What's New for 2014–2015

This year, SHIP has several changes, including:

• Unlimited maximum benefit
• Out-of-pocket maximum
• No visit limit for doctor visits, including physical therapy and acupuncture
• No pre-existing condition limitation
• Pediatric dental and vision coverage for people under age 19
• Mental health treatment paid as any other sickness
• Coverage has increased from 90% PPO/70% non-PPO to 100% PPO/90% non-PPO (meaning insured pays 0% coinsurance in-network for covered services)

What's Covered

• Preventive/Wellness services – covered at 100% with no copay or deductible. These services include: routine health screenings, gynecological care, prescription contraceptives, certain immunizations, and well-baby and well-child visits.
• Doctor visits and urgent care
• Emergency expenses
• Surgery, in- and out-patient
• Physical therapy, chiropractic care, and acupuncture
• Tests, procedures, and laboratory services, such as X-rays, blood draws, and allergy tests
• Pregnancy and maternity
• Prescription drugs

Limitations, copays, and deductibles may apply. Please see the plan brochure for more details. Until the 2014–2015 brochure is available, you may consult last year’s brochure for reference, making note of the changes listed above. For the 2013–2014 brochure, visit www.4studenthealth.com, click on “Students,” then “Find Your School,” and select your campus.

Additional Plan Information

Please note the following levels for coinsurance, copays, deductibles, and other costs of this coverage.

<table>
<thead>
<tr>
<th>Covered Person Pays</th>
<th>Cigna PPO</th>
<th>Non-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$100 per policy year (waived at SHS, if referred by SHS, or if SHS is closed)</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>0% in-network, after deductible</td>
<td>10% out-of-network, after deductible</td>
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<tr>
<td>Office Visit Copay</td>
<td>$10 per visit</td>
<td></td>
</tr>
<tr>
<td>ER Copay</td>
<td>$50 per visit (waived if admitted)</td>
<td></td>
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<tr>
<td>Prescription Drug Copays</td>
<td>$20 generic / $40 brand name</td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>$5,000 per person, per policy year / $12,700 per family per policy year</td>
<td></td>
</tr>
</tbody>
</table>