

AACC - SI Community College Plan

2008-2009 INTERNATIONAL STUDENT INJURY AND SICKNESS INSURANCE PLAN



EXCLUSIVELY MARKETED BY STUDENT INSURANCE

*ENROLL ONLINE:
www.StudentInsuranceUSA.com*

Notice: The Policy is subject to the laws of the District of Columbia and various states which assert extraterritorial jurisdiction. Benefits may vary by state or coverage may not be available. The Plan is not available to residents of Massachusetts, Montana, New Hampshire, New York, New Jersey, Oregon, Puerto Rico, Vermont and Washington.

Table of Contents

Privacy Policy	1
Eligibility	1
Effective and Termination Dates	1
Extension of Benefits After Termination	2
Pre-Admission Notification	2
Schedule of Medical Expense Benefits	3
Preferred Provider Information	7
Maternity Testing	8
Accidental Death & Dismemberment Benefits	8
Excess Provision	8
Mandated Benefits	9
Benefits for Child Health Screening Services	9
Benefits for Diabetes	9
Benefits for Postpartum Care	9
Benefits for Colorectal Cancer Screening	9
Benefits for Cytologic Screening and Mammographic Examinations	10
Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency	10
Benefits for Prostate Cancer Screening	10
Benefits for Habilitative Services for the Treatment of Congenital or Genetic Birth Defects	11
Definitions	11
Exclusions and Limitations	11
Collegiate Assistance Program	14
SES: Global Emergency Medical Assistance	14
Claim Procedure	15
Online Access to Account Information	15

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 1-800-505-5450 or by visiting us at www.uhcsr.com.

Eligibility

All International students enrolled for 6 or more credit hours at a Community College are eligible to enroll in the plan on a voluntary basis. All International students enrolled in a Nursing Program, Allied Health Professional Program, or Vocational Training Program (resulting in a vocational certificate upon completion of the course of study) are required to enroll in the plan unless proof of comparable coverage is provided to the Program. Allied Health Professionals include, but are not limited to dental hygienists, medical technicians, dietitians, physical therapists, and radiographers. For a complete listing refer to the Association of Schools of Allied Health Professionals (www.asahp.com).

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

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age or 23 years, if a full-time student at an accredited institution of higher learning, who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student.

Effective and Termination Dates

The Master Policy becomes effective August 1, 2008. Coverage becomes effective on the first day of the period for which premium was 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 October 31, 2009. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Twelve (12) months is the maximum time that coverage can be effective under any policy year. The last day coverage may be purchased is August 1, 2009. Coverage cannot extend beyond October 31, 2009. 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.

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. No more than 12 months of coverage may be purchased per policy year.

This is a Non-renewable One Year Term Policy. 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 this Policy's Termination Date should inquire regarding such coverage with Student Insurance at www.StudentInsuranceUSA.com or call 1-800-367-5830.

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

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

1. PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:
The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS: The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

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

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

**Schedule of Medical Expense Benefits
Up To \$250,000 Maximum Benefit Paid
As Specified Below (For Each Injury or Sickness)
Deductible \$200 (Per Insured Person) (Per Policy Year)**
(The Deductible will be reduced to \$100 for each Injury or Sickness when the Insured is referred by the Student Health Center not to exceed \$200 maximum Per Policy Year.)
(Note: Student Health Center Referrals must be faxed to 1-800-506-9278.)

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

After the Deductible has been satisfied, Covered Medical Expenses incurred will be paid at 80% of the Preferred Allowance for Preferred Providers and 60% of Allowable Charges for Out of Network Providers up to \$5,000. After the Company has paid \$5,000, additional Covered Medical expenses incurred will be paid at 100% of the Preferred Allowance for Preferred Providers and 80% of Allowable Charges for Out-of-Network Providers not to exceed the \$250,000 Maximum Benefit 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 a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider 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.

All 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.	PA	U&C
Intensive Care	PA	U&C
Routine Newborn Care , 48 hours for vaginal delivery or 96 hours for cesarean delivery maximum. While Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness	Paid as any other Sickness

	Preferred Providers	Out-of-Network Providers
INPATIENT		
Physiotherapy	PA	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.	PA	U&C
Assistant Surgeon	No Benefits	No Benefits
Anesthetist , professional services in connection with inpatient surgery.	25% of Surgery Allowance	25% of Surgery Allowance
Registered Nurse's Services , private duty nursing care.	PA	U&C
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	PA	U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	PA	U&C
Psychotherapy	See Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency	See Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency
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.	PA	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.	PA	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

	Preferred Providers	Out-of-Network Providers
OUTPATIENT		
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.	PA / \$15 copay per visit in addition to the Policy Deductible	U&C / \$15 Deductible per visit in addition to the Policy Deductible
Physiotherapy , 10 days maximum Per Policy Year. Benefits are limited to one visit per day. See exclusion #22 for additional limitations.	PA / \$50 per day	U&C / \$50 per day
Diagnostic X-ray Services	PA	U&C
Laboratory Services , the copay/Deductible is in addition to the Policy Deductible.	PA / \$15 copay per visit	U&C / \$15 Deductible per visit
Medical Emergency Expenses , benefits will be paid at 50% of Usual & Customary Charges/\$200 maximum for non-emergency charges. Use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	PA	80% of U&C
Injections	No Benefits	No Benefits
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	PA	U&C
Radiation Therapy	PA	U&C
Chemotherapy	PA	U&C
Psychotherapy	See Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency	See Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency
Prescription Drugs , \$1,000 maximum Per Policy Year	50% of U&C	50% of U&C

	Preferred Providers	Out-of-Network Providers
OTHER		
Ambulance Services , \$350 maximum	U&C	80% of U&C
Durable Medical Equipment , \$5,000 maximum. A written prescription must accompany the claim when submitted. Replacement equipment is not covered.	U&C	80% of U&C
Consultant Physician Fees , when requested and approved by the attending Physician.	PA	U&C
Dental Treatment , \$250 maximum. Made necessary by Injury to Sound, Natural Teeth and fractured jaw only.	U&C	80% of U&C
Alcoholism/Drug Abuse	Paid under Psychotherapy	Paid under Psychotherapy
Maternity/Complication of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Repatriation/Medical Evacuation	Benefits provided by Scholastic Emergency Services	Benefits provided by Scholastic Emergency Services
Pap Smear , (Exception: See mandated Benefits for Cytologic Screening and Mammographic Examinations.)	Paid as any other Sickness / One pap maximum Per Policy Year (regardless of Medical Necessity)	Paid as any other Sickness / One pap maximum Per Policy Year (regardless of Medical Necessity)

Preferred Provider Information

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

The availability of specific providers is subject to change without notice. For a directory of Providers please visit www.studentinsuranceusa.com. Insureds should always confirm that a Preferred Provider is participating at the time services are required by calling us at 1-800-505-5450 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. Insureds may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

"Network Area" means the 50 mile radius around the local school campus the Named Insured is attending.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

Inpatient Hospital Expenses

PREFERRED HOSPITALS - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at the coinsurance percentages specified in the Schedule of Benefits or up to any limits specified in the Schedule of Benefits. Call (800) 505-5450 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 Medical Expense Benefits.

Outpatient Hospital Expenses

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits or up to any limits specified in 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 UnitedHealthcare Options PPO network 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 1-800-505-5450.

Accidental Death & 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	Spouse	Child
Life	\$20,000	\$5,000	\$1,000
Two or More Members	\$20,000	\$5,000	\$ 500
One Member	\$10,000	\$2,500	\$ 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, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other group 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 group insurance or under an automobile insurance policy.

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

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed 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.

Mandated Benefits

Benefits for Child Health Screening Services

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

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

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

Benefits for Diabetes

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

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

Benefits for Postpartum Care

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

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

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

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

Benefits for Colorectal Cancer Screening

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

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

Benefits for Cytologic Screening and Mammographic Examinations

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

Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency

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

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

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

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

Benefits will be paid for the treatment of Mental and Nervous Disorders not to exceed a maximum of 60 days per policy year for inpatient or residential care, and for a maximum of 75% for the first 40 outpatient visits per policy year and a maximum rate of 60% for any outpatient visits thereafter for that policy year. The inpatient and outpatient benefits for Mental and Nervous Disorders will not exceed a maximum lifetime benefit of \$80,000 or one third of the maximum lifetime benefit for any other Sickness, whichever is greater.

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

Benefits for Prostate Cancer Screening

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

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

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

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

For the purposes of this benefit:

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

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

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

Definitions

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

PRE-EXISTING CONDITION means any condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6 months immediately prior to the Insured's Effective date under the policy. "Pre-existing condition" does not include pregnancy.

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

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. Assistant Surgeon Fees;
3. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy under Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency and under Benefits For Habilitative Services For The Treatment of Congenital or Genetic Birth Defects;
4. Biofeedback;
5. Injections;

6. Circumcision;
7. Congenital conditions, except as specifically provided for Newborn or adopted Infants and under Benefits For Habilitative Services For The Treatment of Congenital or Genetic Birth Defects;
8. 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;
9. Dental treatment, except as specifically provided in the Schedule of Benefits;
10. Elective Surgery or Elective Treatment;
11. Elective abortion;
12. 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;
13. 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;
14. 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;
15. Hirsutism; alopecia;
16. Immunizations, preventive medicines or vaccines, except where required for treatment of a covered Injury;
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. 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;
19. Lipectomy;
20. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death;
21. Organ transplants;
22. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation; or except as specifically provided under Benefits For Habilitative Services For The Treatment of Congenital or Genetic Birth Defects
23. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
24. Pre-existing Conditions, except for individuals who have been continuously insured under the AACC-SI student insurance policy for at least 6 consecutive months; If an individual: (1) had coverage under a Previous Plan as defined below; and (2) that coverage was continuous to a date not more than 63 days prior to the person's Effective Date under this Policy, the time under the Previous Plan will be credited toward the 6 consecutive months needed to provide benefits for a Pre-existing Condition. A "Previous Plan" means any accident and health insurance policy or certificate, nonprofit hospital or medical service corporation, HMO, MEWA, or plan provided by another benefit arrangement, including a government plan or program providing health benefits or health care. It does not include a Medicare Supplement;

25. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; except as specifically provided under the Benefits for Diabetes;
 - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - e) Products used for cosmetic purposes;
 - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - g) Anorectics - drugs used for the purpose of weight
 - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - i) Growth hormones; or
 - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
26. 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;
27. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery, except as specifically provided in the policy;
28. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided under "Benefits for Child Health Screening Services";
29. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
30. 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;
31. Sleep disorders;
32. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
33. Supplies, except as specifically provided in the policy;
34. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia;
35. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;

36. 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
37. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

Collegiate Assistance Program

Insured students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-877-643-5130. 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, Inc.: 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. visa 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
- 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 visit your school's insurance coverage page at www.uhcsr.com for the Scholastic Emergency Services Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

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

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

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

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

1. Report 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 and name of the college or university under which the student is insured.
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.

Online Access to Account Information

UnitedHealthcare **StudentResources** insureds have online access to claims status, Explanation of Benefits, correspondence and coverage information via My Account at www.studentinsuranceusa.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.studentinsuranceusa.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.studentinsuranceusa.com to access your account information.

Direct all Claim Inquiries to:

UnitedHealthcare **StudentResources**
P.O. Box 809025
Dallas, Texas 75380-9025
1-800-505-5450
claims@uhcsr.com

This Plan is underwritten by:

United HealthCare Insurance Company

***Direct all other Enrollment or
Marketing Inquiries to:***



(not affiliated with UnitedHealthcare **StudentResources**)

11661 San Vicente Blvd., Suite 200
Los Angeles, CA 90049
(310) 826-5688 Fax (310) 826-1601
1-800-367-5830

For:

- * Easy On-Line Enrollment;
- * Instant Quotes (quarterly, semi-annual and annual payment options);
- * Plans (effective August 1, 2008)

Visit our 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 payment of benefits.

This Brochure is based on Policy Number: 2008-200295-4