UnitedHealthcare
A UnitedHealth Group Company

POLICY NUMBER: 2007-353-1

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

The Endorsed

STUDENT INJURY AND SICKNESS INSURANCE PLAN

Please Read Carefully.

Designed Especially for the Students of

University of Idaho

Moscow, ID

2007-2008

03-BR-ID-PPO

11-353-1

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Eligibility

All Domestic degree-seeking undergraduate or graduate students enrolled for classes, or completing other required degree work within the State of Idaho, who are enrolled for eight (8) credit hours at the UI centers or four (4) credit hours at the Moscow campus, or any combination of eight (8) credit hours between the UI centers and the Moscow campus are eligible to enroll in this insurance plan. All International students registered for classes are eligible and must be enrolled in the plan and will not be allowed to waive participation in the SHIP if they are covered by an insurance program that does not include access to health care providers in the Moscow/Pullman area.

Students must actively attend classes for at least the first 30 days after the date for which coverage is purchased. Home study, correspondence, Internet and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under the age of 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.

Note: Please refer to the Pre-Existing Condition Definition on page 8 and the Pre-Existing Condition Limitation on page 11, item #21 to determine Eligibility for Pre-Existing Conditions.

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-767-0700 or by visiting us at www.uhcsr.com.

Effective and Termination Dates

The Master Policy on file at the school becomes effective on August 20, 2007. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates on August 24, 2008. 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.

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

The Policy is a Non-Renewable One Year Policy.

BENEFITS FOR MAMMOGRAPHY

If benefits are provided for the surgical procedure known as a mastectomy, benefits will also be provided as for any other Sickness for a mammography subject to all terms and conditions of the policy and according to the following guidelines:

1. One baseline mammogram for any woman who is thirty-five through thirty-nine years of age.
2. A mammogram every 2 years for any woman who is forty through forty-nine years of age, or more frequently if recommended by the woman's physician.
3. A mammogram every year for any woman who is fifty years of age or older.
4. A mammogram for any woman desiring a mammogram for Medical Necessity.

"Mastectomy" means the removal of all or part of the breast for medically necessary reasons as determined by a licensed Physician.

BENEFITS FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMY

Benefits will be paid the same as any other Sickness for reconstructive surgery following a mastectomy when the Insured Person elects breast reconstruction in connection with the mastectomy. The coverage shall include the following:

1. Reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications for all stages of mastectomy including lymphedemas.

Benefits will be provided upon recommendation of a Physician as determined by consultation between the Physician and the patient.

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

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 1-800-953-1801.

SCHEDULE OF MEDICAL EXPENSE BENEFITS

$1,000,000 Maximum Lifetime Benefit

In-Network Deductible	**$0 (Per Student, Spouse, and Dependent Child)**
BASIX Consulting Deductible	**$0 (Per Student, Spouse, and Dependent Child)**
Beech Street, Inc. & Out-of-Network Deductible	**$250 (Per Policy Year) (Per Insured Student or Dependent Child)** **$500 (Per Policy Year) (Per Spouse)**

PREFERRED PROVIDERS:

BASIX Consulting Provider Coinsurance	**80% except as noted below**
Beech Street, Inc. Provider Coinsurance	**70% except as noted below**
OUT-OF-NETWORK COINSURANCE	**70% except as noted below**

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.

Benefits will be paid for Covered Medical Expenses at 80% of Preferred Allowance for services rendered by BASIX Consulting providers. Following satisfaction of the Deductible, benefits for Covered Medical Expenses will be paid at 70% of Preferred Allowance for Beech Street, Inc. providers, and at 70% of Usual & Customary Charges for services rendered by an Out-of-Network provider. There is no Deductible after Covered Medical Expenses reach $20,000 including the Deductible, additional benefits will be paid for Covered Medical Expenses at 100% for the remainder of the Policy Year or up to the $1,000,000 ($75,000 for Intercollegiate Sports.) Maximum Lifetime Benefit, whichever occurs first.

Coeur d' Alene campus students and their insured Dependents will be charged a $15 copayment per office visit for services rendered at North Idaho Immediate Care Center. This includes one annual women's health exam. Subject to the copayment, the benefit provides 100% coverage for the office visit charge and any ancillary expenses such as Laboratory, X-ray, or other services rendered in the clinic during the same day as the office visit. The $15 copayment is not an eligible expense under the one-time annual plan year deductible.

No benefits will be provided for treatment of non-cystic acne. The Pre-existing condition exclusion applies to the Unqualified Late Enrollees Only.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

PA = Preferred Allowance U&C = Usual & Customary Charges max = maximum

Note: *All maximums are combined Preferred Provider and Out-of-Network unless noted below.

INPATIENT	Preferred Providers	Out-of-Network Providers
Room and Board Expense, daily semi-private room rate; and general nursing care provided by the Hospital	PA / $250 copay per admission	U&C / Subject to Policy Deductible
Intensive Care	PA / $250 copay per admission	U&C / Subject to Policy Deductible
Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	PA	U&C/ Subject to Policy Deductible
Routine Newborn Care, *(48/96 hours Hospital Confinement expense maximum)* While Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness / $250 copay per admission	Paid as any other Sickness / Subject to Policy Deductible
Physiotherapy, *Benefits are payable for Acupuncture under this benefit. / The maximum is combined Preferred Providers and Out-of-Network Providers and Inpatient and Outpatient treatment.*	PA / $25 copay per visit / $600 max (Per Policy Year)	U&C/ $30 per day / $600 max (Per Policy Year) / Subject to Policy Deductible

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 25% of all subsequent procedures.	PA / $100 copay per Surgery	U&C / Subject to Policy Deductible
Anesthetist, professional services in connection with inpatient surgery.	PA	U&C/ Subject to Policy Deductible
Registered Nurse's Services, private duty nursing care.	PA	U&C/ Subject to Policy Deductible
Physician's Visits, benefits are limited to one visit per day and do not apply when related to surgery.	PA	U&C/ Subject to Policy Deductible
Pre-Admission Testing, payable within 3 working days prior to admission.	PA	U&C/ Subject to Policy Deductible
Psychotherapy, including all related and ancillary charges incurred as a result of a Mental and Nervous Disorder. Benefits are limited to one visit per day.	Paid as any other Sickness / $250 copay per admission / $10,000 max (Per Policy Year)	Paid as any other Sickness / $10,000 max (Per Policy Year) / Subject to Policy Deductible
OUTPATIENT		
Surgeon's Fees, in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.	PA / $100 copay per Surgery	U&C / Subject to Policy Deductible
Day Surgery Miscellaneous, related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	PA	U&C/ Subject to Policy Deductible
Anesthetist, professional services administered in connection with outpatient surgery.	PA	U&C/ Subject to Policy Deductible
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. Includes Physician Office visit charge and in-office ancillary services such as laboratory and X-ray.	PA / $25 copay per visit	U&C / Subject to Policy Deductible
Physiotherapy, benefits are limited to one visit per day. *Benefits are payable for Acupuncture under this benefit. / The maximum is combined Preferred Providers and Out-of-Network Providers and Inpatient and Outpatient treatment.*	PA / $25 copay per visit / $600 max (Per Policy Year)	U&C/ $30 per day / $600 max (Per Policy Year) / Subject to Policy Deductible

OUTPATIENT CONTINUED	Preferred Providers	Out-of-Network Providers
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. ***NOTE**: Out-of-Network Providers: (The Out-of-Network Deductible does not apply to this benefit)*	PA / $200 copay per visit	U&C/ $200 copay per visit
Diagnostic X-ray and Laboratory Services	PA	U&C/ Subject to Policy Deductible
Injections, when administered in the Physician's office and charged on the Physician's statement.	PA	U&C/ Subject to Policy Deductible
Tests & Procedures, diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	PA	U&C/ Subject to Policy Deductible
Chemotherapy & Radiation Therapy	PA	U&C/ Subject to Policy Deductible
Prescription Drugs	No Benefits	U&C *(No Benefits payable for Accutane)*/ Subject to Policy Deductible
Psychotherapy, Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder (including Prescription Drugs). Benefits are limited to one visit per day.	PA *(See note below)	U&C/ Subject to Policy Deductible *(See note below)

Preferred Provider: ***For students on the Moscow Campus who do not utilize the Special Counseling Center Referral Benefit, benefits for outpatient mental health care obtained from Preferred Providers are paid at 80% of Usual and Customary Charges.***

Special Counseling Center Referral Benefit ***(for students on the Moscow campus): With a referral from the Counseling and Testing Center and the use of a Preferred Provider, the Deductible and coinsurance provisions do not apply. A $10 copayment per visit for the first 10 visits and a $20 co-payment each visit for the next 20 visits will apply.)***

Out Of Network: ***The Out-of-Network benefit is for students enrolled at University of Idaho locations other than Moscow, or for Moscow students who do not have a referral from the Counseling and Testing Center and who choose to utilize an Out-Of-Network Provider. Up to 25 visits. The 25 visit maximum is reduced by the number of visits used under the Special Counseling Center Referral Benefit.***

OTHER		
Ambulance Services	No Benefits	80% of U&C / Subject to Policy Deductible
Durable Medical Equipment, a written prescription must accompany the claim when submitted. Replacement equipment is not covered. Benefits include prosthetic devices.	U&C	U&C/ Subject to Policy Deductible
Consultant Physician Fees, when requested and approved by the attending physician.	PA	U&C/ Subject to Policy Deductible
Dental Treatment, made necessary by Injury to Sound, Natural Teeth.	No Benefits	80% of U&C / $250 per tooth/ Subject to Policy Deductible

OTHER CONTINUED	Preferred Providers	Out-of-Network Providers
Maternity/Complications of Pregnancy, *Maternity: Inpatient: 48/96 hours Hospital Confinement expense maximum.*	Paid as any other Sickness	Paid as any other Sickness
Alcoholism/Drug Abuse	Paid under Psychotherapy	Paid under Psychotherapy
Home Health Care	PA	U&C / Subject to Policy Deductible
Club Sports	Paid as any other Injury	Paid as any other Injury
Occupational Therapy/Speech Therapy, when related to a covered Injury or Sickness	PA / $25 copay per visit	U&C / Subject to Policy Deductible
Congenital Conditions, The exclusion will be waived and benefits will be paid for congenital conditions not to exceed $50,000 per policy year. This benefit limitation does not apply to Newborn or adopted Infants.	Paid as any other Sickness / $50,000 max (Per Policy Year)	Paid as any other Sickness / $50,000 max (Per Policy Year)
CAT Scan / MRI / Pet Scan	PA / $200 copay per procedure	U&C / Subject to Policy Deductible

Maximum Lifetime Benefit

Amounts paid to the Insured under this policy, and under all prior years' policies for any one Injury or Sickness, will be considered payments accrued under the Maximum Lifetime Benefit. The Maximum Lifetime Benefit will not exceed an amount determined by subtracting from $1,000,000 all amounts paid to the Insured under any student Injury and Sickness policy issued to the university for any one Injury or Sickness.

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:

BASIX Consulting and Beech Street, Inc.

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 1-800-953-1801 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) 953-1801 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 BASIX Consulting and Beech Street, Inc. 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.

Intercollegiate Sports Benefit

Maximum Lifetime Benefit $75,000 (For each Injury)

All student athletes who are members and participating in intercollegiate Football, Basketball, Volleyball, Cross Country, Golf, Swimming, Soccer, Tennis, and Track and Field sponsored by the Policyholder are covered for sports Injury as follows:

Benefits will be paid under the Schedule of Benefits for Intercollegiate sports injury up to $75,000 for each Injury.

Definitions

DEPENDENT means the spouse (husband or wife) of the Named Insured and their dependent, unmarried children. Children shall cease to be dependent on the first to occur of:

1) The end of the month in which they marry; or,

2) The end of the month in which they attain the age of nineteen (19) years; or 23 years, if a full-time dependent student at an accredited institution of higher learning.

The attainment of the limiting age will not operate to terminate the coverage of such child while the child is and continues to be both:

1) Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and,

2) Chiefly dependent upon the Insured Person for support and maintenance.

Proof of such incapacity and dependency shall be furnished to the Company: 1) by the Named Insured; and, 2) within 31 days of the child's attainment of the limiting age. Subsequently, such proof must be given to the Company annually following the child's attainment of the limiting age.

If a claim is denied under the policy because the child has attained the limiting age for dependent children, the burden is on the Insured Person to establish that the child is and continues to be handicapped as defined by subsections (1) and (2).

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.

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

1)Death;

2)Placement of the Insured's health in jeopardy;

3)Serious impairment of bodily functions

4)Serious dysfunction of any body organ or part; or

5)In the case of a pregnant woman, serious jeopardy to the health of the fetus.

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

PRE-EXISTING CONDITION means a condition, whether physical or mental, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding 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.

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.

SCHOLASTIC EMERGENCY SERVICES: GLOBAL EMERGENCY ASSISTANCE SERVICES

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: You and your insured dependents are eligible to receive SES worldwide, except in your home country.

Domestic Students: You and your insured dependents 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.

Insured dependents traveling on behalf of their employer are not eligible for SES services.

SES includes Emergency Medical Evacuation and Return of Mortal Remains that meet the Department of Homeland Security 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, any services not arranged by SES will not be considered for payment.

Key Services include:

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

Please visit www.uhcsr.com for additional information on SES Global Emergency Assistance Services, including service descriptions and program exclusions and limitations.

To access services please call: **(877) 488-9833** Toll-free within the United States

(609) 452-8570 Collect outside the United States

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

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

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

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

1. Addiction such as nicotine addiction, and caffeine addiction, non-chemical addiction, such as gambling, sexual, spending, shopping, working and religious, codependency;
2. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
3. Biofeedback;
4. Congenital conditions; except as specifically provided for Newborn Infants and Adopted Children;
5. 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;
6. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
7. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
8. Elective Surgery or Elective Treatment;
9. Elective abortion;
10. 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;
11. 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;
12. Health spa or similar facilities; strengthening programs;
13. 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;
14. Hirsutism;
15. Hypnosis;
16. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
19. Lipectomy;

20. 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, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or; Serophene;
    i) Growth hormones; or
    j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
21. 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 Qualifying Previous Coverage that was in force within 63 days prior to the Insured's Effective Date under this policy;
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. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;
24. 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;
25. 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;
26. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
27. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
28. Sleep disorders;

29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as required as a result of a covered Mastectomy; or gynecomastia;
30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
31. 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
32. Weight management, weight reduction, nutrition programs, treatment for obesity, and surgery for removal of excess skin or fat.

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, or as soon as reasonably possible, 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.

Claim Procedure

In the event of Injury or Sickness, students should:

1) Report to the Student Health Clinic 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 and name of the college 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:
THE MEGA LIFE AND HEALTH INSURANCE COMPANY

Submit all Claims or Inquiries to:
AMERIBEN/IEC GROUP
PO Box 7186
Boise, ID 83707
1-800-953-1801
Fax 1-208-424-0595
https://services.ameriben.com

Sales and Marketing Office:
UNITEDHEALTHCARE STUDENTRESOURCES
805 Executive Center Drive West-Suite 220
St. Petersburg, FL 33702
727-563-3400
1-800-237-0903
info@uhcsr.com

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 Number
2007-353-1

UnitedHealthcare
A UnitedHealth Group Company

POLICY NUMBER: 2007-353-1

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC1 - 09/11/2007

1. Pre-Admission Notificaiton has been added (Avidyn).