

2009-2010

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STUDENT INJURY AND
SICKNESS INSURANCE PLAN

Designed Especially for the Students of

THE
CATHOLIC UNIVERSITY
of AMERICA



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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 800-767-0700 or visiting us at www.uhcsr.com.

Eligibility

All full-time domestic and international students are automatically enrolled in the Basic Benefits **Plan 1: 482-1** of this insurance Plan at registration unless proof of comparable coverage is furnished.

All part-time domestic students are eligible to enroll in **Plan 1: 482-1** of this insurance Plan.

Students attending the House of Studies, Washington Theological Union and John Paul II Institute are eligible to enroll **Plan 2: 482-2** of this insurance Plan.

All insured students may purchase Major Medical coverage on an optional basis.

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

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age. Dependent Eligibility expires concurrently with that of the Insured Student.

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

Effective and Termination Dates

The Master Policy becomes effective August 14, 2009. The individual student's Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates August 13, 2010. 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 premium 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.

How to Enroll or Waive

Students must go to www.srstudentcenter/cua.com to either enroll in the plan or waive out of the plan by the deadline date for each semester. Students billed on a part-time basis are eligible to purchase the CUA Student Medical Plan on a voluntary basis by enrolling online at www.srstudentcenter/cua.com. Notification of the enrollment and waiver status will be supplied via email from UHCSR. The student's account at CUA will be subsequently charged after acceptance of enrollment.

For Dependent and Optional Major Medical coverage please go to www.uhcsr.com.

Waiver Deadline:

All Students enrolling for the Fall Semester	October 1, 2009
New Students enrolling for the Spring Semester	February 15, 2010
New Students enrolling for the Summer Semester	May 31, 2010

Late Enrollment:

Coverage for late enrollees may be possible only under certain conditions. Please contact the CUA Student Insurance Administrator at (202) 319-6634 or email cua-studentmedins@cua.edu for more information.

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.

Premium Refund Policy

Except for medical withdrawal due to a covered Accident or Sickness, that occurs after the Policy is in force, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid. No refund will be allowed.

Student Health Services

Students' health care needs can best be satisfied when an organized system of health care providers at Catholic University of America Student Health Services manages the treatment. If you are enrolled in the Student Injury and Sickness Insurance Plan, it is to your advantage to first seek treatment at Student Health Services (SHS). It should be noted that the Student Health Service does not provide coverage for dependents even if they are insured under the CUA Student Medical Plan.

Student Health Services provides primary health care to all students with emphasis on health maintenance and illness prevention. SHS is an integral part of the CUA Division of Student Life and as such subscribes to the mission of the Division of Student Life. Medical care and advice is consistent with the teachings of the Catholic Church. Our primary care facility is conveniently located in the new Student Health and Fitness Center. The SHS is affiliated with Providence Hospital and other services (such as X-ray and Emergency Room Services) are readily available within a short distance from campus. The SHS provides professional medical care for the treatment of illness and injury. In addition, health promotion and education programs are offered to help the student maintain and improve their health. Services include gynecological care, including sexually transmitted disease treatment and counseling; pregnancy testing; allergy injections (administered only when the physician is on the premises); physical examinations; health education, preventive medicine, HIV testing and evaluation and treatment of eating disorders, substance abuse, depression, etc. In addition, SHS provides evaluation and treatment of all commonly experienced illnesses and injuries. Referrals are made to nearby medical specialists whenever medically necessary. Some on-site lab tests may be done for a minimal charge which is billed through Student Accounts. Other lab work is obtained on the premises and sent to a local lab. SHS has a limited on-site pharmacy. This service is available to students that are seen by a provider at the SHS. If medications are filled at the on-site pharmacy, the charges will be billed to the Student's Account. The pharmacy is unable to file prescription claims. If a student requires a medication that is not available in the on-site pharmacy, a list of local pharmacies will be given to assist the student.

SHS is open Monday through Friday from 9:00 am to 5:00 pm during the Fall and Spring semester. SHS is closed during the undergraduate student's Christmas Break, Spring Break, Summer Break in August, CUA Holidays and whenever the CUA is closed. SHS is open on a limited schedule during the summer.

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

INJURY and SICKNESS

\$250,000 Basic Maximum Benefit (for Each Injury or Sickness)

Student Deductible \$200 (Per Insured Person Per Policy Year)

Family Deductible \$400 (Per Family) (Per Policy Year)

Preferred Provider Coinsurance 80% except as noted below

Out-of-Network Coinsurance 60% except as noted below

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 \$250,000 for each Injury or Sickness.

Usual & Customary Charges are based on data provided by Ingenix using the 80th percentile based on location of provider.

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.

Preferred Provider Out-of-Pocket Maximum: After the Deductible of \$200 Per Insured Person/\$400 Per Family has been satisfied, benefits will be paid for 80% of Covered Medical Expenses incurred up to \$2,000 Per Insured Person/\$3,000 Per Family. After \$2,000 Per Insured Person/\$3,000 Per Family has been paid, payment will be made for 100% of additional Covered Medical Expenses incurred, not to exceed the Maximum Benefit of \$250,000 Per Injury or Sickness.

Out-of-Network Out-of-Pocket Maximum: After the Deductible of \$200 Per Insured Person/\$400 Per Family has been satisfied, benefits will be paid for 60% of Covered Medical Expenses incurred up to \$4,000 Per Insured Person/\$6,000 Per Family. After \$4,000 Per Insured Person/\$6,000 Per Family has been paid, payment will be made for 100% of additional Covered Medical Expenses incurred, not to exceed the Maximum Benefit of \$250,000 per Injury or Sickness.

All benefit maximums are combined Preferred Provider and Out-of-Network, unless noted below. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

INPATIENT	Preferred Providers	Out-of-Network Providers
Room and Board Expense , daily semi-private room rate; general nursing care provided by the Hospital.	Preferred Allowance	Usual & Customary Charges
Hospital Miscellaneous Expense includes 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.	Preferred Allowance	Usual & Customary Charges
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth. <i>(Up to 48 hours for vaginal delivery or 96 hours for cesarean delivery)</i>	Paid as any other Sickness	
Intensive Care <i>(Includes 24-hour nursing care)</i>	Preferred Allowance	Usual & Customary Charges

INPATIENT	Preferred Providers	Out-of-Network Providers
Physiotherapy	Preferred Allowance	Usual & Customary Charges
<p>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.</p> <p><i>(Expenses for removal of moles, warts and lesions are covered the same as any other Sickness.)</i></p>	Preferred Allowance	Usual & Customary Charges
Assistant Surgeon	20% of Surgery Allowance	20% of Surgery Allowance
Anesthetist , professional services in connection with inpatient surgery.	Paid under Surgeon's Fees	
Registered Nurse's Services , private duty nursing care.	Paid under Room and Board Expense	
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	Preferred Allowance	Usual & Customary Charges
Pre-Admission Testing , payable within 3 working days prior to admission.	Paid under Hospital Expense	
Psychotherapy , benefits are limited to one visit per day.	See Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency	
OUTPATIENT		
<p>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.</p> <p><i>(Expenses for removal of moles, warts and lesions are covered the same as any other Sickness.)</i></p>	Preferred Allowance	Usual & Customary Charges
<p>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.</p>	Preferred Allowance	Usual & Customary Charges
Assistant Surgeon	20% of Surgery Allowance	20% of Surgery Allowance
Anesthetist , professional services administered in connection with outpatient surgery.	Paid under Surgeon's Fees	

OUTPATIENT	Preferred Providers	Out-of-Network Providers
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.	Preferred Allowance	Usual & Customary Charges
Physiotherapy , Outpatient Physiotherapy benefits payable only 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. Benefits are limited to 1 visit per day. <i>(10 visits maximum Per Policy Year)</i>	Preferred Allowance	Usual & Customary Charges
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.	Preferred Allowance	Usual & Customary Charges
Diagnostic X-ray and Laboratory Services	Preferred Allowance	Usual & Customary Charges
Radiation Therapy and Chemotherapy	Preferred Allowance	Usual & Customary Charges
Tests and Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	Paid under Diagnostic X-ray and Laboratory Services	
Injections	Preferred Allowance	Usual & Customary Charges
Prescription Drugs , Mail order Prescription Drugs are available through UHPS at 2.5 times the retail copay up to a 90 day supply. <i>(\$2,000 maximum Per Policy Year)</i>	UnitedHealthcare Network Pharmacy (UHPS) \$10 copay per prescription for Tier 1 \$25 copay per prescription for Tier 2 Up to a 31 day supply per prescription	No Benefits
Psychotherapy , includes all related ancillary charges incurred as a result of a Mental and Nervous Disorder. Benefits are limited to one visit per day.	See Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency	
OTHER	Preferred Providers	Out-of-Network Providers
Ambulance Services	Preferred Allowance	Usual & Customary Charges
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	Preferred Allowance	Usual & Customary Charges
Consultant Physician Fees , when requested and approved by the attending Physician.	Preferred Allowance	Usual & Customary Charges

OTHER	Preferred Providers	Out-of-Network Providers
Dental Treatment made necessary by Injury to Sound, Natural Teeth only.	80% of Usual & Customary Charges	Usual & Customary Charges
Maternity / Complications of Pregnancy	Paid as any other Sickness	
Elective Abortion	No Benefits	No Benefits
Intercollegiate Sports	No Benefits	No Benefits
Women's Health Benefit	100% of Preferred Allowance	100% of Usual & Customary Charges
Home Health Care <i>(40 visit maximum Per Policy Year for Medically Necessary Home Health Care services when ordered and supervised by the attending Physician.)</i>	Preferred Allowance	Usual & Customary Charges
Reconstructive Breast Surgery <i>(Charges incurred by the Insured person who is receiving benefits for Medically Necessary mastectomy and who elects breast reconstruction after a mastectomy.)</i>	Preferred Allowance	Usual & Customary Charges

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 copay per prescription order or refill for a Tier 1 Prescription Drug up to a 31 day supply

\$25 copay per prescription order or refill for a Tier 2 Prescription Drug up to a 31 day supply

Mail order Prescription Drugs are available at 2.5 times the retail copay up to a 90 day supply.

Your maximum allowed benefit is \$2,000 Per Policy Year.

Please present your ID card to the network pharmacy when the prescription is filled. If you do not present the card, you will need to pay 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.

If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

Additional Exclusions

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

- Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
- 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.

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 Hospitals and Physicians of UnitedHealthcare Options PPO.

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

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

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

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 Hospitals and Physicians of 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.

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 1-800-505-4160.

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.

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$250,000 has been paid by the Company. Optional benefits may only be purchased at the time of initial enrollment in the Plan and may not be added later.

The Company will pay 80% for Preferred Providers or 60% for Out-of-Network Providers for additional Covered Medical Expenses incurred up to the Major Medical Maximum of \$100,000. The total benefit payable under Major Medical is \$350,000 minus the Basic Benefits already paid.

No benefits will be paid under Major Medical for:

1. Room & Board / Hospital Miscellaneous Expenses which exceed the semi-private room rate;
2. Dental treatment;
3. Psychotherapy in excess of the mandated benefits specified in the Mandated Benefits section under Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency;
4. Alcoholism and drug abuse in excess of the mandated benefits specified in the Mandated Benefits section under Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency;
5. Services designated as "No Benefits" in the Basic Medical Expense Benefits Schedule of Benefits; and
6. Pre-existing Conditions, except for individuals who have been continuously insured under the Optional Major Medical coverage for at least 12 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 Optional Major Medical coverage, the time under the Previous Plan will be credited toward the 12 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.

Accidental Death and Dismemberment Benefits

Loss of Life, Limb or Sight

If such injury shall independently of all other causes and within 180 days from the date of injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the policy Maximum Benefit.

For Loss Of:

Life	\$10,000
Two or More Members	\$10,000
One Member	\$ 5,000
Thumb or Index Finger	\$ 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.

Excess Provision

No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance or under an automobile insurance policy.

However, this excess provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as a result of the Insured's failure to comply with policy provisions or requirements.

Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

Continuation Privilege

All Insured Persons who have been continuously insured under the school's regular student Policy for at least 3 consecutive months and who no longer meet the Eligibility requirements under that Policy are eligible to continue their coverage for a period of not more than six months under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that policy year.

Application must be made and premium must be paid directly to Student Insurance and be received within 14 days after the expiration date of your student coverage. For further information on the Continuation privilege, please contact UnitedHealthcare StudentResources.

Mandated Benefits

Benefits for Postpartum Care

Benefits will be paid the same as any other Sickness for inpatient postpartum treatment in accordance with the medical criteria outlined in the most current version of or an official update to the Guidelines for Perinatal Care prepared by the American Academy of Pediatrics and the American College of Obstetricians or the Standards for Obstetric-Gynecologic Services prepared by the American College of Obstetricians and Gynecologists, and such coverage must include an in-hospital stay of a minimum of 48 hours after vaginal delivery, and 96 hours after a Cesarean delivery.

Benefits will be provided in all cases of early discharge for post-delivery care within the minimum time periods established above to be delivered in the Insured's home, or in a Physician's office, as determined by the Physician in consultation with the Insured. The at-home post-delivery care shall be provided by a Physician which includes a registered professional nurse, nurse practitioner, nurse midwife, or physician assistant experienced in maternal and child health, and shall include:

1. Parental education;
2. Assistance and training in breast and bottle feeding; and
3. Performance of any medically necessary and clinically appropriate tests, including the collection of an adequate sample for hereditary and metabolic newborn screening.

Benefits shall be subject to all Deductible, coinsurance, copayments, limitations and any other provisions of the Policy.

Benefits for Child Health Screening Services

Benefits will be paid the same as any other Sickness for uniform age-appropriate health screening requirements including childhood immunizations, consistent with the standards and schedules of the American Academy of Pediatrics, for Insured's from birth to age 21 years in the District and services outside the state for Insured's with special needs.

For the purposes of this benefit, Insured's with special needs means Insureds: 1) With physical or mental, disabilities or illnesses who reside or receive care in other states, because the District of Columbia does not have the facilities, resources, or services to appropriately treat the Insured's physical or mental, disability or illness; and 2) Whose parents or legal guardians reside in the District of Columbia.

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

Benefits for Habilitative Services for the Treatment of Congenital or Genetic Birth Defects

Benefits will be paid the same as any other Sickness for Habilitative Services for the treatment of Congenital or Genetic Birth Defects to age 21 years.

For the purposes of this benefit:

Congenital or Genetic Birth Defect means: a defect existing at or from birth including a hereditary defect. Including autism or an autism spectrum disorder and cerebral palsy.

Habilitative Services means: services, including occupational therapy, physical therapy, and speech therapy, for the treatment of a child with a Congenital or Genetic Birth Defect to enhance the Insured Person's ability to function.

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

Benefits for Prostate Cancer Screening

Benefits will be paid the same as any other Sickness for Prostate Cancer Screening in accordance to the latest screening guidelines issued by the American Cancer Society.

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

Benefits for Cytologic Screening and Mammographic Examinations

Benefits shall be provided as for any other Sickness for: 1) cervical cytologic screening for women upon certification by the attending Physician that the test is a Medical Necessity; and 2) a baseline mammogram and an annual screening mammogram for women. All such services must be in accordance with the standard practice of medicine. All benefits are subject to the terms and conditions of the policy exclusive of any Deductible and coinsurance provisions in the policy.

Benefits for Colorectal Cancer Screening

Benefits will be paid the same as any other Sickness for colorectal cancer screening for Insured Persons. The screening shall be in compliance with American Cancer Society colorectal cancer screening guidelines, as updated.

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

Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency

Benefits will be paid the same as any other Sickness for Mental and Nervous Disorder, Alcoholism and Drug Dependency subject to all terms and conditions of the policy and the following limitations.

Covered Medical Expenses will be limited to inpatient, residential, and outpatient services provided by a Hospital, nonhospital residential facility, outpatient treatment facility, Physician, psychologist or independent clinical social worker. Before an Insured may qualify to receive benefits under this benefit, a Physician, psychologist or independent clinical social worker must: 1) certify that the individual is suffering from drug abuse, alcohol abuse or a Mental and Nervous Disorder; 2) certify that the treatment is medically or psychologically necessary; and 3) prescribe appropriate treatment which may include referral to other treatment providers.

Covered Medical Expenses will be limited to coverage of treatment of clinically significant substance use disorders or mental illness identified in the most recent edition of the International Classification of Diseases of the Diagnostic and Statistical Manual of the American Psychiatric Association.

Benefits will be paid not to exceed a maximum of 12 days per policy year for the process whereby a person who is intoxicated by or dependent on drugs or alcohol or both is assisted through the period of time necessary to eliminate the intoxicating agent from the body, while keeping the physiological risk to the patient at a minimum. Additional treatment for alcoholism and drug dependency will be provided not to exceed 60 days per policy year for inpatient or residential care, and for a maximum of 75% for the first 40 outpatient visits per policy year and a maximum rate of 60% for any outpatient visits thereafter for that policy year.

Benefits will be paid for the treatment of Mental and Nervous Disorders not to exceed a maximum of 60 days per policy year for inpatient or residential care, and for a maximum of 75% for the first 40 outpatient visits per policy year and a maximum rate of 60% for any outpatient visits thereafter for that policy year. The inpatient and outpatient benefits for Mental and Nervous Disorders will not exceed a maximum lifetime benefit of \$250,000 or one third of the maximum lifetime benefit for any other Sickness, whichever is greater.

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

Benefits for Diabetes

Benefits will be paid the same as any other Sickness for the equipment, supplies, and other outpatient self-management training and education, including medical nutritional therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin using diabetes if prescribed by a Physician legally authorized to prescribe such item.

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

Definitions

INJURY means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

PRE-EXISTING CONDITION means any condition for which medical advice, diagnosis, care or treatment was recommended or received within the 12 months immediately prior to the Insured's Effective date under the policy. "Pre-existing condition" does not include pregnancy.

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

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

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acne; acupuncture; allergy, including allergy testing;
2. Learning disabilities, 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;
3. 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;
4. 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;
5. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
6. Elective Surgery or Elective Treatment;
7. Elective abortion;
8. 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;
9. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain and symptomatic complaints of the feet;
10. Health spa or similar facilities, strengthening programs;
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. Immunizations; except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;

13. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
14. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs;
15. 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;
16. Investigational services;
17. Lipectomy;
18. 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;
19. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
20. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 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 12 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.
21. 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;
 - 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;
22. 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;
23. 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;
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 under "Benefits for Child Health Screening Services";
26. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
27. 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;
28. 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;
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); and
33. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

Collegiate Assistance Program

Insured Students have access to nurse advice, health information, and counseling support 24 hours a day, 7 days a week by dialing the number indicated on the permanent ID card. 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 Medical Assistance

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

Domestic Students, insured spouse and insured minor child(ren): You are eligible for SES when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program. SES includes Emergency Medical Evacuation and Return of Mortal Remains that meet the 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 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 Referral
- Foreign Hospital Admission Guarantee
- Medically Supervised Repatriation
- Emergency Trauma Services
- Return of Mortal Remains
- Care for Minor Children Left Unattended Due to a Medical Incident
- Lost Luggage or Document Assistance
- Emergency Medical Evacuation
- Critical Care Monitoring
- Prescription Assistance
- Transportation to Join Patient
- Interpreter and Legal Referrals

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

To access services please call: (877) 488-9833 Toll-free within the United States, (609) 452-8570 Collect outside the United States.

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

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

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient;
2. Patient's name, age, sex, and Reference Number;
3. Description of the patient's condition;
4. Name, location, and telephone number of hospital, if applicable;
5. Name and telephone number of the attending physician; 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. 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 **Student**Resources 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, the student 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. A Company claim form is not required for filing a claim.
- 3) File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

The Plan is Underwritten by:

UnitedHealthcare Insurance Company

Submit all Claims or Inquiries to:

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

Sales/Marketing Service:

UnitedHealthcare **Student**Resources
1-800-237-0903
E-mail: info@uhcsr.com

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



UnitedHealthcare®

A UnitedHealth Group Company

POLICY

NUMBER: 2009-482-1/2

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 08/04/2009

1. Continuation changed from 3 to 6 months.

NOC2 08/06/2009

1. Optional Major Medical: the following statment should say "may **NOT** be added later." The word NOT was missing and has now been added:

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$250,000 has been paid by the Company. Optional benefits may only be purchased at the time of initial enrollment in the Plan and may **not** be added later.

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