2011-2012

STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of

The University of Alabama, Huntsville

Huntsville, Alabama 35899

UnitedHealthcare
A UnitedHealth Group Company

06-BR-AL (Rev 07-08) 01-669-2
# Table of Contents

Letter to Student or Parent .................................................................1  
Questions & Answers ........................................................................1  
Disclosure Statement .........................................................................2  
Privacy Policy ......................................................................................2  
Eligibility .............................................................................................2  
Effective and Termination Dates ............................................................3  
Premium Rates ....................................................................................3  
Extension of Benefits After Termination ................................................4  
Pre-Admission Notification ................................................................4  
Schedule of Medical Expense Benefits ................................................5  
Preferred Provider Information .............................................................8  
Maternity Testing ................................................................................9  
Accidental Death & Dismemberment Benefits .........................................9  
Excess Provision ...............................................................................9  
Continuation Privilege .......................................................................10  
State Mandated Benefits ...................................................................10  
  Mammography Benefit .................................................................10  
  Benefits for Prostate Cancer Screening ............................................10  
Definitions .........................................................................................10  
Exclusions and Limitations ................................................................11  
Collegiate Assistance Program .............................................................13  
Online Access to Account Information ...............................................13  
Scholastic Emergency Services (SES): Global Emergency Medical Assistance ....14  
Claim Procedure .............................................................................15
Dear Student or Parent:
The University of Alabama in Huntsville Office of Student Affairs is pleased to make available to students and their dependents a Student Injury and Sickness Insurance Plan. The purpose of this Plan is to relieve students and parents of possible financial strain of medical services in the event of major illnesses or injuries.
The program is underwritten by UnitedHealthcare Insurance Company and serviced by the office listed on the back of the Brochure.
If you do not have insurance to cover sickness and injury, we recommend this Plan for consideration. The complete details are found in the Master Policy located in The Student Health Center.
Sincerely,
The Office of Student Affairs

Questions & Answers

Q. If I have another insurance policy, will the student plan be effective?
A. The Plan provides excess coverage which means that it pays unpaid balances after your other insurance has paid. However, 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.

Q. What if the insured withdraws from school?
A. Coverage remains in force after the first 31 days even though you leave school. Refunds are made only in the event of entry into the armed forces voluntary or involuntary.

Q. What about vacation periods and the summer months?
A. Those students electing coverage through August 11, 2012 will have coverage during the summer months including graduating seniors.

Q. Are individual policies issued?
A. No. The Master Policy is on file at the University. You should keep this Brochure for the description of coverage.

Q. Can I purchase the insurance for just 1 or 2 semesters?
A. Yes. Coverage is available per semester.

Q. Is a receipt for premium payment issued?
A. No. Please use your cancelled check or your credit card billing for a receipt.
Disclosure Statement

You have the right to information about how the plan operates its care delivery system and an explanation of the benefits to which participants are entitled under the terms of the plan.

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a copy of our privacy practices by calling us toll-free at 800-767-0700 or visiting us at www.uhcsr.com/uah.

Eligibility

All International students who are actively pursuing a degree and hold J1 and F1 visas, including co-ops, are enrolled in the Plan on a mandatory basis. Graduate students awarded full and partial assistantships are also enrolled in the plan on a hard waiver basis. The University will pay the full insurance premium for graduate assistants awarded a full or half assistantship as a benefit of the assistantship award but will not pay any premium for less than a half time assistantship award. Graduate students with the insurance benefit are eligible for a waiver if they are not an F1 or J1 Visa holder. Students engaged in Optional Practical Training after completion of their studies are eligible to enroll in the plan on a voluntary basis. All other students taking 6 or more credit hours are eligible to enroll in the plan on a voluntary basis. J Exchange Visitors who are not eligible for insurance as a benefit of their employment with UAHuntsville are required to enroll in the Plan starting on the first date of the month of their Exchange Program and must maintain the University sponsored plan through the end of their Exchange Program. J Exchange Visitors who have insurance as a benefit of employment will be eligible for a waiver but must purchase the Standalone Repatriation and Medical Evacuation coverage on an annual basis. Eligible dependents of insured students and exchange visitors may enroll on a voluntary basis in the Plan.

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

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse 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 at 12:01 a.m., August 12, 2011. 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 at 11:59 p.m., August 11, 2012. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student. If paying premiums by Term, coverage expires as follows:

- Fall: January 06, 2012
- Spring: May 25, 2012
- Summer: August 11, 2012

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.

Premium Rates

<table>
<thead>
<tr>
<th></th>
<th>BASIC COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual</td>
</tr>
<tr>
<td>Student</td>
<td>$ 819.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,490.00</td>
</tr>
<tr>
<td>All Children</td>
<td>$1,586.00</td>
</tr>
</tbody>
</table>

Optional Medical Evacuation/Repatriation (For Students and their Dependents who do not purchase the Basic Plan):

<table>
<thead>
<tr>
<th></th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>Each Child</td>
<td>$ 75.00</td>
</tr>
</tbody>
</table>
Extension of Benefits After Termination

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

After this “Extension of Benefits” provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Pre-Admission Notification

UMR Care Management should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:** The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.

2. **NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient’s representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

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

**IMPORTANT:** Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.
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 $200,000 for each Injury or Sickness.

The Preferred Provider for this plan is UnitedHealthcare Options PPO.

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 Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

Benefits will be paid at 100% if the student is treated 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:

<table>
<thead>
<tr>
<th><strong>Schedule of Medical Expense Benefits</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Up To $200,000 Maximum Benefit Paid as Specified Below</strong></td>
</tr>
<tr>
<td><strong>(For Each Injury or Sickness)</strong></td>
</tr>
<tr>
<td><strong>$200 Deductible Preferred Providers (Per Insured Person, Per Policy Year)</strong></td>
</tr>
<tr>
<td><strong>$300 Deductible Out of Network (Per Insured Person, Per Policy Year)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>INPATIENT</strong></th>
<th><strong>PA = Preferred Allowance</strong></th>
<th><strong>U&amp;C = Usual &amp; Customary Charges</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Expense</strong>, 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.</td>
<td>100% of PA</td>
<td>70% of U&amp;C / $1,000 Aggregate maximum per day</td>
</tr>
<tr>
<td><strong>Intensive Care</strong></td>
<td>Paid under Hospital Expense</td>
<td></td>
</tr>
<tr>
<td><strong>Routine Newborn Care</strong>, 4 days Hospital Confinement expense maximum. While Hospital Confined; and routine nursery care provided immediately after birth.</td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
<tr>
<td><strong>Physiotherapy</strong></td>
<td>90% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td><strong>Surgeon’s Fees</strong>, in accordance with data provided by FAIR Health, Inc. 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.</td>
<td>90% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td><strong>Assistant Surgeon</strong></td>
<td>No Benefits</td>
<td></td>
</tr>
</tbody>
</table>
### INPATIENT

<table>
<thead>
<tr>
<th>Service</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthetist, professional services in connection with inpatient surgery.</td>
<td>90% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>Registered Nurse's Services, private duty nursing care.</td>
<td>90% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>Physician's Visits, benefits are limited to one visit per day and do not apply when related to surgery.</td>
<td>90% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>Pre-Admission Testing, payable within 3 working days prior to admission.</td>
<td>90% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>Psychotherapy, 30 days maximum. Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.</td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
</tbody>
</table>

### OUTPATIENT

<table>
<thead>
<tr>
<th>Service</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgeon's Fees, in accordance with data provided by FAIR Health, Inc. 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.</td>
<td>90% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>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.</td>
<td>90% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>No Benefits</td>
<td></td>
</tr>
<tr>
<td>Anesthetist, professional services administered in connection with outpatient surgery.</td>
<td>90% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>Outpatient Miscellaneous Benefit, $3,000 maximum. Includes benefits designated as Paid under Outpatient Miscellaneous Benefit.</td>
<td>90% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>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.</td>
<td>Paid under Outpatient Miscellaneous Benefit</td>
<td></td>
</tr>
<tr>
<td>Physiotherapy, benefits are limited to one visit per day. 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.</td>
<td>Paid under Outpatient Miscellaneous Benefit</td>
<td></td>
</tr>
</tbody>
</table>
### OUTPATIENT

<table>
<thead>
<tr>
<th>Services</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Emergency Expenses</strong>, use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.</td>
<td>Paid under Outpatient Miscellaneous Benefit</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic X-ray &amp; Laboratory Services</strong></td>
<td>Paid under Outpatient Miscellaneous Benefit</td>
<td></td>
</tr>
<tr>
<td><strong>Injections</strong>, when administered in the Physician's office and charged on the Physician's statement.</td>
<td>Paid under Outpatient Miscellaneous Benefit</td>
<td></td>
</tr>
<tr>
<td><strong>Tests &amp; Procedures</strong>, diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.</td>
<td>Paid under Outpatient Miscellaneous Benefit</td>
<td></td>
</tr>
<tr>
<td><strong>Chemotherapy &amp; Radiation Therapy</strong></td>
<td>Paid under Outpatient Miscellaneous Benefit</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong>, $500 maximum Per Policy Year, NOTE: The Insured is responsible for paying the full cost for the prescription and then submitting the paid receipt to the UnitedHealthcare StudentResources Claims Department for reimbursement. The cost of the prescription will be reimbursed minus the $10 Deductible for generic or $20 Deductible for brand name.</td>
<td>100% of U&amp;C / Deductible per prescription: $10 generic $20 brand name / up to a 31-day supply per prescriptions</td>
<td>100% of U&amp;C / Deductible per prescription: $10 generic $20 brand name / up to a 31-day supply per prescriptions</td>
</tr>
<tr>
<td><strong>Psychotherapy</strong>, $2,000 maximum. Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental &amp; Nervous Disorder (including Prescription Drugs).</td>
<td>90% of PA</td>
<td>90% of U&amp;C</td>
</tr>
</tbody>
</table>

### OTHER

<table>
<thead>
<tr>
<th>Services</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ambulance Services</strong></td>
<td>90% of PA</td>
<td>90% of U&amp;C</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong>, a written prescription must accompany the claim when submitted. Replacement equipment is not covered.</td>
<td>90% of PA</td>
<td>90% of U&amp;C</td>
</tr>
<tr>
<td><strong>Consultant Physician Fees</strong>, when requested and approved by the attending Physician.</td>
<td>90% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td><strong>Dental Treatment</strong>, made necessary by Injury to Sound, Natural Teeth.</td>
<td>90% of U&amp;C</td>
<td>90% of U&amp;C</td>
</tr>
<tr>
<td><strong>Maternity &amp; Complications of Pregnancy</strong></td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
<tr>
<td><strong>Alcoholism/Drug Abuse</strong></td>
<td>Paid under Psychotherapy</td>
<td></td>
</tr>
<tr>
<td><strong>Routine Physical Exam</strong>, limited to one exam Per Policy Year.</td>
<td>90% of PA</td>
<td>50% of U&amp;C</td>
</tr>
</tbody>
</table>
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 Options PPO.

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.

"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, 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 Physicians who are members of UnitedHealthcare Options PPO will be paid at the coinsurance percentages specified in the Schedule of Benefits, or 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:

**Initial screening at first visit** – Pregnancy test: Urine human chorionic gonatropin (HCG), Asymptomatic bacteriuria: Urine culture, Blood type and Rh antibody, Rubella, Pregnancy-associated plasma protein-A (PAPPA) (first trimester only), Free beta human chorionic gonadotrophin (hCG) (first trimester only), Hepatitis B: HBsAg, Pap smear, Gonorrhea: Gc culture, Chlamydia: chlamydia culture, Syphilis: RPR, HIV: HIV-ab, and Coombs test; **Each visit** – Urine analysis; **Once every trimester** – Hematocrit and Hemoglobin; **Once during first trimester** – Ultrasound; **Once during second trimester** – Ultrasound (anatomy scan); Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a; **Once during second trimester if age 35 or over** - Amniocentesis or Chorionic villus sampling (CVS); **Once during second or third trimester** – 50g Glucola (blood glucose 1 hour postprandial); and **Once during third trimester** - Group B Strep Culture. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

Accidental Death & Dismemberment Benefits

Loss of Life, Limb or Sight

If such Injury shall independently of all other causes and within 365 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the Policy Maximum Benefit.

**For Loss of:**
- Life $10,000
- Two or More Members $10,000
- One Member $ 5,000
- Thumb or Index Finger $ 2,500

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

Excess Provision

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance or under an automobile insurance policy.

However, this Excess Provision will not be applied to the first $100 of medical expenses incurred. Covered Medical Expenses 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.
Continuation Privilege

All Insured Persons who have been continuously insured under the school’s regular student policy for at least 6 consecutive months and who no longer meet the Eligibility requirements under the Policy are eligible to continue their coverage for a period of not more than nine months under the school’s policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the Insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that Policy Year. Application must be made and premium must be paid directly to UnitedHealthcare StudentResources and be received within 14 days after the expiration date of your student coverage. For further information on the Continuation privilege, please contact UnitedHealthcare StudentResources.

State Mandated Benefits

Mammography Benefit

Benefits will be provided for screening mammography subject to all terms and conditions of the Policy and according to the following guidelines:

1. One mammogram every 2 years for women age forty through forty-nine.
2. One mammogram per year for women age fifty years of age and over, or more frequently if recommended by a woman’s physician.

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. “Prostate Cancer Screening Tests" includes a prostate antigen blood test and a digital rectal examination or any other test that is equivalent or better in cancer detection when performed by or recommended by a Physician.

Benefits are provided on an annual basis for men who are Insureds at least 40 years of age or more.

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

Definitions

ADOPTED CHILD means the adopted child placed with an Insured while that person is covered under this policy. Such child will be covered from the moment of placement for the first 31 days. The Pre-existing Conditions limitation will not apply to an adoptive child. The Insured must notify the Company, in writing, of the adopted child not more than 30 days after placement or adoption.

In the case of a newborn adopted child, coverage begins at the moment of birth if a written agreement to adopt such child has been entered into by the 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 Insured's residence. The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the child's date of placement: 1) apply to us; and 2) pay the required additional premium, if any, for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's date of placement.
**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.

**NEWBORN INFANT** means any child born of an Insured while that person is insured under this policy. Newborn Infants will be covered under the policy for the first 31 days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent.

The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the child's birth: 1) apply to us; and 2) pay the required additional premium, if any, for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth.

**PRE-EXISTING CONDITION** means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the policy.

**SICKNESS** means sickness or disease of the Insured Person which causes loss, 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.

**USUAL AND CUSTOMARY CHARGES** means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

**Exclusions and Limitations**

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acne; acupuncture; allergy, including allergy testing;
2. Addiction, such as nicotine addiction;
3. Assistant Surgeon Fees;
4. Learning disabilities;
5. Biofeedback;
6. Circumcision;
7. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
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 for accidental Injury to Sound, Natural Teeth;
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; except when due to a disease process;
13. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
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 caused by, contributed to, or resulting from the use of illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
19. Injury sustained while (a) participating in any 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;
20. Organ transplants;
21. 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;
22. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
23. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months; The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;
24. 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) 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 control;
   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.
25. 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;

26. 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;

27. 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;

28. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;

29. Nasal and sinus surgery;

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;

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.

**Collegiate Assistance Program**

Insured Students have access to nurse advice, health information, and counseling support 24 hours a day, 7 days a week by dialing the number indicated on the permanent ID card. Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help students determine if they need to seek medical care, need legal/financial advice or may need to talk to someone about everyday issues that can be overwhelming.

**Online Access to Account Information**

UnitedHealthcare StudentResources insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at www.uhcsr.com/uah. 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/uah. 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/uah to access your account information.
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 US 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 SES 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
* Medically Supervised Repatriation
* Emergency Counseling Services
* Lost Luggage or Document Assistance
* Care for Minor Children Left Unattended Due to a Medical Incident
* Prescription Assistance
* Critical Care Monitoring
* Return of Mortal Remains
* Transportation to Join Patient
* Interpreter and Legal Referrals

Please visit your school’s insurance coverage page at www.uhcsr.com/uah 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; and
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, Inc. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure or Program Guide at www.uhcsr.com/uah 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 the Student Health Service or Infirmary for treatment or referral, or when not in school, to their Physician or Hospital.

2) Mail to the address below all medical and hospital bills along with the patient’s name and insured student’s name, address, social security number, student I.D. 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.

The Plan is Underwritten By:
UnitedHealthcare Insurance Company

Submit All Claims or Inquiries To:
UnitedHealthcare Student Resources
P.O. Box 809025
Dallas, Texas 75380-9025
1-800-767-0700
customerservice@uhcsr.com
claims@uhcsr.com

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

The Plan is based on Policy Number 2011-669-2