

2007-2008

**INTERNATIONAL STUDENT
ACCIDENT & SICKNESS
HEALTH INSURANCE PLAN**

WORLD WIDE COVERAGE



Exclusively Marketed by: Student Insurance

ENROLL ONLINE:
www.studentinsuranceusa.com

UNDERWRITTEN BY:
United HealthCare Insurance Company



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Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at (800) 367-5830 or visiting us at www.studentinsuranceusa.com.

Eligibility

All registered International students, visiting faculty, scholars or other persons who are in the United States on a Visa issued for scholarly/educational purposes and with a current passport who are temporarily residing outside their home country 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 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.

Effective and Termination Dates

The Master Policy becomes effective July 5, 2007. 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 16, 2008. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date.

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

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

Comprehensive Care of Children

Dependent children, 18 years of age and under, will be provided with benefits consistent with the Preventive Pediatric Health Care as adopted by the American Academy of Pediatrics. Benefits shall include: 1) periodic health evaluations; 2) immunizations; and 3) laboratory services in connection with periodic health evaluations. Benefits will be subject to the Deductible and coinsurance, if any.

Mandated Benefits

BENEFITS FOR TELEMEDICINE

Benefits will be paid for services provided through Telemedicine on the same basis as services provided through a face-to-face contact between a Physician and Insured. "Telemedicine" means the practice of health care delivery diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Neither a telephone conversation nor an electronic mail message between a Physician and Insured constitutes "telemedicine" for the purposes of this benefit.

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

BENEFITS FOR MAMMOGRAPHY

Benefits will be paid the same as any other Covered Medical Expense as shown in the Schedule of Benefits for screening by low-dose mammography for the presence of occult breast cancer, upon the referral of a nurse practitioner, certified nurse midwife, or Physician, subject to the following guidelines:

1. A baseline mammogram for women thirty-five to thirty-nine years of age, inclusive.
2. A mammogram every two years for women forty to forty-nine years of age or more frequently based on the woman's Physician's recommendation.
3. An annual mammogram for women fifty years of age or older.

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

BENEFITS FOR UPPER OR LOWER JAWBONE SURGERY

Benefits will be paid the same as any other Injury or Sickness not to exceed \$500 maximum for surgical procedures for those covered conditions directly affecting the upper or lower jawbone, or associated bone joints provided the service is considered a Medical Necessity and does not include dental procedures other than those identified in the Schedule of Benefits.

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

BENEFITS FOR RECONSTRUCTIVE SURGERY

Benefits will be paid the same as any other Injury or Sickness for reconstructive surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following (1) to improve function; or (2) to create a normal appearance, to the extent possible.

This benefit does not include cosmetic surgery or surgery performed to alter or reshape normal structures of the body in order to improve the Insured's appearance.

BENEFITS FOR PROSTHETIC DEVICES FOR SPEAKING POST LARYNGECTOMY

Benefits will be paid the same as any other prosthetic device for Prosthetic Devices to restore a method of speaking incident to a laryngectomy.

For the purposes of this section "prosthetic devices" means and includes the provision of initial and subsequent prosthetic devices, including installation accessories, pursuant to an order of the Insured's Physician and surgeon. "Prosthetic devices" does not include electronic voice producing machines.

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

Mandated Benefits continued

BENEFITS FOR DIABETES

Benefits will be paid the same as any other Sickness for the following equipment and supplies for the management and treatment of insulin using diabetes, non-insulin using diabetes, and gestational diabetes as Medically Necessary even if the items are available without a prescription:

- (1) Blood glucose monitors and blood glucose testing strips.
- (2) Blood glucose monitors designed to assist the visually impaired.
- (3) Insulin pumps and all related necessary supplies.
- (4) Ketone urine testing strips.
- (5) Lancets and lancet puncture devices.
- (6) Pen delivery systems for the administration of insulin.
- (7) Podiatric devices to prevent or treat diabetes-related complications.
- (8) Insulin syringes.
- (9) Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin.

Benefits will also be provided for diabetes outpatient self-management training, education, and medical nutrition therapy necessary to enable the Insured to properly use the equipment, supplies and medications noted above. The same policy limits will apply as apply to any other Physician's Visits.

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

BENEFITS FOR PHENYLKETONURIA

Benefits will be paid the same as any other Sickness for the testing and treatment of Phenylketonuria (PKU).

Benefits include those Formulas and Special Food Products that are part of a diet prescribed by a Physician and managed by a health care professional in consultation with a Physician who specializes in the treatment of metabolic disease, provided that the diet is deemed Medically Necessary to avert the development of serious physical or mental disabilities or to promote normal development or function as a consequence of PKU.

Benefits are not required except to the extent that the cost of necessary Formulas and Special Food Products exceeds the cost of a normal diet.

“Formula” means an enteral product for use at home prescribed by a Physician or nurse practitioner or ordered by a registered dietician upon referral by a health care provider authorized to prescribe dietary treatments as Medically Necessary for the treatment of PKU.

“Special food product” means a food product that is both:

- a) prescribed by a Physician or nurse practitioner for the treatment of PKU and is consistent with the recommendations and best practices of qualified health professional with expertise germane to, and experienced in the treatment and care of, PKU. It does not include a food that is naturally low in protein, but may include a food product that is specifically formulated to have less than one gram of protein per serving;
- b) used in place of normal food products, such as grocery store foods, used by the general population.

Mandated Benefits continued

***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.

BENEFITS FOR OSTEOPOROSIS

Benefits will be paid the same as any other Sickness for the diagnosis, treatment and appropriate management of Osteoporosis. Benefits include all Food and Drug Administration approved technologies, including bone mass measurement technologies as deemed medically appropriate.

BENEFITS FOR AIDS VACCINE

Benefits will be paid the same as any other Sickness for a vaccine for acquired immune deficiency syndrome (AIDS) that is approved for marketing by the federal Food and Drug Administration (excluding an investigational new drug application) and that is recommended by the United States Public Health Service.

Mandated Benefits continued

BENEFITS FOR CANCER CLINICAL TRIALS

Benefits will be paid the same as any other Sickness for all routine patient care costs related to the clinical trial for an insured diagnosed with cancer and accepted into a phase I, phase II, phase III, or phase IV clinical trial for cancer.

“Routine patient care costs” means the costs associated with the provision of health care services, including drugs, items, devices and services that would otherwise be covered under the plan or contract if those drugs, items, devices and services were not provided in connection with an approved clinical trial program.

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

BENEFITS FOR BREAST CANCER SCREENING AND TREATMENT

Benefits will be paid the same as any other Sickness for the screening for, diagnosis of, and treatment for breast cancer, consistent with generally accepted medical practice and scientific evidence, upon the referral of the insured’s participating physician.

Treatment for breast cancer shall include coverage for prosthetic devices or reconstructive surgery to restore and achieve symmetry for the patient incident to a mastectomy.

Benefits for prosthetic devices and reconstructive surgery shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR PROSTATE CANCER SCREENING

Benefits will be paid the same as any other Sickness for screening and diagnosis of prostate cancer, including, but not limited to prostate-specific antigen testing (PSA) and digital rectal examinations when medically necessary and consistent with good professional practice.

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

BENEFITS FOR CANCER SCREENING TESTS

Benefits will be paid the same as any other Sickness for all generally medically accepted cancer screening tests.

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

BENEFITS FOR CERVICAL CANCER SCREENING

Benefits will be paid the same as any other Sickness for an annual cervical cancer screening test, upon the referral of a nurse practitioner, certified nurse midwife, or Physician, subject to the following guidelines:

An annual screening test will include the conventional Pap test, a human papilloma virus screening test that is approved by the federal Food and Drug Administration and the option of any cervical cancer screening test approved by the federal Food and Drug Administration, upon referral by the Insured’s health care provider.

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

UnitedHealthcare Network Pharmacy Benefits

Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by a UnitedHealthcare Network Pharmacy. Benefits are subject to supply limits (up to 31 days) and copayments that vary depending on which tier of the PDL the outpatient drug is listed. There are a few Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable copayments. Your copayment is determined by the tier to which the Prescription Drug is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access www.uhcsr.com or call 1-800-767-0700 or the customer service number on your ID card for the most up-to-date tier status.

- \$10 per prescription order or refill for a Tier 1 Prescription Drug
- \$25 per prescription order or refill for a Tier 2 Prescription Drug
- 50% coinsurance per prescription order or refill for a Tier 3 Prescription Drug

Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

If you do not present the card, you will need to pay the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about network pharmacies, please visit www.studentinsuranceusa.com and log in to your online account or call 1-800-367-5830 or the customer service number on your ID card.

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:

	Student	Dependents
Life	\$10,000	\$5,000
Two or More Members	\$10,000	\$5,000
One Member	\$ 5,000	\$2,500
Thumb or Index Finger	\$ 2,500	\$1,250

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.

MyNurseLine

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-800-883-2951. MyNurseLine 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.

Schedule of Medical Expense Benefits

Maximum Benefit paid as specified below (For Each Injury or Sickness)	\$250,000 (Student) \$100,000 (Dependent)	
Deductible - Preferred Provider (Per Insured Person, Per Policy Year)	-0- (Student) \$100 (Dependent)	
Deductible - Out-of-Network (Per Insured Person, Per Policy Year)	\$200 (Student) \$200 (Dependent)	
<p>The Policy provides benefits for the Usual & Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$250,000 (Student) and \$100,000 (Dependent) for each Injury or Sickness.</p> <p>The Preferred Provider for this plan is UnitedHealthcare Options PPO.</p> <p>If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.</p> <p>Exclusions will be waived and benefits will be provided for the repair or replacement of eyeglasses, contact lenses or hearing aids when damaged as a result of a covered Injury.</p> <p>Note: the individual benefit Co-pays / Deductibles are in addition to the Policy year deductibles.</p> <p>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:</p>		
PA = Preferred Allowance U&C = Usual & Customary Charges		
	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.	100% of PA	80% of U&C
Intensive Care	100% of PA	80% of U&C
Routine Newborn Care, \$1,000 maximum. While Hospital Confined; and routine nursery care provided immediately after birth.	100% of PA	80% of U&C
Physiotherapy	Paid under Hospital Expense	Paid under Hospital Expense
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 25% of all subsequent procedures.	100% of PA	80% of U&C
Assistant Surgeon	100% of PA	80% of U&C
Anesthetist , professional services in connection with inpatient surgery.	100% of PA	80% of U&C

	Preferred Providers	Out-of-Network Providers
INPATIENT CONTINUED		
Registered Nurse's Services , private duty nursing care.	No Benefits	No Benefits
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	100% of PA	80% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	100% of PA	80% of U&C
Psychotherapy, \$5,000 maximum (Per Policy Year) . 100% for the first 10 days, then 50% for subsequent days, up to a maximum of 35 days. Benefits are limited to one visit per day.	PA	U&C
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 25% of all subsequent procedures.	100% of PA	80% of U&C
Day Surgery Miscellaneous , in connection with outpatient day surgery; excluding non scheduled surgery; and surgery performed in a Hospital emergency room; trauma center; Physician's office; or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; therapeutic services; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	100% of PA	80% of U&C
Assistant Surgeon	100% of PA	80% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	100% of PA	80% of U&C
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy. Copay/Deductible is waived if referred by the Student Health Center.	100% of PA/\$20 copay per visit	80% of U&C/ \$20 Deductible per visit
Physiotherapy, 20 visits maximum . There are no benefits for treatment that is not considered medically necessary as defined under this policy.	100% of PA	80% of U&C
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. Copay/Deductible waived if admitted.	100% of PA/\$50 copay per visit	100% of U&C/ \$50 Deductible per visit
Diagnostic X-ray and Laboratory Services	100% of PA / \$20 copay per visit	80% of U&C / \$20 Deductible per visit
Injections , when administered in the Physician's office and charged on the Physician's statement.	100% of PA	80% of U&C

	Preferred Providers	Out-of-Network Providers
OUTPATIENT CONTINUED		
Chemotherapy & Radiation Therapy	100% of PA / \$20 copay per visit	80% of U&C / \$20 Deductible per visit
Prescription Drugs , Based on a 31-day supply per prescription. Prescriptions must be filled at a participating UnitedHealthcare Network Pharmacy.	Copays per prescription: \$10 - Tier 1 \$25 - Tier 2 50% coinsurance - Tier 3	No Benefits
Psychotherapy, \$2,000 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.	100% of PA	80% of U&C
Severe Mental Illness	See Benefits for Severe Mental Illnesses & Serious Emotional Disturbances	
OTHER		
Ambulance Services, \$750 maximum per Injury or Sickness	100% of U&C	100% of U&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	100% of U&C	100% of U&C
Consultant Physician Fees , when requested and approved by the attending physician.	100% of PA / \$20 copay per visit	80% of U&C / \$20 Deductible per visit
Dental Treatment, \$250 maximum per tooth . Made necessary by Injury to Natural Teeth.	100% of U&C	100% of U&C
Maternity and Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Alcoholism/Drug Abuse	Paid under Psychotherapy	Paid under Psychotherapy
Elective Abortion, \$500 maximum	100% of PA / \$250 copay	80% of U&C / \$250 Deductible
Therapeutic Termination of Pregnancy, \$750 maximum	100% of PA	80% of U&C
Acupuncture, \$35 per day / 10 visits maximum	100% of PA	80% of U&C
Vision & Hearing , For the repair or replacement of eyeglasses, contact lenses or hearing aids when damaged as a result of a covered Injury.	100% of PA	80% of U&C
Pap Smear , One annual Cervical Cytology Screening is covered for women 18 years of age or older. This benefit includes the Physician's Visits after a \$20 copay, and the Laboratory charge.	100% of PA / \$20 copay per visit	80% of U&C / \$20 Deductible per visit

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

Preferred Provider Information

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers are: Physicians and Hospitals of UnitedHealthcare Options PPO.

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

"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.

MEDICAL EMERGENCY

For the purposes of PPO Coverage, Medical Emergency shall include Active Labor. Active Labor means a labor at a time at which either of the following would occur: 1) There is inadequate time to effect safe transfer to another hospital prior to delivery. 2) A transfer may pose a threat to the health and safety of the Insured or the unborn child.

PLEASE BE AWARE THAT IF AN INSURED IS TREATED AT A PPO HOSPITAL, IT DOES NOT MEAN THAT ALL PROVIDERS AT THAT HOSPITAL ARE PPO PROVIDERS. IN ADDITION, IF AN INSURED IS REFERRED BY A PPO PROVIDER TO ANOTHER PROVIDER OR FACILITY, IT DOES NOT MEAN THAT THE PROVIDER OR FACILITY TO WHICH THE INSURED IS REFERRED IS ALSO A PPO PROVIDER. THE INSURED WILL BE REQUIRED TO PAY THE 20% COINSURANCE FOR NON PPO PROVIDERS.

Pre-Admission Notification

Avidyn should be notified of all Hospital Confinements prior to admission.

1. PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:

The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.

2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:

The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

Avidyn is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m., C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

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 30 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.

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 Injury; and 5) sustained while the Insured Person is covered under the 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.

Definitions, continued

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

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

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

PRE-EXISTING CONDITIONS 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 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. Addiction, such as: nicotine addiction, caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
2. Hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
3. Biofeedback;
4. Circumcision;
5. Congenital conditions, except as specifically provided in benefits for Reconstructive Surgery or for Newborn or adopted Infants;
6. 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;
7. Dental treatment, except for accidental Injury to Natural Teeth;
8. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to disease process;
9. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
10. 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;
11. Hirsutism; alopecia;

Exclusions and Limitations, continued

12. Immunizations, except as specifically provided in the policy, preventive medicines or vaccines, except where required for treatment of a covered Injury; or as specifically provided in the policy;
13. Injury sustained while (a) participating in any interscholastic, 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;
14. Loss sustained or contracted in consequence of the Insured's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician;
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
16. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance, except for automobile medical payments insurance;
17. Organ transplants; including organ donation;
18. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
19. 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;
20. 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;
21. 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;
22. 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;
23. 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;
24. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
25. 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;
26. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
28. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any: four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; scuba diving, surfing, or riding in a rodeo according to the policy provisions;

Exclusions and Limitations, continued

29. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
30. 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
31. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

**Scholastic Emergency Services (SES):
Global Emergency Medical Assistance**

If you are an international student studying in the United States or a spouse or minor child of an international student studying in the United States and are covered by this insurance plan, you are eligible for Scholastic Emergency Services (SES) while outside of your home country. SES services include Emergency Medical Evacuation and Return of Mortal Remains that meet the U.S. State Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace or local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES.

Key Services include:

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

Please log into your online account www.studentinsuranceusa.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 SES 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.

NO SINGLE INSURANCE PLAN WILL COVER ALL COSTS ASSOCIATED WITH MEDICAL CARE!

Frequently Asked Questions:

What is a deductible?This is the amount of money you will pay toward a medical bill before the insurance company pays.

What does "co-payment" and "coinsurance" mean?

The co-payment is the specific dollar amount which you must pay to a provider at the time of service. Co-insurance is the percentage of covered expenses which the company pays.

What does "usual and customary charges (U&CC) mean?

This refers to the charges and costs that are allowed in your area. If the U&CC fee for a doctor's visit is \$400; but he charges you \$500, your insurance will pay its percentage of the \$400 and you will pay the balance above that plus your deductible.

What are "exclusions" and "pre-existing conditions," and will my insurance policy cover them?

Exclusion is a service, treatment or condition that your policy will not cover. A pre-existing condition is an illness, symptom, or diagnosis you had before your policy effective date. The policy will consider the condition after a 6 month waiting period.

Do I have to go to a specific Doctor?

We recommend that you select a Doctor or Hospital that are members of the UnitedHealthcare Options PPO network, to prevent you from paying a large amount of money out of your own pocket.

How can I find a PROVIDER?

Go to www.studentinsuranceusa.com, click on "International Plans"; click on California and then select "Find a Doctor". In addition, you may call Customer Service at 1-800-767-0700 for assistance.

What if I see a Doctor but I am not Sick or Injured?

This plan covers only sickness and accidental injuries. PREVENTIVE CARE is not covered, except as provided in Mandated benefits and Preventive Pediatric Health Care.

What if the Doctor does not take this insurance and I have to pay?

If you see a doctor that is a member of UnitedHealthcare Options PPO, you will find that he/she will accept this insurance.

What should be done if I get sick or have an accident while traveling during school break?

If you are more than 100 miles away from your host college address call Scholastic Emergency Services at (877) 488-9833 in the United States or (609) 452-8570 Collect outside the United States.

Does this insurance cover my car?

This insurance will not cover your automobile. You must have separate automobile insurance.

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, report to the designated Hospital or Physician.
- 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 or school ID number, and name of the Association (AACC-CACC) 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.

Direct 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

The Plan is underwritten by:

United HealthCare Insurance Company

Sales/Marketing Service:



11661 San Vicente Boulevard, Suite 200
Los Angeles, CA 90049-0033
(310) 826-5688
(800) 367-5830
(310) 826-1601 FAX

WEBSITE: www.studentinsuranceusa.com

E-Mail: info@studentinsuranceusa.com

Online Services: Please visit our Website at www.studentinsuranceusa.com for Benefit Brochures, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services.

For information on dental and vision plans that may be available, please call 1-800-367-5830 or visit the Website at www.studentinsuranceusa.com.

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the College 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 Number: 2007-200431-4

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