Welcome to the 2015–2016 SHIP plan! Below are brief highlights of plan benefits. Rates and important dates can be found below and on page 2. Note that this plan is rated a GOLD level plan, as per the Affordable Care Act.

For more information about this plan, please consult the plan brochure. If the 2015–2016 brochure is not yet available, you may consult last year’s brochure for reference, making note of the changes listed below (“What’s New”).

Annual student rates are listed by program on page 2. For additional information, including a waiver FAQ, please view the plan materials at www.4studenthealth.com/westernu. If you have questions about benefits or claims, please call Personal Insurance Administrators, Inc., at 1-800-468-4343. If you have questions about enrollment or waivers, please call Ascension at 1-800-537-1777.

Dependent enrollment is available. Please call Ascension at 1-800-537-1777 for an enrollment form (see page 2 for annual per-dependent rate guideline).

**What’s New for 2015–2016**
- Deductible changed from $250 per plan year to $300 per plan year.
- Emergency room copay has increased from $100 per visit to $200 per visit (waived if admitted to hospital).
- Preventive Services have been expanded to include medications for breast cancer risk reduction for certain individuals.
- Nurseline available 24/7 to all students at no cost. Simply call 1-800-557-0309 for medical advice from trained RNs.
- All individuals will be required to provide evidence of health coverage on 2015 federal tax returns (see brochure for further details).

**What’s Covered**
- Preventive/Wellness services – covered at 100% in-network with no copay or deductible. Includes routine screenings, gynecological care, contraceptive drugs and devices, certain immunizations, and well-baby and well-child visits.
- Doctor visits and urgent care
- Emergency expenses
- Surgery, inpatient and outpatient
- Physical therapy, acupuncture
- Tests, procedures, and laboratory services, such as X-rays and blood draws
- Pregnancy and maternity
- Prescription drugs

Limitations, copays, coinsurance, and deductibles may apply. Please see the plan brochure for further benefit details.

**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>PCC</th>
<th>First Health PPO</th>
<th>Non-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$300 per policy year (combined, at PCC, PPO, and non-PPO)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>20%, after deductible</td>
<td>20%, after deductible</td>
<td>40%, after deductible</td>
</tr>
<tr>
<td>Office Visit Copay</td>
<td>$20 per visit</td>
<td>$20 per visit</td>
<td>$20 per visit</td>
</tr>
<tr>
<td>Emergency Room Copay</td>
<td>N/A</td>
<td>$200 per visit (waived if admitted)</td>
<td></td>
</tr>
<tr>
<td>Prescription Drug Copays</td>
<td>$15 generic / $25 preferred brand / $45 non-preferred brand, deductible waived no copay for generic contraceptives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket Maximum</td>
<td>$6,350 per person ($12,700 per family) per policy year</td>
<td>$10,000 per person ($20,000 per family) per policy year</td>
<td></td>
</tr>
</tbody>
</table>

(Continued)