2008-2009

STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of

Schoolcraft College
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Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non public 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 non-public personal information. You may obtain a detailed copy of our privacy policy by calling us toll-free at 1-800-767-0700 or visiting us at www.uhcsc.com.
Eligibility

All students attending the participating institution are eligible to enroll in this insurance Plan. All insured students may purchase Catastrophic Medical coverage on an optional basis. 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.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age who are not self-supporting.

Dependent Eligibility expires concurrently with that of the Insured student.

Optional Coverages may only be purchased simultaneously and in conjunction with the purchase of Basic coverage at the time of initial enrollment in the Plan. Only those students enrolled in Basic coverage may purchase Optional Catastrophic Medical coverage. Students may purchase optional coverage for themselves or for themselves and all family members.

Effective and Termination Dates

The Master Policy on file at the school becomes effective August 15, 2008. 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 14, 2009. 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.

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.
Schedule of Basic Medical Expense Benefits
Up To $5,000 Maximum Benefit Paid as Specified Below
(For Each Injury or Sickness)
Deductible - $50 (For Each Injury)
Deductible - $0 (For Each Sickness)

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 $5,000 for each Injury or Sickness.

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

<table>
<thead>
<tr>
<th>U&amp;C = Usual &amp; Customary Charges</th>
<th>max = maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT</strong></td>
<td>Injury Only</td>
</tr>
<tr>
<td>Room &amp; Board Expense, daily semi-private room rate; and general nursing care provided by the Hospital.</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expense, Such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs or medicines, 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.</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td>Intensive Care, in lieu of Room &amp; Board.</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td>Routine Newborn Care, 4 days Hospital Confinement expense max, while Hospital Confined; and routine nursery care provided immediately after birth.</td>
<td>No Benefits</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>100% of U&amp;C / $25 per visit max</td>
</tr>
<tr>
<td>Surgeon’s Fees, in accordance with data provided by Ingenix using the 80th percentile. 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.</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td><strong>INPATIENT</strong></td>
<td>Injury Only</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Assistant Surgeon</strong></td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td><strong>Anesthetist</strong>, professional services administered in connection with inpatient surgery.</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td><strong>Registered Nurse’s Services</strong>, private duty nursing care.</td>
<td>Paid under Hospital Miscellaneous Expense</td>
</tr>
<tr>
<td><strong>Physician’s Visits</strong>, 12 visit max per Sickness, benefits are limited to one visit per day and do not apply when related to surgery.</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td><strong>Pre-Admission Testing</strong>, payable within 3 working days prior to admission.</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td><strong>Psychotherapy</strong>, benefits are limited to one visit per day. Psychiatric Hospitals are not covered.</td>
<td>No Benefits</td>
</tr>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Surgeon’s Fees</strong>, in accordance with data provided by Ingenix using the 80th percentile. 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.</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td><strong>Day Surgery Miscellaneous</strong>, 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.</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td><strong>Assistant Surgeon</strong></td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td><strong>Anesthetist</strong>, professional services administered in connection with outpatient surgery.</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td><strong>Physician’s Visits</strong>, benefits are limited to one visit per day. Benefits for Physician’s Visits do not apply when related to surgery or Physiotherapy.</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td>OUTPATIENT</td>
<td>Injury Only</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td><strong>Physiotherapy</strong>, benefits are limited to one visit per day.</td>
<td>100% of U&amp;C / $25 per visit max</td>
</tr>
<tr>
<td><strong>Medical Emergency Expenses</strong>, use of the emergency room and supplies.</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td><strong>Diagnostic X-ray and Laboratory Services</strong></td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td><strong>Tests &amp; Procedures</strong>, diagnostic services and medical procedures</td>
<td>No Benefits</td>
</tr>
<tr>
<td><strong>Radiation Therapy &amp; Chemotherapy</strong></td>
<td>No Benefits</td>
</tr>
<tr>
<td><strong>Injections</strong>, when administered in the Physician’s office</td>
<td>Paid under Physician’s Visits</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong>, up to a 31-day supply per prescription.</td>
<td>100% of U&amp;C / $250 max</td>
</tr>
<tr>
<td><strong>Psychotherapy</strong>, benefits are limited to one visit per day. Including</td>
<td>No Benefits</td>
</tr>
<tr>
<td>all related or ancillary charges incurred as a result of Mental &amp;</td>
<td></td>
</tr>
<tr>
<td>Nervous Disorder (including Prescription Drugs).</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance Services</strong></td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong>, a written prescription must accompany</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td>the claim when submitted. Replacement equipment is not covered</td>
<td></td>
</tr>
<tr>
<td><strong>Consultant Physician Fees</strong>, when requested and approved by the</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td>attending physician.</td>
<td></td>
</tr>
<tr>
<td><strong>Dental Treatment</strong>, made necessary by Injury to Sound, Natural Teeth.</td>
<td>100% of U&amp;C / $500 max</td>
</tr>
<tr>
<td><strong>Maternity</strong>, conception must occur while coverage is in force.</td>
<td>No Benefits</td>
</tr>
<tr>
<td><strong>Complications of Pregnancy</strong></td>
<td>No Benefits</td>
</tr>
<tr>
<td><strong>Alcoholism/Drug Abuse</strong></td>
<td>No Benefits</td>
</tr>
<tr>
<td><strong>Motor Vehicle Injury</strong></td>
<td>Paid as any other Injury / $1,000 maximum</td>
</tr>
</tbody>
</table>
Major Medical Benefit
$45,000 Maximum Benefit (For Each Injury or Sickness)

The Major Medical Benefit begins payment after the Basic Maximum Benefit of $5,000 has been paid by the Company.

The Company will pay 80% for additional Covered Medical Expenses incurred up to the Major Medical Maximum of $45,000. The total benefit payable under Major Medical is $50,000 minus the Basic Benefits already paid.

No Benefits will be paid under Major Medical for:
1. Room and board expenses which exceed the semi-private room rate;
2. Intercollegiate sports;
3. Dental treatment;
4. Psychotherapy;
5. Elective abortion;
6. Motor vehicle Injury;
7. Services designated as “No Benefits” in the Basic Medical Expense Benefits Schedule of Benefits.
8. Alcoholism and drug abuse; and

Optional Catastrophic Medical Benefit
$50,000 Maximum Benefit (For Each Injury or Sickness)

This optional benefit is subject to payment of an additional premium as specified on the enrollment card.

After the Company has paid $50,000 under the Basic and Major Medical Benefits, the Company will pay 100% for additional Covered Medical Expenses incurred up to $50,000.

The total benefit payable under Catastrophic Medical for any one Injury or Sickness is $100,000 minus all amounts paid under the Basic and Major Medical Plan Benefits.

No benefits will be paid under Catastrophic Medical for:
1. Room and board expenses which exceed the semi-private room rate;
2. Intercollegiate sports;
3. Dental treatment;
4. Psychotherapy;
5. Elective abortion;
6. Motor vehicle Injury;
7. Services designated as “No Benefits” in the Basic Medical Expense Benefits Schedule of Benefits.
8. Alcoholism and drug abuse; and
9. Pre-existing Conditions; Any condition for which medical advice, diagnosis, care or treatment was recommended or received within the 12 months immediately prior to the Insured’s effective Date under Optional Major Medical coverage; except for individuals who have been continuously insured under Optional Major Medical coverage 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 coverage.
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.

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. Payment under this benefit will not exceed the policy Maximum Benefit.

For Loss Of:

<table>
<thead>
<tr>
<th>Loss Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>$ 2,000</td>
</tr>
<tr>
<td>Two or More Members</td>
<td>$ 2,000</td>
</tr>
<tr>
<td>One Member</td>
<td>$ 1,000</td>
</tr>
</tbody>
</table>

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.

Excess Provision

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance or under an automobile insurance policy. However, this Excess Provision will not be applied to the first $100 of medical expenses incurred. Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as a result of the Insured’s failure to comply with policy provisions or requirements.

Mandated Benefits

Benefits for Antineoplastic Therapy

Benefits will be provided for the Usual and Customary Charges incurred for any Federal Food and Drug Administration (FDA) approved drug used in antineoplastic therapy and the reasonable cost of its administration. The drug may be any FDA-approved drug regardless of whether the specific neoplasm for which the drug is being used as treatment is the specific neoplasm for which the drug has been approved for use, if all of the following conditions have been met:

1. The drug is ordered by a Physician for the treatment of a specific type of neoplasm.
2. The drug is approved by the FDA for use in antineoplastic therapy.
3. The drug is used as part of an antineoplastic drug regimen.
4. Current medical literature substantiates its efficacy, and recognized oncology organizations generally accept the treatment.
5. The Physician has obtained an informed consent from the patient for the treatment regimen which includes FDA-approved drugs for “off-label” indications.

Benefits are subject to all Deducible, co-payment, co-insurance, limitations or any other provisions of the policy.
Benefits for Prosthetic Devices and Reconstructive Surgery

Benefits will be provided for the Usual and Customary Charges incurred for prosthetic devices, including the cost and fitting thereof, or for reconstructive surgery for an Insured who has undergone a mastectomy provided the attending Physician has certified the Medical Necessity or desirability of a proposed course of rehabilitative treatment.

"Mastectomy" means the removal of all or part of the breast for medically necessary reasons as determined by a licensed Physician.

Benefits are subject to all Deductible, co-payment, co-insurance, 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 equipment, supplies, and educational training for the treatment of diabetes, if determined to be Medically Necessary and prescribed by an allopathic or osteopathic Physician:

(a) Blood glucose monitors and blood glucose monitors for the legally blind.
(b) Test strips for glucose monitors, visual reading and urine testing strips, lancets, and spring-powered lancet devices.
(c) Syringes.
(d) Insulin pumps and medical supplies required for the use of an insulin pump.
(e) Diabetes self-management training to ensure that persons with diabetes are trained as to the proper self-management and treatment of their diabetic condition.

Benefits for diabetes self-management training are subject to all of the following:

(a) Is limited to completion of a certified diabetes education program upon occurrence of either of the following:
   (i) If considered Medically Necessary upon the diagnosis of diabetes by an allopathic or osteopathic Physician who is managing the patient's diabetic condition and if the services are needed under a comprehensive plan of care to ensure therapy compliance or to provide necessary skills and knowledge.
   (ii) If an allopathic or osteopathic Physician diagnoses a significant change with long-term implications in the patient's symptoms or conditions that necessitates changes in a patient's self-management or a significant change in medical protocol or treatment modalities.
(b) Shall be provided by a diabetes outpatient training program certified to receive medicaid or medicare reimbursement or certified by the department of community health. Training shall be conducted in group settings whenever practicable.

Benefits will be paid the same as any other Sickness for the following, if determined to be Medically Necessary:

(a) Insulin, if prescribed by an allopathic or osteopathic Physician;
(b) Nonexperimental medication for controlling blood sugar, if prescribed by an allopathic or osteopathic Physician.
(c) Medication used in the treatment of foot ailments, infections, and other medical conditions of the foot, ankle, or nails associated with diabetes, if prescribed by an allopathic, osteopathic, or podiatric Physician.

"Diabetes" includes all of the following:

(a) Gestational diabetes.
(b) Insulin-dependent diabetes.
(c) Non-insulin-dependent diabetes.

Benefits are subject to all Deductible, co-payment, co-insurance, limitations or any other provisions of the policy.
Definitions

INJURY means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) 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.

PRE-EXISTING CONDITION means a condition for which medical advice, diagnosis, care, or treatment was recommended or received within 6 months immediately prior to the Insured’s Effective Date under the policy.

SICKNESS means sickness or disease of the Insured Person which causes loss, and originates 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. Chronic pain disorders;
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;
6. 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;
7. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
8. Elective Surgery or Elective Treatment;
9. Elective abortion;
10. 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;
11. 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;
12. Health spa or similar facilities; strengthening programs;
13. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
14. Hirsutism; alopecia;
15. Hypnosis;
16. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered injury;
17. 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;
18. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation;
19. 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;
20. 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; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
21. Investigational services;
22. Lipectomy;
23. Organ transplants, including organ donation;
24. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
25. 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;
26. 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; (except as specifically provided in the Benefits for Diabetes Treatment)
   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.
27. 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;
28. 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;
29. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
30. Routine physical examinations and routine testing; screening exams or testing in the absence of Injury or Sickness;
31. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
32. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery; except for treatment of chronic purulent sinusitis;
33. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
34. Sleep disorders;
35. Speech therapy; naturopathic services;
36. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
37. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
38. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
39. 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
40. 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 877-643-5130. 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 and your insured spouse and minor children are eligible for SES services. The requirements to receive these services are as follows:

International Students, insured spouse and insured minor child(ren): You are eligible to receive SES services worldwide, except in your home country.

Domestic Students, insured spouse and insured minor child(ren): You are eligible for SES services 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 services include Emergency Medical Evacuation and Return of Mortal Remains that meet the United States 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
* Medically Supervised Repatriation
* Lost Luggage or Document Assistance
* Emergency Counseling Services
* Care for Minor Children Left Unattended Due to a Medical Incident

Please visit your school’s insurance coverage page at www.uhcsc.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 SES’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
  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.

Complaint Resolution

If you have a concern or complaint about your claim denial you may call the Customer Service Department at 1-800-767-0700. If the question or complaint is not resolved to your satisfaction you may submit a written request for review within 60 days of the date of denial. The Company will not retaliate against you because of the complaint. You may have other rights under the terms of the Grievance Review provision found in the Master Policy on file with the university.
Online Access to Account Information

UnitedHealthcare StudentResources insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at www.uhcsr.com. Insureds can also print a temporary ID card, request a replacement ID card and locate network providers from My Account.

If you don’t already have an online account, simply select the “Create an Account” link from the home page at www.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 www.uhcsr.com to access your account information.

Claim Procedure

In the event of Injury or Sickness, students should:

1. Report to the Health Center for treatment or referral, or in the case of an emergency, 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 College 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. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

The Plan is Underwritten by:
United HealthCare Insurance Company

Submit all Claims or Inquiries to:
UnitedHealthcare StudentResources
P.O. Box 809025
Dallas, Texas 75380-9025
1-800-767-0700

customerservice@uhcsr.com
claims@uhcsr.com

Sales/Marketing Services:
UnitedHealthcare StudentResources
805 Executive Center Drive West, Suite 220
St. Petersburg, FL 33702
1-800-237-0903
E-Mail: info@uhcsr.com

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the College 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 # 2008-1041-1
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