policy.

**Plan Deductible:**
- Preferred Providers: $250 per Insured Person, per Policy Year
- Out-of-Network Providers: $750 per Insured Person, per Policy Year

**Out-of-Pocket Maximum:**
- Preferred Providers: $6,350 Per Insured Person, Per Policy Year
- Out-of-Network Providers: $8,000 Per Insured Person, Per Policy Year

**Coinsurance:**
- 80% of Preferred Allowance for Covered Medical Expenses
- 50% of Usual and Customary Charges for Covered Medical Expenses

**Prescription Drugs:**
- Preferred Providers: $20 Copay for Tier 1
- Out-of-Network Providers: $20 Deductible for generic drugs
- Preferred Providers: $40 Copay for Tier 2
- Out-of-Network Providers: $40 Deductible for brand name drugs
- Preferred Providers: $60 Copay for Tier 3
- Out-of-Network Providers: Up to a 31-day supply per prescription

**Preventive Care Services:**
- 100% of Preferred Allowance
- No Benefits

**The following services have per Service Copays/Deductibles:**

<table>
<thead>
<tr>
<th><strong>Physician’s Visits:</strong></th>
<th>$30</th>
</tr>
</thead>
</table>

**Pediatric Dental and Vision Benefits:**

Refer to the plan certificate for details (age limits apply).

**UnitedHealthcare Global: Global Emergency Services**
- 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.

**Student Assistance**

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA’s and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.firststudent.com.

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15PPOSB-200137-2 Page 2 of 4 UnitedHealthcare Student Resources
Information on Plan Enhancements and services such as:

- TeleHealth
- United HealthCare Global (Travel Assistance)
- My Account

Please visit www.firststudent.com

University Health Center
Monday - Friday: 9am - 5pm
Saturday: Closed
Sunday: Closed

All registered students can receive health care services, including students who have waived the University’s United Healthcare Insurance. Our goal is to provide health and support services that will enable students to perform at the highest level of their ability with academic success as the goal.

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, except as specifically provided in the policy.
3. Addiction, excluding alcohol addiction, such as:
   - Codependency.
4. Behavioral problems. Developmental delay or disorder or intellectual disability. Learning disabilities. This exclusion does not apply to benefits specifically provided in Benefits for Treatment of Autism and Other Developmental Disabilities.
5. Biofeedback.
6. Circumcision.
7. 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 Infants, including those continuously insured under the preceding student policy issued by this Company.
8. Custodial Care.
   - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, or places mainly for domiciliary or Custodial Care.
   - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
9. Dental treatment, except:
   - As described under Dental Treatment in the policy. This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
10. Elective Surgery or Elective Treatment.
11. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
12. Foot care for the following:
   - Routine foot care including the care, cutting and removal of corns, callouses and bunions. This exclusion does not apply to Medically Necessary open surgery of the foot or preventive foot care for Insured Persons with diabetes.
13. Health spa or similar facilities. Strengthening programs.
14. 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 the policy.
16. 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.
17. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
18. 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.
19. Investigational services.
20. Lipectomy.
21. Participation in a riot or civil disorder. Loss to which a contributing cause was the Insured Person’s commission of or attempt to commit a felony or engagement in an illegal occupation.
22. 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.
   - Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs, except for a drug for a treatment for which it has not been approved by the Food and Drug Administration if the drug is recognized as being medically appropriate for the specific treatment for which it has been prescribed in one of the following established reference compendia: (1) the American Medical Association Drug Evaluations; (2) the American Hospital Formulary Service Drug Information; (3) the United States Pharmacopeia Drug Information; or it is recommended by a clinical study or review article in a major peer-reviewed professional journal. Any coverage of a drug shall also include Medically Necessary services associated with the administration of the drug.
   - Products used for cosmetic purposes, except as specifically provided in the policy.
• Drugs used to treat or cure baldness. 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.

23. Reproductive services including but not limited to the following:
• Procreative counseling.
• Genetic counseling and genetic testing.
• Cryopreservation of reproductive materials. Storage of reproductive materials.
• Premarital examinations.
• Impotence, organic or otherwise.
• Female sterilization procedures, except as specifically provided in the policy.
• Vasectomy.
• Reversal of sterilization procedures.
• Sexual reassignment surgery.
This exclusion does not apply to benefits specifically provided in Benefits for Infertility Treatment.

24. 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 one pair of eyeglasses or contact lenses for the initial replacement for the loss of a natural lens.

26. 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.

27. Services provided normally without charge.

28. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. 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.

29. Sleep disorders.

30. 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.

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

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

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

34. War or any act of war, declared or undeclared, while the Insured Person:
• Is serving in the armed forces of any country.
• Is serving in any civilian non-combatant unit supporting or accompanying any armed forces of any country or international organization.
• Is not serving in any armed forces if the Injury or Sickness occurs outside the 50 states of the United States of America, the District of Columbia or Canada.

A pro-rata premium contribution will be refunded upon request for such period not covered.

35. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in Benefits for Treatment of Inherited Metabolic Disease or as specifically provided in the policy.

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.