



2005

2006

*Student Injury
and Sickness
Insurance Plan*

Designed especially for

Vanderbilt University
International Students



VANDERBILT

Policy Number 2005-99-2
Nashville, Tennessee

03-BR-TN





Dear International Students:

Vanderbilt University is very committed to promoting good health and meeting the medical needs of its students. The unexpected occurrence and expense of a medical condition can interrupt and even end a student's academic career. It is for this reason that we offer the Student Injury and Sickness Insurance Plan described in this Brochure.

In addition to the services available through the Student Injury and Sickness Insurance Plan, you also have access to the services available at the Student Health Center.

The Student Health Center is located in the Zerfoss Building and can be a tremendous resource for to you. The staff is comprised of physicians, nurse practitioners, nurses and a lab technician who provide primary care services, services similar to those provided in a private physician's office for students. Most of the services students receive at the Student Health Center are at no cost, and those services that are not, are the responsibility of students to coordinate with their health insurance.

I invite you to visit the Student Health Center or the visit www.vanderbilt.edu/student_health to learn more about us.

John W. Greene, MD
Director, Student Health Center



**Vanderbilt University
International Students**

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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 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 800-767-0700 or visiting our website at www.studentresources.com.



INTRODUCTION

THE VANDERBILT UNIVERSITY STUDENT INJURY AND SICKNESS INSURANCE PLAN

The Vanderbilt University Student Injury and Sickness Insurance Plan is designed to protect against unexpected medical expense and to meet most students' needs while on campus and throughout the policy year.

This brochure is a brief description of the Plan. The exact provisions governing the insurance are contained in the Master Policy issued to Vanderbilt University and may be viewed at school during regular business hours. This Plan is underwritten by The MEGA Life and Health Insurance Company and is serviced by Koster Insurance Agency. Claims are processed by Klais and Company, Inc.

STUDENT ELIGIBILITY AND ENROLLMENT

All international students attending Vanderbilt University **are automatically enrolled** in and billed for the Student Injury and Sickness Insurance Plan, unless a waiver has been issued by International Student and Scholar Services. Vanderbilt University Policy and Federal Regulations relating to J-1 Visa Status require that international students and their dependents residing in the U.S. maintain adequate insurance coverage. Previously Insured Students and their dependents must be re-enrolled by September 15, 2005 to avoid a break in coverage.

The Insured Student 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 student status and attendance records to verify that the policy eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, its only obligation is refund of premium.

WAIVER PROCESS

Eligible students who do not want to participate in the Student Injury and Sickness Insurance Plan must submit proof of alternative coverage by completing the International Student and Scholar Waiver Form confirming participation in a comparable health insurance plan, and by providing a comprehensive description of their current health insurance policy. Students must apply for a waiver at the beginning of every academic year in order to waive participation in the Student Injury and Sickness Insurance Plan. Students who reject coverage or register at a later date may enroll in the Student Injury and Sickness Insurance Plan, but coverage will be effective on the date the enrollment application is received and approved and there is no pro-rata of premium.



Waiver Deadline

The deadline for students to complete the Waiver Form is September 15, 2005 for annual coverage and January 15, 2006 for students newly enrolled for the Spring Semester. **Students who do not submit the Waiver Form by the deadline will remain enrolled in and billed for the Student Injury and Sickness Insurance Plan.**

DEPENDENT ELIGIBILITY AND ENROLLMENT

Students may enroll their eligible Dependents with an additional cost. There are two ways to submit dependent enrollment information. You may complete the Dependent Enrollment Form on the back of this brochure and return the form and applicable premium to the On-Campus Student Insurance Representative located at the Student Health Center, or you may submit an online Dependent Enrollment Form. To submit dependent information online, go to www.kosterweb.com, select Vanderbilt University from the drop down box and then select the 2005-2006 Dependent Enrollment Form. Payment for Dependent coverage is in addition to the fee for your individual student coverage. Coverage is not effective until the start date shown in the Plan Costs and Period of Coverage section or if the deadline is not met, the effective date will be the postmark date on the envelope.

Dependent Enrollment Deadlines

Previously insured Dependents must be re-enrolled by September 15, 2005 for the Annual coverage. Deadlines for dependents of newly enrolled students are: September 15, 2005 for Annual coverage and January 15, 2006 for an effective date of January 1, 2006 for the Spring Semester. Dependent Enrollment Forms received after these deadlines will be processed with an effective date of the postmark and previously insured dependents will have a break in coverage. An Insured Person who has a break in continuous coverage will not be covered for Pre-existing Conditions that originated before or during such break except as otherwise may be provided. It is the Insured Student's responsibility to enroll eligible Dependents each year.

Dependent means the spouse (husband or wife) or Domestic Partner of the Named Insured and their dependent, unmarried children. Children shall cease to be dependent on the first to occur of: 1) The end of the month in which they marry; or, 2) The end of the month in which they attain the age of 24 years. The attainment of the limiting age will not terminate the coverage of such child while the child is and continues to be both: 1) Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and, 2) Chiefly dependent upon the Insured Person for support and maintenance. Proof of such incapacity and dependency shall be furnished to the Company: 1) by the Named Insured; and, 2) within 31 days of the child's attainment of the limiting age. Subsequently, such proof must be

given to the Company annually following the child's attainment of the limiting age. If a claim is denied under the policy because the child has attained the limiting age for dependent children, the burden is on the Insured Person to establish that the child is and continues to be handicapped as defined by subsections (1) and (2).

Domestic Partner means the same-sex partner of an Insured Student who has filed a "Declaration of Domestic Partnership" with Vanderbilt University and who: (a) has been residing with the Insured Student for at least 12 consecutive months, and intends to do so indefinitely; (b) is considered the Insured Student's "sole Domestic Partner"; (c) is, along with the Insured Student, at least 18 years of age; (d) is, along with the Insured Student, jointly responsible for each other's welfare and financial obligations; and (e) is, along with the Insured Student, not married or related by blood. "Declaration of Domestic Partnership" forms are available from either the On-Campus Student Insurance Representative located at the Student Health Center or Koster Insurance Agency.

POLICY TERMS

The insurance under Vanderbilt University's Student Injury and Sickness Insurance Plan for the Annual Policy is effective on August 12, 2005. An eligible student's coverage becomes effective on the first day of the period for which premium is paid or date the application and full premium are received by the University or Koster Insurance Agency, whichever is later. The Annual Policy terminates at on August 11, 2006 or at the end of the period through which the premiums are paid, whichever is earlier.

The insurance for Spring Coverage is effective on January 1, 2006 or the date the application and full premium are received by the University or Koster Insurance Agency, whichever is later and terminates on August 11, 2006, or at the end of the period through which the premiums are paid, whichever is earlier.

The insurance for May Mester is effective on May 1, 2006 or the date the application and full premium are received by the University or Koster Insurance Agency, whichever is later and terminates on August 11, 2006, or at the end of the period through which the premiums are paid, whichever is earlier

The insurance for Summer Term is effective on June 1, 2006 or the date the application and full premium are received by the University or Koster Insurance Agency, whichever is later and terminates at 12:01 a.m. on August 11, 2006, or at the end of the period through which the premiums are paid, whichever is earlier.

Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student.

PLAN COSTS AND PERIOD OF COVERAGE

	Annual Policy 8/12/05- 8/11/06	Spring Semester 1/01/06- 8/11/06	May Mester 5/01/06- 8/11/06	Summer Term 6/01/06- 8/11/06
Student	\$1,896.00	\$1,180.00	\$543.00	\$379.00
Spouse/ Domestic Partner	\$2,422.00	\$1,507.00	\$694.00	\$483.00
Child(ren)	\$1,519.00	\$ 946.00	\$436.00	\$304.00

PREMIUM REFUND POLICY

Except for a withdrawal due to an Injury or Sickness, any Insured Student withdrawing from the University during the first 31 days of the period for which coverage is purchased shall not be covered under the Plan and a full refund of the premium will be made. Insured Students withdrawing after 31 days will remain covered under the Plan for the full period for which the premium has been paid and no refund will be made available. This is true for students on leave for medical or academic reasons, graduating students and students electing to enroll in a separate comparable plan during the policy year. International students who are graduating in December or May and returning to their country of regular domicile, may request a prorated return of premium by contacting the On-Campus Student Insurance Representative. The request must be made within 31 days of the departure date. Insured Students who also have coverage for eligible dependents, may request a refund of premium for their covered dependents only if coverage was purchased on an annual basis. Students who are paying for dependent coverage on an installment basis are not eligible for a refund of dependent premium. Premium received by the Company is fully earned upon receipt.

Coverage for an Insured Student entering the Armed Forces of any country will terminate as of the date of such entry. Those Insured Students withdrawing from the school to enter military service will be entitled to a pro-rata refund of premium upon written request.

STUDENT HEALTH CENTER

The Student Health Center is comprised of physicians, nurse practitioners, nurses and a lab technician who provide primary care services for students. The Student Health Center provides services similar to those provided in a private physician's office or HMO, such as routine medical care, specialty care (i.e., dermatology, nutrition, sports medicine), mental health services and some routine lab tests, including one pre-paid annual (per policy year) cytological screen (Pap smear and exam) for Insured students in the Student Injury and Sickness Insurance Plan. Most of the services students receive at the Student

Health Center are pre-paid, but those services that are not are the responsibility of students to coordinate with their health insurance.

When the University is in session, during fall and spring semesters, the Student Health Center is open Monday through Friday from 8:00 a.m. to 4:30 p.m., and Saturdays from 8:30 a.m. to 12:00 p.m. Students should call ahead to schedule an appointment at 615-322-2427. Immediate care is available for students with urgent medical needs and emergency consultation services are available 24-hours a day, 7 days a week.

For more detailed information on the services available at the Student Health Center and information on other health-related topics, please visit the Student Health Center website at www.vanderbilt.edu/student_health.

REFERRAL PROCESS

When the Student Health Center is open, Insured Students must first seek care and treatment at the Student Health Center. When the medical staff determines that a student requires the care of a non-health center provider, a referral will be made for that particular Sickness or Injury. **Each Injury or Sickness is a separate condition and a separate referral is required for each condition, each policy year, in order to receive the benefits allowed in this Plan. Treatment received without a referral authorization will not be covered, except for the circumstances listed below.** Covered Dependents do not use services at the Student Health Center and are not required to obtain a referral.

Exceptions to the Referral Process:

1. When the Student Health Center is closed.
2. Medical Emergency or Emergencies.
3. Medical care received when an Insured Student is more than 40 miles from the Vanderbilt University campus.
4. Medical care received when an Insured Student is no longer eligible to use the Student Health Center due to a change in student status.
5. For Outpatient Prescriptions.
6. Insured Dependents.

STUDENT HEALTH INSURANCE BENEFITS

This Plan provides benefits based on the type of health care provider you or your covered dependent select. This Plan provides access to a Preferred Provider Organization (PPO) with Preferred Providers/facilities locally and nationwide.

PREFERRED PROVIDER INFORMATION

The Vanderbilt University Student Injury and Sickness Insurance Plan provides access to hospitals and health care providers locally and across the country. The

Preferred Providers include the Vanderbilt University Medical Center, Signature Health Alliance (for care received in the state of Tennessee), and the Beech Street Preferred Provider Network (for care received outside the state of Tennessee). Insured Students can use any licensed health care provider as referred by the Student Health Center. The advantage to using a Preferred Provider is that these providers have agreed to accept a predetermined fee or Preferred Allowance as payment for their services. Each Preferred Provider has agreed to a different payment level that is outlined in the Schedule of Benefits. To maximize savings and reduce out-of-pocket expenses, select a Preferred Provider as out-of-pocket expenses will be less as they are based on a Preferred Allowance. Out-of-Network Providers have not agreed to any predetermined fee and Insured Persons will be subject to Usual and Customary (U&C) Expense allowances. Any charge in excess of the U&C Expense is not covered under this Plan.

The Insured Person should be aware that Preferred Provider Hospitals might be staffed with Out-of-Network Providers. Receiving services or care from an Out-of-Network Provider does not guarantee that all charges will be paid at the Preferred Provider level of benefits. It is important that the Insured Person verify that his or her Physicians are Preferred Providers when calling for an appointment or at the time of service.

Students can locate participating providers by contacting the network's toll-free telephone numbers or websites located at the back of this brochure.

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

Preferred Providers are Physicians, Hospitals, and other health care providers who have contracted to provide specific medical care at negotiated prices.

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 40 mile radius around the local school campus the student is attending.

DEFINITIONS

Whenever used in this Plan:

Coinsurance means the percentage of the Covered Medical Expenses for which the Insured Person is responsible for a covered service.

Copayment means the specified dollar amount an Insured Person must pay for specified charges. The Copayment is separate from and not a part of the Deductible or Coinsurance.

Covered Medical Expenses means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount

payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any. Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

Covered Percentage means that part of the Covered Medical Expense that is payable by the Company after the Deductible or Copayment has been met.

Deductible means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply per policy year as specified in the Schedule of Benefits.

Elective Surgery or Elective Treatment means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective Surgery or Elective Treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States.

Hospital means a licensed or properly accredited general hospital which: 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises; and 6) is not primarily a clinic, nursing, rest or convalescent home.

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 the 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.

Insured Person means: 1) the Named Insured; and, 2) Dependents of the Named Insured, if: 1) the Dependent is properly enrolled in the program; and 2) the appropriate dependent premium has been paid. The term "Insured" also means Insured Person.

Medical Emergency means a Sickness or Injury that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine,

could reasonably expect the absence of immediate medical attention to potentially result in: 1) Placing the Insured's health in serious jeopardy; 2) Serious impairment to bodily functions; or, 3) Serious dysfunction of any bodily organ or part. Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These Expenses will not be paid for minor Injuries or Sicknesses.

Medical Necessity means those services or supplies provided or prescribed by a Hospital or Physician which are: 1) Essential for the symptoms and diagnosis or treatment of the Sickness or Injury; 2) Provided for the diagnosis or the direct care and treatment of the Sickness or Injury; 3) In accordance with the standards of good medical practice; 4) Not primarily for the convenience of the Insured, or the Insured's Physicians; and, 5) The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being Hospital Confined means that: 1) the Insured requires acute care as a bed patient; and, 2) the Insured cannot receive safe and adequate care as an outpatient. This policy only provides payment for services, procedures and supplies which are a Medical Necessity. No benefits will be paid for Expenses which are determined not to be a Medical Necessity, including any or all days of Hospital Confinement.

Named Insured means an eligible, registered student of the Policyholder, i.e. Vanderbilt University, if: 1) the student is properly enrolled in the program; and 2) the appropriate premium for coverage has been paid.

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. The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the child's birth: 1) complete and submit a Dependent Enrollment Form to Us; and 2) pay the required additional premium, if any, for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth.

Per Condition Aggregate Maximum means the total amount of benefits payable for each Injury or Sickness under the Student Health Insurance Policy or the Policies issued to this Policyholder immediately before this Plan.

Physician means a legally qualified licensed practitioner of the healing arts who provides care within the scope of his/her license, other than a member of the person's immediate family. The term "member of the immediate

family” means any person related to an Insured of person’s within the third degree by the laws of consanguinity or affinity.

Pre-Existing Condition means 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.

We, Us and Our means The MEGA Life and Health Insurance Company.

You and Your means the Insured Person.

SCHEDULE OF BENEFITS

The Policy provides benefits as shown below for loss incurred by an Insured Person due to a covered Injury or Sickness. If you receive care from a Preferred Provider, any Covered Medical Expenses will be at the applicable Preferred Provider level of benefits. If a Preferred Provider with the necessary expertise is not available in your 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 treatment, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used. Benefits will be paid up to the Maximum Benefit for each service below. After the deductible has been satisfied, benefits will be paid as listed for the Provider selected. Covered Medical Expenses include:

	PREFERRED PROVIDERS ¹		OUT-OF-NETWORK PROVIDERS
	VU Medical Center	Signature Health Alliance and Beechstreet	
BENEFIT			
Maximum Benefit for Each Injury or Sickness	\$100,000 For Each Injury or Sickness per Insured Student \$50,000 For Each Injury or Sickness per Insured Dependent		
Deductible	Insured Students and covered Dependents are subjected to a \$100.00 Deductible per policy year.		
Out-of-Pocket Deductible Maximum (per Policy Year)	\$300.00 maximum for Insured Dependents Only		
INPATIENT BENEFIT			
Inpatient Hospital , Services include Room & Board, Intensive Care Unit, General Nursing, Hospital Miscellaneous, Physician's Visit and Consultant	90% of Preferred Allowance up to the maximum benefit per Injury or Sickness	85% of Preferred Allowance up to the maximum benefit per Injury or Sickness	65% of Usual & Customary (U & C) Expense up to the maximum benefit per Injury or Sickness
Surgery , Services include Surgery, Anesthesia, Assistant Surgeon, and Multiple Surgical Procedures. Multiple surgical procedures through the same incision will be paid at the covered percentage for the most expensive procedure being performed.	90% of Preferred Allowance up to the maximum benefit per Injury or Sickness	85% of Preferred Allowance up to the maximum benefit per Injury or Sickness	65% of U & C Expense up to the maximum benefit per Injury or Sickness

¹ Vanderbilt University Medical Center, Signature Health Allowance and Beechstreet have different payment levels, but are all considered Network Provider.

INPATIENT EXPENSES (Continued)	VU Medical Center	Signature Health Alliance and Beechstreet	Out-of-Network Providers
Routine Newborn Care , while hospital confined and routine nursery care provided immediately after birth. Hospital confinement of 48 hours for vaginal delivery / 96 hours for cesarean delivery. See definition of Newborn Infant Care.	Paid as any other Sickness	Paid as any other Sickness	Paid as any other Sickness
Pre-Admission Testing	90% of Preferred Allowance up to maximum benefit per Injury or Sickness	85% of Preferred Allowance up to the maximum benefit per Injury or Sickness	65% of U & C Expense up to the maximum benefit per Injury or Sickness
Maternity	Paid as any other Sickness	Paid as any other Sickness	Paid as any other Sickness
OUTPATIENT EXPENSES			
Surgery , Services include Surgery, Anesthesia, Assistant Surgeon, and Multiple Surgical Procedures. Multiple surgical procedures through the same incision will be paid at the covered percentage for the most expensive procedure being performed.	90% of Preferred Allowance up to the maximum benefit per Injury or Sickness	85% of Preferred Allowance up to the maximum benefit per Injury or Sickness	65% of U&C Expense up to the maximum benefit per Injury or Sickness
Outpatient , Services include Hospital Outpatient department; Emergency room; Physician's office visit; Consultant visit; Diagnostic X-ray and Lab Testing; Radiation Therapy; Chemotherapy; Injections when administered in the Physician's office and charged on the Physician's statement; and other medically necessary treatments.	90% of Preferred Allowance up to the maximum benefit per Injury or Sickness	85% of Preferred Allowance up to the maximum benefit per Injury or Sickness	65% of U&C Expense up to the maximum benefit per Injury or Sickness
Allergy Testing , Referral from Student Health Center required.	80% of U & C Expense up to a maximum of \$250 per policy year	80% of U & C Expense up to a maximum of \$250 per policy year	80% of U & C Expense up to a maximum of \$250 per policy year
Physiotherapy , includes Chiropractic Care	90% of Preferred Allowance up to the maximum benefit per Injury or Sickness	85% of Preferred Allowance up to the maximum benefit per Injury or Sickness	65% of U & C Expense up to the maximum benefit per Injury or Sickness

PSYCHOTHERAPY/ALCOHOLISM AND DRUG ABUSE EXPENSES	VUMedical Center	Signature Health Alliance and Beechstreet	Out-of-Network Providers
Inpatient Psychotherapy/ Alcoholism and Drug Abuse Benefits	Paid as any other Sickness	Paid as any other Sickness	Paid as any other Sickness
Outpatient Psychotherapy/ Alcoholism and Drug Abuse Benefits ² , are limited to 2 visits per week	After 3 visit deductible, the 4th visit and all subsequent visits covered at 100% of Preferred Allowance up to \$60,00 per visit, up to a maximum of \$1,500.00 per policy year	After 3 visit deductible, the 4th visit and all subsequent visits covered at 100% of Preferred Allowance up to \$60,00 per visit, up to a maximum of \$1,500.00 per policy year	After 3 visit deductible, the 4th visit and all subsequent visits covered at 100% of U&C Expense up to \$60,00 per visit, up to a maximum of \$1500.00 per policy year
ADDITIONAL EXPENSES			
Prescription Drug , prescriptions must be filled at a participating MEDCO pharmacy	\$10.00 copayment for a generic drug and a \$25.00 copayment for a brand name drug per 30 day supply, then covered at 100% up to a \$750.00 maximum per policy year		
Ambulance	Covered at 100% of Actual Expense up to \$150 per Injury or Sickness	Covered at 100% of Actual Expense up to \$150 per Injury or Sickness	Covered at 100% of Actual Expense up to \$150 per Injury or Sickness
Cytologic Screening (Pap Smear) Expense	Paid as any other Sickness	Paid as any other Sickness	Paid as any other Sickness
Preventative Care for Dependent Children	Paid as any other Sickness	Paid as any other Sickness	Paid as any other Sickness
Attention Deficit Disorder and Learning Disabilities , initial diagnostic testing only	Paid as any other Sickness	Paid as any other Sickness	Paid as any other Sickness
Licensed Registered Nurse (Inpatient Only)	Paid as any other Sickness	Paid as any other Sickness	Paid as any other Sickness
Accidental Dental Benefit , injury to sound, natural teeth only	100% of Actual Expense up to a maximum of \$200 per Injury	100% of Actual Expense up to a maximum of \$200 per Injury	100% of Actual Expense up to a maximum of \$200 per Injury
Prosthetic Appliance and Orthotic Device Expense	80% of U & C Expense	80% of U & C Expense	80% of U & C Expense

² Visit to University Psychiatrist, Psychologist, or licensed clinical social worker will count toward meeting the 3-visit deductible. The \$100 per policy year deductible does not apply.

ADDITIONAL EXPENSES (Continued)		
Durable Medical Equipment, when prescribed by a physician	80% of U & C Expense	80% of U & C Expense
Emergency Medical Evacuation	Benefits provided by Assist America	
Repatriation of Remains	Benefits provided by Assist America	
Accidental Death and Dismemberment	Principal Sum is \$10,000	
Home Health Care, up to a maximum of 40 visits per policy year	80% of U&C Expense	80% of U&C Expense
STATE MANDATED BENEFITS (Please refer to page 23)		
Benefits for Dental Expenses	Paid as any other Sickness	Paid as any other Sickness
Benefits for Diabetes Treatment	80% of U&C Expense	80% of U&C Expense
Benefits for Mammography	Paid as any other Sickness	Paid as any other Sickness
Benefits for Osteoporosis	Paid as any other Sickness	Paid as any other Sickness
Benefits for Phenylketonuria Treatment	Paid as any other Sickness	Paid as any other Sickness
Benefits for Prostate-Specific Antigen	Paid as any other Sickness	Paid as any other Sickness
Benefits for Reconstructive Breast Surgery	Paid as any other Sickness	Paid as any other Sickness

COVERED SERVICES

Your health care services under this Plan are listed below. In order for these services and supplies to be considered Covered Services, they must be:

1. Authorized by a Physician or licensed provider;
2. Rendered and billed by a Physician or licensed provider; and
3. Medically Necessary, except as specified.

INPATIENT: The following inpatient hospital services are covered:

- **Hospital Room and Board:** We will pay the Covered Percentage of the Covered Medical Expenses incurred, as shown in the Schedule of Benefits, for a semi-private room containing two or more beds, including meals, special diets and general nursing services, other than private duty nursing services. Coverage includes a bed in a special care unit.
- **Hospital Miscellaneous:** We will pay the Covered Percentage of the Covered Medical Expenses incurred, as shown in the Schedule of Benefits for the following Miscellaneous Hospital Expenses:
 - (a) anesthesia, anesthesia supplies and services;
 - (b) operating, delivery and treatment rooms and equipment;
 - (c) diagnostic x-ray and laboratory tests;
 - (d) lab studies;
 - (e) oxygen tent;
 - (f) blood and blood services;
 - (g) prescribed drugs and medicines;
 - (h) medical and surgical dressings, supplies, casts and splints;
 - (i) radiation therapy, intravenous chemotherapy, kidney, dialysis, and inhalation therapy;
 - (j) intravenous injections and solutions, and their administration;
 - (k) physical and occupational therapy; and
 - (l) other necessary and prescribed hospital expenses.
- **Physician's Visits:** When, by reason of Injury or Sickness, an Insured Person who is confined as a resident bed-patient in a Hospital requires the services of a Physician who may or may not have performed a surgery on the Insured Person, We will pay the Covered Percentage of the Covered Medical Expenses incurred for such services, as shown in the Schedule of Benefits. The following medical services performed by a Physician are covered on an inpatient basis: (a) limited to one Physician visit per day; (b) constant care and treatment while an Insured Person is confined in an intensive care unit; (c) care by two or more Physicians during one hospital stay when the Insured Person's condition requires the skill of separate Physicians; (d) consultation by another Physician when requested by the Insured Person's Physician. Coverage is limited to one

consultation per admission. Staff consultations required by Hospital rules are not covered.

- **Surgery:** When, by reason of Injury or Sickness, an Insured Person requires surgery on an inpatient basis, We will pay the Covered Percentage of the Covered Medical Expenses incurred, as shown in the Schedule of Benefits, for the Surgical Expense, in connection with any one surgical procedure. Surgical Expense means charges by a Physician for: (a) a surgical procedure; (b) necessary preoperative treatment during a Hospital stay in connection with such procedure; and (c) usual post-operative treatment. Includes surgical treatment of morbid obesity.
- **Multiple Surgical Procedures:** When an Injury or Sickness requires multiple surgical procedures through the same incision; We will pay an amount not less than that for the most expensive procedure being performed. Multiple surgical procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Medical Expenses of the most expensive surgical procedure then being performed, and with regard to the less expensive surgical procedure in an amount equal to 50 percent of the Covered Percentage of the Covered Medical Expenses for these procedures.
- **Anesthetist:** If, in connection with such operation, the Insured Person requires the services of an anesthetist, We will pay the Covered Percentage of the Covered Medical Expenses incurred as shown in the Schedule of Benefits.
- **Assistant Surgeon:** If, in connection with such operation, the Insured Person requires the services of an Assistant Surgeon, We will pay the Covered Percentage of the Covered Medical Expenses incurred as shown in the Schedule of Benefits.
- **Consultant:** If, by reason of Injury or Sickness, an Insured Person requires the service of a Consultant or Specialist when they are deemed necessary and ordered by an attending Physician for the purpose of confirming a diagnosis, We will pay the Covered Percentage of the Covered Medical Expenses incurred as shown in the Schedule of Benefits.
- **Pre-Admission Testing:** This Plan shall provide for reimbursement of charges made by a Hospital for use of its outpatient facilities for tests ordered by a Physician. The tests must be performed as a planned preliminary to the Insured Person's admission as an inpatient for surgery in that same Hospital. However: (a) the test must be necessary for, and consistent with, the diagnosis and treatment of the condition for which surgery is to be performed; (b) reservations for a hospital bed and for an operating room must be made prior to the date the tests are done; (c) the surgery actually takes place within seven days of

pre-surgical tests; and (d) the Insured Person is physically present at the Hospital for the tests. What We pay is shown in the Schedule of Benefits.



- **Maternity Expense:** We will pay benefits for an Insured Person's Covered Medical Expenses for maternity care, including hospital, surgical and medical care. We cover charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and a minimum of 96 hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a health care facility, unless the attending Physician in consultation with the mother, makes a decision for an earlier discharge from the hospital. For a mother and newborn child who remain in the hospital for the minimum length of time stated above, We will pay for one home health care visit if prescribed by the attending Provider. For a mother and newborn child who have a shorter hospital stay, We will pay for one home visit scheduled within 24 hours after hospital discharge; and an additional home visit if prescribed by an attending provider.
- **Routine Newborn Care:** Newborn infant care is covered when the infant is confined in the hospital and has received continuous hospital care from the moment of birth. This benefit also includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities of newborn children covered from birth.

Covered services may be provided by a certified nurse-midwife under qualified medical direction if he or she is affiliated with or practicing in conjunction with a licensed facility. We cover such charges the same way We treat Covered Medical Expenses for any other Sickness, up to a maximum of 48 hours for vaginal delivery and 96 hours for cesarean delivery.



OUTPATIENT: If, by reason of Injury or Sickness, an Insured Person incurs expenses in a Physician's office, hospital outpatient department, emergency room, clinical lab, radiological facility, or other similar facility licensed by the state, We will pay the Covered Percentage of the Covered Medical Expenses incurred for Outpatient Services as shown in the Schedule of Benefits.

Covered Medical Expenses for Outpatient Services are charges for the following services:

- (a) a Physician's office visits, while not hospital confined;
- (b) physiotherapy, including chiropractic care;
- (c) a hospital outpatient department, urgent care facilities or emergency room;
- (d) diagnostic x-ray and laboratory testing;
- (e) allergy testing;
- (f) blood and blood services, if provided and billed by a hospital or other facility;
- (g) physical and occupational therapy;

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- (h) radiation therapy, intravenous chemotherapy, kidney dialysis, inhalation therapy;
 - (i) radiological lab or other similar facility licensed by the state; or
 - (j) surgical dressings, splints, casts, and other devices used to correct fractures and dislocations.
- **Surgery:** When, by reason of Injury or Sickness, an Insured Person requires surgery on an outpatient basis, We will pay the Covered Percentage of the Covered Medical Expenses incurred, as shown in the Schedule of Benefits, for the Surgical Expense, in connection with any one surgical procedure. Surgical Expense means charges by a Physician for: (a) a surgical procedure; (b) necessary preoperative treatment during a Hospital stay in connection with such procedure; and (c) usual post-operative treatment. Includes surgical treatment of morbid obesity.
 - **Multiple Surgical Procedures:** When an Injury or Sickness requires multiple surgical procedures through the same incision; We will pay an amount not less than that for the most expensive procedure being performed. Multiple surgical procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Medical Expenses of the most expensive surgical procedure then being performed, and with regard to the less expensive surgical procedure
 - **Anesthetist:** If, in connection with such operation, the Insured Person requires the services of an anesthetist, We will pay the Covered Percentage of the Covered Medical Expenses incurred as shown in the Schedule of Benefits.
 - **Assistant Surgeon:** If, in connection with such operation, the Insured Person requires the services of an Assistant Surgeon, We will pay the Covered Percentage of the Covered Medical Expenses incurred as shown in the Schedule of Benefits.

PSYCHOTHERAPY: If an Insured Person requires treatment for a Mental or Nervous Condition, We will pay for such treatment as follows:

- **Inpatient Psychotherapy**
When the Insured Person requires hospital confinement for treatment of a Mental or Nervous Condition, We will pay the Covered Percentage of the Covered Medical Expenses for such Hospital confinement on the same basis as any other Sickness as shown in the Schedule of Benefits. Such confinement must be in a licensed or certified facility, including hospitals.
 - **Outpatient Psychotherapy**
We will pay the Covered Percentage of the Covered Medical Expenses incurred as shown in the Schedule of Benefits for covered outpatient services for the treatment of Mental and Nervous Conditions. The Mental and Nervous Condition must, in the
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professional judgment of health care Providers, be treatable and the treatment must be Medically Necessary. Outpatient treatment and Physician services include charges made by an outpatient treatment department of a Hospital or community mental health facility, or charges for services rendered in a Physician's office. Treatment may be provided by any properly licensed Physician, psychologist or other Provider as required by law.

ALCOHOLISM AND DRUG ABUSE: If an Insured Person requires treatment on account of alcoholism, alcohol abuse, drug abuse or drug dependency, We will pay for such treatment as follows:

- **Inpatient Alcoholism and Drug Abuse:** When the Insured Person is confined as an inpatient in: (i) a Hospital; or (ii) a Detoxification Facility for the treatment of alcoholism, alcohol abuse, drug abuse, or drug dependency, We will pay the Covered Percentage of the Covered Medical Expenses incurred for such Hospital Confinement as shown in the Schedule of Benefits. Such confinement must be in a licensed or certified facility, including Hospitals.
- **Outpatient Alcoholism and Drug Abuse:** We will pay the Covered Percentage of the Covered Medical Expenses incurred as shown in the Plan of Insurance for Covered Outpatient Services for the treatment of alcoholism, alcohol abuse, drug abuse, or drug dependency. Outpatient Treatment and Physician services include charges for services rendered in a Physician's office or by an outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, so long as the Hospital, community mental health facility or alcoholism treatment facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health. The services must be legally performed by or under the clinical supervision of a licensed Physician or a licensed psychologist who certifies every three months that the Insured Person needs to continue such treatment.

OTHER

- **Accidental Dental Treatment:** When an Insured Person incurs expenses for dental treatment for Injury to sound natural teeth, We pay the Covered Percentage of the Covered Medical Expenses incurred as shown in the Schedule of Benefits.
- **Ambulance:** When, by reason of Injury or Sickness, an Insured Person requires the use of a community or hospital ambulance in a Medical Emergency, We will pay the Covered Percentage of the Covered Medical Expenses incurred as shown in the Schedule of Benefits. Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, scene of accident or Medical Emergency to a hospital or between hospitals. Surface trips must be to the closest local facility that can provide the covered services appropriate to the condition. If there is no such facility

available, coverage is for trips to the closest facility outside the local area. Air transportation is covered when Medically Necessary because of a life threatening Injury or Sickness. Air ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a hospital for inpatient care.

- **Cytological Screening (Pap Smear):** If an Insured Person requires a Cytologic Screening (Pap smear), We will pay the Covered Percentage of the Covered Medical Expenses incurred for one annual Cytologic Screening. Such benefit will include the examination, laboratory fee and the Physician's interpretation of the laboratory results. What We pay is shown in the Schedule of Benefits.
- **Durable Medical Equipment:** If, by reason of Injury or Sickness and when prescribed by a Physician, an Insured Person requires the use of Durable Medical Equipment, We will pay the Covered Percentage of the Covered Medical Expenses incurred by the Insured Person for such Durable Medical Equipment, subject to the Deductible shown in the Plan of Insurance. We pay the Covered Percentage of the Covered Medical Expenses incurred by the Insured Person for the purchase of such Durable Medical Equipment when the purchase price is expected to be less costly than rental. If Durable Medical Equipment is purchased, it is our property and is to be returned to Us, at our expense, upon completion of the Insured Person's need, if so requested by Us. We do not pay for the replacement of Durable Medical Equipment.
- **Home Health Services:** We will cover charges for part-time Home Health Care Services furnished to an Insured Person on the same basis as any other Injury or Sickness. We will pay the Covered Percentage of the Covered Medical Expenses incurred as shown in the Schedule of Benefits up to a maximum of 40 visits in any calendar year. Covered Services include: (a) skilled nursing services; (b) medical social services; (c) nutritional guidance; (d) home health aide services including one or two visits following a maternity admission; (e) diagnostic services; and (f) physical, occupational and speech therapy. Each visit by a member of a home health care team or a home health aide is considered one home health care visit.
- **Licensed Registered Nurse Expense:** If by reason of Injury or Sickness, an Insured Person requires the service of a licensed registered nurse for private duty nursing care during a hospital confinement, We will pay the Covered Percentage of the Covered Medical Expenses incurred, as shown in the Schedule of Benefits.
- **Prosthetic Appliance and Orthotic Device:** If, by reason of Injury or Sickness, an Insured Person requires the use of a Prosthetic Appliance or Orthotic Device, We will pay the Covered Percentage of the Covered Medical Expenses incurred by the Insured

Person for such Medical Equipment, as shown in the Schedule of Benefits. We do not pay for the replacement of Prosthetic Appliances or Orthotic Devices.

- **Prosthetic Appliance** means a device, or artificial appliance, that: (a) maintains or replaces the body part of an Insured Person whose covered Injury or Sickness has required the removal of that body part; and (b) is prescribed by the Insured Person's Physician who documents the necessity for the item.
- **Orthotic Device** means a mechanical device, such as braces or shoes, that: (a) is directly related to the treatment of an Injury or Sickness; and (b) is prescribed by the Insured Person's Physician who documents the necessity for the item.
- **Preventive Care For Dependent Children:** We cover charges for routine and preventive care for an Insured Student's Dependent child from birth to age nine. Covered Medical Expenses shall include those for: (a) all visits for and costs of childhood and adolescent immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control; (b) services performed at birth, two months, four months, six months, nine months, twelve months, fifteen months, eighteen months, two years and annually thereafter until age nine; (c) all visits for and costs of age-appropriate screening tests for tuberculosis, anemia, lead toxicity, hearing, and vision as determined by the American Academy of Pediatrics; (d) a medical history, physical examination, developmental assessment, and parental anticipatory guidance services at each of the visits required under items (a), (b), and (c) above; and (e) any laboratory tests considered necessary by the Physician as indicated by the services provided under items (a), (b), (c), or (d) above. We cover such charges the same way We treat Covered Medical Expenses for any other Sickness.

PRESCRIPTION DRUG EXPENSE BENEFIT

The Prescription Drug Program is available through the MEDCO Pharmacy Network. After a \$10.00 Copayment for a generic drug or \$25.00 Copayment for a brand name drug per 30 day supply, the expenses incurred for the cost of prescription drugs will be reimbursed at 100%, up to a \$750.00 maximum per policy year. Prescriptions must be filled at a MEDCO Participating Pharmacy. Insured Persons will be given an ID card to show the pharmacy proof of coverage. If a prescription needs to be filled prior to receiving an ID card, reimbursement will be made upon a submitted and completed prescription drug claim form. Not all medications are covered. Expenses incurred for the following are excluded under the Plan: contraceptives, fertility medications; legend vitamins or food supplements; smoking deterrents; immunization agents and vaccines; biological sera; blood

plasma; drugs to promote or stimulate hair growth; experimental drugs; diabetic supplies; drugs dispensed at a hospital or rest home. To locate a participating pharmacy, call 800-711-0917 or visit www.medco.com.

We only cover drugs which are approved for the treatment of the Insured Person's Injury or Sickness by the Food and Drug Administration. We will also cover a drug prescribed for a treatment for which it has not been approved by the Food and Drug Administration if the drug is recognized as being medically appropriate for the specific treatment for which the drug has been prescribed in one of the following established reference compendia: (a) the American Medical Association Drug Evaluations; (b) the American Hospital Formulary Service Drug Information; (c) the United States Pharmacopoeia Drug Information; or (d) it is recommended by a clinical study or review article in a major peer-reviewed professional journal. However, Covered Medical Expenses do not include experimental or investigational drugs or any drug, which the Food and Drug Administration has determined to be contraindicated for the specific treatment for which the drug has been prescribed.

ACCIDENTAL DEATH AND DISMEMBERMENT

The Principal Sum referred to in this provision is shown in the Schedule of Benefits. When, because of an Injury, the Insured Person suffers any of the following Losses within 180 days from the date of the Accident, We will pay as follows:

TABLE

For Loss Of:

Life	Principal Sum
Both Hands, Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either One hand or One Foot and Sight of One Eye	Principal Sum
One Hand or One foot or One Eye	One-half Principal Sum

Loss shall mean with regard to hands and feet, 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 one Injury will be paid.

Payment under this benefit will not exceed the policy maximum benefit.

This provision does not cover the Loss if it in any way results from or is caused or contributed: 1) by physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by the Plan; (2) by an infection, unless it is caused solely and independently by a covered Accident; (3) for Expenses for which a contributing cause was the Insured Person's

commission of, or attempt to commit a felony, or for which an Insured Person's engagement in an illegal occupation was the contributing cause; or (4) while the Insured Person is legally intoxicated or under the influence of any drug unless taken as prescribed by a Physician. In addition to the above, this provision is subject to the Exclusions as provided.

ASSIST AMERICA: GLOBAL EMERGENCY MEDICAL ASSISTANCE

If you are an international student studying in the United States or a spouse or minor child of an international student studying in the United States and are covered by this insurance plan, you are eligible for Assist America services while outside of your home country. Assist America services include Emergency Medical Evacuation and Return of Mortal Remains that meet the U.S. State Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace or local emergency services such as an ambulance requested through emergency 911 telephone assistance. All Assist America services must be arranged and provided by Assist America prior to receiving services in order for these services to be covered.

Key Services include:

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



Please visit www.Kosterweb.com or www.vanderbilt.edu/student_health or your school's insurance coverage page at www.studentresources.com for the Assist America Global Emergency Medical 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 Assist America's 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 (found on student's ID card)

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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

Assist America 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 Assist America. Claims for reimbursement for services not provided by Assist America will not be accepted. Please refer to your Assist America brochure for Program Guidelines as well as limitations and exclusions pertaining to the Assist America program.

EYEMED VISION CARE

The discount vision plan is available through EyeMed Vision Care. EyeMed's provider network consists of over 9,000 independent providers and retail stores nationwide, including LensCrafters. This is not an insurance plan; there is no waiting period. You can take advantage of the savings through EyeMed immediately upon receipt of Your separate EyeMed vision plan ID card. You can purchase prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses at savings between 15% and 45% off regular retail pricing. In addition, You can receive discounts from 5% to 15% off laser correction surgery at some of the nation's most highly qualified laser correction surgeons. To locate a participating provider, You can call 1-866-8EYEMED or go online at www.enrollwitheyemed.com. This plan is not underwritten by The MEGA Life and Health Insurance Company.

STATE MANDATED BENEFITS

BENEFITS FOR DENTAL EXPENSES

Benefits will be paid the same as any other Sickness for anesthesia expenses, Hospital expenses and Physician expenses associated with any inpatient or outpatient Hospital dental procedure where the procedure is performed on a minor Dependent child eight (8) years of age or younger and which cannot be safely performed in a dental office setting.

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 for the Usual and Customary Charges 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; 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 and glucagon emergency kits. Test strips for blood glucose monitors prescribed by a Physician as medically necessary for a non-insulin using Insured Person with diabetes shall be limited, in each policy year, to twelve (12) bottles of fifty (50) test strips per bottle unless the Physician approves a larger quantity of test strips based upon the Physician's determination that a larger quantity is medically necessary for such Insured Person.

Benefits will be paid for the Usual and Customary Charges for the education of Insured Persons with diabetes as to the proper self-management and treatment of their diabetes when prescribed by a Physician. Such education includes 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 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 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 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 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.

PRE-EXISTING CONDITION LIMITATION

A "Pre-existing Condition" is a Sickness, Injury, or any condition for which the Insured Person received medical treatment or advice, or which was diagnosed by a Physician in the twelve (12) months preceding the Effective Date of the Insured Person's coverage under this Policy. Expenses incurred by an Insured Person, as a result of a Pre-existing Condition, are payable but are limited to a maximum of \$2,500 per Injury or Sickness per Policy Year.

After an Insured Person has been continuously insured for twelve (12) months under this plan, the pre-existing condition limitation does not apply.

CONTINUOUS INSURANCE

An Insured Person is only considered continuously insured after being insured under this Plan for twelve (12) consecutive months. Insureds who have remained continuously insured under this Plan will be covered for any Pre-existing Condition while continuously insured except for expenses payable under prior Policies in the absence of this Plan. Previously Insured Dependents must re-enroll for coverage by September 15, 2005 for the Annual Policy in order to avoid a break in coverage for conditions which existed in prior Policy Years. Once a break in continuous coverage occurs, the Pre-existing Condition Limitation will apply.



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, or related to:

1. Allergy, including allergy testing, except as specifically provided in this policy;
2. Learning disabilities, attention deficit disorder, except as provided in the policy;
3. Circumcision;
4. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
5. 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, nonmalignant moles and lesions;
6. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
7. Elective Surgery or Elective Treatment;
8. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision corrective surgery, or other treatment for visual defects and problems; except when due to a disease process;
9. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing

defects” means any physical defect of the ear which does and or can impair normal hearing apart from the disease process;

10. Hirsutism, alopecia, except when determined to be a Medical Necessity;
11. Immunizations, preventive medicines or vaccines, except where required for treatment of a covered Injury or except where specifically provided in the policy;
12. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation;
13. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
14. Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest, or competition; (b) traveling to or from such sport, contest or competition as a participant; of (c) while participating in any practice or conditioning program for such sport, contest or competition;
15. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting, except when unprovoked and in self-defense;
16. Pre-existing Conditions in excess of \$2,500 except for individuals who have been continuously Insured under the school’s student Insurance policy for at least 12 consecutive months;
17. Prescription Drugs, services or supplies as follows:
 - 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; except as specifically provided in the policy;
 - 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 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, Clomin, 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;
18. 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;
19. Routine physical examinations and routine testing;

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- preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
20. Services provided normally without charge by the Health Service of the Policyholder, i.e. Vanderbilt University; or services covered or provided by the student health fee;
 21. 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;
 22. Treatment in a Government Hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
 23. 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);
 24. Weight management, weight reduction, nutrition programs, treatment for obesity, except for surgery for morbid obesity, and surgery for removal of excess skin or fat.

SUBROGATION

If an Insured recovers money for medical expenses incurred due to an Injury for which the Company paid a medical benefit, the Company must be repaid. The amount repaid will not exceed the smaller of the amount the Insured recovers for medical expenses incurred or the amount of benefits paid. The repayment will come out of any recovery made, less an equitable adjustment for the costs and legal fees needed to recover the money. The Insured shall execute and deliver such instruments and papers as may be required and do whatever else is necessary to secure such rights to the Company.

RIGHT OF RECOVERY

Payments made by the Company which exceed the Covered Medical Expenses (after allowance for Deductible and coinsurance clauses, if any) payable hereunder shall be recoverable by the Company from or among any persons, firms, or corporations to or for whom such payments were made or from any insurance organizations who are obligated in respect of any covered Injury or Sickness as their liability may appear.

EXTENSION OF BENEFITS

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured incurs Covered Medical Expenses within 31 days of 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 follows provided the condition

continues:

- 1) When not Hospital Confined on the Termination Date, not to exceed 31 days after the Termination date; or
- 2) When Hospital Confined on the Termination Date, not to exceed 90 days after the Termination date.

The total payments made in respect of the Insured for such condition 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. If the Insured is also insured under the succeeding policy issued to the Policyholder, this "Extension of Benefits" provision will not apply.

COORDINATION OF BENEFITS

Tennessee Law permits Coordination of Benefits when an Insured Person is covered under more than one valid and collectible health insurance plan. A complete description of the Coordination of Benefits provision is included in the Master Policy on file with Vanderbilt University.

ADDITIONAL VOLUNTARY PLAN OPTION

The following optional plan is available to all Insured Students and their eligible dependents to purchase for additional premium on a voluntary basis. Interested students should contact the On-Campus Student Insurance Representative for information on coverage, premium, and enrollment procedures, at 615-343-4688, or go to www.kosterweb.com for online enrollment information.

Optional Major Medical Benefit Plan –



\$400,000 Maximum Benefit (For each Injury or Sickness) Students Only.

\$50,000 Maximum Benefit (For each Injury or Sickness) Dependents Only.

The Optional Major Medical Benefit begins payment after the Basic Maximum Benefit of \$50,000 has been paid by the Company. The Company will pay 100% of additional, incurred Covered Medical Expenses after first deducting the Basic Maximum. Payment will not exceed the Major Medical Maximum Benefit of \$400,000 for students or \$50,000 for Dependents. The total amount payable by the Company under this endorsement for any one Injury or Sickness will never exceed an amount determined by subtracting from \$500,000.00 (Students) or \$100,000 (Dependents) all amounts paid under the policy, including amounts paid under this endorsement.

Additional Exclusions: No benefits will be paid under this endorsement for loss of expense caused by, contributed to or resulting from:

1. Room and Board which exceed semi-private room rate
2. Dental Treatment

- 
- 
3. Psychotherapy/Alcoholism/Drug Abuse
 4. Pre-existing Conditions; Any condition which is diagnosed; treated or recommended for treatment within 12 months immediately prior to the Insured's Effective Date under this Optional Major Medical coverage; except for individuals who have been continuously insured under this Optional Major Medical coverage for at least 12 consecutive months.

Interested Insured Students must purchase this Plan by August 20, 2005 for Annual Coverage and January 1, 2006 for newly enrolled students for the Spring Semester. Dependents can only enroll if the Insured Student is enrolled.

CONVERSION PLAN

Upon termination of either the Extension of Benefits or regular coverage, an Insured Student who has been covered under the Student Injury and Sickness Insurance Plan for three (3) consecutive months and no longer meets the eligibility requirements for coverage under this Plan may purchase the Conversion Plan. The Conversion Plan must be purchased within 15 days following the date the Insured Student loses eligibility. Full information, including coverage, benefits, rates and an application is available from Koster Insurance Agency. The Conversion Plan costs more and provides a different level of benefits than this Student Injury and Sickness Insurance Plan, but covers Injuries and Sicknesses incurred while covered by this Plan whereas other individual policies may exclude Pre-Existing Conditions. The Koster Insurance Agency will send the Conversion Plan directly to the Insured Student. It is the Insured Student's responsibility to submit the premium according to the terms outlined in the Conversion Plan Description of Coverage.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Insured Student should:

1. If at Vanderbilt University report immediately to the Student Health Center for proper treatment or referral; or
2. If away from Vanderbilt University or if the Student Health Center is closed, report to the nearest Physician or Hospital and follow the prescribed treatment advice. The Insured Student should return to the Student Health Center for any necessary follow up care.
3. A claim form is not required to submit a claim. However, an itemized medical bill, HCFA 1500, or UB92 form should be used to submit expenses. The Insured Student/Person's name and identification number need to be included.
4. The form(s) should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably

possible. Retain a copy for your records and mail a copy to the Claims Administrator, Klais and Company, Inc., at the address in the back of this brochure. However, proof must be given as soon as reasonably possible and in no event later than one year.

5. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator, Klais and Company, Inc., or to the On-Campus Student Insurance Representative.
6. Appeal Procedure: If a claim is wholly or partially denied, a written notice will be sent to the Insured Person containing the reason for the denial. The notice will include a reference to the provision in the Plan description and a description of any additional information, which might be necessary for reconsideration of the claim. The notice will also describe the right to appeal. A written appeal, along with any additional information or comments, may be sent within 90 days after notice of denial. In preparing the appeal, the Insured Person, or his/her representative, may review all documents related to the claim and submit written comments and issues related to the denial. After the written notice is filed and all relevant information is presented, the claim will be reviewed and a final decision sent within 60 days after receipt of the notice of the appeal. Under special circumstances, an extension for further review will be granted, but not for longer than 60 additional days.

REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND A SEPARATE REFERRAL IS REQUIRED FOR EACH CONDITION EACH POLICY YEAR.

Any provision of this Policy, which on the effective date, is in conflict with the statutes of the state in which the Policy is issued will be administered to conform to the requirements of the state statutes.

**QUESTIONS?
NEED MORE INFORMATION?**

For general information on benefits, on how to enroll, or service issues, please contact:

Koster Insurance Agency, Inc.
500 Victory Road
Quincy, MA 02171
1-800-457-5599
Email: YUStudentInsurance@Kosterins.com
www.kosterweb.com

OR
The On-Campus Student Insurance Representative
Student Health Center, Ground or Third Floor,
Room SS3427B
615-343-4688

For information on a specific claim, or to check the status of a claim, please contact:

Klais and Company, Inc.
1867 West Market Street
Akron, OH 44313
1-800-331-1096
Email: Klaisclaims@klais.com OR
Register for StatusLink Claims Look-Up
at www.klais.com

For information on participating healthcare providers, please contact:

Signature Health Alliance
1-800-264-3060
www.signaturehealth.com
OR
Beechstreet Preferred Provider Network
1-800-432-1776
www.Beechstreet.com

For information on participating Medco pharmacies, please contact:

www.medco.com
1-800-711-0917

This policy is Underwritten by:

The MEGA Life and Health Insurance Company

Policy Number: 2005-99-2

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 # 2005-99-2.

VANDERBILT UNIVERSITY **Application for Dependents of International Students** POLICY PERIOD 2005-2006
 Online Dependent Enrollment is also available at www.kosterweb.com

Student Name: _____ Last Name _____ First Name _____ MI _____ IDNumber: _____ 9 digits
 Mailing Address: _____ Street _____ City _____ State _____ Zip Code _____
 Telephone Number: _____ Email: _____

Date of Birth: _____ Gender: (please circle) M F
 List Dependent(s) to be insured below. Dependent coverage is available only when the student is also insured under this plan and cannot exceed coverage purchased by the student.

	Last Name	First Name	MI	Date of Birth	Gender
Spouse:					
Child:					
Child:					
Child:					

Notice to Students: By signing below, I acknowledge the following: 1) I am eligible and actively enrolled for the selected policy period in order to enroll my dependents; 2) I have carefully read the brochure and elect to enroll my eligible dependents as indicated on this enrollment form. 3) Rates are not prorated other than as listed on this enrollment form. 4) If it is later determined that I am not eligible, the premium will be refunded. 5) Other than eligibility or early return to home country, the premium is not refundable.

Signature of Student: _____ Date: _____

Charge to my (check one): Visa Master Card Check or money order (International checks are not accepted)

Card Number: _____ Amount Charged: \$ _____ Expiration Date: _____

Print Name and Address of Card holder _____
 I authorize **Koster Insurance Agency** to charge my Visa or Master Card (circle one) with the total premium as indicated below.

Make Payment to **Koster Insurance Agency** and either mail to PO Box 845663, Boston, MA 02284-5663 or return it to the On-Campus Student Insurance Representative located at the Student Health Center. You must be eligible to enroll in the Plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered that you do not meet the requirements, your premium will be refunded.

Please check only one enrollment period: Annual Spring Semester May Mester Summer Term

	Annual Policy	Spring Semester	May Mester	Summer Term
Application Deadline	08/12/05-08/11/06 09/15/05	01/1/06-08/11/06 01/15/06	05/01/06-08/11/06 06/01/06	06/01/06-08/11/06 07/01/05
Spouse/Domestic Partner	\$2,422.00	\$1,507.00	\$694.00	\$483.00
All Children	\$1,519.00	\$946.00	\$436.00	\$304.00