



2009-2010

STUDENT INJURY AND SICKNESS
INSURANCE PLAN

Designed Especially for Students of



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Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-767-0700 or by visiting us at www.uhcsr.com.

Eligibility

All registered graduate students taking 3 or more credit hours are automatically enrolled in this insurance Plan at registration.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Effective and Termination Dates

The Master Policy on file at the school becomes effective August 24, 2009. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates August 23, 2010. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One-Year Term Policy.

Alternative Coverage - If you do not meet the Eligibility requirements of the Plan, please call 1-800-406-2338 for information on alternative coverage. This information can also be accessed at our website: <http://www.goldenrulehealth.com/studentresources>.

Extension of Benefits After Termination

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Pre-Admission Notification

Avidyn should be notified of all Hospital Confinements prior to admission.

1. PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:

The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.

2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS: The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

Avidyn is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T, Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

Maternity Testing

This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening; Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

Schedule of Medical Expense Benefits

Up To \$75,000 Maximum Benefit Paid as Specified Below (For Each Injury or Sickness)

\$0 Deductible (Preferred Provider)

\$50 Deductible (Out-of Network Provider)(Per Policy Year)

The Policy provides benefits for the Usual & Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$75,000 for each Injury or Sickness.

The Preferred Provider for this plan is UnitedHealthcare Options PPO.

If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider with the necessary expertise is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the highest benefit level. In all other situations, reduced or lower benefits will be provided when in Out-of-Network provider is used.

All benefit maximums are combined Preferred Provider and Out-of-Network unless noted below.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

PA = Preferred Allowance

U&C = Usual & Customary Charges

INPATIENT	Preferred Providers	Out-of-Network Providers
Hospital Expense , daily semi-private room rate; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	90% of PA	70% of U&C
Intensive Care	Paid under Hospital Expense	
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth. <i>(Exception: See Definition of Newborn Infant.)</i>	Paid as any other Sickness / 48 / 96 hours Hospital Confinement expense max.	

INPATIENT	Preferred Providers	Out-of-Network Providers
Physiotherapy	90% of PA	70% of U&C
Surgeon's Fees, \$5,000 maximum , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	70% of U&C
Assistant Surgeon	No Benefits	
Anesthetist , professional services in connection with inpatient surgery.	90% of PA	70% of U&C
Registered Nurse's Services , private duty nursing care.	90% of PA	70% of U&C
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	90% of PA	70% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	90% of PA	70% of U&C
Psychotherapy , benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness	
OUTPATIENT		
Surgeon's Fees, \$5,000 maximum , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	70% of U&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	90% of PA	70% of U&C
Assistant Surgeon	No Benefits	
Anesthetist , professional services administered in connection with outpatient surgery.	90% of PA	70% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
Physician's Visits , benefits are limited to one visit per day. <i>(Includes one annual routine physical, limited to \$200 Per Policy Year.)</i>	90% of PA	70% of U&C
Physiotherapy , benefits are limited to one visit per day.	Paid under Physician's Visits	
Medical Emergency Expenses, \$400 maximum. Use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	90% of PA	90% of U&C
Diagnostic X-ray and Laboratory Services, \$950 maximum.	90% of PA	70% of U&C
Injections	No Benefits	
Tests and Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	90% of PA	70% of U&C
Chemotherapy & Radiation Therapy	90% of PA	70% of U&C
Prescription Drugs, \$700 maximum Per Policy Year.	\$15 Deductible per Prescription	
Psychotherapy, 10 days maximum Per Policy Year. Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder (including Prescription Drugs).	Paid as any other Sickness / \$100 maximum per day	Paid as any other Sickness / \$100 maximum per day
OTHER		
Ambulance Services	90% of PA	70% of U&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	90% of PA	70% of U&C
Consultant Physician Fees , when requested and approved by the attending Physician.	90% of PA	70% of U&C
Dental Treatment , made necessary by Injury to Sound, Natural Teeth. <i>(Exception: See Benefits for Dental Expenses.)</i>	90% of U&C	90% of U&C
Maternity & Complications of Pregnancy	Paid as any other Sickness	
Alcoholism/Drug Abuse	Paid as any other Sickness	

Preferred Provider Information

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are:

UnitedHealthcare Options PPO.

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-767-0700 and/or by asking the provider when making an appointment for services.

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

"Out of Network" providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

"Network Area" means the 50 mile radius around the local school campus the Named Insured is attending.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

Inpatient Hospital Expenses

PREFERRED HOSPITALS - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at 90%, up to any limits specified in the Schedule of Benefits. Call 1-800-767-0700 for information about Preferred Hospitals.

OUT-OF-NETWORK HOSPITALS - If care is provided at a Hospital that is not a Preferred Provider, eligible inpatient Hospital expenses will be paid according to the benefit limits in the Schedule of Benefits.

Outpatient Hospital Expenses

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

Professional & Other Expenses

Benefits for Covered Medical Expenses provided by UnitedHealthcare Options PPO will be paid at 90% of the Preferred Allowance or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

Accidental Death and Dismemberment Benefits

Loss of Life, Limb or Sight

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below in lieu of payment under the Medical Expense Benefits.

For Loss of:

Life	\$3,000
Two or More Members	\$3,000
One Member	\$1,500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

Coordination of Benefits

Benefits will be coordinated with any other medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

Mandated Benefits

Benefits for Mammography

Benefits will be paid the same as any other Sickness for mammography screening performed on dedicated equipment for diagnostic purposes on referral by an Insured's Physician, according to the following guidelines:

1. A baseline mammogram for women ages thirty-five to forty.
2. A mammogram every two years, or more frequently based on the recommendation of the woman's Physician, for women ages forty to fifty.
3. A mammogram every year for women fifty years of age and over.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Phenylketonuria Treatment

Benefits will be paid the same as any other Sickness for treatment of phenylketonuria. Benefits shall include licensed professional medical services under the supervision of a Physician and for Usual and Customary Charges for special dietary formulas which are medically necessary for the therapeutic treatment of phenylketonuria.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Prostate Specific Antigen (PSA) Tests

Benefits will be paid the same as any other Sickness for Prostate-Specific Antigen (PSA) Tests upon the recommendation of a Physician for the early detection of prostate cancer for an Insured Person aged fifty (50) and over and other Insured Persons if a Physician determines that early detection for prostate cancer is medically necessary.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Osteoporosis

Benefits will be paid the same as any other Sickness for the diagnosis and treatment of osteoporosis, including screening by a Qualified Individual for scientifically proven Bone Mass Measurement (bone density testing).

Bone mass measurement means a radiologic or radioisotopic procedure or other scientifically proven technologies performed on an individual for the purpose of identifying bone mass or detecting bone loss.

Qualified individual means a person with a condition for which bone mass measurement is determined to be medically necessary by the person's attending Physician or primary care Physician.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Diabetes Treatment

Benefits will be paid the same as any other sickness for the following medically necessary equipment, supplies, and services for the treatment of diabetes, when prescribed by a Physician:

- Blood glucose monitors and blood glucose monitors for the legally blind;
- Test strips for the glucose monitors (limited to twelve (12) bottles of fifty (50) test strips per bottle per policy year for non-insulin dependent Insureds);
- Visual readings and urine test strips;
- Insulin; injection aids; syringes; lancets; insulin pumps; insulin infusion devices; and appurtenances thereto;
- Oral hypoglycemic agents;
- Podiatry appliances for prevention of complications associated with diabetes;
- Glucagon emergency kits;
- Education of Insured Persons with diabetes as to the proper self-management and treatment of their diabetes, including: Diabetes outpatient self-management training and educational services, including medical nutrition counseling. Diabetes outpatient self-management training and education shall be limited to the following: (1) Visits which are certified by a Physician to be medically necessary upon the diagnosis of diabetes in an Insured; (2) Visits which are certified by a Physician to be medically necessary because of a significant change in an Insured's symptoms or condition which necessitates changes in the Insured's self-management; and (3) Visits which are certified by a Physician to be medically necessary for re-education or refresher training.

Diabetes outpatient self-management training and educational services may be provided in group settings where practicable, and shall include home visits where medically necessary.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Reconstructive Breast Surgery

Benefits will be paid the same as any other Sickness, for all stages of reconstructive breast surgery including the cost of prostheses following a covered mastectomy (but not a lumpectomy) on one or both breasts to restore and achieve symmetry between the two breasts.

The surgical procedure performed on a nondiseased breast to establish symmetry with the diseased breast must occur within five (5) years of the date the reconstructive breast surgery was performed on a diseased breast.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Hearing Screening Tests for Newborn Infants

Benefits will be paid the same as any other Sickness for Newborn Infants for Hearing Screening Tests. "Hearing Screening Test" means a screening or test provided in accordance with current hearing screening standards established by a nationally recognized organization such as the Joint Committee on Infant Hearing Screening of the American Academy of Pediatrics.

A child born in a Hospital or other birthing facility shall be screened for hearing loss prior to discharge from that facility. The Physician shall refer a child born in a setting other than a Hospital or other birthing facility to the Department of Health or an appropriate hearing screening provider as listed in the latest edition of the Directory of Hearing Screening Providers in Tennessee for hearing screening. A child born on an emergency basis in a Hospital that does not otherwise provide obstetrical or maternity services and which does not provide infant Hearing Screening Tests prior to discharge shall refer a child born in that facility to the Department of Health or an appropriate hearing screening provider as listed in the latest edition of the Directory of Hearing Screening Providers in Tennessee for hearing screening. All screening providers or entities shall report their screening results to the department of health.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Autism Spectrum Disorders

Benefits will be paid the same as any other Sickness for Autism Spectrum Disorders for Insured Persons up to (12) twelve years of age.

"Autism Spectrum Disorders" means neurological disorders, usually appearing in the first three years of a child's life, that affect normal brain functions and are typically manifested by impairments in communication and social interaction, as well as restrictive, repetitive, and stereotyped behaviors.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Definitions

INJURY means bodily injury which is: 1) unrelated to any pathological, functional, or structural disorder; 2) a source of loss; 3) treated by a Physician within 30 days after the date of accident; and 4) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

NEWBORN INFANT means any child born of an Insured while that person is insured under this policy. Newborn Infants will be covered under the policy for the first 31 days after birth. Coverage for such a child will be for: 1) Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity; and nursery care; 2) routine nursery care provided in the well-child care unit; and 3) perinatal group B streptococcal disease testing. Benefits will be the same as for the Insured Person who is the child's parent.

PRE-EXISTING CONDITION means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured's Effective Date under the policy.

SICKNESS means sickness or disease of the Insured Person which causes loss while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

USUAL AND CUSTOMARY CHARGES means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

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:

1. Acne; acupuncture; allergy, including allergy testing;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Assistant Surgeon Fees;
4. Biofeedback;
5. Injections;
6. Chronic pain disorders;
7. Circumcision;
8. Congenital conditions; except as specifically provided for Newborn;
9. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
10. 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;
11. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
12. Elective Surgery or Elective Treatment;
13. Elective abortion;
14. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
15. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
16. Health spa or similar facilities; strengthening programs;
17. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided in the Benefits for Hearing and Speech Disorders. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
18. Hirsutism; alopecia;
19. Hypnosis;
20. Immunizations, preventive medicines or vaccines, except where required for treatment of a covered Injury;

21. Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
22. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
23. Injury sustained while (a) participating in any interscholastic, club, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
24. Investigational services;
25. Lipectomy;
26. Organ transplants, in excess of \$50,000, including organ donation;
27. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting except when unprovoked and in self-defense;
28. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months; The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;
29. Prescription Drugs, services or supplies as follows; except as specifically provided in the policy.
 - a. Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
 - b. Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
 - c. Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d. Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - e. Products used for cosmetic purposes;
 - f. Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - g. Anorectics - drugs used for the purpose of weight control;
 - h. Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - i. Growth hormones; or
 - j. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;

30. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (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; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
31. 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;
32. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
33. Services provided by the Health Service of the Policyholder; or services covered or provided by the student health fee;
34. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
35. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
36. Sleep disorders;
37. Speech therapy, except as specifically provided in the Benefits for Hearing and Speech Disorders, naturopathic services;
38. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
39. Supplies, except as specifically provided in the policy;
40. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
41. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV);
42. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
43. 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); and
44. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

Collegiate Assistance Program

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing the access number indicated on the permanent ID card. The Collegiate Assistance Program is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy.

Scholastic Emergency Services: Global Emergency Medical Assistance

If you are a student insured with this insurance plan, you are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows:

International Students: You are eligible to receive SES worldwide, except in your home country.

Domestic Students: You are eligible for SES when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

SES includes Emergency Medical Evacuation and Return of Mortal Remains that meet the United States State Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES, any services not arranged by SES will not be considered for payment.

Key Services include:

- | | |
|--|---------------------------------------|
| *Medical Consultation, Evaluation and Referrals | *Foreign Hospital Admission Guarantee |
| *Emergency Medical Evacuation | *Critical Care Monitoring |
| *Medically Supervised Repatriation | *Emergency Counseling Services |
| *Prescription Assistance | *Lost Luggage or Document Assistance |
| *Transportation to Join Patient | *Return of Mortal Remains |
| *Interpreter and Legal Referrals | |
| *Care for Minor Children Left Unattended Due to a Medical Incident | |

Please visit your school's insurance coverage page at www.uhcsr.com for the SES Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

(877) 488-9833 Toll-free within the United States

(609) 452-8570 Collect outside the United States

Services are also accessible via e-mail at medservices@assistamerica.com.

When calling the SES Operations Center, please be prepared to provide:

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient
2. Patient's name, age, sex, and Reference Number
3. Description of the patient's condition
4. Name, location, and telephone number of hospital, if applicable
5. Name and telephone number of the attending physician
6. Information of where the physician can be immediately reached

SES is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by SES. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure for Program Guidelines as well as limitations and exclusions pertaining to the SES program.

Online Access to Account Information

UnitedHealthcare **StudentResources** insured have online access to claims status, EOBs, correspondence and coverage information via My Account at UHCSR.com. Insured can also print a temporary ID card, request replacement ID card and locate network provider from My Account.

If you don't already have an online account, simply select the "Create an Account" link from the home page at UHCSR.com. Follow the simple, onscreen directions to establish an online account in minutes. Note that you will need your 7-digit insurance ID number to create an online account. If you already have an online account, just log in from UHCSR.com to access your account information.

Claim Procedure

In the event of Injury or Sickness, students should:

- 1) Report to the Student Health Center for treatment or referral, or when not in school, to their Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
- 3) File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service to be considered for payment. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

The Plan is Underwritten by

UNITEDHEALTHCARE INSURANCE COMPANY

Submit all Claims to

UnitedHealthcare **StudentResources**
P.O. Box 809025
Dallas, Texas 75380-9025
1-800-767-0700
customerservice@uhcsr.com
claims@uhcsr.com

Sales and Marketing

UnitedHealthcare **StudentResources**
805 Executive Center Dr. W. Suite 220
St. Petersburg, FL 33702
1-800-237-0903
Email: ***info@uhcsr.com***

Please keep this brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. The Master Policy is the contract and will govern and control the payment of benefits.

**This Brochure is based on Policy
2009-1250-78**

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