2016–2017
Student Injury and Sickness Plan for St. Olaf College

Who is eligible to enroll?
All undergraduate students who are registered for 1.5 or more credit hours are automatically enrolled in this Insurance Plan at registration, and the premium for coverage will be added to their tuition bill, unless proof of comparable coverage is furnished.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the Eligibility requirements that the student actively attend classes.

Eligible students who do enroll may also insure their Dependents.

Students who do not waive out by September 21, 2016 will automatically be enrolled into coverage and the premium will be charged to their student account. This charge is non-refundable.

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 College and may be viewed at www.firststudent.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. If you have questions please contact Customer Service at 800-505-4160 or customerservice@firstriskadvisors.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

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

· Nuotera
· Cisco
· McAfee SaasMost Communication will come from UHCSR.com or Firstriskadvisors.com.

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 student in the fall semester and eligible to purchase coverage and you choose not to enroll for coverage before the Annual / Fall Enrollment Deadline of September 21, 2016, you will not be eligible to enroll again until the start of the next fall semester unless you experience a Qualifying Life Event during the year. See www.firststudent.com for further information.

*For new students in the spring semester, your open enrollment deadline is February 17, 2017.

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.

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8/15/16 - 8/14/17</th>
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</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,556.00</td>
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<tr>
<td>Spouse</td>
<td>$1,556.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,556.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$3,112.00</td>
</tr>
<tr>
<td>Spouse + Two or More Children</td>
<td>$4,668.00</td>
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</tbody>
</table>

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2016-1672-61. The Policy is a Non-Renewable One-Year Term Policy.
<table>
<thead>
<tr>
<th>Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources</th>
</tr>
</thead>
<tbody>
<tr>
<td>METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 81.945%</td>
</tr>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
</tr>
<tr>
<td>Plan Deductible</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></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 brochure for details about how the Out-of-Pocket Maximum applies.</td>
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<tr>
<td><strong>Coinsurance</strong></td>
</tr>
<tr>
<td>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan brochure.</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
</tr>
<tr>
<td>Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</td>
</tr>
<tr>
<td>$60 Copay for Tier 3</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></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/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for complete details of the services provided for specific age and risk groups.</td>
</tr>
<tr>
<td><strong>The following services have per Service Copays/Deductibles</strong></td>
</tr>
<tr>
<td>This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.</td>
</tr>
<tr>
<td><strong>Pediatric Dental and Vision Benefits</strong></td>
</tr>
<tr>
<td>Refer to the plan brochure for details (age limits apply).</td>
</tr>
<tr>
<td>UnitedHealthcare Global: Global Emergency Services</td>
</tr>
</tbody>
</table>

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

**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.
Information on Plan Enhancements and services such as:
- TeleHealth
- United HealthCare Global (Travel Assistance)
- My Account

Please visit www.firststudent.com

NOTICE TO PLAN PARTICIPANTS:
In accordance with Health Care Reform, the Institution of Higher Education that makes this insurance coverage available to you has a religious objection to providing coverage for contraceptive services. Therefore, these benefits will be provided by the Insurance Company underwriting this plan rather than the Institution of Higher Education. This coverage is subject to change should there be a change in the law or regulations.

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. Acupuncture, except as specifically provided in the policy.
2. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
3. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Intensive behavioral therapies, such as applied behavioral analysis. Learning disabilities. Milieu therapy. Parent-child problems. This exclusion does not apply to benefits specifically provided in the policy.
5. Cosmetic procedures, except as specifically provided in the policy or 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.
   - Remove port wine stains.
6. 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.
7. 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.
8. Elective Surgery or Elective Treatment.
10. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline, or chartered aircraft only while participating in a school sponsored intercollegiate sport activity.
11. Foot care for the following, except as specifically provided in the policy:
   - Flat foot conditions.
   - Supportive devices for the foot.
   - Fallen arches.
   - Weak feet.
   - Chronic foot strain.
   - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).
   This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
12. Genetic testing, except as specifically provided in the policy.
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.
   - External hearing aids or bone anchored hearing aids once every 3 years for an Insured Person age 16 or younger with a hearing loss that is not correctable by other services provided in the policy.
   - Benefits specifically provided in the policy.
15. Hirsutism.
17. 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.
18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
19. Injury sustained while:
   - Participating in any interscholastic, high school, intramural, club, or 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.
20. Investigational services.
21. Lipectomy.
22. Commission of or attempt to commit a felony.
23. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
   - 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
as specifically provided in Benefits for Cancer Drug Coverage.

- 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, Percogon, 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.

24. Reproductive/Infertility services including but not limited to the following, except as specifically provided in the policy:

- Procreative counseling.
- Genetic counseling and genetic testing, except as specifically provided in the policy under the Genetic Testing benefit.
- Cryopreservation of reproductive materials.
- Storage of reproductive materials.
- Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except to diagnose the underlying cause of the infertility.
- Premarital examinations.
- Impotence, organic or otherwise.
- Female sterilization procedures, except as specifically provided in the policy.
- Vasectomy.
- Reversal of sterilization procedures.
- Sexual reassignment surgery, except as determined to be Medically Necessary.

25. 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.

26. 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 the initial evaluation, fitting, and initial pair of eyeglasses or contact lenses for: a) the post-operative treatment of cataracts; and b) the treatment of aphakia or keratoconus.
- To benefits specifically provided in the policy.

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

28. 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.

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

30. 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. This exclusion does not apply to benefits specifically provided in the policy.

31. Skydiving, Parachuting, Hang gliding, Glider flying, Parasailing, Sail planing, Bungee jumping.

32. Sleep disorders.

33. Speech therapy, except as specifically provided in the policy.

34. 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. This exclusion does not apply to benefits specifically provided in Preventive Care Services.

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

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

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

38. 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).

39. 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 Preventive Care Services 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.