

Certificate of Coverage

2011-2012

STUDENT INJURY AND
SICKNESS INSURANCE PLAN

This Certificate Contains a
Deductible Provision

Designed Especially for
Students of

**UNIVERSITY of
ST. AUGUSTINE**

EXCESS INSURANCE

This Plan is Underwritten by
UnitedHealthcare Insurance
Company

TOLL-FREE NUMBER FOR INQUIRIES: For inquiries and to obtain information about your coverage, or for assistance in resolving a complaint, please call 1-800-505-4160.



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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 1- 800-505-4160.

Eligibility

All students taking 6 or more credit hours are eligible to enroll in the Injury Only Benefits or the Injury and Sickness Benefits of this insurance Plan.

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

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse 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. The named Insured may also cover a dependent child to the end of the year in which the Dependent reaches age 30 under certain circumstances.

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 27, 2011. 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 26, 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 any payment period other than annual, coverage expires as follows:

Fall	12-31-11
Spring	04-25-12
Summer	08-26-12

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.

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

Extension of Benefits after Termination

The coverage provided under this 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.

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 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.

Schedule of Medical Expense Benefits

INJURY

Up To \$50,000 Maximum Benefit Paid as Specified
Below (For Each Injury)

\$50 Deductible (For Each Injury)

The Policy provides benefits for the Usual & Customary Charges, incurred by an Insured Person for loss due to a covered Injury up to the Maximum Benefit of \$50,000 for each Injury. Benefits will be paid up to the Maximum Benefit for each service as scheduled below.

NOTE: No benefits will be paid for services designated "No Benefits" in the Schedule. Covered Medical Expenses include:

U&C = Usual & Customary Charges

INPATIENT

INJURY

Hospital Expense, daily semi-private room rate; general nursing care provided by the Hospital. Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.

90% of U&C

Intensive Care

90% of U&C

Physiotherapy

90% of U&C

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.

90% of U&C

(Except Dental Surgery. See Other)

Assistant Surgeon

90% of U&C

Anesthetist, professional services administered in connection with inpatient surgery.

90% of U&C

INPATIENT	INJURY
Registered Nurse's Services , private duty nursing care.	90% of U&C
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	90% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	90% of U&C
OUTPATIENT	
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. <i>(Except Dental Surgery. See Other)</i>	90% of U&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	90% of U&C
Assistant Surgeon	90% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	90% 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.	90% of U&C
Physiotherapy , benefits are limited to one visit per day. <i>(Review of Medical Necessity will be performed after 12 visits per Injury)</i>	90% of U&C
Diagnostic X-Rays & Laboratory Services	90% of U&C
Tests & Procedures	No Benefits

OUTPATIENT	INJURY
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury.	90% of U&C / \$500 maximum
Injections	No Benefits
Prescription Drugs	90% of U&C
OTHER	
Ambulance Services	90% of U&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	90% of U&C
Consultant Physician Fees , when requested and approved by the attending Physician.	90% of U&C
Dental Treatment , made necessary by Injury to Sound, Natural Teeth only.	90% of U&C / \$100 maximum per tooth
CAT Scans / MRI	90% of U&C / \$500 maximum

Schedule of Medical Expense Benefits - SICKNESS

Up To \$50,000 Maximum Benefit Paid as Specified
Below (For Each Sickness)

\$50 Deductible (For Each Sickness)

The Policy provides benefits for the Usual & Customary Charges, incurred by an Insured Person for loss due to a covered Sickness up to the Maximum Benefit of \$50,000 for each Sickness. Benefits will be paid up to the Maximum Benefit for each service as scheduled below.

NOTE: No benefits will be paid for services designated "No Benefits" in the Schedule. Covered Medical Expenses include:

U&C = Usual & Customary Charges

INPATIENT	SICKNESS
Room and Board Expense , daily semi-private room rate; general nursing care provided by the Hospital.	90% of U&C
Hospital Miscellaneous Expenses , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	90% of U&C / \$2,000 maximum
Intensive Care	90% of U&C
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness/ 4 days Hospital Confinement expense maximum
Physiotherapy	90% of U&C / \$25 per day/ 10 days maximum

INPATIENT	SICKNESS
<p>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. <i>(Except Dental Surgery. See Other)</i></p>	<p>80% of U&C / \$3,000 maximum</p>
<p>Assistant Surgeon</p>	<p>20% of Surgery Allowance</p>
<p>Anesthetist, professional services administered in connection with inpatient surgery.</p>	<p>20% of Surgery Allowance</p>
<p>Registered Nurse's Services, private duty nursing care.</p>	<p>90% of U&C</p>
<p>Physician's Visits, benefits are limited to one visit per day and do not apply when related to surgery.</p>	<p>90% of U&C / \$40 first day / \$25 each subsequent day</p>
<p>Pre-Admission Testing, payable within 3 working days prior to admission.</p>	<p>Paid under Hospital Miscellaneous Expense</p>
<p>Psychotherapy, Psychiatric Hospitals are not covered. Benefits are limited to one visit per day. (\$1,000 Aggregate maximum for both Inpatient and Outpatient)</p>	<p>Paid as any other Sickness</p>

OUTPATIENT	SICKNESS
<p>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.</p> <p><i>(Except Dental Surgery. See Other)</i></p>	80% of U&C / \$3,000 maximum
<p>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.</p>	90% of U&C / \$1,500 maximum
<p>Assistant Surgeon</p>	20% of Surgery Allowance
<p>Anesthetist, professional services administered in connection with outpatient surgery.</p>	20% of Surgery Allowance
<p>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.</p>	90% of U&C / \$40 first day / \$25 each subsequent day
<p>Physiotherapy, benefits are limited to one visit per day.</p>	90% of U&C / \$25 per day / 10 days maximum
<p>Diagnostic X-Ray & Laboratory Services</p>	90% of U&C / \$350 maximum
<p>Tests & Procedures</p>	No Benefits
<p>Medical Emergency Expenses, use of the emergency room and supplies. Treatment must be rendered within 72 hours from first onset of Sickness.</p>	90% of U&C / \$250 maximum
<p>Injections</p>	No Benefits

OUTPATIENT	SICKNESS
Radiation Therapy / Chemotherapy	No Benefits
Prescription Drugs	90% of U&C / \$300 maximum
Psychotherapy , including all related or ancillary charges incurred as a result of a Mental and Nervous Disorder (including Prescription Drugs). Benefits are limited to one visit per day. (\$1,000 Aggregate maximum for both Inpatient and Outpatient)	90% of U&C / \$25 per day / \$500 maximum (Per Policy Year)
OTHER	
Ambulance Services , (Ground transportation for Sickness only).	90% of U&C / \$150 maximum
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	90% of U&C / \$100 maximum
Consultant Physician Fees , when requested and approved by the attending Physician.	90% of U&C / \$75 maximum
Dental Treatment	No Benefits
Maternity and Complications of Pregnancy	Paid as any other Sickness
Alcoholism/Drug Abuse	Paid under Psychotherapy
Child Health Supervision Services	See Benefits for Child Health Assurance
Elective Abortion	No Benefits
CAT Scans / MRI	90% of U&C / \$500 maximum

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 1-800-505-4160.

Accidental Death and Dismemberment

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	\$5,000
Two or More Members	\$5,000
One Member	\$2,500

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

Excess Provision

Even if you have other insurance, 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.

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 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 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 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 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.

Benefits for Postdelivery Care for a Mother and Her Newborn Infant

Benefits will be paid the same as any other Sickness for postdelivery care for a mother and her Newborn Infant. Benefits for postdelivery 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 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 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 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.

Definitions

COVERED MEDICAL EXPENSES means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any.

Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

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.

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

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

Exclusions and Limitations

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

1. 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;
2. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
3. 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;
4. Elective abortion;
5. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process; except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
6. 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;
7. Hirsutism; alopecia;
8. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines; except where required for treatment of a covered Injury;
9. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
10. Injury sustained while (a) participating in any interscholastic, club, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
11. Investigational services;
12. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting; except in self-defense;

13. 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 12 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;
14. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy;
 - a. Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
 - 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;
15. 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;
16. 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;

17. 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; or except as specifically provided under Benefits for Child Health Assurance;
18. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
19. 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;
20. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
21. Supplies, except as specifically provided in the policy;
22. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
24. 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
25. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia, Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

Collegiate Assistance Program

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

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

Please visit your school's insurance coverage page at www.firststudent.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; 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 for Program Guide at www.firststudent.com for additional information, including limitations and exclusions pertaining to the SES program.

Claim Procedures

In the event of Injury or Sickness, students should:

- 1) Report 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.

The Plan is Underwritten by

UnitedHealthcare Insurance Company

Direct all Claims and/or Customer Services Inquires to:

First Student

P.O. Box 809025

Dallas, Texas 75380-9025

1-800-505-4160

or visit our website at www.firststudent.com

Servicing Agent:

Health Benefits Concepts, Inc.

Albert C. Belanger

P. O. Box 15408

Surfside, SC 29587

Phone 1-800-463-2317

E-mail: al@hbcstudent.com

www.hbcstudent.com

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

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

#2011-200422-91

v1

This is your Temporary ID
Card.



UnitedHealthcare[®]

2011-12 Academic Year

StudentResources

Insured: _____

SR ID #: _____ Policy #: 2011-200422-91

Group Name: UNIVERSITY OF ST. AUGUSTINE

Customer Service:
1-800-505-4160

10-ID1

Underwritten by UnitedHealthcare Insurance Company

CLAIM INSTRUCTIONS

Claims should be submitted to the company within 90 days after date of treatment. Please mail all medical and hospital bills along with the insured student's name and patient's name, ID number, address, and the name of the college or university under which the student is insured to the address listed on this card.

Send Claims to:
StudentResources
PO Box 809025
Dallas, TX 75380-9025
Electronic Payer ID #: 74227

For emergencies while traveling call:
Scholastic Emergency Services
1-877-488-9833 in the US
1-609-452-8570 Collect outside the US

For Hospital pre-admission notification call UMR Care Management at 1-877-295-0720.

NOTICE TO ALL HEALTHCARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, co-payment and claims instructions, please call Customer Service at the number listed on the front of this card.

www.uhcsr.com