

2011-2012

STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of



ROGERS STATE
UNIVERSITY



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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 visiting us at www.uhcsr.com.

Eligibility

All registered undergraduate students taking 9 or more credit hours are eligible to enroll in this insurance Plan.

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

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student.

Effective and Termination Dates

The Master Policy becomes effective at 12:01 a.m. August 01, 2011. 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 at 11:59 p.m. July 31, 2012. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the Insured student. Refunds of premiums are allowed only upon entry into the armed forces.

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

Extension of Benefits After Termination

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Pre-Admission Notification

UMR Care Management 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.

UMR Care Management 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 Medical Expense Benefits

Up To \$50,000 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.

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

INPATIENT

<p>Hospital Expenses, daily semi-private room rate; general nursing care provided by the Hospital. Hospital 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.</p>	<p>80% Usual & Customary Charges \$1,000 Aggregate maximum per day</p>
<p>Intensive Care</p>	<p>Paid under Hospital Expenses</p>
<p>Routine Newborn Care, while Hospital confined; and routine nursery care provided immediately after birth. Exception: See Benefits for Maternity and Postpartum Care.</p>	<p>Paid as any other Sickness 48 hours vaginal/96 hours cesarean delivery Hospital Confinement expense maximum</p>
<p>Physiotherapy</p>	<p>Paid under Hospital Expenses</p>
<p>Surgeon's Fees, in accordance with data provided by FAIR Health, Inc. 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>80% Usual & Customary Charges \$2,000 maximum</p>
<p>Assistant Surgeon</p>	<p>No Benefits</p>
<p>Anesthetist, professional services administered in connection with inpatient surgery.</p>	<p>25% of Surgery Allowance</p>
<p>Registered Nurse's Services, private duty nursing care.</p>	<p>No Benefits</p>
<p>Physician's Visits, benefits are limited to one visit per day and do not apply when related to surgery.</p>	<p>80% Usual & Customary Charges \$30 maximum per day</p>
<p>Pre-Admission Testing, payable within 3 working days prior to admission.</p>	<p>Paid under Hospital Expenses</p>
<p>Psychotherapy, benefits are limited to one visit per day. Psychiatric Hospitals are not covered.</p>	<p>Paid as any other Sickness \$1,500 maximum Per Policy Year</p>
<p>Severe Mental Illness</p>	<p>See Benefits for Severe Mental Illness</p>

OUTPATIENT	
Surgeon's Fees , in accordance with data provided by FAIR Health, Inc. 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.	80% Usual & Customary Charges \$2,000 maximum
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.	80% Usual & Customary Charges \$1,000 maximum
Assistant Surgeon	No Benefits
Anesthetist , professional services administered in connection with outpatient surgery.	25% of Surgery Allowance
Outpatient Miscellaneous Benefit , includes benefits designated as paid under Outpatient Miscellaneous Benefit.	80% Usual & Customary Charges \$700 maximum
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.	Paid under Outpatient Miscellaneous Benefit
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.	Paid under Outpatient Miscellaneous Benefit
Physiotherapy , benefits are limited to one visit per day. See exclusion number 28 for additional limitations.	Paid under Outpatient Miscellaneous Benefit
Diagnostic X-Ray and Laboratory Services	Paid under Outpatient Miscellaneous Benefit
Chemotherapy & Radiation Therapy	No Benefits
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	Paid under Outpatient Miscellaneous Benefit
Injections , when administered in the Physician's office and charged on the Physician's statement.	No Benefits / Exception: See Benefits for Child Health Supervision Services
Prescription Drugs	50% of Usual & Customary Charges \$350 maximum Per Policy Year
Psychotherapy , benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder including Prescription Drugs.	80% Usual & Customary Charges \$75 maximum per day 10 days maximum Per Policy Year
Severe Mental Illness	See Benefits for Severe Mental Illness

OTHER	
Ambulance Services , (Exception: See Benefits for Newborn Infant Transportation.)	80% Usual & Customary Charges \$500 maximum
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% Usual & Customary Charges \$200 maximum
Consultant Physician Fees , when requested and approved by the attending Physician.	80% Usual & Customary Charges \$100 maximum
Dental Treatment , made necessary by Injury to Sound, Natural Teeth.	80% Usual & Customary Charges \$200 maximum
Maternity and Complications of Pregnancy	Paid as any other Sickness
Alcoholism/Drug Abuse	Paid under Psychotherapy
Elective Abortion	No 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: **Initial screening at first visit** – Pregnancy test: Urine human chorionic gonatropin (hCG), Asymptomatic bacteriuria: Urine culture, Blood type and Rh antibody, Rubella, Pregnancy-associated plasma protein-A (PAPPA) (first trimester only), Free beta human chorionic gonadotrophin (hCG) (first trimester only), Hepatitis B: HBsAg, Pap smear, Gonorrhea: Gc culture, Chlamydia: chlamydia culture, Syphilis: RPR, HIV: HIV-ab; and Coombs test; **Each visit** – Urine analysis; **Once every trimester** – Hematocrit and Hemoglobin; **Once during first trimester** – Ultrasound; **Once during second trimester** – Ultrasound (anatomy scan); Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a; **Once during second trimester if age 35 or over** - Amniocentesis or Chorionic villus sampling (CVS); **Once during second or third trimester** – 50g Glucola (blood glucose 1 hour postprandial); and **Once during third trimester** - Group B Strep Culture. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

Coordination of Benefits

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

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 in lieu of payment under the Medical Expense Benefits.

For Loss of:

Life	\$5,000
Two or more members	\$2,500
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.

Mandated Benefits

Benefits for Severe Mental Illness

Benefits will be paid the same as any other Sickness for treatment of Severe Mental Illness. "Severe mental illness" means any of the following biologically based mental illnesses for which the diagnostic criteria are prescribed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders:

- a) schizophrenia,
- b) bipolar disorder (manic-depressive illness),
- c) major depressive disorder,
- d) panic disorder,
- e) obsessive-compulsive disorder, and
- f) schizoaffective disorder.

Benefits for inpatient Hospital services are payable for a minimum of twenty-six (26) days or the days payable 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 Mammography

Benefits will be paid for the Usual and Customary Charges for a Low-Dose Mammography for the presence of occult breast cancer not to exceed a maximum of \$115.00 subject to the following guidelines:

1. Once every five years for women age thirty-five to thirty-nine; and
2. Annually for women forty years of age and older.

"Low-dose mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including but not limited to the x-ray tube, filter, compression device, screens, films, and cassettes with an average radiation exposure delivery of less than one rad mid-breast, with two views for each breast.

Benefits will not be subject to any Deductibles, copayments, or coinsurance limitations of the policy.

Benefits for Breast Cancer Treatment

Benefits will be paid the same as any other Sickness for the treatment of breast cancer to include: 1) not less than forty-eight (48) hours of inpatient care following a mastectomy; and 2) not less than twenty-four (24) hours of inpatient care following a lymph node dissection. Additional inpatient benefits are payable upon the recommendation of the Insured Person's Physician.

Benefits will also be paid the same as any other Sickness for reconstructive breast surgery performed as a result of a partial or total mastectomy. Benefits will include all stages of reconstructive breast surgery performed on the non-diseased breast to establish symmetry with the diseased breast when reconstructive surgery on the diseased breast is performed.

Benefits for Diabetes

Benefits will be paid the same as any other Sickness for services, supplies, and equipment for the treatment of Type I, Type II, and gestational diabetes when a Medical Necessity and when recommended or prescribed by a Physician.

Benefits for supplies and equipment will include blood glucose monitors including monitors for the vision impaired, test strips for glucose monitors; visual reading and urine testing strips; injection aids; syringes; insulin pumps and appurtenances thereto; insulin infusion devices and podiatric appliances for prevention of complications associated with diabetes and podiatric health services to prevent complications from diabetes.

If Prescription Drug benefits are included in the policy, benefits for Prescription Drugs will include benefits for insulin and oral agents for controlling blood sugar.

Benefits will also include Diabetes Self-Management Training. "Diabetes self-management training" means instruction by a Physician in an inpatient or outpatient setting which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy. Benefits will be provided upon the initial diagnosis of diabetes or a significant change in the Insured's symptoms or condition which make Medically Necessary changes in the Insured's self-management, or re-education or refresher training. These benefits will include medical nutrition therapy relating to diet, caloric intake, and diabetes management but do not include programs the only purpose of which are weight reduction. Diabetes Self-Management Training shall also include home visits when a Medical Necessity.

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

Benefits for Prostate Cancer Screening

Benefits will be paid for the actual expenses incurred not to exceed \$65 maximum per screening for an annual screening for the early detection of prostate cancer in Insureds that are: 1) over the age of fifty (50) years; and 2) over the age of forty (40) years that are in a High Risk Category.

Benefits will be paid for the following:

1. A screening performed by a Physician; and
2. The following tests:
 - a) a prostate specific antigen blood test, and
 - b) a digital rectal examination.

"High risk category" means an Insured from forty (40) to fifty (50) years of age who is at increased risk of developing prostate cancer as determined by a Physician.

The benefit shall not be subject to any policy Deductible. The benefit shall be subject to all copayment, coinsurance, limitations or any other provisions of the policy.

Benefits for Wigs and Scalp Protheses

Benefits will be paid for the Usual and Customary Charges up to a maximum of \$150.00 annually for wigs or other scalp protheses necessary for the comfort and dignity of the Insured Person following hair loss as a result of treatment of cancer and other conditions treated by chemotherapy or radiation therapy.

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

Benefits for Osteoporosis

Benefits will be paid for the Usual and Customary Charges for a Bone Density Test performed on a Qualified Individual who is forty-five (45) years of age or older when such test is requested by a Physician. The maximum benefit payable will not exceed \$150.00 per Policy Year.

"Qualified individual" means an Insured Person: a) with an estrogen hormone deficiency; b) with vertebral abnormalities; primary hyperparathyroidism, or a history of fragility bone fractures; c) who is receiving long-term glucocorticoid; or d) who is currently under treatment for osteoporosis.

"Bone density test" means a medically accepted measurement of bone mass used to detect low bone mass and to determine a qualified individual's risk for osteoporosis.

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

Benefits for Maternity and Postpartum Care

Benefits will be paid the same as any other Sickness for inpatient and outpatient maternity care.

Inpatient benefits will include:

1. A minimum of forty-eight (48) hours of inpatient care at a Hospital, or a birthing center licensed as a Hospital, following a vaginal delivery for an Insured and Newborn Infant after childbirth;
2. A minimum of ninety-six (96) hours of inpatient care at a Hospital following delivery by cesarean section for the Insured and Newborn Infant after childbirth.

Inpatient benefits will include at a minimum:

1. Physical assessment of the Insured and the Newborn Infant;
2. Parent education, to include, but not be limited to:
 - a) the recommended childhood immunization schedule,
 - b) the importance of childhood immunizations, and
 - c) resources for obtaining childhood immunizations;
3. Training or assistance with breast or bottle feeding; and
4. The performance of any Medically Necessary clinical tests.

Benefits will include postpartum home care following a vaginal delivery if childbirth occurs at home or in a birthing center licensed as a birthing center. Home care benefits will include one home visit within forty-eight (48) hours of childbirth by a Physician. Such visit shall include:

1. Physical assessment of the Insured and the Newborn Infant,
2. Parent education, to include, but not be limited to:
 - a) the recommended childhood immunization schedule,
 - b) the importance of childhood immunizations, and
 - c) resources for obtaining childhood immunizations,
3. Training or assistance with breast or bottle feeding, and
4. The performance of any Medically Necessary and appropriate clinical tests.

At the Insured's discretion, visits may occur at the facility of the Physician.

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

Benefits for Newborn Infant Transportation

Benefits will be paid for the Usual and Customary Charges for transportation necessary for the provision of medical care for a Newborn Infant when: 1) the Newborn Infant is transported to the nearest Hospital capable of providing the Medically Necessary treatment on a timely basis, and 2) the mode of transportation is the most economical consistent with the well being of the Newborn Infant.

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

Benefits for Audiological Services and Hearing Aids for Children

Benefits will be paid for the Usual and Customary Charges for audiological services and hearing aids for children up to eighteen (18) years of age. The benefit payable is limited to one such benefit for each hearing-impaired ear to every forty-eight (48) months; provided, however, such benefits will be paid for up to four additional ear molds per year for children up to two (2) years of age. Benefits shall only apply to hearing aids that are prescribed, filled and dispensed by a licensed audiologist.

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

Benefits for Anesthesia and Hospitalization for Dental Coverage

Benefits will be paid the same as any other Sickness for anesthesia expenses, Hospital and ambulatory surgical center expenses, and Physician expenses associated with any Medically Necessary dental procedure when provided to an Insured Person who is:

1. Severely disabled; or
2. A minor eight (8) years of age or under, and who has a medical or emotional condition which requires hospitalization or general anesthesia for dental care.

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

Benefits for Adopted Children's Birth

Benefits will be paid for the actual and documented charges that are a Medical Necessity associated with the birth of an Adopted Child who is eighteen (18) months of age or younger. The Insured Person shall provide copies of medical bills and records associated with the birth of the Adopted Child and proof that the Insured paid or is responsible for payment of the medical bills associated with the birth and that the cost of the birth was not covered by another health care plan including Medicaid. Any reference to the name of the natural parents of the Adopted Child shall be deleted from the records so provided.

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

Benefits for Obstetrical/Gynecological Examinations

Benefits will be paid the same as any other Sickness for routine annual obstetrical/gynecological examinations.

The benefits required to be provided by this provision shall in no way diminish or limit diagnostic benefits otherwise allowable under this policy.

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

Benefits for Child Health Supervision Services

Benefits will be paid the same as any other Sickness for a covered Dependent child for Child Health Supervision Services.

"Child health supervision services" means the periodic review of a child's physical and emotional status by a Physician or other primary health care provider pursuant to a Physician's supervision. A review shall include but not be limited to a history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards.

Such services will include coverage from the moment of birth through the age of eighteen years. Benefits will be paid for Child Health Supervision Services at approximately the following age intervals: birth, two months, four months, six months, nine months, twelve months, eighteen months, two years, three years, four years, five years, six years, eight years, ten years, twelve years, fourteen years, sixteen years, and eighteen years.

Benefits for Child Health Supervision Services which are rendered during a periodic review will be limited to Covered Medical Expenses provided by or under the supervision of a single Physician during the course of one visit.

Immunizations are not subject to any coinsurance, copayment, dollar limit or Deductible but shall be subject to other provisions of the policy.

Benefits other than immunizations shall be subject to all Deductibles, copayments, coinsurance, limitations, or any other provisions of the policy.

Definitions

INJURY means accidental bodily injury sustained by the Insured Person which are the direct cause, independent of disease or bodily infirmity or any other cause, and which occur while the insurance is in force. 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: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 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 12 months immediately prior to the Insured's Effective Date under the policy.

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

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

Exclusions and Limitations

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

1. Acne; acupuncture; allergy, including allergy testing;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Assistant Surgeon Fees;
4. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation;
5. Biofeedback;
6. Chemotherapy, Radiation Therapy, Injections, except as specifically provided in the Benefits for Child Health Supervision Services;
7. Chronic pain disorders;
8. Circumcision;
9. Congenital conditions, except as specifically provided for a Newborn Infant or Adopted Child;
10. 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;
11. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
12. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
13. Elective Surgery or Elective Treatment;
14. Elective abortion;
15. 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;
16. 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;
17. Health spa or similar facilities; strengthening programs;
18. 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; except as specifically provided in the Benefits for Audiological Services and Hearing Aids for Children;
19. Hirsutism; alopecia;
20. Hypnosis;
21. Immunizations, except as specifically provided in the Benefits for Child Health Supervision Services; preventive medicines or vaccines, except where required for treatment of a covered Injury;
22. Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
23. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;

24. Injury sustained while (a) participating in any interscholastic, club, 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;
25. Investigational services;
26. Lipectomy;
27. Organ transplants, including organ donation;
28. 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;
29. Marital or family counseling;
30. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
31. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months; The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;
32. 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 in the Benefits for Diabetes);
 - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
 - c) Immunization agents (except as specifically provided in the Benefits for Childhood Immunizations), 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, except for Prescription Drugs and the Medically Necessary services associated with the administration of the Prescription Drug used for cancer treatment or the study of oncology that the off-label use of such Prescription Drug has not been approved by the Federal Food and Drug Administration for that indication in one of the standard reference compendia, as defined in paragraph (d) of Section 1-1401 of Title 63 of the Oklahoma Statutes;
 - 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;
33. 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;

34. 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;
35. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery except as specifically provided in the Benefits for Maternity and Postpartum Care;
36. 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;
37. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
38. 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;
39. 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;
40. Sleep disorders;
41. Speech therapy; naturopathic services;
42. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
43. Supplies, except as specifically provided in the policy;
44. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
45. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; or snowmobile, skiing, scuba diving, surfing, roller skating, riding in a rodeo;
46. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
47. War or an act of war, declared or undeclared; while serving in the military forces or any auxiliary unit attached thereto. (a pro-rata premium will be refunded upon request for such period not covered); and
48. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

Collegiate Assistance Program

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing the number 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 US State Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES, Inc. Any services not arranged by SES, Inc. will not be considered for payment.

Key Services include:

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

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

To access services please call:

(877) 488-9833 Toll-free within the United States
(609) 452-8570 Collect outside the United States

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

When calling 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, Inc. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure or Program Guide at www.uhcsr.com for additional information, including limitations and exclusions pertaining to the SES program.

Claim Procedure

In the event of Injury or Sickness, students should:

1. Report to the Health Center for treatment or referral, or in the case of an emergency, to their Physician or Hospital.
2. Mail to the address below all medical and hospital bills along with the patient's name and Insured student's name, address, Social Security number and name of the 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 Services:

UnitedHealthcare **Student**Resources

805 Executive Center Drive West, Suite 220

St. Petersburg, FL 33702

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.

This Brochure is based on Policy # 2011-202478-74