

2010-2011

STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of

Holy Names 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 by visiting us at www.uhcsr.com.

Eligibility

All registered students 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 or Domestic Partner and unmarried children under 19 years of age or 23 years if a full-time student at an accredited institution of higher learning who are not self-supporting. See the Definitions section of the brochure for the specific requirements needed to meet Domestic Partner eligibility.

Dependent Eligibility expires concurrently with that of the Insured student.

Effective and Termination Dates

The Master Policy on file at the school becomes effective August 11, 2010. 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 10, 2011. 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.

Alternative Coverage

If you do not meet the Eligibility requirements of this student policy, please call 1-800-406-2338 for information on alternative coverage. You may also access information on this plan, get premium quotes, and apply on-line at our website:

<http://www.goldenrulehealth.com/studentresources>.

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 (Per Insured Person) (For Each Injury or Sickness)

Coinsurance 80% except as noted below

The Policy provides benefits for 80% of 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 Expense, daily semi-private room rate; general nursing care provided by the Hospital. Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.</p>	<p style="text-align: center;">80% of Usual and Customary Charges / \$1,200 Aggregate maximum per day</p>
<p>Intensive Care</p>	<p style="text-align: center;">Paid under Hospital Expense</p>
<p>Routine Newborn Care, While Hospital Confined; and routine nursery care provided immediately after birth.</p>	<p style="text-align: center;">Paid as any other Sickness / <i>4 days Hospital Confinement expense maximum</i></p>
<p>Physiotherapy</p>	<p style="text-align: center;">Paid under Hospital Expense</p>
<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 style="text-align: center;">80% of Usual and Customary Charges / \$2,500 maximum</p>
<p>Anesthetist, professional services administered in connection with inpatient surgery.</p>	<p style="text-align: center;">25% of Surgery Allowance</p>

INPATIENT	
Registered Nurse's Services , private duty nursing care.	No Benefits
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	80% of Usual and Customary Charges / \$30 maximum per day
Pre-Admission Testing , payable within 3 working days prior to admission.	Paid under Hospital Expense
Psychotherapy , benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness / \$1,500 maximum (Per Policy Year)
Severe Mental Illness	See Benefits for Severe Mental Illnesses & Serious Emotional Disturbances
OUTPATIENT	
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80% of Usual and Customary Charges / \$2,500 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% of Usual and Customary Charges / \$1,200 maximum
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% of Usual and Customary Charges / \$900 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
Physiotherapy , benefits are limited to one visit per day. <i>(Outpatient Physiotherapy benefits are 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.)</i>	Paid under Outpatient Miscellaneous Benefit

OUTPATIENT	
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
Diagnostic X-ray and Laboratory Services	Paid under Outpatient Miscellaneous Benefit
Injections	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
Chemotherapy	No Benefits
Radiation Therapy	No Benefits
Prescription Drugs ,	50% of U&C / \$500 maximum (Per Policy Year)
Psychotherapy , Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder (including Prescription Drugs).	80% of Usual and Customary Charges / \$100 maximum per day / 10 days maximum (Per Policy Year)
Severe Mental Illness	See Benefits for Severe Mental Illnesses & Serious Emotional Disturbances
OTHER	
Ambulance Services	80% of Usual and Customary Charges / \$500 maximum per day
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% of Usual and Customary Charges / \$300 maximum per day
Consultant Physician Fees , when requested and approved by the attending Physician.	80% of Usual and Customary Charges / \$100 maximum per day
Dental Treatment , made necessary by Injury to Natural Teeth.	80% of Usual and Customary Charges / \$200 maximum
Maternity , (<i>Pregnancy will not be considered a pre-existing condition.</i>)	Paid as any other Sickness
Complications of Pregnancy	Paid as any other Sickness
Alcoholism/Drug Abuse	Paid under Psychotherapy

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, and HIV: HIV-ab; 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.

Accidental Death & Dismemberment Benefit

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	\$5,000
One Member	\$2,500

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

Mandated Benefits

Benefits for Severe Mental Illnesses and Serious Emotional Disturbances

Benefits will be paid the same as any other Sickness for the diagnosis and Medically Necessary treatment of Severe Mental Illnesses of an Insured of any age and of Serious Emotional Disturbances of an Insured child as specified below:

- (1) Outpatient services.
- (2) Inpatient hospitalization services.
- (3) Partial hospitalization services.
- (4) Prescription Drugs, if the policy includes coverage for Prescription Drugs.

"Severe Mental Illness" includes:

- (1) Schizophrenia
- (2) Schizoaffective disorder
- (3) Bipolar disorder (manic-depressive disorder)
- (4) Major depressive disorders
- (5) Panic disorder
- (6) Obsessive-Compulsive disorder
- (7) Pervasive developmental disorder of Autism
- (8) Anorexia nervosa
- (9) Bulimia nervosa

"Serious emotional disturbance of a child" means a child under the age of 18 years who has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population must meet one or more of the following criteria:

- (A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur: (i) the child is at risk of removal from home or has already been removed from the home. (ii) The mental disorder and impairments have been present for more than 6 months or are likely to continue for more than one year without treatment.
- (B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
- (C) The child meets special education eligibility requirements under Chapter 26.5 of division 7 of Title 1 of the Government Code.

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

Additional Mandated Benefits

Benefits are provided as mandated by California Department of Insurance such as Benefits for Diabetes, Telemedicine, Mammography, Upper or Lower Jawbone Surgery, Reconstructive Surgery, Prosthetic Devices for Speaking Post Laryngectomy, Prostate Cancer Screening, Cancer Screening Tests, Cervical Cancer Screening, AIDS Vaccine, Phenylketonuria (PKU), Osteoporosis, Cancer Clinical Trials and Breast Cancer Screening and Treatment. A detail of these benefits may be found in the Master Policy on file at the University.

Definitions

Creditable Coverage means any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefit society, self-insured employer plan, or any other entity, in this state or elsewhere, and that arranges or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans, including Medicare or Medicaid, nonprofit medical and surgical plan or hospital service plan that provides similar benefits, Armed Forces Personnel Medical and Dental Care, Indian Health Service or tribal organization medical care program, a state health benefits risk pool, Federal Employees Health Benefit Plan, the Peace Corps Act health benefit plan, health maintenance organization, a public health plan, or College Plan. The term includes continuation or conversion coverage, but does not include accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

Domestic Partner Domestic partners are two adults who have chosen to share one another's lives in an intimate and committed relationship of mutual caring and where all of the following requirements are met: (1) Both persons have a common residence. (2) Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity. (3) The two persons are not related by blood in a way that would prevent them from being married to each other in this state. (4) Both persons are at least 18 years of age. (5) Either of the following (A) Both persons are members of the same sex. (B) One or both of the persons meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in 42 U.S.C. Section 1381 for aged individuals. Notwithstanding any other provision of this section, persons of opposite sexes may not constitute a domestic partnership unless one or both of the persons are over the age of 62. (6) Both persons are capable of consenting to the domestic partnership.

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, including the use of Prescription Drugs is recommended or received from a Physician within 6 months immediately prior to the Insured's Effective Date under the policy.

Sickness means sickness or disease of the Insured Person which causes loss 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 judgement 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. Biofeedback;
5. Radiation Therapy; Injections; Chemotherapy;
6. Chronic pain disorders;
7. Circumcision;
8. Congenital conditions, except as specifically provided for Benefits for Reconstructive Surgery, or for Newborn or adopted Infants;
9. 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;
10. 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;
11. Dental treatment, except for accidental Injury to Natural Teeth;
12. Elective Surgery or Elective Treatment;
13. Elective abortion;
14. 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;
15. 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;
16. Health spa or similar facilities; strengthening programs;
17. 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;
18. Hirsutism; alopecia;
19. Hypnosis;
20. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury; or as specifically provided in the policy;
21. Loss sustained or contracted in consequence of the Insured's being intoxicated or under the influence of any controlled substances unless administered on the advice of a Physician;
22. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;

23. 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;
24. Investigational services;
25. Lipectomy;
26. Organ transplants, including organ donation;
27. 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;
28. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
29. Pre-Existing Conditions, except for individuals who have been continuously insured for at least 6 consecutive months under any health insurance plan or policy or employer-provided health benefit arrangement. Credit for time served will be given when covered under Creditable Coverage provided the individual becomes eligible and enrolls under this policy within 63 days of termination of the prior plan;
30. Prescription Drug Services - no benefits will be payable for:
 - 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) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - d) Products used for unapproved cosmetic indications;
 - e) Drugs used to treat or cure baldness, and anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
31. 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;
32. 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;
33. 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;
34. 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;

35. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
36. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
37. 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;
38. Sleep disorders;
39. Speech therapy; naturopathic services;
40. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted injury;
41. Supplies, except as specifically provided in the policy;
42. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy;
43. 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);
44. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
45. 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
46. 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 and health information 24 hours a day, 7 days a week by dialing the access number indicated on your permanent ID Card. The Collegiate Assistance Program is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy.

Scholastic Emergency Services: Global Emergency Medical Assistance

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

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

Domestic Students, insured spouse/Domestic Partner 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 United States Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES, any services not arranged by SES will not be considered for payment.

Key Services include:

- * Critical Care Monitoring
- * Medical Consultation, Evaluation and Referrals Guarantee
- * Prescription Assistance
- * Transportation to Join Patient
- * Return of Mortal Remains
- * Care for Minor Children Left Unattended Due to a Medical Incident
- * Lost Luggage or Document Assistance
- * Emergency Medical Evacuation
- * Foreign Hospital Admission
- * Medically Supervised Repatriation
- * Emergency Counseling Services
- * 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; or
6. Information of where the physician can be immediately reached.

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

Online Access to Account Information

UnitedHealthcare **StudentResources** insured have online access to claims status, EOBs, correspondence and coverage information via My Account at UHCSR.com. Insured can also print a temporary ID card, request replacement ID card and locate network provider from My Account.

If you don't already have an online account, simply select the "Create an Account" link from the home page at 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. account information.

Claim Procedure

In the event of Injury or Sickness, students should:

- 1) Report to the Student Health Service or Infirmary for treatment or referral, or when not in school, to their Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
- 3) 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 **StudentResources**
P.O. Box 809025
Dallas, Texas 75380-9025
1-800-767-0700
Claims@uhcsr.com
Customerservice@uhcsr.com

Sales/Marketing Service:

UnitedHealthcare **StudentResources**
805 Executive Center Drive West, Suite 220
St. Petersburg, FL 33702
1-800-237-0903

E-Mail (Inquiries Only):

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.