



2009-2010

STUDENT INJURY
AND SICKNESS
INSURANCE PLAN

Designed Especially for Students of

New Mexico State University



Table of Contents

Privacy Policy	1
Eligibility (Domestic Plan 2 & International Plan 4)	1
Effective and Termination Dates	1
Extension of Benefits After Termination	2
New Mexico State University Student Health Center	2
SHC Location and Hours	2
SHC Services	2
Confidentiality	2
Eligibility For SHC Services	3
Patient Charges At The SHC	3
SHC Pharmacy/Laboratory/X-ray	3
Insurance Claims	3
Pre-Admission Notification	3
Schedule of Medical Expense Benefits	4
Preferred Provider Information	7
Maternity Testing	7
Accidental Death and Dismemberment Benefits	8
Excess Provision	8
Continuation Privilege	8
State Mandated Benefits	8
Definitions	9
Exclusions and Limitations	10
Collegiate Assistance Program	12
Scholastic Emergency Services (SES)	13
Claim Procedure	Back Cover

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public 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 non-public personal information. You may obtain a copy of our privacy practices by calling us toll-free at 866-664-6678 or visiting us at www.uhcsr.com.

Eligibility

Plan 2 (2009-4040-2) All registered domestic undergraduate students taking 6 or more credit hours and all domestic graduate students taking 3 or more credit hours (1 or more credit hours when in their semester to complete their Thesis) are eligible to enroll in this insurance plan.

Plan 4 (2009-4040-4) All registered International students are eligible and are required to enroll in the plan at registration.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study and correspondence students are allowed to purchase the insurance, but must fulfill the same requirements as regular students for credit hours, use of Student Health Center, and payment of health fees as specified in the Eligibility for SHC Services and Patient Charges section of this brochure. The Company maintains its right to investigate student status and attendance records to verify that the Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse or Domestic Partner and their unmarried children under 25 years of age, who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student. See the Definitions section of the Brochure for the specific requirements needed to meet Domestic Partner eligibility.

New Mexico State University will share the cost of health insurance for graduate students employed as graduate assistants. Enrollment in the insurance program is voluntary and the cost of the plan will be split with NMSU paying 70% of the annual cost and the student being responsible for 30%. Payment from insurance premiums will be made through payroll deduction. Enrollment is made directly through NMSU Benefits Services, Hadley Hall, Room 17 and requires approval signatures. Enrollment deadline will be strictly enforced. Contact NMSU Benefits Services at (575) 646-8000 for information on Graduate Assistant enrollment.

Effective and Termination Dates

The Master Policy on file at the school becomes effective August 20, 2009 (**For Plan 2**), August 15, 2009 (**For Plan 4**). 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 19, 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.

If paying premium by Semester, coverage expires as follows:

Domestic (Plan 2)

Fall	01/13/2010
Spring	05/26/2010
Spring/Summer	08/19/2010
Summer	08/19/2010

International (Plan 4)

Fall	01/13/2010
Spring	05/26/2010
Spring/Summer	08/14/2010
Summer	08/14/2010

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 premium expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

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

Refunds of premiums are allowed only upon entry into the armed forces.

It is the Insured's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Insureds who have not received information regarding a subsequent Plan prior to the Policy's Termination Date should inquire regarding such coverage with the school or its agent.

Extension of Benefits After Termination

The coverage provided under the policy ceases on the Termination Date. However, if an Insured is Totally Disabled 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 After Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

New Mexico State University Student Health Center

The purpose of the Student Health Center (SHC) is to provide quality health care at a minimum cost and with a minimum loss of your time from the classroom. The SHC is a department in the division of Student Affairs at New Mexico State University.

SHC Location and Hours

The SHC is located on the corner of Breland Drive and Stewart Street on campus, just south of the Zuhl Library. The Center is open for outpatient health care services Monday - Friday from 7:30 am until 4:30 pm. Summer hours are Monday - Friday 7:30 am through 11:30 am and 1:00 pm through 4:30 p m.

SHC Services

The SHC is nationally accredited and is a member of the American College Health Association. The Center provides care for most of your health and wellness needs. The Health Center operates on a walk-in and appointment basis and is staffed by Physicians and mid-level practitioners. The following is a list of services provided by the Center:

General Medicine	Laboratory
Nutrition Counseling	Pharmacy
Radiology (X-ray)	Immunizations
Health Education	Dermatology
Wellness Exams	Psychiatry
Orthopedics	

Confidentiality

All patient related information is confidential and is maintained, as such, in accordance with the law and federal HIPAA regulations.

Eligibility For SHC Services

All full-time students and part-time undergraduate and graduate students are eligible for SHC services. Student and dependent spouse, covered by the insurance plan, must present their student or picture ID and social security number for each visit. Faculty, staff and dependent children are not eligible for services at the SHC.

Patient Charges At The SHC

Routine SHC visits are free (covered by the NMSU assessed health fee) for full-time students. There are reasonable charges, however, for office visits for part-time students, laboratory procedures, prescriptions filled in the pharmacy, medical supply items, x-rays and special diagnostic procedures. SHC office visit fees are not covered by the insurance plan if you are a part-time student.

SHC Pharmacy/Laboratory/X-ray

The Pharmacy fills prescriptions ordered by the SHC practitioners as well as prescriptions from practitioners in New Mexico and adjoining states. Since our pharmacists pride themselves on keeping their prices as low or lower than elsewhere in the community, the eligible student is encouraged to take advantage of this fast and friendly service.

The SHC also has full-service laboratory services and primary diagnostic X-ray in-house, saving students time and money as well as providing convenience on campus.

Insurance Claims

The Insurance Department at the SHC will handle claims with the Student Health Insurance only for charges incurred at the Student Health Center. Assistance will be provided in filing claims with private insurance companies only for those charges incurred at the SHC, provided the student brings proof of insurance and all receipts for services rendered. *In all cases, it is the student's responsibility to provide any and all claims information for filing purposes. Payment for services rendered at the Student Health Center are due at the time services are rendered. The Student Health Center accepts no responsibility regarding payment by the insurance company. The contract for insurance is made between the student and the insurance company.*

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 a guarantee that benefits will be paid.

Schedule of Medical Expense Benefits

Up To \$150,000 Maximum Benefit Paid as Specified Below (For each Injury or Sickness)

Preferred Provider - \$50 Deductible (For each Injury or Sickness)

Out-of-Network - \$150 Deductible (For each Injury or Sickness)

The Preferred Provider for this plan is **UnitedHealthcare Options PPO**.

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 \$150,000 for each Injury or Sickness.

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 on Out-of-Network provider is used.

Note: TB tests and Tubersol injections payable when administered at the SHC only. (Plan 4 only)

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:

PA = Preferred Allowance U&C = Usual & Customary Charges Max = Maximum

	Preferred Providers	Out-of-Network Providers
INPATIENT		
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.	90% of PA	60% of U&C
Routine Newborn Care , 4 days Hospital Confinement expense maximum, while Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness	Paid as any other Sickness
Physiotherapy	90% of PA	60% of U&C
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.	90% of PA	60% of U&C
Assistant Surgeon	No Benefits	No Benefits

	Preferred Providers	Out-of-Network Providers
INPATIENT		
Anesthetist , professional services in connection with inpatient surgery.	25% of Surgery Allowance	25% of Surgery Allowance
Registered Nurse's Services , private duty nursing care.	90% of PA	60% of U&C
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	90% of PA	60% of U&C
Pre-admission Testing , payable within 3 working days prior to admission.	90% of PA	60% of U&C
Psychotherapy , \$20,000 maximum Per Policy Year. Psychiatric Hospitals are not covered. Benefits are limited to one visit per day	Paid as any other Sickness	Paid as any other Sickness
OUTPATIENT		
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	60% of U&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	90% of PA	60% of U&C
Assistant Surgeon	No Benefits	No Benefits
Anesthetist , professional services administered in connection with outpatient surgery.	25% of Surgery Allowance	25% of Surgery Allowance
Outpatient Miscellaneous Benefit , \$3,500 maximum, includes benefits designated as Paid under Outpatient Miscellaneous Benefit.	90% of PA	60% of U&C
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	Paid under Outpatient Misc. Benefit	Paid under Outpatient Misc. Benefit
Physiotherapy , benefits are limited to one visit per day. See exclusion number 29 for additional limitations.	Paid under Outpatient Misc. Benefit	Paid under Outpatient Misc. Benefit

	Preferred Providers	Out-of-Network Providers
OUTPATIENT		
Medical Emergency Expenses , <i>(in addition to the Policy Deductible, \$100 copay / Deductible per visit)</i> 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 Misc. Benefit / \$100 copay per visit	Paid under Outpatient Misc. Benefit / \$100 Deductible per visit
Diagnostic X-ray & Laboratory Services	Paid under Outpatient Misc. Benefit	Paid under Outpatient Misc. Benefit
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 Misc. Benefit	Paid under Outpatient Misc. Benefit
Chemotherapy & Radiation Therapy	Paid under Outpatient Misc. Benefit	Paid under Outpatient Misc. Benefit
Prescription Drugs , \$1,500 maximum Per Policy Year.	90% of U&C	90% of U&C
Psychotherapy , 15 days maximum Per Policy Year. Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder (including Prescription Drugs).	90% of PA	60% of U&C
OTHER		
Ambulance Services	90% of U&C	90% of U&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	90% of PA	60% of U&C
Consultant Physician Fees , when requested and approved by the attending Physician.	90% of PA	60% of U&C
Dental Treatment , \$500 maximum, made necessary by Injury to Sound, Natural Teeth.	90% of U&C	90% of U&C
Maternity & Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Alcoholism / Drug Abuse	Paid under Psychotherapy	
Wellness Benefit , \$400 Per Policy Year. Benefits provided only at the SHC or PPO Providers.	90% of PA	No Benefits
Repatriation / Medical Evacuation	Benefits provided by Scholastic Emergency Services	

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 Provider in the local school area is: **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 1-866-664-6678, on the website at www.uhcsr.com, 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 90%, up to any limits specified in the Schedule of Benefits. Call 1-866-664-6678 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 United Healthcare Options PPO will be paid at the coinsurance percentages specified in the Schedule of Benefits 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 1-866-664-6678.

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	\$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.

Excess Provision

Even if you have other insurance, this Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance.

Benefits will be paid on the unpaid balances after your other insurance has paid. 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 exclude amounts not covered by the primary carrier due to penalties imposed on the Insured for failing 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 6 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 UnitedHealthcare **StudentResources** 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**.

State Mandated Benefits

Benefits are provided as mandated by the State of New Mexico. A detail of Benefits for Temporomandibular Joint Disorder and Craniomandibular Disorder, Benefits for Diabetes, Benefits for Mammography, Mastectomy or Breast Cancer Treatment, Benefits for Reconstructive Breast Surgery Following Mastectomy, Benefits for Cytologic and Human Papilloma Virus Screening, Benefits for Maternity Transport, Benefits for Postpartum Care in the Home, Benefits for Childhood Immunizations, Benefits for Cancer Clinical Trials, Benefits for Tobacco Cessation Treatment, Benefits for Alpha-Fetoprotein IV Screening Test, Benefits for Treatment of Genetic Errors of Metabolism, Benefits for Early Intervention Services, Benefits for Colorectal Cancer Screening, Benefits for Hearing Aids for Children, and Benefits for General Anesthesia and Hospitalization for Dental Surgery may be found in the Master Policy on file at the University.

Definitions

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

HOSPITAL means a licensed or properly accredited general hospital which: 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises; and 6) is not primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating Mental and Nervous Disorder.

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: 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 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.

TOTALLY DISABLED means a condition of a Named Insured which, because of Sickness or Injury, renders the Insured unable to actively attend classes. A totally disabled Dependent is one who is unable to perform all activities usual for a person of that age.

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: 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, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the Benefits for Early Intervention Services;
5. Biofeedback;
6. Injections;
7. Chronic pain disorders;
8. Circumcision; except as specifically provided for Newborn Infants;
9. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
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; except as specifically provided in the Benefits for Hearing Aids for Children; 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;
19. Hirsutism; alopecia;
20. Hypnosis;
21. Immunizations, except as specifically provided in the policy; 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. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
30. **Domestic Plan 2 (2008-4040-2)** Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months;
- International Plan 4 (2008-4040-4)** 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;
31. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
 - 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 cosmetic purposes;
 - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
32. 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;

33. 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;
34. 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;
35. 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;
36. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
37. Nasal and sinus surgery;
38. 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; or chartered aircraft only while participating in a school sponsored intercollegiate sport activity;
39. Sleep disorders;
40. Speech therapy; naturopathic services;
41. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
42. Supplies, except as specifically provided in the policy;
43. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices; except as specifically provided in the Benefits for Reconstructive Breast Surgery Following Mastectomy, or gynecomastia; except as specifically provided in the policy;
44. 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);
45. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
46. 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
47. 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, except as specifically provided in the policy. 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, 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 (SES): Global Emergency Medical Assistance

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

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

Domestic Students, insured spouse or 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.

The Emergency Medical Evacuation and Return of Mortal Remains services provided by SES meet U.S. visa requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES, any services not arranged by SES will not be considered for payment.

Key Services include:

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

Please log into your online account www.uhcsr.com for additional information on SES Global Emergency Assistance Services, including service descriptions and program exclusions and limitations.

To access services please call:

(877) 488-9833 Toll-free within the United States

(609) 452-8570 Collect outside the United States

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

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

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient
2. Patient's name, age, sex, and Reference Number
3. Description of the patient's condition
4. Name, location, and telephone number of hospital, if applicable
5. Name and telephone number of the attending physician
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 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, the student should:

- 1) Report to the Student Health Center or Infirmary for treatment or referral, or when not in school, to their Physician or Hospital
- 2) A Company claim form is not required for filing a claim. 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 or banner number and name of the University under which the student is insured.
- 3) File claim within 90 days of Injury or first treatment of 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.

ONLINE ACCESS TO ACCOUNT INFORMATION

UnitedHealthcare **StudentResources** Insureds have online access to claims status, Explanation of Benefit's, 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.

The Plan is Underwritten by:

UnitedHealthcare Insurance Company

Submit all Claims or Inquiries to:

UnitedHealthcare **StudentResources**
P.O. Box 809025
Dallas, Texas 75380-9025
1-866-664-6678

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

*This Brochure is based on Policy # 2009-4040-2
and 2009-4040-4*