Who is eligible to enroll?
All students who are registered in a degree program are automatically enrolled in this insurance Plan at registration, unless proof of comparable coverage is furnished. All International students are automatically enrolled in this insurance Plan at registration. 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 Brochure for the specific requirements needed to meet Domestic Partner eligibility.

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.uhcsr.com/oxy.

Who can answer questions I have about the plan?
If you have questions please contact Customer Service at 1-800-396-5977 or customerservice@uhcsr.com.

What important dates or deadlines should I be aware of?
Online waivers must be submitted by August 14, 2015.

How much does the plan cost?

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8/1/15 – 7/31/16</th>
<th>Fall 8/1/15 – 1/14/16</th>
<th>Spring 1/15/16 – 7/31/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,800</td>
<td>$900</td>
<td>$900</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,800</td>
<td>$900</td>
<td>$900</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,800</td>
<td>$900</td>
<td>$900</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$3,600</td>
<td>$1,800</td>
<td>$1,800</td>
</tr>
<tr>
<td>Spouse + Two or More Children</td>
<td>$5,400</td>
<td>$2,700</td>
<td>$2,700</td>
</tr>
</tbody>
</table>

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may include amounts which are retained by your school (to, for example, cover your school’s administrative costs associated with offering this health plan) as well as amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2015-810-2. The Policy is a Non-Renewable One-Year Term Policy.
## Highlights of the Coverage and Services offered by UnitedHealthcare Student Resources

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is no overall maximum dollar limit on the policy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan Deductible</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100 per Insured Person, per Policy Year</td>
<td>$300 per Insured Person, per Policy Year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<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>
<td>There is no Out-of-Pocket Maximum for Out-of-Network benefits.</td>
<td></td>
</tr>
<tr>
<td>$6,350 Per Insured Person, Per Policy Year</td>
<td>$12,700 For all Insureds in a Family, Per Policy Year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coinsurance</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% of Preferred Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Customary Charges for Covered Medical Expenses</td>
<td></td>
</tr>
</tbody>
</table>

### Prescription Drugs

Prescriptions must be filled at a UHCP network pharmacy. Mail order Prescription Drugs through UHCP at 2.5 times the retail Copay up to a 90 day supply.

- $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) Benefits also covered at Emmons Student Wellness Center 100% with no Copay.

<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of Preferred Allowance</td>
<td>No Benefits</td>
<td></td>
</tr>
</tbody>
</table>

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 www.healthcare.gov for complete details of the services provided for specific age and risk groups.

### The following services have per Service Copays/Deductibles

This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.

- Physician’s Visits: $30
- Medical Emergency: $150, waived if admitted to the Hospital

Physician’s Visits: $30
Medical Emergency: $150, waived if admitted to the Hospital

### Pediatric Dental and Vision Benefits

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

<table>
<thead>
<tr>
<th>UnitedHealthcare Global: Global Emergency Services</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<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>No Benefits</td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare Global: Global Emergency Services</td>
<td>No Benefits</td>
<td></td>
</tr>
</tbody>
</table>

### Preferred Providers

The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: [http://www.uhcsr.com/lookupredirect.aspx?delsys=01](http://www.uhcsr.com/lookupredirect.aspx?delsys=01).

### Online Services

UnitedHealthcare Student Resources 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 or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple’s App Store.
Other Coverage
Also available for Occidental College students is a UnitedHealthcare Insurance Company fully insured Dental plan. To enroll go to https://www.uhcsr.com/oxy

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:
2. Circumcision.
3. 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 or adopted Infant.
4. Dental treatment, except:
   - For accidental Injury to Natural Teeth.
   - As described under Dental Treatment in the policy.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
5. Elective Surgery or Elective Treatment.
6. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
7. Foot care for the following:
   - 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.
8. 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.
   - A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.
10. 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.
11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
12. Injury sustained while:
   - Participating in any interscholastic, 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. Lipectomy.
14. Voluntary participation in a riot or civil disorder. Commission of or attempt to commit a felony.
15. Prescription Drug Services — no benefits will be payable for:
   - 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.
   - 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, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Growth hormones, except when used for the long-term treatment of Insureds under age 19 with growth failure from the lack of adequate endogenous growth hormone secretion.
16. Reproductive/Infertility services including but not limited to the following:
- Procreative counseling.
- Genetic counseling and genetic testing, except for the prenatal diagnosis of fetal genetic disorders.
- Cryopreservation of reproductive materials. Storage of reproductive materials.
- Fertility tests.
- Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
- Premarital examinations.
- Impotence, organic or otherwise.
- Female sterilization procedures, except as specifically provided in the policy.
- Reversal of sterilization procedures.
- Sexual reassignment surgery.

17. 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 benefits specifically provided in the policy.
- To eye examinations, including preventive screenings, for conditions such as hypertension, diabetes, glaucoma, or macular degeneration.

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

19. 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.


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


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

24. 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.

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

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

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

28. 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).

NOTE: 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. The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare and does not constitute a promise of coverage. Benefits and rates under any Student policy are subject to state and federal requirements and review. Company reserves the right to make any changes necessary to meet such requirements.

PLEASE NOTE THAT WE HAVE NOT YET RECEIVED APPROVAL FROM THE CALIFORNIA INSURANCE DEPARTMENT FOR THE 2015 BENEFITS DESCRIBED IN THIS SUMMARY. AS PART OF THE APPROVAL PROCESS, THE DEPARTMENT MAY REQUIRE US TO MAKE CHANGES TO THE DESCRIBED BENEFITS.