



STUDENT INJURY AND SICKNESS INSURANCE PLAN

Please Read Carefully.

Designed Especially for the Students of



OHIO

UNIVERSITY

Athens, OH

Please Note:
This brochure has
changed since
being printed.
Please see back
for details

2008-2009



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Privacy Policy

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

Eligibility

Domestic Students

Domestic students taking 7 or more credit hours are automatically enrolled in this insurance Plan at registration, unless proof of comparable coverage is furnished. Special Categories: Domestic students participating in internship, study abroad programs, and co-op programs; Graduate students taking 3 or more credit hours; Masters and Doctoral Thesis students taking at least 1 credit hour; Students taking an alternative quarter; and Visiting Instructors/Research Scholars are also eligible. Students/Scholars in Special Categories must meet all requirements outlined in the Special Category Enrollment Forms in order to be eligible. **You must contact the Ohio University student insurance office, Hudson Health Center, 740-597-1816, to enroll if you are in one of these categories.**

International Students

International Students taking 1 or more credit hours; individuals with J-1 Visas; or enrolled in a Doctoral or Masters program for at least 1 dissertation hour are eligible and must be enrolled in the plan unless the student is sponsored by their home country. Dependents of International students must also be enrolled in the plan, unless the net effect of this requirement reduces insurance coverage for the Dependent. Special Categories: International Visiting Instructors/Research Scholars; Internationals taking an alternative quarter off. Students/scholars in Special Categories must meet all requirements outlined in the Special Category Enrollment Forms in order to be eligible. **You must contact the Ohio University student insurance office, Hudson Health Center, 740-597-1816, to enroll if you are eligible for this plan but are not taking at least one credit hour.**

Eligible Dependents/Domestic Partners may enroll.

Student Waiver Deadlines: Fall 10/13/08; Winter 02/09/09; Spring 05/04/09 and Summer 07/13/09. Insurance waivers must be submitted to the Ohio University Office of the Bursar by the waiver deadline. Late waivers will not be accepted and the insurance charge will not be waived after the waiver deadline.

EFFECTIVE AND TERMINATION DATES:

Fall:	09/01/2008 to 12/31/2008;
Winter:	01/01/2009 to 04/30/2009;
Spring 1 (returning students):	05/01/2009 through 08/31/2009;
Spring 2 (new students):	03/30/2009 through 08/31/2009;
Summer:	06/22/2009 through 08/31/2009.

Students will be charged \$338 on their Fall, Winter and Spring Quarter eBills. If a student starts in the Spring (Spring 2), they will be charged \$434 on their Spring Quarter eBill. If a student starts in the Summer, they will be charged \$195 on their Summer Quarter eBill.

Students must actively attend classes for at least the first 35 days after the date for which coverage is purchased. 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 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 or Domestic Partner and unmarried children under 19 years of age who are not self supporting. See the Definition Section of the Brochure for the specific requirements needed to meet Domestic Partner Eligibility. Dependent Eligibility expires concurrently with that of the Insured student.

Effective and Termination Dates

The Master Policy on file at the University becomes effective September 1, 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 31, 2009. The individual student's 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.

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

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.

Student Health Service Referral Requirement (Students Only)

The student must use the resources of the Hudson Health Center first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Service for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the SHS must accompany the claim when submitted.

A SHS referral for outside care is not necessary only under the following conditions:

1. Medical Emergency. The student must return to SHS for necessary follow-up care;
2. When the Student Health Service is closed;
3. Medical care received when the student is more than 50 miles from campus;
4. Medical care obtained when a student is no longer able to use the SHS due to a change in student status;
5. Maternity; or
6. Psychotherapy.

Dependents are not eligible to use the SHS; and therefore, are exempt from the above limitations and requirements.

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 \$50,000 Basic Maximum Benefit Paid as Specified Below (For Each Injury or
Sickness)
\$50 Deductible (For Each Injury or 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 \$50,000 for each Injury or Sickness. After the Deductible has been applied, except where waived, Covered Medical Expenses will be paid at 100% for Preferred Providers up to \$5,000, then 80% until the Insured has paid \$5,000 Out-of-Pocket; then benefits will be 100% for Covered Medical Expenses up to the Maximum Benefit of \$50,000. After the Deductible has been satisfied, the Company will pay 50% for Out of Network Providers up to the Maximum Benefit of \$50,000.

If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network area, benefits 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 on Out-of-Network provider is used.

The policy Deductible will also be waived for Physician's Visits, Outpatient Physiotherapy, X-rays, and Laboratory provided at Hudson Health Center and benefits will be paid at 100% after a \$15 copay per visit. For prescriptions filled at the Hudson Health Center see benefits for Prescription Drugs and or Psychotherapy. The Deductible will be waived for annual exams at the GYN Clinic (including PAP smear and screening exam for Chlamydia and Gonorrhea) and benefits will be paid at 100% after a \$15 copay per visit.

Benefits will be paid for the following expenses incurred at the Student Health Service: 1) Orthopedic consultation service; and 2) Radiologic interpretation services for x-ray studies performed at the SHS.

Benefits are also payable according to the Schedule of Medical Expense Benefits below for the following services referred by the Student Health Service: 1) Services provided by salaried Physicians, staff of Ohio University and/or the College of Medicine in the emergency room at O'Bleness Hospital provided such treatment by the SHS is not available; 2) Service provided as a result of a consultation upon direct referral from a SHS medical staff Physician; 3) Services provided by a laboratory not affiliated with the SHS, upon request of the SHS; and 4) Removal of warts, non-malignant moles and lesions will be covered after referral from SHS. Students more than 50 miles from campus who require treatment related to the removal of warts, non-malignant moles and lesions must contact the insurance office at (740) 597-1816 for referral before treatment is rendered in order to have the treatment covered.

No payment will be made for expenses incurred by any Insured student attending the Athens Campus for services which could have been provided by the Ohio University Student Health Service.

NOTE: Exclusion # 28 will be waived and benefits will be paid for Injuries incurred while the Insured student is participating in a University Flight Instruction class. **Pre-existing Condition Exclusion Exception:** For the purpose of allowing credit for the waiting period for pre-existing conditions, coverage is considered continuous if the coverage expired no more than 63 days prior to the effective date of the policy.

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

PA = Preferred Allowance U&C = Usual & Customary Charges max = maximum
 Note: *All maximums are combined Preferred Provider and Out-of-Network unless noted below.

INPATIENT	Preferred Providers	Out-of-Network Providers
Hospital Expense , daily semi-private room rate; general nursing care provided by the Hospital. Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	100% of PA	50% of U&C
Routine Newborn Care , 48 hours vaginal/96 hours cesarean Hospital Confinement expense maximum. While Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness	Paid as any other Sickness
Physiotherapy	100% of PA	50% of U&C

INPATIENT	Preferred Providers	Out-of-Network Providers
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	100% of PA	50% of U&C
Anesthetist , professional services in connection with inpatient surgery.	100% of PA	50% of U&C
Registered Nurse's Services , private duty nursing care.	100% of PA	50% of U&C
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	100% of PA	50% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	100% of PA	50% of U&C
Psychotherapy , \$5,000 max, 30 days max Per Policy Year. Includes treatment for drug overdose and attempted suicide. Benefits are limited to one visit per day.	Paid as any other Sickness	Paid as any other Sickness
Biologically Based Mental Illness (See Benefits for Biologically Based Mental Illness)	Paid as any other Sickness	Paid as any other Sickness
OUTPATIENT		
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures. Benefits will be paid for charges on the same day as a Physician's Visit.	100% of PA	50% of U&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	100% of PA	50% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	100% of PA	50% of U&C
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy. Copay/Deductible is in lieu of the policy Deductible.	100% of PA / \$15 copay per visit	50% of U&C / \$15 Deductible per visit
Physiotherapy , benefits are limited to one visit per day. Copay/Deductible is in lieu of the policy Deductible. Benefits will be paid for charges on the same day as Physician Visit.	100% of PA / \$15 copay per visit	50% of U&C / \$15 Deductible per visit
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. Copay/Deductible is in lieu of the policy Deductible.	100% of PA / \$50 copay per visit	100% of U&C / \$50 Deductible per visit

OUTPATIENT	Preferred Providers	Out-of-Network Providers
Diagnostic X-ray Services , Copay/ Deductible is in lieu of the policy Deductible.	100% of PA / \$15 copay per visit	50% of U&C/ \$15 Deductible per visit
Laboratory Services , Copay/ Deductible is in lieu of the policy Deductible.	100% of PA / \$15 copay per visit	50% of U&C/ \$15 Deductible per visit
Injections , when administered in the Physician's office and charged on the Physician's statement.	100% of PA	50% of U&C
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	100% of PA	50% of U&C
Chemotherapy & Radiation Therapy	100% of PA	50% of U&C
<p>Prescription Drugs, \$1,000 max Per Policy Year combined UHPS Pharmacies, Hudson Health Center, and Out of Network providers. Out of Network limited to \$100 Per Policy Year. Psychotropic drugs are covered under Psychotherapy benefit. Prescriptions for allergies, oral contraceptives, NuvaRing, DepoProvera injections, and birth control patches are also covered.</p> <p>Prescription drugs filled at the Hudson Health Center are covered at 100% and are not subject to copayments or to the Policy Year Deductible. (Psychotropic drugs are not subject to the \$1,000 Per Policy Year limit and are paid under Psychotherapy.) The charge for the prescription will be billed to your student account. It is the insured student's responsibility to submit the prescription charges to UnitedHealthcare StudentResources to obtain reimbursement for the cost of the prescription.</p>	\$10 copay Tier 1 / \$25 copay Tier 2 / Unitedhealthcare Network Pharmacy / up to a 31 day supply per prescription	100% of U&C / \$100 max Per Policy Year
Biologically Based Mental Illness (See Benefits for Biologically Based Mental Illness)	Paid as any other Sickness	Paid as any other Sickness
<p>Psychotherapy, \$5,000 max Per Policy Year. Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder. (Includes Psychotherapy prescriptions which are not limited by the \$1,000 Per Policy Year prescription drug max.) Includes treatment for drug overdose and attempted suicide. Copay/Deductible applies to visits outside the Hudson Health Center and is in lieu of the Policy Deductible. (See note below)</p>	80% of PA / \$15 copay per visit	80% of U&C / \$15 Deductible per visit
<p>Note: Hudson Health Center: Psychotropic prescription drugs are covered at 100% and are not subject to co-payments or to the Policy Year Deductible when filled at Hudson Health Center. The charge for the prescription will be billed to your student account. It is the insured student's responsibility to submit the prescription charges to UnitedHealthcare StudentResources to obtain reimbursement for the cost of the prescription.</p>		
<p>Other Providers: Psychotropic prescription drugs are covered at 80% of Usual and Customary Charges after a deductible of \$15 per prescription. It is the insured student's responsibility to submit the prescription charges to UnitedHealthcare StudentResources to obtain reimbursement for the cost of the prescription.</p>		
OTHER		
Ambulance Services	100% of PA	100% of U&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered. (This includes prosthetic devices, braces and diabetic supplies such as insulin pump supplies and test strips. Prescription drugs for diabetes are covered under the Prescription Drug benefit.)	100% of PA	100% of U&C

OTHER	Preferred Providers	Out-of-Network Providers
Consultant Physician Fees , when requested and approved by the attending Physician.	100% of PA / \$15 copay per visit	50% of U&C / \$15 Deductible per visit
Dental Treatment , made necessary by Injury to Sound, Natural Teeth.	100% of PA	100% of U&C
Maternity and Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Alcoholism/Drug Abuse , \$1,000 max (Per Policy Year).	100% of PA	50% of U&C
Second Surgical Opinion	100% of PA / \$15 copay per visit	50% of U&C / \$15 Deductible per visit
Mammography	100% of PA	50% of U&C
Pap Smear	100% of PA	50% of U&C
Well Child Visits , <i>First year of life only. Does not include immunizations.</i>	100% of PA	50% of U&C

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 copayments 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. Your copayment is determined by the tier to which the Prescription Drug 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.

\$10 per prescription order or refill for a Tier 1 Prescription Drug

\$25 per prescription order or refill for a Tier 2 Prescription Drug

Your maximum allowed benefit is \$1,000 (Per Policy Year).

Please present your Insurance 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 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-2.
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.

Psychotherapy Prescriptions

PLEASE REFER TO THE NOTE ON PAGE 6 UNDER PSYCHOTHERAPY FOR THE PROCEDURE TO FOLLOW FOR PURCHASE OF PSYCHOTHERAPY PRESCRIPTIONS AND FILING A CLAIM FOR REIMBURSEMENT.

Hudson Health Center Pharmacy (Athens Campus)

Note: Students attending classes at the Athens campus must use the Hudson Health Center pharmacy to fill their prescriptions when it is open. Prescriptions may be filled for up to a 90 day supply at Hudson Health Center. Please refer to the notes on page 6 under Prescription Drugs and Psychotherapy for procedures for obtaining reimbursement for prescriptions filled at Hudson.

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 1-800-767-0700 and/or by asking the provider when making an appointment for services.

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

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

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

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

Inpatient Hospital Expenses

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

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

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

Professional & Other Expenses - Benefits for Covered Medical Expenses provided by UnitedHealthcare Options PPO will be paid at the coinsurance percentages specified in the Schedule of Benefits or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

Optional Major Medical Benefit \$100,000 Maximum Benefit For each Injury or Sickness

This optional benefit is subject to payment of an additional premium as specified on the enrollment card. Optional benefits may only be purchased at the time of initial enrollment in the Plan and may not be added later.

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$50,000 has been paid by the Company.

The Company will pay 80% for additional Covered Medical Expenses incurred up to the Major Medical Maximum of \$100,000. The total benefit payable under Major Medical is \$150,000 minus the Basic Benefits already paid.

No benefits will be paid under Major Medical for:

1. Preferred Provider: Room & Board / Hospital Miscellaneous Expenses which exceed the Preferred Allowance;
2. Out of Network: Room & Board / Hospital Miscellaneous Expenses which exceed 80% of Usual and Customary Charges;
3. Dental treatment;
4. Psychotherapy;
5. Outpatient Physiotherapy;
6. Services designated as “No Benefits” in the Basic Medical Expense Benefits Schedule of Benefits. and
7. Pre-existing Conditions; Any condition which originates (including the existence of symptoms); is diagnosed; treated or recommended for treatment within the 6 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 6 consecutive months.

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 & 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:

Life	\$10,000
Two or More Members	\$10,000
One Member	\$ 2,500

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

Live Organ or Bone Marrow Donor Benefits

Benefits are payable for the Medical Expenses incurred by a live organ or bone marrow donor subject to all terms and conditions of the Policy.

Benefits payable for Medical Expenses of a live organ or bone marrow donor shall be secondary to any other insurance plan, service plan, self-funded group plan, or any governmental plan that does not require this policy to be primary.

Maximum benefits shall not exceed the policy Maximum Benefit.

Coordination of Benefits

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

Mandated Benefits

Benefits for Biologically Based Mental Illness

Benefits will be paid the same as any other Sickness for the treatment of Biologically Based Mental Illness if both of the following apply:

- 1) The Biologically Based Mental Illness is clinically diagnosed by a Physician authorized to practice medicine and surgery or osteopathic medicine and surgery, a psychologist, a professional clinical counselor, professional counselor, independent social worker, or a clinical nurse specialist whose nursing specialty is mental health.
- 2) The prescribed treatment is not experimental or investigational, having proven its clinical effectiveness in accordance with generally accepted medical standards.

“Biologically Based Mental Illness” means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder, as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.

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

Definitions

DOMESTIC PARTNER means a person who is neither married nor related by blood or marriage to the Named Insured but who is: 1) the Named Insured's sole spousal equivalent; 2) lives together with the Named Insured in the same residence and intends to do so indefinitely; and 3) is responsible with the Named Insured for each other's welfare. A domestic partner relationship may be demonstrated by any three of the following types of documentation: 1) a joint mortgage or lease; 2) designation of the domestic partner as beneficiary for life insurance; 3) designation of the domestic partner as primary beneficiary in the Named Insured's will; 4) domestic partnership agreement; 5) powers of attorney for property and/or health care; and 6) joint ownership of either a motor vehicle, checking account or credit account.

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.

MEDICAL EMERGENCY means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in:

- 1) Death;
- 2) Placement of the Insured's health in jeopardy;
- 3) Serious impairment of bodily functions;
- 4) Serious dysfunction of any body organ or part; or
- 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

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 minor Sicknesses.

PRE-EXISTING CONDITION means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 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;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Assistant Surgeon Fees;
4. Learning disabilities; developmental delay or disorder or mental retardation;
5. Biofeedback;
6. Circumcision;
7. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
8. 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;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. Elective abortion;
12. 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;
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. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
16. Injury caused by, contributed to, or resulting from the 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;
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Injury sustained while (a) participating in any 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;
19. Lipectomy;
20. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
21. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 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;

22. 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 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;
23. 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;
24. 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;
25. 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;
26. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
27. Deviated nasal septum, including submucous resection and/or other surgical correction thereof, except for treatment of chronic purulent sinusitis;
28. 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;
29. Supplies, except as specifically provided in the policy;
30. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia;
31. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
32. 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).

Collegiate Assistance Program

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-877-643-5130. Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help students determine if they need to seek medical care, need legal/financial advice or may need to talk to someone about everyday issues that can be overwhelming.

Scholastic Emergency Services: Global Emergency Assistance Services

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

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

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

Insured dependents traveling on behalf of their employer are not eligible for SES services.

SES includes Emergency Medical Evacuation and Return of Mortal Remains that meet the Department of Homeland Security 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
- * Transportation to Join Patient
- * Care for Minor Children Left Unattended Due to a Medical Incident
- * Lost Luggage or Document Assistance
- * Prescription Assistance
- * Critical Care Monitoring
- * Return of Mortal Remains
- * Emergency Counseling Services
- * 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 the SES Operations Center, please be prepared to provide:

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

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

Online Access To Account Information:

UnitedHealthcare **StudentResources** insureds have online access to claims status, Explanation of Benefits, 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 Student Health Service or Infirmary for treatment or referral, or when not in school, to their Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the university under which the student is insured. Students must also submit a completed Student Medical Insurance Referral Form with their claim (See Student Health Center Referral Requirement on page 3 for more information). In the event that a provider submits a claim on behalf of a student, the student must still complete and mail the Student Medical Insurance Referral Form to the address below.
- 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
800-767-0700
claims@uhcsr.com
customerservice@uhcsr.com

Sales/Marketing Service:
UnitedHealthcare **StudentResources**
805 Executive Center Drive West, Suite 220
St. Petersburg, FL 33702
Website: www.uhcsr.com

Servicing Agent:

Wells Fargo Insurance Services
580 N. 4th St., Suite 400
Columbus, OH 43215-2153
1-800-228-6768
<http://wfis.wellsfargo.com/colleges>

For more information on Dental Plans that may be available, please call 800-237-0903 or visit the Website at www.uhcsr.com.

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

**POLICY
NUMBER: 2008-1103-1**

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC1 9/22/08 -

1. Added the following wording and Out of Network providers to the parenthetical statement under the Rx benefit.
2. Changed DME, Dental and Ambulance In Network from U&C to PA