

CERTIFICATE OF COVERAGE

2008-2009

STUDENT INJURY AND SICKNESS INSURANCE PLAN EXCESS INSURANCE

THIS CERTIFICATE CONTAINS A
DEDUCTIBLE PROVISION
LIMITED BENEFIT PLAN. PLEASE READ CAREFULLY.

DESIGNED ESPECIALLY FOR THE STUDENTS OF



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 800-767-0700 or visiting us at www.uhcsr.com.

Eligibility

All registered domestic students taking 5 or more credit hours (3 hours for Summer session) and who are eligible for medical care at the Student Health Services are eligible to enroll in this insurance plan.

All international students and scholars engaged in educational activities or under the sponsorship of the University are required to purchase this insurance plan, unless proof of comparable coverage is furnished.

All insured students may purchase Intercollegiate Sports coverage on an optional basis.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet classes (less than 9 credits) 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 their children under 25 years of age who are not self-supporting; who live with the Insured or who are a full-time or part-time student. Dependent Eligibility expires concurrently with that of the Insured student.

Optional Coverages may only be purchased simultaneously and in conjunction with the purchase of Basic coverage at the time of initial enrollment. Only those students enrolled in Basic coverage may purchase Optional Intercollegiate Sports coverage.

Effective and Termination Dates

The Master Policy on file at the school becomes effective on August 17, 2008. 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 on August 16, 2009. 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.

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.**

Refunds of premiums are allowed only upon entry into the armed forces. This Policy is a Non-Renewable One Year Term Policy.

Enrollment Periods:	
Annual/Fall	
Aug. 17, 2008 to Sept. 16, 2008	
Spring/Summer	
Jan. 2, 2009 to Feb. 1, 2009	
Summer	
May 8, 2009 to June 7, 2009	
Premium must be received within 30 days from the effective date of that enrollment period. Enrollment will not be allowed past the deadline.	

Annual Premium	
Student	\$ 1,182.00
Spouse	\$ 2,888.00
Each Child	\$ 1,826.00
All Children	\$ 3,653.00
Sports Rider	\$ 485.00

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 are payable 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 12 months after the Termination Date.

However, if an Insured is pregnant on the Termination Date and the conception occurred while covered under this policy, Covered Medical Expenses for such pregnancy will continue to be paid through the term of the pregnancy.

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.

Health Services Information

Eligible services at the Student Health Center are covered at 100%. The Deductible will be waived when treatment is rendered at the SHC. The following are covered at the SHC only: annual pap smear, annual physical, immunizations required for educational purposes and the HPV vaccine with a \$40 copay per vaccine.

Boca Raton Campus: The Student Health Service is located on the Boca Campus in Building SS-8W, Room 240. The medical clinic is staffed by certified physicians, advanced registered nurse practitioners and registered nurses. Appointments are needed for all services. Please call **561-297-2276** for an appointment. Students must be registered for the current semester to receive services at the Student Health Service. Hours may vary on holidays, during breaks or summer semester.

Clinic Hours: Monday through Thursday 8am to 6 pm

Friday 8am to 5pm

Any student requiring medical care while on the Boca Campus (for emergencies) after Student Health Services closes should contact a Resident Assistant or the University Police. If off Campus, report to the nearest hospital or doctor. Please note that care received from a non-network physician, facility, or health care professional means a higher deductible, copayment and coinsurance.

All Other Campuses: Students may be seen at the Jupiter Campus Health Service, located in the SR Building, Room 106. Please contact the Jupiter Campus Health Services at 561-799-8690 for more information. Appointments also may be scheduled at the Nova Southeastern University Health Care Center, Monday through Friday, 9am to 5pm. Please call NSU Health Care Center, Davie, at 954-262-1262 to schedule an appointment. A new "On Campus Clinic" will be opening on the Davie Campus during this academic year. Please call 954-236-1236 for information. Students in the Treasure Coast area may call the office of Dr. Linda Delo, D.O., at 772-871-5900 to schedule an appointment.

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 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 (Preferred Providers)	\$400 (Per Insured Person, Per Policy Year) Maximum \$800 per Family
Deductible (Out-of-Network Providers)	\$800 (Per Insured Person, Per Policy Year) Maximum \$1,600 per Family

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 for each Injury or Sickness.

Eligible services provided at the SHC are covered at 100%. Prescription Drugs are subject to a \$10 copay per prescription for Tier 1 and \$20 copay per prescription for Tier 2 and Tier 3, up to a \$1,000 maximum per Policy Year at the SHC (all campuses). SHC services include annual pap smear, annual physical, and immunizations required for educational purposes. The HPV vaccine is covered at the SHC only after a \$40 copay per vaccine.

The Preferred Provider for this plan is UnitedHealthcare Choice Plus. If care is received from a Preferred Provider, any Covered Medical Expenses 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.

Out-of-Pocket Maximums: Preferred Provider - \$5,000 per Insured Person per Policy Year, not to exceed \$7,000 for all Insured Persons in a family / Out-of-Network - \$10,000 per Insured Person, per Policy Year, not to exceed \$13,000 for all Insured Persons in a family. The Out-of-Pocket Maximum does include the Annual Deductible. There is no out-of-pocket maximum at the Student Health Center.

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:

NOTE: No benefits will be paid for services designated as "No Benefits" in the Schedule.

PA = Preferred Allowance

U&C = Usual & Customary Charges

INPATIENT	Preferred Providers	Out-of-Network Providers
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.	80% of PA	70% of U&C
Intensive Care	80% of PA	70% 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	Paid under Hospital Expense	Paid under Hospital Expense

INPATIENT CONTINUED	Preferred Providers	Out-of-Network Providers
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. (Except dental surgery. See Other)	80% of PA	70% of U&C
Assistant Surgeon , benefits are payable only when required by the Hospital.	80% of PA	70% of U&C
Anesthetist , professional services in connection with inpatient surgery.	80% of PA	70% of U&C
Registered Nurse's Services , private duty nursing care.	80% of PA	70% of U&C
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	80% of PA	70% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	Paid under Hospital Expense	Paid under Hospital Expense
Psychotherapy, 30 days maximum Per Policy Year. Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	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. (Except dental surgery. See Other.)	80% of PA	70% 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.	80% of PA	70% of U&C
Assistant Surgeon	80% of PA	70% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	80% of PA	70% 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.	100% of PA / \$20 copay per visit	70% 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.	100% of PA / \$100 copay per visit	70% of U&C / \$100 Deductible per visit

OUTPATIENT CONTINUED	Preferred Providers	Out-of-Network Providers
Physiotherapy, 60 visits max Per Policy Year, Outpatient Physiotherapy benefits are payable only for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation. <i>Spinal Treatment -24 visits maximum Per Policy Year. Benefits include diagnosis and related services.</i>	80% of PA / \$10 copay per visit	70% of U&C
Diagnostic X-ray & Laboratory Services	80% of PA	70% of U&C
Injections, when administered in the Physician's office and charged on the Physician's statement.	80% of PA / \$10 copay per visit	70% of U&C
Tests & Procedures, diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	80% of PA	70% of U&C
Chemotherapy & Radiation Therapy	80% of PA	70% of U&C
Prescription Drugs, Mail order Prescription Drugs are also available through UnitedHealthcare Network Pharmacy at 2.5 times the retail copay up to a 90 day supply. (Prescriptions are only covered if filled at a UnitedHealthcare Network Pharmacy or the SHC). Copays per prescription at the SHC (all campuses) are \$10 for Tier 1 and \$20 for Tier 2 and Tier 3, up to a \$1,000 maximum Per Policy Year at the SHC.	UnitedHealthcare Network Pharmacy / \$15 copay per prescription for Tier 1 / \$40 copay per prescription for Tier 2 / \$60 copay per prescription for Tier 3 / Up to a 31-day supply per prescription. / \$1,000 max Per Policy Year	No Benefits
Psychotherapy, 30 visits 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.	Paid as any other Sickness	Paid as any other Sickness
OTHER	Preferred Providers	Out-of-Network Providers
Ambulance Services	80% of PA	80% of U&C
Durable Medical Equipment, \$2,500 maximum Per Policy Year, a written prescription must accompany the claim when submitted. Replacement equipment is not covered. Includes prosthetic devices.	80% of PA	70% of U&C

OTHER CONTINUED	Preferred Providers	Out-of-Network Providers
Consultant Physician Fees , when requested and approved by the attending Physician.	80% of PA	70% of U&C
Dental Treatment , made necessary by Injury to Sound, Natural Teeth only.	80% of PA	80% of U&C
Alcoholism/Drug Abuse	Paid under Psychotherapy	Paid under Psychotherapy
Maternity , no further Physician Visit copayment after 1st prenatal visit, In-Network.	Paid as any other Sickness	Paid as any other Sickness
Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Elective Abortion , <i>\$200 maximum Per Policy Year.</i>	80% of PA	70% of U&C
Home Health Care , <i>60 visits maximum Per Policy Year.</i>	80% of PA	70% of U&C
Skilled Nursing Facility , <i>60 days maximum Per Policy Year</i> , includes inpatient rehabilitation facility services.	80% of PA	70% of U&C
Hospice Care	80% of PA	70% of U&C
CAT Scan / MRI , <i>\$1,200 maximum Per Policy Year.</i>	80% of PA / \$100 copay per visit	70% of U&C / \$100 Deductible per visit
Rehabilitation Services , maximums: 20 visits of physical therapy; 20 visits of occupational therapy; 20 visits of speech therapy; 20 visits of pulmonary rehabilitation; and 36 visits of cardiac rehabilitation Per Policy Year.	100% of PA / \$10 copay per visit	40% of U&C
Organ Transplants	80% of PA	70% of U&C / <i>\$30,000 maximum per transplant</i>
Urgent Care Center	100% of PA / \$50 copay per visit	70% of U&C

FAU PHARMACY

FAU has a pharmacy on the Boca Raton Campus to fill prescriptions with a \$10 copay per prescription for Tier 1 and \$20 per prescription for Tier 2 and Tier 3. An option to mail prescriptions to all partner campuses is available. Please call FAU Pharmacy at 561-297-0072 for further information.

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 and copayments that vary depending on which tier of the PDL the outpatient drug is listed. There are certain 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 Product is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access www.uhcsr.com or call 877-417-7345 for the most up-to-date tier status.

\$15 copay per prescription order or refill for a Tier 1 Prescription Drug up to 31 day supply
\$40 copay per prescription order or refill for a Tier 2 Prescription Drug up to 31 day supply
\$60 copay per prescription order or refill for a Tier 3 Prescription Drug up to 31 day supply

Mail order Prescription Drugs are available at 2.5 times the retail copay up to a 90 day supply.

Your maximum allowed benefit is \$1,000 Per Policy Year.

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 for 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 mail-order prescriptions or network pharmacies, please visit www.uhcsr.com and log in to your online account or call 877-417-7345.

Additional Exclusions

In addition to the policy Exclusions and Limitations, the following Exclusions apply to Network Pharmacy Benefits:

1. Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
2. Experimental or Investigational Services or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by the Company to be experimental, investigational or unproven.
3. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier-3.
4. Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed, unless the Company has designated the over-the-counter medication as eligible for coverage as if it were a Prescription Drug Product and it is obtained with a Prescription Order or Refill from a Physician. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent. Certain Prescription Drug Products that the Company has determined are Therapeutically Equivalent to an over-the-counter drug. Such determinations may be made up to six times during a calendar year, and the Company may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.
5. Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury.

Definitions:

Prescription Drug or Prescription Drug Product means a medication, product or device that has been approved by the U.S. Food and Drug Administration and that can, under federal or state law, be dispensed only pursuant to a Prescription Order or Refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of the benefits under the policy, this definition includes insulin.

Prescription Drug Cost means the rate the Company has agreed to pay the Network Pharmacies, including a dispensing fee and any applicable sales tax, for a Prescription Drug Product dispensed at a Network Pharmacy.

Prescription Drug List means a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to the Company's periodic review and modification (generally quarterly, but no more than six times per calendar year). The Insured may determine to which tier a particular Prescription Drug Product has been assigned through the Internet at www.uhcsr.com or call Customer Service at 1-877-417-7345.

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: **UnitedHealthcare Choice Plus**.

The availability of specific providers is subject to change without notice. Insureds 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.

"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.

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, up to any limits specified in the Schedule of Benefits. Call (800) 767-0700 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 UnitedHealthcare Choice Plus 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 1-800-767-0700.

Intercollegiate Sports
Maximum Benefit \$75,000 (For each Injury)
Deductible \$500 (For each Injury)
Coinsurance 80% (Preferred Providers) /
70% (Out-of-Network Providers)

Provided that the additional premium of \$485 has been paid, insured student athletes who are members of and are participating in intercollegiate football, baseball, softball, basketball, volleyball, soccer, cheerleading, golf, tennis, swimming, track and field, and cross country sponsored by the Policyholder are covered for sports Injury as for any other Injury.

Subject to a Deductible of \$500, benefits will be paid under the Schedule of Benefits for intercollegiate sports Injury up to \$75,000 for each Injury.

No benefits will be paid for:

1. Infections, except pyogenic infections caused wholly by a covered Injury;
2. Cysts, blisters, or boils;
3. Overexertion; heat exhaustion; fainting;
4. Hernia, regardless of how caused;
5. Artificial aids such as crutches, braces, appliances, and artificial limbs.

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:

For Loss Of:

Life	\$2,000
Two or More Members	\$2,000
One Member	\$1,000

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

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 excludes amounts not covered by the primary carrier due to penalties imposed as a result of the Insured's failure 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 Outpatient Services

Benefits will be provided for treatment performed outside a Hospital for any Injury or Sickness as defined in the policy provided that such treatment would be covered on an inpatient basis and is provided by a health care provider whose services would be covered under the policy if the treatment were performed in a Hospital. Treatment of the Injury or Sickness must be a Medical Necessity and must be provided as an alternative to inpatient treatment in a Hospital. Reimbursement is limited to amounts that are Usual and Customary for the treatment or services.

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

Benefits for Procedures Involving Bones or Joints of the Jaw and Facial Region

Benefits will be paid the same as any other Injury or Sickness for diagnostic or surgical procedures involving bones or joints of the jaw and facial region, if, under accepted medical standards, such procedure or surgery is medically necessary to treat conditions caused by Injury, Sickness or congenital or developmental deformity.

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

Benefits for Post Delivery Care for a Mother and Her Newborn Infant

Benefits will be paid the same as any other Sickness for Post Delivery care for a mother and her Newborn Infant. Benefits for Post Delivery care shall include a postpartum assessment and newborn assessment and may be provided at the Hospital, at licensed birth centers, at the Physician's office, at an outpatient maternity center, or in the home by a qualified licensed health care professional trained in mother and baby care. Benefits shall include physical assessment of the newborn and mother, and the performance of any medically necessary clinical tests and immunizations in keeping with prevailing medical standards.

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

Benefits for Post-Surgical Mastectomy Care

Benefits will be paid the same as any other Sickness for outpatient postsurgical follow-up care in keeping with prevailing medical standards by a Physician qualified to provide postsurgical mastectomy care. The treating Physician, after consultation with the Insured, may choose that the outpatient care be provided at the most medically appropriate setting, which may include the Hospital, treating Physician's office, outpatient center, or home of the Insured.

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 Sickness for a mammogram according to the following guidelines:

1. One baseline mammogram for women age thirty-five to thirty-nine, inclusive.
2. A mammogram for women age forty to forty-nine, inclusive, every 2 years or more frequently based on the patient's Physician's recommendation.
3. A mammogram every year for women age fifty and over.
4. One or more mammograms a year upon a Physician's recommendation, for any woman who is at risk for breast cancer because of a personal or family history of breast cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister, or daughter who has or has had breast cancer, or because a woman has not given birth before the age of 30.
5. Benefits are paid, with or without a Physician prescription, if the Insured obtains a mammogram in an office, facility, or health testing service that uses radiological equipment registered with the Department of Health and Rehabilitative Services for breast-cancer screening.

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

Benefits for Mastectomies, Prosthetic Devices and Reconstructive Surgery

Benefits will be paid the same as any other Sickness for Mastectomy, prosthetic devices, and Reconstructive Surgery incident to the Mastectomy. Breast Reconstructive Surgery must be in a manner chosen by the treating Physician, consistent with prevailing medical standards, and in consultation with the patient.

"Mastectomy" means the removal of all or part of the breast for medically necessary reasons as determined by a licensed Physician, and the term "breast reconstructive surgery" means surgery to reestablish symmetry between the two breasts.

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

Benefits for Hospital Dental Procedures

Benefits will be paid the same as any other Sickness for general anesthesia and hospitalization services for dental treatment or surgery that is considered necessary when the dental condition is likely to result in a medical condition if left untreated. The necessary dental care shall be provided to an Insured who:

1. Is under 8 years of age and is determined by a licensed dentist, and the child's Physician to require necessary dental treatment in a Hospital or ambulatory surgical center due to a significantly complex dental condition or a developmental disability in which patient management in the dental office has proved to be ineffective; or
2. Has one or more medical conditions that would create significant or undue medical risk for the individual in the course of delivery of any necessary dental treatment or surgery if not rendered in a Hospital or ambulatory surgical center.

This benefit does not include the diagnosis or treatment of dental disease.

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 medically necessary diagnosis and treatment of osteoporosis for high-risk individuals, including, but not limited to, estrogen-deficient individuals who are at clinical risk for osteoporosis, individuals who have vertebral abnormalities, individuals who are receiving long-term glucocorticoid (steroid) therapy, individuals who have primary hyperparathyroidism and individuals who have a family history of osteoporosis.

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

Benefits for Child Health Assurance

The benefits applicable for Dependent children shall include coverage for Child Health Supervision Services from the moment of birth to 16 years of age.

"Child Health Supervision Services" means Physician-delivered or Physician-supervised services which shall include as the minimum benefit coverage for services delivered at the intervals and scope stated below:

Child Health Supervision Services shall include periodic visits which shall include a history, a physical examination, a developmental assessment and anticipatory guidance, and appropriate immunizations and laboratory tests. Such services and periodic visits shall be provided in accordance with prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics. Minimum benefits are limited to one visit payable to one provider for all services provided at each visit.

Benefits shall not be subject to the Deductible, but are subject to all copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Cleft Lip and Cleft Palate

Benefits will be paid the same as any other Sickness for a child under the age of 18 for treatment of cleft lip and cleft palate. The benefit will include medical, dental, speech therapy, audiology, and nutrition services if such services are prescribed by the treating Physician and such Physician certifies that such services are medically necessary and consequent to treatment of the cleft lip or cleft palate.

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

Benefits for Diabetes

Benefits will be provided for all medically appropriate and necessary equipment, supplies, and diabetes outpatient self-management training and educational services used to treat diabetes, if the patient's treating Physician or a Physician who specializes in the treatment of diabetes certifies that such services are necessary. Diabetes outpatient self-management training and educational services must be provided under the direct supervision of a certified diabetes educator or a board-certified endocrinologist. Nutrition counseling must be provided by a licensed dietitian.

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

Benefits for Newborn Infant, Adopted or Foster Child

Newborn Infant. All health insurance benefits applicable for children will be payable with respect to a child born to the Named Insured or Dependents after the Effective Date and while the coverage is in force, from the moment of birth. However, with respect to a Newborn Infant of a Dependent other than the Insured Person's spouse, the coverage for the Newborn Infant terminates 18 months after the birth of the Newborn Infant. The coverage for Newborn Infant consists of coverage for Injury or Sickness including necessary care and treatment of medically diagnosed congenital defects, birth abnormalities, or prematurity, and transportation cost of the newborn to and from the nearest available facility appropriately staffed and equipped to treat the newborn's condition, when such transportation is certified by the attending Physician as necessary to protect the health and safety of the Newborn Infant. The coverage of such transportation may not exceed the Usual and Customary Charges, up to \$1,000.

The Insured may notify the Company, in writing of the birth of the child not less than 30 days after the birth. If timely notice is given, the Company may not charge an additional premium for coverage of the Newborn Infant for the duration of the notice period. If timely notice is not given, the Company may charge the applicable additional premium from the date of birth. The Company will not deny coverage for a child due to failure to timely notify the Company of the child.

Adopted or Foster Child. The Named Insured's adopted child or foster child will be covered to the same extent as other Dependents from the moment of placement in the residence of the Named Insured. In the case of a newborn adopted child, coverage begins at the moment of birth and applies as for a newborn infant defined above if a written agreement to adopt such child has been entered into by the Named Insured prior to the birth of the child whether or not the agreement is enforceable. However, coverage will not continue to be provided for an adopted child who is not ultimately placed in the Named Insured's residence. The Pre-existing Conditions limitation will not apply to an adopted child, but will apply to a foster child. The Insured may notify the Company, in writing, of the adopted or foster child not less than 30 days after placement or adoption. If timely notice is given, the Company may not charge an additional premium for coverage of such child for the duration of the notice period. If timely notice is not given, the Company may charge the applicable additional premium from the date of adoption or placement. The Company will not deny coverage for a child due to failure to timely notify the Company of such child.

Benefits will also be provided for a foster child or other child placed in court-ordered temporary or other custody of the Insured from the moment of placement.

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 which manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or 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 this policy. Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow-up care.

SICKNESS means illness or disease of an Insured Person which first manifests itself after the Effective Date of insurance and while the insurance is in force. 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. Acupuncture;
2. Circumcision;
3. Congenital conditions, except as specifically provided under Benefits for Newborn or Adopted Infants or Benefits for Cleft Lip and Cleft Palate;
4. 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;
5. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
6. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function;
7. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery; except when due to a disease process; except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
8. 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;
9. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child, Benefits for Child Health Assurance and Benefits for Cleft Lip and Cleft Palate. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
10. Hirsutism; alopecia;
11. Hypnosis;
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 or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
14. 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;
15. 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; unless the additional premium for Intercollegiate Sports Coverage has been paid;
16. Investigational services;
17. Lipectomy;
18. Experimental organ transplants; if not experimental in nature, organ transplants will be covered as any other Sickness; organ donation;
19. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
20. Pre-existing Conditions, will apply for the first 6 months, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months. Credit will be given for the time the Insured was covered under a previous similar plan if the previous coverage was continuous to a date not more than 63 days prior to the Insured's Effective Date under this policy;

21. 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;
 - 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 (1) year of date of the prescription.
22. 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;
23. 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 under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
24. 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; except as specifically provided under Benefits for Child Health Assurance;
25. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
26. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
27. 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;
28. Sleep disorders;
29. Supplies, except as specifically provided in the policy;
30. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
31. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
32. 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
33. 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 and health information 24 hours a day, 7 days a week by dialing 866-803-7490. 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 (SES): Global Emergency Medical Assistance

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

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

Domestic Students, insured spouse and insured minor child(ren): You are eligible for SES when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

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

Key Services include:

- Medical Consultation, Evaluation and Referrals • Foreign Hospital Admission Guarantee • Emergency Medical Evacuation • 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 SES Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

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

(609) 452-8570 Collect outside the United States

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

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

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient
2. Patient's name, age, sex, and Reference Number
3. Description of the patient's condition
4. Name, location, and telephone number of hospital, if applicable
5. Name and telephone number of the attending physician
6. Information of where the physician can be immediately reached

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

Claim Procedure

In the event of Injury or Sickness, students should:

- 1) Report to the Student Health Service for treatment, or when not in school, to their Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the university under which the student is insured. A Company claim form is not required for filing a claim.
- 3) 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.

Submit all Claims 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:

Insurance for Students, Inc.
600 Corporate Drive, #101
Fort Lauderdale, FL 33334
1-800-356-1235
1-954-771-5883
www.insuranceforstudents.com

ONLINE SERVICES: This coverage can be purchased online.
Please visit our Website at www.insuranceforstudents.com.

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.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.

Please keep this Certificate 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 Certificate. **The Master Policy is the contract and will govern and control the payment of benefits.**

This Certificate is based on Policy #2008-34-1