Meredith College is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All full-time undergraduate, international students and dietetic interns are automatically enrolled in this insurance Plan at registration, unless proof of comparable coverage is provided. All part-time undergraduate students, graduate students, and those students in accelerated programs are eligible to enroll in this insurance plan.

**Highlights of the Coverage and Services offered by UnitedHealthcare Student Resources are:**

- Up to $50,000 for each Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- $50 deductible per Insured Person Per Policy Year for Preferred Providers, $100 deductible per Insured Person Per Policy Year for Out of Network Providers.
- Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 60% of Usual and Customary charges (all benefits are subject to satisfaction of the deductible, specific benefit limitations, maximums and copays as described in the policy).
- Prescription Drug Benefits: $20 copay for Tier 1 / $35 copay for Tier 2 / $50 copay for Tier 3 / up to a 31-day supply per prescription. ($750 maximum per policy year.) Prescriptions must be filled at a UnitedHealthcare Network Pharmacy.
- Coverage available for eligible dependents and Domestic Partners.
- Scholastic Emergency Services – Domestic Students are covered when 100 miles or more away from their campus or home address. International Students are covered worldwide except in their home country.
- MyAccount, available through www.UHCSR.com, allows insured students access 24/7 to check their claim status, search for network providers, print ID cards, enter accident details, view EOBs and enter additional insurance information online.
- Included with every policy, the UnitedHealth Allies® discount program provides 5% to 50% savings on dental and vision services, fitness clothing and equipment, and textbooks from McGraw-Hill Professional. The UnitedHealth Allies program is not insurance and is offered by UnitedHealth Allies, a UnitedHealth Group company.

### School Benefit Summary

<table>
<thead>
<tr>
<th></th>
<th>Annual</th>
<th>Spring/Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/01/11 - 7/31/12</td>
<td>1/01/12 - 7/31/12</td>
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<tr>
<td>Student Only</td>
<td>$515</td>
<td>$305</td>
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<tr>
<td>Spouse</td>
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<td>$1,277</td>
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<tr>
<td>Child</td>
<td>$1,377</td>
<td>$816</td>
</tr>
</tbody>
</table>
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 and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Assistant Surgeon Fees;
4. Autistic disease of childhood, milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
5. Injections;
6. Chronic pain disorders;
7. Circumcision;
8. Congenital conditions, except as specifically provided for a Newborn Infant or Adopted or Foster Child;
9. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for a Newborn Infant or Adopted or Foster Child; removal of warts, non-malignant moles and lesions;
10. 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;
11. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
12. Elective Surgery or Elective Treatment;
13. Elective abortion;
14. 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;
15. Flat foot conditions, supportive devices for the foot, subluxations of the foot, fallen arches, weak feet, chronic foot strain, rd symptomatic complaints of the feet;
16. Health spa or similar facilities; strengthening programs;
17. Hearing examinations, except as specifically provided in the Benefits for Newborn Hearing Screening 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;
18. Hirsutism; alopecia;
19. Hypnosis;
20. Immunizations, preventive medicines or vaccines, except where required for treatment of a covered Injury;
21. Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers’ Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers’ compensation insurance carrier according to a final adjudication under the North Carolina Workers’ Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers’ Compensation Act;
22. 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;
23. Investigative services;
24. Lipodenotherapy;
25. Organ transplants, including organ donation;
26. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 90 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician’s release for rehabilitation;
27. Voluntary participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
28. Pre-existing Conditions, except for individuals who have been continuously insured under the school’s student insurance policy for at least 12 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;
29. 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, except as specifically provided in the Benefits for Diabetes;
   b. Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
   c. Drugs labeled, “Caution – limited by federal law to investigational use” or experimental drugs, except for drugs for the treatment of cancer that have not been approved by the Federal Food and Drug Administration, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following established reference compendia: (1) The U.S. Pharmacopeia Drug Information Guide for the Health Care Professional (USP DI); (2) The American Medical Association's Drug Evaluations (AMA DE); or (3) The American Society of Hospital Pharmacists American Hospital Formulary Service Drug Information (AHFS-DI);
   d. Products used for cosmetic purposes;
   e. Drugs used to treat or cure baldness; anabolic steroids used for body building;
   f. Anorectics - drugs used for the purpose of weight control;
   g. Fertility agents or sexual enhancement drugs, such as Parlodol, Pergonal, Chomid, Profasi, Mecrodin, Serophene, or Viagra;
   h. Growth hormones, except for a Newborn Infant, Adopted or Foster Child who requires growth hormones for the treatment of a congenital condition;
   i. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
30. 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;
31. 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;
32. 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;
33. 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;
34. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
35. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
36. 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;
37. Sleep disorders;
38. Speech therapy; naturopathic services;
39. Suicide or attempted suicide while sane or insane (including intentional drug overdose); or intentionally self-inflicted Injury;
40. Supplies, except as specifically provided in the policy;
41. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
42. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
43. 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
44. 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.