



4408 Forest Drive, Suite 202
Columbia, South Carolina 29206
Tel: 888-526-2272
Fax: 803-782-0232
www.acsa.com

The American College Student Association (ACSA) offers educational material, health benefits, and other services to domestic and international students and their families.

Thousands of students nationwide have joined the American College Student Association (ACSA). ACSA is the premier student association, offering important benefits to support students throughout their college careers, including:

- Job search assistance
- Tuition grants and scholarships
- Discounts on brand name hardware, software and electronics
- Travel discounts

ACSA also endorses the **Student Injury and Sickness Insurance Plans** underwritten by UnitedHealthcare Insurance Company and UnitedHealthcare Insurance Company of New York. ACSA endorsed plans are available for **Domestic** and **International Students**.

Benefits vary by state and student eligibility. Not all plans are available in all states. The enclosed plan materials provide descriptions of coverage for the plan available in your area, including costs, benefits, exclusions and limitations, and the terms under which the coverage may remain in force.

The ACSA membership fee of \$18.00 is waived for students who enroll online at www.ACSA.com/JoinNow. Once you've joined ACSA, enrolling in the student injury and sickness insurance plan online is easy and premium payment is accepted via credit card or check.

If you are already an ACSA member, to enroll in our insurance plans or any other benefits the association offers, visit us at www.ACSA.com.

Please call us at 1-888-526-2272 if you have questions or need additional information about ACSA.

Sincerely,

American Student College Association

**UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR INTERNATIONAL STUDENTS AND THEIR DEPENDENTS**

PROCESSOR STAMP DATE RECEIVED HERE



AMERICAN COLLEGE STUDENT ASSOCIATION

To enroll in this plan ONLINE, go to WWW.ACSA.COM. The plan cannot be purchased by residents of Massachusetts, North Carolina, New Hampshire, New York, New Jersey, Oregon, Puerto Rico, Vermont and Washington. Please visit the association website at www.acsa.com for information regarding Massachusetts and New York plans available through the American College Student Association

**Low Option 2011-2101-24/
High Option 2011-2101-26
(International)**

PRIMARY INSURED Complete information below for Student.		
SOCIAL SECURITY #:		OR STUDENT ID #:
LAST (FAMILY) NAME:		FIRST (GIVEN) NAME: MIDDLE INITIAL:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____/_____/_____ MONTH DAY YEAR	EXPECTED DATE OF GRADUATION: _____/_____ MONTH YEAR
PERMANENT U.S. ADDRESS - House/Building Number and Street Name:		
CITY:	STATE:	ZIP CODE:
MAILING ADDRESS - House/Building Number and Street Name:		
CITY:	STATE:	ZIP CODE:
TELEPHONE #:	EMAIL ADDRESS:	

DEPENDENT INFORMATION: Complete information below for Dependents to be insured. Dependent coverage is only available for Students insured under the Plan (Please include a blank sheet for additional Dependents).

SPOUSE SOCIAL SECURITY #:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____/_____/_____ MONTH DAY YEAR
First (Given) Name		Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____/_____/_____ MONTH DAY YEAR
First (Given) Name		Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____/_____/_____ MONTH DAY YEAR
First (Given) Name		Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____/_____/_____ MONTH DAY YEAR
First (Given) Name		Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____/_____/_____ MONTH DAY YEAR
First (Given) Name		Middle Initial:	Last (Family) Name:

NOTICE TO STUDENT: Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

STUDENT'S SIGNATURE: _____

DATE: _____

AMERICAN COLLEGE STUDENT ASSOCIATION (INTERNATIONAL)

Low Option 2011-2101-24/

CAMPUS LOCATION:

High Option 2011-2101-26

CAMPUS/SCHOOL ATTENDING: _____

Please Print Name of College. Must be completed in order for application to be processed.

I elect to purchase Injury and Sickness insurance coverage under the College's student insurance plan. Below are the choices I have made.

PLEASE CHECK ALL APPROPRIATE BOXES		Low Option: 2011-2101-24			
INSURED CATEGORY: <input type="checkbox"/> ALL		Annual (A-)	Nine Months (Z9) Cannot Be Purchased After 11-01-2011	Semi-Annual (IX) Cannot Be Purchased After 02-01-2012	Quarterly (QX) Cannot Be Purchased After 05-01-2012
Under Age 30					
PERIOD CODES					
ID CODES					
A Student	<input type="checkbox"/> \$ 641.00	<input type="checkbox"/> \$ 504.00	<input type="checkbox"/> \$ 327.00	<input type="checkbox"/> \$ 163.00	
D Student & Spouse	<input type="checkbox"/> \$1,961.00	<input type="checkbox"/> \$1,530.00	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$ 500.00	
E Student & All Children	<input type="checkbox"/> \$1,828.00	<input type="checkbox"/> \$1,431.00	<input type="checkbox"/> \$ 932.00	<input type="checkbox"/> \$ 466.00	
F Student, Spouse & All Children	<input type="checkbox"/> \$3,148.00	<input type="checkbox"/> \$2,457.00	<input type="checkbox"/> \$1,605.00	<input type="checkbox"/> \$ 803.00	
Age 30-39					
PERIOD CODES					
ID CODES					
G Student	<input type="checkbox"/> \$ 884.00	<input type="checkbox"/> \$ 693.00	<input type="checkbox"/> \$ 451.00	<input type="checkbox"/> \$ 225.00	
J Student & Spouse	<input type="checkbox"/> \$2,749.00	<input type="checkbox"/> \$2,151.00	<input type="checkbox"/> \$1,402.00	<input type="checkbox"/> \$ 701.00	
K Student & All Children	<input type="checkbox"/> \$2,071.00	<input type="checkbox"/> \$1,620.00	<input type="checkbox"/> \$1,056.00	<input type="checkbox"/> \$ 528.00	
L Student, Spouse & All Children	<input type="checkbox"/> \$3,936.00	<input type="checkbox"/> \$3,078.00	<input type="checkbox"/> \$2,007.00	<input type="checkbox"/> \$1,004.00	
Age 40 and Older					
PERIOD CODES					
ID CODES					
M Student	<input type="checkbox"/> \$1,550.00	<input type="checkbox"/> \$1,206.00	<input type="checkbox"/> \$ 791.00	<input type="checkbox"/> \$ 395.00	
P Student & Spouse	<input type="checkbox"/> \$4,918.00	<input type="checkbox"/> \$3,834.00	<input type="checkbox"/> \$2,509.00	<input type="checkbox"/> \$1,254.00	
Q Student & All Children	<input type="checkbox"/> \$2,737.00	<input type="checkbox"/> \$2,133.00	<input type="checkbox"/> \$1,396.00	<input type="checkbox"/> \$ 698.00	
R Student, Spouse & All Children	<input type="checkbox"/> \$6,105.00	<input type="checkbox"/> \$4,761.00	<input type="checkbox"/> \$3,114.00	<input type="checkbox"/> \$1,557.00	
PLEASE CHECK ALL APPROPRIATE BOXES		High Option: 2011-2101-26			
INSURED CATEGORY: <input type="checkbox"/> ALL		Annual (A-)	Nine Months (Z9) Cannot Be Purchased After 11-01-2011	Semi-Annual (IX) Cannot Be Purchased After 02-01-2012	Quarterly (QX) Cannot Be Purchased After 05-01-2012
Under Age 30					
PERIOD CODES					
ID CODES					
A Student	<input type="checkbox"/> \$ 888.00	<input type="checkbox"/> \$ 693.00	<input type="checkbox"/> \$ 453.00	<input type="checkbox"/> \$ 226.00	
D Student & Spouse	<input type="checkbox"/> \$3,191.00	<input type="checkbox"/> \$2,493.00	<input type="checkbox"/> \$1,628.00	<input type="checkbox"/> \$ 813.00	
E Student & All Children	<input type="checkbox"/> \$2,982.00	<input type="checkbox"/> \$2,322.00	<input type="checkbox"/> \$1,521.00	<input type="checkbox"/> \$ 760.00	
F Student, Spouse & All Children	<input type="checkbox"/> \$5,285.00	<input type="checkbox"/> \$4,122.00	<input type="checkbox"/> \$2,696.00	<input type="checkbox"/> \$1,347.00	
Age 30-39					
PERIOD CODES					
ID CODES					
G Student	<input type="checkbox"/> \$1,201.00	<input type="checkbox"/> \$ 936.00	<input type="checkbox"/> \$ 613.00	<input type="checkbox"/> \$ 306.00	
J Student & Spouse	<input type="checkbox"/> \$4,687.00	<input type="checkbox"/> \$3,654.00	<input type="checkbox"/> \$2,391.00	<input type="checkbox"/> \$1,195.00	
K Student & All Children	<input type="checkbox"/> \$3,295.00	<input type="checkbox"/> \$2,565.00	<input type="checkbox"/> \$1,681.00	<input type="checkbox"/> \$ 840.00	
L Student, Spouse & All Children	<input type="checkbox"/> \$6,781.00	<input type="checkbox"/> \$5,283.00	<input type="checkbox"/> \$3,459.00	<input type="checkbox"/> \$1,729.00	
Age 40 and Older					
PERIOD CODES					
ID CODES					
M Student	<input type="checkbox"/> \$ 2,243.00	<input type="checkbox"/> \$1,746.00	<input type="checkbox"/> \$1,144.00	<input type="checkbox"/> \$ 572.00	
P Student & Spouse	<input type="checkbox"/> \$ 8,268.00	<input type="checkbox"/> \$6,444.00	<input type="checkbox"/> \$4,217.00	<input type="checkbox"/> \$2,108.00	
Q Student & All Children	<input type="checkbox"/> \$ 4,337.00	<input type="checkbox"/> \$3,375.00	<input type="checkbox"/> \$2,212.00	<input type="checkbox"/> \$1,106.00	
R Student, Spouse & All Children	<input type="checkbox"/> \$10,362.00	<input type="checkbox"/> \$8,073.00	<input type="checkbox"/> \$5,285.00	<input type="checkbox"/> \$2,642.00	

EFFECTIVE AND TERMINATION DATES:

Coverage will become effective on the date the authorized representative receives the application and correct premium payment. Annual coverage expires 1 year following receipt of your premium or July 31, 2012, whichever is earlier. Nine-month coverage expires 9 months following receipt of your premium or July 31, 2012 whichever is earlier. Semi-Annual coverage expires 6 months following receipt of your premium or July 31, 2012, whichever is earlier. Quarterly coverage expires 3 months following receipt of your premium or July 31, 2012, whichever is earlier.

Please Note: If application and correct premium are received after this requested effective date, your effective date will be the date application and correct premium are received. **Requested Effective Date:** _____ / _____ / _____

Payment Instructions: Make check or money order payable to UnitedHealthcare **StudentResources** name of authorized representative in US dollars. Mail this enrollment card along with premium payment to:

UnitedHealthcare **StudentResources**
PO Box 809026
Dallas, TX 75380-9026.

Your cancelled check or credit card billing is your only receipt and notification of coverage. The student is responsible for timely premium payments whether or not a premium notice is received.

To enroll online: If you would like to use a credit card to enroll, please go to www.uhcsr.com/acsa and select the Enroll Now link to enroll online.

ACSA endorses the 2011-2012 Student Injury and Sickness Insurance Plans underwritten by UnitedHealthcare Insurance Company.

These plans are subject to the policy provisions, limitations and exclusions. They are Non-Renewable, One-Year Term Policies. You must meet the eligibility requirements listed herein each time you pay a premium to continue insurance coverage.

Please note that the following ONLINE SERVICES are available:

- * Purchase Insurance Online by completing an online application and paying with credit card (Visa or MasterCard) or e-check
- * Enroll in Insurance online.
- * View and/or Print a complete summary of benefits for each plan.
- * View current coverage information
- * View Claim Status
- * Generate an ID Card

Enroll online at www.acsa.com. Plans may be purchased effective August 1, 2011 or later. Coverage will become effective on the date the premium and application are received by the company.

Students must be members of ACSA to take advantage of these insurance plans.

ACSA annual dues: \$18

If you do not have internet access and need an Enrollment Form or Membership Application Form, please call 1-888-526-2272 or 800-793-0281.

As an ACSA Member you will receive

- * All benefits endorsed by ACSA
- * Secure account information online
- * Updates on financial and other student services;
- * Discount Prescription Drug Card (separate from the insurance policies)

FOR MORE INFORMATION CALL TOLL-FREE:

1-888-526-2272 OR E-MAIL: info@acsa.com

Please visit our website www.acsa.com for frequently asked questions.

This plan contains a Coordination of Benefits provision, a Pre-admission Notification provision, and mandated benefits as required by the District of Columbia. Details may be found in the Master Policy on file with the association.

Note: This insurance information is a summary of benefits only. You can view and print a more detailed summary of benefits with exclusions, limitations, definitions and conditions under which the coverage will remain in force for each plan by visiting the ACSA website:

www.acsa.com

ACSA is a nationwide association that provides educational material, benefits and goods and services to domestic and international students and their families.

Eligibility

High Option (2011-2101-26) and Low Option (2011-2101-24)

Plans: Registered International students and scholars, exchange program participants or others with a valid passport and F-1, J-1 or M-1 visa who have not applied for permanent residency in the host country are eligible to enroll in either the High Option or the Low Option of this insurance plan. Students must actively attend classes for at least the first 31 days after the first official day of class, after the date for which coverage is purchased. Coverage may be effective up to 15 days prior to the first official day of class. Home study, correspondence, 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 the Company discovers that the Policy Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their eligible Dependents. Eligible Dependents are the spouse or Domestic Partner and unmarried children under 19 years of age or 23 years of age, if a full-time dependent student at an accredited institution of higher learning, who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured Student. See the Definitions section of the Brochure for the specific requirements needed to meet Domestic Partner eligibility.

Effective and Termination Dates

The Master Policy on file at the Association headquarters becomes effective 12:01 a.m., August 1, 2011. 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 11:59 p.m. July 31, 2012. Coverage terminates on that date or at the end of the period through which premium is 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. Refunds of premiums are allowed only upon entry into the armed forces.

The policy is a Non-Renewable, One-Year Term Policy.

Premium Rates

*High Option Plan Policy 2011-2101-26	Annual Rates
Students age 30 & under	\$ 888
Students age 30-39	\$ 1,201
Students age 40 & Older	\$2,243
* Low Option Plan Policy 2011-2101-24	Annual Rates
Students age 30 & under	\$ 641
Students age 30-39	\$ 884
Students age 40 & Older	\$1,550

* For combined Student and Dependent rates, please visit the ACSA website www.ACSA.com. 3 month, 6 month and 9 month rates are also available. Please see our website for details.

Choice of Plan

Each eligible student has a choice of one of the benefit plans. The High Option Plan (2101-26) has higher benefits than the Low Option Plan (2101-24) and it has a higher premium. Make your selection carefully, you cannot upgrade coverage after the initial purchase of the plan for this policy year.

Please be aware that if you choose to upgrade your coverage in any subsequent policy year, a new pre-existing exclusion and waiting period will apply.

Preferred Provider Information

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

The availability of specific providers is subject to change without notice. Insureds should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-505-5450 and/or by asking the provider when making an appointment for services.

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

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

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

Definitions

"Domestic Partner" means either: 1) a person who has registered in a state or local domestic partner registry with an Insured Person or 2) each of two people, one of whom is a Named Insured, who has submitted an affidavit to the policyholder certifying that: (a) each person is 18 years of age; (b) neither person has another domestic partner (or another spouse); and (c) both persons live together in the same residence and intend to do so indefinitely which may be demonstrated by providing valid documentation, such as a joint mortgage or lease, or joint financial statements

"Pre-Existing Condition" means any condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6 months immediately prior to the Insured's Effective date under the policy. "Pre-existing condition" does not include pregnancy.

UnitedHealthcare Network Pharmacy Benefits

Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by a UnitedHealthcare Network Pharmacy. Benefits are subject to supply limits and copayment/coinsurance that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable copayments/coinsurance. Your copayment/coinsurance is determined by the tier to which the Prescription Drug Product is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access www.uhcsr.com or call 1-877-417-7345 for the most up-to-date tier status.

High Option 2011-2101-26

\$10 copay per prescription order or refill for a Tier 1 prescription drug up to 31 day supply / \$25 copay per prescription order or refill for a Tier 2 prescription drug up to 31day supply / 40% coinsurance per prescription order or refill for a Tier 3 prescription drug up to 31day supply. Your maximum allowed benefit is \$3,000 Per Policy Year.

(Continued on back below Schedule of Benefits)

Low Option 2011-2101-24

\$20 copay per prescription order or refill for a Tier 1 prescription drug up to 31day supply / \$30 copay per prescription order or refill for a Tier 2 prescription drug up to 31day supply / 40% coinsurance per prescription order or refill for a Tier 3 prescription drug up to 31day supply. Your maximum allowed benefit is \$1,000 maximum Per Policy Year.

Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

If you do not present the card, you will need to pay for the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please visit www.uhcsr.com and log in to your online account or call 1-877-417-7345.

Additional Exclusions

In addition to the policy Exclusions and Limitations, the following Exclusions apply to Network Pharmacy Benefits:

1. Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
2. Experimental or Investigational Services or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by the Company to be experimental, investigational or unproven.
3. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier-3.
4. Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed, unless the Company has designated the over-the counter medication as eligible for coverage as if it were a Prescription Drug Product and it is obtained with a Prescription Order or Refill from a Physician. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent. Certain Prescription Drug Products that the Company has determined are Therapeutically Equivalent to an over-the-counter drug. Such determinations may be made up to six times during a calendar year, and the Company may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.
5. Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury.

Definitions

Prescription Drug or Prescription Drug Product means a medication, product or device that has been approved by the U.S. Food and Drug Administration and that can, under federal or state law, be dispensed only pursuant to a Prescription Order or Refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of the benefits under the policy, this definition includes insulin.

Prescription Drug List means a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to the Company's periodic review and modification (generally quarterly, but no more than six times per calendar year). The Insured may determine to which tier a particular Prescription Drug Product has been assigned through the Internet at www.uhcsr.com or call Customer Service at 1-877-417-7345.

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: **Initial screening at first visit** – Pregnancy test; Urine human chorionic gonatropin (hCG), Asymptomatic bacteriuria: Urine culture, Blood type and Rh antibody, Rubella, Pregnancy-associated plasma protein-A (PAPPA) (first trimester only), Free beta human chorionic gonadotrophin (hCG) (first trimester only), Hepatitis B: HBsAg, Pap smear, Gonorrhea: Gc culture, Chlamydia: chlamydia culture, Syphilis: RPR, HIV: HIV-ab; and Coombs test; **Each visit** – Urine analysis; **Once every trimester** – Hematocrit and Hemoglobin; **Once during first trimester** – Ultrasound; **Once during second trimester** – Ultrasound (anatomy scan); Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a; **Once during second trimester if age 35 or over** - Amniocentesis or Chorionic villus sampling (CVS); **Once during second or third trimester** – 50g Glucola (blood glucose 1 hour postprandial); and **Once during third trimester** - Group B Strep Culture. Prenatal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-505-5450.

Intercollegiate Sports

High Option: \$10,000 Maximum Benefit

Low Option: \$5,000 Maximum Benefit

(For Each Injury)

Insured student athletes who are members of and are participating in intercollegiate Football, Baseball, Softball, Basketball, Volleyball, Soccer, Cheerleading, Rugby, Golf, Tennis, Rifle, Hockey, Swimming, Track and Field, Equestrian, Wrestling, Boxing, Lacrosse, Gymnastics, Skating, Cross Country, Rowing, Fencing, Squash, Skiing, Crew, Rodeo, and Bowling are covered for sports Injury as follows:

Benefits will be paid under the policy Schedule of Benefits subject to the Intercollegiate Sports maximum benefit.

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. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided under Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency; and under Benefits for Habilitative Services For The Treatment of Congenital or Genetic Birth Defects;
4. Circumcision;
5. Congenital conditions, except as specifically provided for Newborn or adopted Infants; and under Benefits For Habilitative Services For The Treatment of Congenital or Genetic Birth Defects;
6. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
7. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
8. Elective Surgery or Elective Treatment;
9. 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;
10. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, toenails, fallen arches, weak feet, chronic foot strain and symptomatic complaints of the feet;

11. Hearing examinations or hearing aids; or other treatment for hearing defects and problems except as specifically provided in the Benefits for Child Health Screening Services or except when due to an Injury. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
12. Hirsutism; alopecia;
13. Hypnosis;
14. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
15. The voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; intentional misuse of Prescription Drugs;
16. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
17. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency;
18. Investigational services;
19. Lipectomy;
20. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death;
21. Organ transplants, including organ donation;
22. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation; or except as specifically provided under Benefits For Habilitative Services For The Treatment of Congenital or Genetic Birth Defects;
23. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
24. Pre-existing Conditions, except for individuals who have been continuously insured under the ACSA association's student insurance policy for at least 6 consecutive months; If an individual: (1) had coverage under a Previous Plan as defined below; and (2) that coverage was continuous to a date not more than 63 days prior to the person's Effective Date under this Policy, the time under the Previous Plan will be credited toward the 6 consecutive months needed to provide benefits for a Pre-existing Condition. A "Previous Plan" means any accident and health insurance policy or certificate, nonprofit hospital or medical service corporation, HMO, MEWA, or plan provided by another benefit arrangement, including a government plan or program providing health benefits or health care. It does not include a Medicare Supplement;
25. 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; except as specifically provided under the Benefits for Diabetes;
 - 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;
26. 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;
 27. 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, except for Covered Medical Expenses incurred in connection with participation in approved clinical trials;
 28. 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, except as specifically provided in the policy;
 29. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness except as specifically provided in the policy; except as specifically provided under "Benefits for Child Health Screening Services";
 30. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
 31. 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;
 32. 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;
 33. Sleep disorders;
 34. Speech therapy except as specifically provided under Benefits For Habilitative Services For The Treatment of Congenital or Genetic Birth Defects;
 35. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
 36. Supplies, except as specifically provided in the policy;
 37. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia;
 38. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; or snowmobile, skiing, scuba diving, surfing, roller skating, riding in a rodeo;
 39. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
 40. 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
 41. 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.

Scholastic Emergency Services, Inc. Global Emergency Medical Assistance

If you are a student insured with this insurance plan, you and your insured spouse or Domestic Partner and minor child(ren) are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows: International Students, insured spouse or Domestic Partner and insured minor child(ren): You are eligible to receive SES worldwide, except in your home country. SES includes Emergency Medical Evacuation and Return of Mortal Remains that meet the US State Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES, Inc.; any services not arranged by SES, Inc. will not be considered for payment.

Key Services include:

- * Medical Consultation, Evaluation and Referrals
- * Foreign Hospital Admission Guarantee
- * Emergency Medical Evacuation
- * Critical Care Monitoring
- * Medically Supervised Repatriation
- * 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 log into your online account www.uhcsr.com for additional information on SES Global Emergency Assistance Services, including 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; and
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, Inc. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure or Program Guide at www.uhcsr.com for additional information, including limitations and exclusions pertaining to the SES program.

The Plan Is Underwritten By:
UnitedHealthcare Insurance Company

The Plan Is Administered By:
UnitedHealthcare StudentResources
P.O. Box 809025

Dallas, Texas 75380-9025 - 1-800-505-5450

ACSA - American College Student Association
2020 Pennsylvania Avenue NW
Box 905 - Washington, DC 20006
1-888-526-2272

2011-2012

Student Injury and Sickness Insurance Plans

Designed especially for
International participants of

ACSA
AMERICAN COLLEGE
STUDENT ASSOCIATION

Notice: Benefits may vary by state or coverage may not be available. This plan is not available in MA, NH, NY, NJ, NC, OR, PR, VT and WA.

Please visit the association website at www.acsa.com for information regarding Massachusetts and New York plans available through the American College Student Association.

www.ACSA.com

ACSA-DC-09

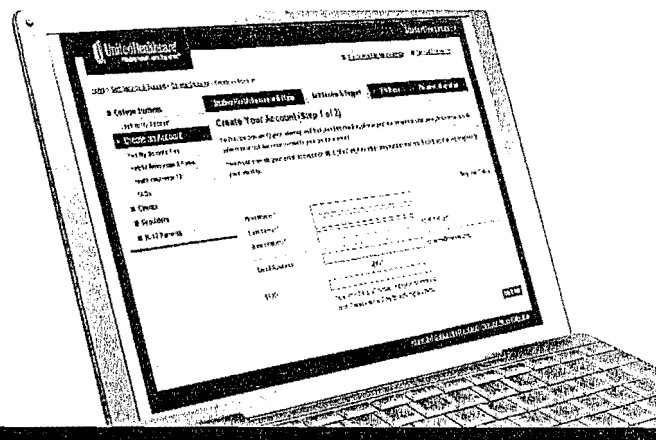
2101-24/26

International Plan Summary of Schedule of Medical Expense

(High Option Plan 2011-2101-26) Benefits Up To \$500,000 Maximum Benefit for Students (\$50,000 for Dependents) Paid as Specified Below (For Each Injury or Sickness) Deductible \$150 Per Policy Year
 (Low Option Plan 2011-2101-24) Benefits Up To \$200,000 Maximum Benefit for Students (\$50,000 for Dependents) Paid as Specified Below (For Each Injury or Sickness) Deductible \$250 Per Policy Year

The Preferred Provider for this plan is UnitedHealthcare Options PPO. If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, 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. Note: All benefit maximums are combined Preferred Provider and Out-of-Network unless otherwise noted below. **LOW OPTION:** Preferred Provider: After the Deductible of \$250 Per Policy Year has been satisfied, benefits will be paid for 100% of Covered Medical Expenses incurred up to \$2,500. After the Company has paid \$2,500, payment will be made for 80% of additional Covered Medical Expenses incurred at a Preferred Provider, not to exceed \$200,000 Maximum Benefit for students or \$50,000 Maximum Benefit for Dependents. Out of Network: After the Deductible of \$250 Per Policy Year has been satisfied, benefits will be paid for 80% of Covered Medical Expenses incurred up to \$2,500. After the Company has paid \$2,500, payment will be made for 60% of additional Covered Medical Expenses incurred at an Out of Network Provider, not to exceed \$200,000 Maximum Benefit for students or \$50,000 Maximum Benefit for Dependents. **HIGH OPTION:** Preferred Provider: After the Deductible of \$150 per Policy Year has been satisfied, benefits will be paid for 90% of Covered Medical Expenses incurred up to \$5,000. After the Company has paid \$5,000, payment will be made for 80% of additional Covered Medical Expenses incurred at a Preferred Provider, not to exceed \$500,000 Maximum Benefit for students or \$50,000 Maximum Benefit for Dependents. Out of Network: After the Deductible of \$150 per Policy Year has been satisfied, benefits will be paid for 70% of Covered Medical Expenses incurred up to \$5,000. After the Company has paid \$5,000, payment will be made for 60% of additional Covered Medical Expenses incurred at an Out of Network Provider, not to exceed \$500,000 Maximum Benefit for students or \$50,000 Maximum Benefit for Dependents.

PA = PREFERRED ALLOWANCE, U&C = USUAL AND CUSTOMARY, MAX = MAXIMUM		High Option 2101-26		Low Option 2101-24	
INPATIENT	NOTE: * = copay/Deductible is in addition to plan Deductible.	Preferred Providers	Out of Network Providers	Preferred Providers	Out of Network Providers
*Hospital Expense		90% of PA / \$100 copay per admission	70% of U&C / \$100 Deductible per admission	80% of PA / \$200 copay per admission	60% of U&C / \$200 Deductible per admission
Intensive Care		90% of PA	70% of U&C	80% of PA	60% of U&C
Routine Newborn Care, 48 hours for vaginal delivery and 96 hours for cesarean delivery max		Paid as any other Sickness		Paid as any other Sickness	
Physiotherapy		90% of PA	70% of U&C	80% of PA	60% of U&C
Surgeon's Fees		90% of PA	70% of U&C	80% of PA	60% of U&C
Assistant Surgeon		90% of PA	70% of U&C	80% of PA	60% of U&C
Anesthetist		90% of PA	70% of U&C	80% of PA	60% of U&C
Registered Nurse's Services		90% of PA	70% of U&C	80% of PA	60% of U&C
Physician's Visits		90% of PA	70% of U&C	80% of PA	60% of U&C
Pre-Admission Testing		90% of PA	70% of U&C	80% of PA	60% of U&C
Psychotherapy		As mandated by the District of Columbia		As mandated by the District of Columbia	
OUTPATIENT	NOTE: * = copay/Deductible is in addition to plan Deductible.				
Surgeon's Fees		90% of PA	70% of U&C	80% of PA	60% of U&C
*Day Surgery Miscellaneous		90% of PA / \$100 copay for each Injury or Sickness	70% of U&C / \$100 Deductible for each Injury or Sickness	80% of PA	60% of U&C
Assistant Surgeon		90% of PA	70% of U&C	80% of PA	60% of U&C
Anesthetist		90% of PA	70% of U&C	80% of PA	60% of U&C
Physician's Visits, High/Low Option - Copay/Deductible in lieu of Policy Deductible		90% of PA/\$20 copay per visit	70% of U&C /\$20 Deductible per visit	80% of PA / \$25 copay per visit	60% of U&C /\$25 Deductible per visit
Physiotherapy, see exclusion number 22 for additional limitations. Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.		Paid under Physician's Visits		Paid under Physician's Visits	
*Medical Emergency Expenses		90% of PA / \$50 copay per visit	70% of U&C / \$50 Deductible per visit	80% of PA / \$100 copay per visit	60% of U&C / \$100 Deductible per visit
Injections		90% of PA / \$20 copay per visit	70% of U&C / \$20 Deductible per visit	80% of PA / \$25 copay per visit	60% of U&C / \$50 Deductible per visit
Diagnostic X-ray & Laboratory Services, High/Low Option - Copay/Deductible in lieu of Policy Deductible		90% of PA/\$20 copay per visit	70% of U&C /\$20 Deductible per visit	80% of PA / \$25 copay per visit	Usual & Customary Charges / \$25 Deductible per visit
Radiation Therapy & Chemotherapy		90% of PA / \$50 copay per visit	70% of U&C / \$50 Deductible per visit	80% of PA / \$50 copay per visit	60% of U&C / \$100 Deductible per visit
Tests & Procedures		90% of PA	70% of U&C	80% of PA	60% of U&C
Prescription Drug, High Option: \$3,000 max Per Policy Year up to a 31 day supply per prescription; Low Option: \$1,000 max Per Policy Year up to a 31 day supply per prescription		UnitedHealthcare Network Pharmacy / \$10 copay per Prescription for Tier 1 / \$25 copay per Prescription for Tier 2 / 40% coinsurance per Prescription for Tier 3	No Benefits	UnitedHealthcare Network Pharmacy / \$20 copay per Prescription for Tier 1 / \$30 copay per Prescription for Tier 2 / 40% coinsurance per Prescription for Tier 3	No Benefits
Psychotherapy		As mandated by the District of Columbia		As mandated by the District of Columbia	
OTHER	NOTE: * = copay/Deductible is in addition to plan Deductible.				
Ambulance Services		90% of PA / \$60 copay per visit	70% of U&C / \$60 Deductible per visit	80% of PA / \$150 copay per trip	60% of U&C / \$50 Deductible per trip
Durable Medical Equipment, no replacements. High Option: \$1,000 combined max for each Injury or Sickness, Low Option: \$500 combined max for each Injury or Sickness		90% of PA	70% of U&C	80% of PA	60% of U&C
Dental Treatment, made necessary by Injury to Sound, Natural Teeth. High Option: \$500 max per tooth; Low Option: \$250 max per tooth		80% of U&C	80% of U&C	80% of U&C	80% of U&C
Consultant Physician Fees		90% of PA / \$50 copay per visit	70% of U&C / \$100 Deductible per visit	80% of PA / \$50 copay per visit	60% of U&C / \$100 Deductible per visit
Maternity & Complications of Pregnancy		Paid as any other Sickness		Paid as any other Sickness	
Elective Abortion, High Option: \$600 max; Low Option: \$300 max		90% of PA	70% of U&C	80% of PA	60% of U&C
Club Sports: High Option: \$10,000 max for each Injury; Low Option: \$5,000 max for each Injury		Paid as any other Injury		Paid as any other Injury	
Accidental Death & Dismemberment:		\$2,500 - \$10,000 maximum		\$1,250 - \$5,000 maximum	
CAT Scan/MRI, High Option: \$2,000 combined max Per Policy Year, Low Option: \$1,000 combined max Per Policy Year		90% of PA / \$50 copay per procedure	70% of U&C / \$50 Deductible per procedure	80% of PA / \$50 copay per procedure	60% of U&C / \$100 Deductible per procedure



Use MyAccount to manage your health coverage online

If you enroll online, you'll create a **MyAccount** during enrollment. If not, just select *Create Your Online Account Now* from our home page at www.UHCSR.com. Creating an account is easy and takes only minutes!

With **MyAccount**, you'll have 24/7 access to:

- Review claims status, correspondence and Explanations of Benefits (EOB)
- Reprint your ID card or request a replacement ID card
- Locate a network provider
- Enter accident details online
- Enter additional insurance information online

**MyAccount: The information
you want when you want it!**



UnitedHealth Allies® Discount Card

Included with every student health insurance policy is the UnitedHealth Allies® discount card. We hope that the UnitedHealth Allies program can help you stretch your healthcare dollar on:

Dental care:

Save from 10% to 35% on a range of dental services including routine cleaning, x-rays, even cosmetic dentistry, such as teeth whitening.

Vision care:

Pay no more than \$40 for an annual eye exam, save 10% to 20% on eyeglasses from participating eye care professionals and retail vision chains and fittings for contact lenses (not included in annual eye exams).

Wellness products and services:

Be healthier and save money with discounts of 10% to 50% on weight management, fitness memberships and equipment, relaxation resources, natural products and vitamins and supplements.

Prescription drugs:

Save at the pharmacy or through the mail. Not available on all plans.

Your UnitedHealth Allies ID card will be delivered along with your student health insurance ID card. Once received, log onto www.Sr.UnitedHealthAllies.com, register to begin using the program immediately.

UnitedHealth Allies is not insurance. UnitedHealth Allies provides discounts at certain health care providers for medical services. UnitedHealth Allies does not make payments directly to the providers of medical services. The program member is obligated to pay for all health care services but will receive a discount from those healthcare providers who have contracted with the discount plan organization.