

PLEASE NOTE:

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BROCHURE FOR DETAILS



2011-2012

STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the International Students of

Bemidji State University
Metropolitan State University
Minnesota State University-Mankato
Minnesota State University Moorhead
St. Cloud State University
Southwest Minnesota State University
Winona State University

This Is A One Year Non-Renewable Blanket
Accident and Sickness Policy

This Policy Will Not Be Renewed



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Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-888-251-6243 or by visiting us at www.uhcsr.com.

Eligibility

All international students, international scholars, international faculty and international visitors engaged in educational activities (or on medical leave approved by the Department of Homeland Security) are required to enroll in this insurance Plan except for those whose sponsoring government or agency certifies in writing that coverage is in effect under a plan provided by the sponsoring government or agency. F and J visa international students and scholars on Optional Practical Training (OPT) and Academic Training are eligible to enroll in this insurance Plan on a voluntary basis.

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

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. 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 25 years of age who are not self-supporting. Dependent eligibility expires concurrently with that of the Insured student.

Dependent coverage must be applied for by filling out the Dependent Insurance Election Form and by paying the required premium.

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

Effective and Termination Dates

The Master Policy on file at the school becomes effective at 12:01 a.m., August 15, 2011. Coverage becomes effective on the first day of the period for which premium is paid or the date the election 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 14, 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.

You must meet the Eligibility requirements listed above each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 31 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

Continuation of coverage to the end of the Policy Year is allowed for Dependents if the Named Insured becomes eligible for Medicare, becomes deceased or if there is a decree of dissolution of marriage. Children reaching the limiting age may continue their coverage until the end of the Policy Year.

A student who requests to cancel coverage under the Policy will receive a refund of unearned premiums as of the time of cancellation if the unearned premium is for a period of more than one month. The return of unearned premium will be delivered to the Insured within 30 days following the receipt of the Insured's request for cancellation. Insurance coverage is required as a condition of enrollment in a Minnesota State College and University (MnSCU) institution. Your request for cancellation will be verified with the MnSCU student office as to your enrollment status.

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

Annual Premium Rates

Student	\$ 919
Spouse	\$ 2,752
Each Child	\$1,693

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 are paid or payable on 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 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.

Student Health Service Information

	If the college or university has a SHS, and offers the following services, the services MUST be obtained at the SHS:	If the college or university does have a SHS, but the SHS does not offer these services, the following services are covered outside SHS:	If the college or university does NOT have a SHS:
Treatment for warts, non-malignant moles or lesions	Covered at the SHS	Not covered	Not covered
One screening per year for Chlamydia, HIV and Gonorrhea	Covered at the SHS	Not covered	Not covered
Office visit charge for acne treatment (acne prescriptions are limited to a \$250 max Per Policy Year)	Covered at the SHS	Not covered	Not covered
Office visit charge is limited to the professional fee for one travel, employment, school admission, sports, or pap/pelvic exam, except as provided in Mandated Benefits, Per Policy Year	Covered at the SHS	Not covered	Not covered
Allergy testing and treatment	Covered at the SHS	Covered at Preferred Provider	Covered at Preferred Provider
Birth Control/Emergency Contraception (limited to \$25/month \$50/injection for Depo-Provera and \$200 Per Policy Year for IUD or implantable birth control device)	Covered at the SHS	Covered at Preferred Provider	Covered at Preferred Provider

continued on next page

	If the college or university has a SHS, and offers the following services, the services MUST be obtained at the SHS:	If the college or university does have a SHS, but the SHS does not offer these services, the following services are covered outside SHS:	If the college or university does NOT have a SHS:
Outpatient Physiotherapy benefits are payable only with a referral from your SHS or 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.	SHS Referral Required	SHS Referral Required	Covered at Preferred Provider
Psychotherapy: ** Physician's charges and prescriptions (limited to a 30 day supply) up to 15 visits and/or prescriptions (aggregate total). Psychiatric prescriptions filled at the SHC are not subject to a Deductible. Multiple prescriptions are counted separately. A prescription cannot exceed a 31 day supply.	Covered at SHS	Covered at Preferred Provider	Covered at Preferred Provider
<p>**The benefits received at the SHS reduce the total benefits allowed under the Outpatient Psychotherapy Services. If your college or university doesn't have a SHS or doesn't offer these services, they are covered under Outpatient Psychotherapy Services specified in the Schedule of Benefits.</p>			
<p>NOTE: Dependents are not eligible to use the Student Health Services and therefore would be subject to the benefits and limitations described in the Schedule of Benefits.</p>			

Schedule of Medical Expense Benefits - Injury and Sickness
Up To \$100,000 Maximum Benefit Paid as Specified Below
(For Each Injury or Sickness)

\$50 Deductible (For Each Injury or Sickness)

The Deductible will be waived and benefits will be paid for 100% of Covered Medical Expenses incurred at the Student Health Service.

The Deductible will be reduced to \$25 if the student is referred by the Student Health Service for outside treatment.

The Company will pay 80% up to \$2,500 of the Usual and Customary Charges after the Deductible of \$50 has been satisfied. After the Company has paid \$2,500, payment will be increased to 100% of additional Covered Medical Expenses up to the Maximum Benefit of \$100,000 for each Injury or Sickness.

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 level of benefits shown as Preferred Provider 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.

Boynton Health Services, located on the University of Minnesota Twin Cities Campus, can be utilized as a medical provider under this Policy. (MnSCU students CANNOT utilize the mental health clinic at Boynton Health Services.) Benefits for Covered Medical Expenses are covered at 100% after a \$10 co-payment. Prescriptions are paid according to the Policy as any other provider. Birth Control/Emergency Contraception paid at 100% (limited to \$25 per month; \$50 per injection for Depo-Provera; \$200 per Policy Year for IUD or implantable birth control devices.)

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:

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

INPATIENT	Preferred Providers	Out-of-Network Providers
Hospital Expense , daily semi-private room rate; general nursing care provided by the 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 / \$1,100 aggregate maximum per day
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness / 48 hours for vaginal/96 hours for cesarean delivery Hospital Confinement expense maximum	
Physiotherapy	PA	U&C

INPATIENT	Preferred Providers	Out-of-Network Providers
Intensive Care/Hospital Expense	PA	U&C / \$1,400 aggregate maximum per day
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.	PA	U&C
Anesthetist , professional services in connection with inpatient surgery.	PA	U&C
Registered Nurse's Services , private duty nursing care.	No Benefits	No Benefits
Physician's Visits , benefits do not apply when related to surgery. <i>Benefits will be provided for Inpatient Physician's Visits on the same day as Surgery.</i>	PA	U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	PA	U&C
Psychotherapy , benefits are limited to one visit per day.	Paid as any other Sickness	
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.	PA	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.	PA	U&C
Anesthetist , professional services administered in connection with outpatient surgery.	PA	U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
<p>Physician's Visits, benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to Physiotherapy. Benefits will be provided for Outpatient Physician's Visits on the same day as Surgery. When treating a Medical Emergency at a Preferred Provider Hospital, benefits for the attending Physician will be paid at the Preferred Provider level of benefits.</p>	PA	U&C
<p>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.</p>	PA	U&C
<p>Diagnostic X-ray and Laboratory Services</p>	PA	U&C
<p>Injections, when administered in the Physician's office and charged on the Physician's statement.</p>	PA	U&C
<p>Tests & Procedures, diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures. <i>(TB/Mantoux screening and subsequent chest x-rays are covered one time per policy year at the Student Health Service only in compliance with the school's Mantoux policy.)</i></p>	PA	U&C
<p>Chemotherapy & Radiation Therapy</p>	PA	U&C
<p>Physiotherapy, benefits are limited to one visit per day. See Student Health Service Information section on page 4 for limitations. See exclusion number 20 for additional Physiotherapy limitations. <i>Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.</i></p>	PA	U&C
<p>Prescription Drugs, \$5,000 maximum Per Policy Year Prescriptions for Acne are covered up to a maximum of \$250 per policy year at the Student Health Service only.</p>	UnitedHealthcare Network Pharmacy (UHPS) / \$15 copay per prescription for Tier 1 / \$30 copay per prescription for Tier 2 / 40% coinsurance per prescription for Tier 3 / up to a 31 day supply per prescription	No Benefits
<p>Psychotherapy, benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder. See Student Health Service Information section on page 4 for outpatient Psychotherapy benefits payable at the Student Health Service. Prescription Drugs for Psychotherapy are payable under the Prescription Drug benefit, except as provided at the Student Health Service.</p>	80% of Usual and Customary Charges for the first 10 visits Per Policy Year / 75% of Usual and Customary Charges for the next 30 visits Per Policy Year	

OTHER	Preferred Providers	Out-of-Network Providers
Ambulance Services , benefits are payable for ground transportation only.	PA	U&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	PA	U&C
Dental Treatment , \$250 maximum per tooth. Made necessary by Injury to Sound, Natural Teeth.	U&C	U&C
Consultant Physician's Fees , when requested and approved by the attending Physician.	PA	U&C
Maternity/Complications of Pregnancy	Paid as any other Sickness	
Elective Abortion , \$300 maximum	PA	U&C
Repatriation/Medical Evacuation	Benefits provided by Scholastic Emergency Services, Inc.	
CAT Scan/MRI , \$750 maximum	PA	U&C
Alcoholism/Drug Abuse	See Benefits for Alcoholism, Chemical Dependency and Drug Addiction	
Vision Exam , benefits are payable for an annual eye examination up to \$100 maximum Per Policy Year.	U&C	U&C

UnitedHealthcare Network Pharmacy Benefits

Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by a UnitedHealthcare Network Pharmacy. Benefits are subject to supply limits and copayments and/or coinsurance that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable copayment and/or coinsurance. Your copayment and/or coinsurance is determined by the tier to which the Prescription Drug Product is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access www.uhcsr.com or call 1-877-417-7345 for the most up-to-date tier status.

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

\$30 copay per prescription order or refill for a Tier 2 Prescription Drug up to 31 day supply

40% coinsurance per prescription order or refill for a Tier 3 Prescription Drug up to 31 day supply

Your maximum allowed benefit is \$5,000 Per Policy Year.

Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

If you do not present the card, you will need to pay the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please visit www.uhcsr.com and log in to your online account or call 1-877-417-7345.

Definitions

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

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

Additional Exclusions

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

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

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 physicians and hospitals who are members of the UnitedHealthcare Options PPO and Boynton Health Services.

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 1-888-251-6243 or visiting www.uhcsr.com 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.

The Insured will be responsible for all out of pocket expenses in excess of the insurance policy benefits as described in the Schedule of Medical Expense Benefits and the policy limitations and exclusions.

Inpatient Hospital Expenses

PREFERRED HOSPITALS - Eligible inpatient hospital expenses at a Preferred Hospital will be covered at the coinsurance percentages specified in the Schedule of Benefits or up to any limits specified in the Schedule of Medical Expense Benefits. Call 1-888-251-6243 or visit www.uhcsr.com 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 amount that exceed the benefits shown on the Schedule, up to the Preferred Allowance.

Professional & Other Expenses

Benefits for Covered Medical Expenses provided by UnitedHealthcare Options PPO and Boynton Health Services will be paid at the coinsurance percentages specified on 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 1-888-251-6243.

Intercollegiate Sports

\$3,000 Maximum (For Each Injury)
100% Coinsurance -\$0- Deductible

Provided that the additional premium of \$420 for High Risk Sports and \$248 for Low Risk Sports has been paid, insured student athletes who are members of and are participating in the following intercollegiate sports sponsored by the policyholder are covered for sports Injury as described below. High Risk sports include Football, Hockey, Lacrosse, Soccer, Rodeo, Rugby, Baseball and Basketball. Low Risk sports include Softball, Volleyball, Cheerleading, Golf, Tennis, Rifle, Swimming, Track and Field, Equestrian, Wrestling, Boxing, Gymnastics, Skating, Cross Country, Rowing, Fencing, Squash, Skiing, Crew and Bowling.

Benefits will be paid under the Schedule of Benefits for intercollegiate sports Injury up to \$3,000 for each Injury. The Deductible will be waived for Intercollegiate Sports. Intercollegiate sports are not subject to any referral requirement.

No benefits will be paid for:

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

Coordination of Benefits

Benefits will be coordinated with any other group medical, surgical or Hospital Plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

Maternity Benefit

Benefits will be paid for normal pregnancy and normal childbirth as for any other Sickness. Amounts payable for specific services under this benefit are limited by the Schedule of Benefits.

Covered Medical Expenses include: 1) Physician's visits; 2) Diagnostic services; 3) Obstetrical/surgical procedures; 4) Hospital room and board; 5) Hospital miscellaneous expenses; and 6) Routine Newborn Care up to 48 hours for vaginal and 96 hours for cesarean delivery Hospital Confinement expense maximum.

Mandated Benefits

Benefits for Alcoholism, Chemical Dependency and Drug Addiction

Benefits will be paid the same as any other Sickness for the treatment of alcoholism, chemical dependency or drug addiction to any Minnesota resident entitled to coverage hereunder when treatment is rendered in:

- 1) a licensed Hospital;
- 2) a residential treatment program as licensed by the state of Minnesota pursuant to diagnosis or recommendation by a Physician; and
- 3) a non-residential treatment program approved or licensed by the state of Minnesota.

The benefits provided under clauses (1) and (2) shall not exceed 20% of the total patient days allowed by the policy and in no event shall coverage be less than 28 days in each policy year. The benefits provided under clause (3) shall not exceed 130 hours of treatment per policy year.

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

Additional Benefits

Benefits are provided for the items listed below as mandated by the State of Minnesota. A detail of these benefits may be found in the Master Policy on file at The Minnesota State Colleges and Universities office.

These benefits include Benefits for Reconstructive Surgery; Emotionally Handicapped Children; Temporomandibular Joint Disorder and Craniomandibular Disorder; Scalp Hair Prosthesis; Cleft Lip and Cleft Palate; Cytologic Screening, Mammographic Examinations, Ovarian Cancer Surveillance Tests and Colorectal Screening Tests; Phenylketonuria Treatment; DES Related Conditions; Ventilator Dependency; Child Health Supervision Services and Prenatal Care Services; Outpatient Services in Lieu of Hospitalization; Conditions Caused by Breast Implants; Prostate Cancer Screening; Cancer Drug Coverage; and Prescription Drug Coverage for Mental and Nervous Disorder.

Definitions

Injury means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

Pre-Existing Condition means any condition which 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 the 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; except as specifically provided in the policy;
2. Addiction, such as nicotine addiction (alcohol and drug addiction are covered);
3. Assistant Surgeon Fees;
4. Hyperkinetic syndromes; learning disabilities; attention deficit disorder;
5. Biofeedback;
6. Circumcision;
7. Congenital conditions, except as specifically provided: 1) in the Benefits for Reconstructive Surgery and Benefits for Cleft Lip and Cleft Palate; or 2) 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. 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;
12. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
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 (excessive hair);
15. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
16. Injury caused by, contributed to, or resulting from being under the influence of any narcotic unless on the advice of the Insured Person's Physician;
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 while (a) participating in any interscholastic, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition; unless the additional premium for Intercollegiate Sports Coverage has been paid;

19. Organ transplants;
20. 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; or when referred by the Student Health Center;
21. Commission of or attempt to commit a felony;
22. Pre-existing Conditions in excess of \$500, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months. Credit will be given for the time the Insured Person was covered under a previous Employer Sponsored Group, Government or Student Plan, if the plan was continuous to a date not more than 60 days prior to the Insured's Effective Date under this policy;
23. 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) 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 the treatment of cancer if the drug is recognized for the treatment of cancer in one of the standard reference compendia or in one article in a recognized major peer reviewed medical literature;
 - d) Products used for cosmetic purposes;
 - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription
24. 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;
25. 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;
26. 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;
27. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
28. Nasal and sinus surgery (except as a result of a covered Injury);
29. Bungee jumping or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline or chartered aircraft only while participating in a school sponsored activity;
30. Sleep disorders;

31. Supplies, except as specifically provided in the policy;
32. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy;
33. Treatment in a Government hospital, unless there is an obligation for the Insured Person to pay for such treatment;
34. 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
35. Weight management, weight reduction, nutrition programs, treatment for obesity, and 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.

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

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

Please log into your online account 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 SES's 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, 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 for additional information, including limitations and exclusions pertaining to the SES program.

Online Access to Account Information

Please visit our Website at www.uhcsr.com/mnscu to BUY INSURANCE ONLINE or to view and print plan materials.

UnitedHealthcare **Student**Resources insureds have online access to claims status, EOBs, correspondence and coverage information via MyAccount at www.uhcsr.com/mnscu. Insureds can also print a temporary ID card, request a replacement ID card and locate network providers from MyAccount.

If you don't already have an online account, simply select the "Create an Account" link from the home page at www.uhcsr.com/mnscu. 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/mnscu to access your account information. You can also access key MyAccount functions from your smartphone at <https://my.uhcsr.com/mnscu>.

Claim Procedure

In the event of Injury or Sickness, students should:

- 1) Report to the Student Health Center 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 and name of the college or 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.

Claims Appeal Process

If you believe that your claim was denied in error, or wish to request that additional consideration be given to the circumstances surrounding your claim, you may send UnitedHealthcare **StudentResources** a letter of appeal.

- * Send the appeal for reconsideration, with any additional pertinent information, to:
UnitedHealthcare **StudentResources**
Attn: Claims Appeals
P.O. Box 809025, Dallas, TX, 75380-9025
- * Your complaint will be addressed immediately, and a determination will be mailed to you within 30 days.
- * If your appeal is denied, and you still believe that additional review is needed, forward your appeal letter to the attention of Vice President, Claims at the above address.

The Plan is Underwritten by:

UnitedHealthcare Insurance Company

Submit all Claims or Inquiries to:

UnitedHealthcare **StudentResources**
P.O. Box 809025, Dallas, Texas 75380-9025
1-888-251-6243
customerservice@uhcsr.com
claims@uhcsr.com

For information on Dental Plans that may be available,
please call 1-888-251-6243 or visit the Website at www.uhcsr.com/mnscu.

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at The Minnesota State Universities office 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 payment of benefits.

This Brochure is based on the following Policies:

Bemidji State University Policy # 2011-1530-4
Metropolitan State University Policy # 2011-1768-4
Minnesota State University-Mankato Policy # 2011-1769-4
Minnesota State University Moorhead Policy # 2011-1661-4
St. Cloud State University Policy # 2011-1666-4
Southwest Minnesota State University Policy # 2011-1675-4
Winona State University Policy # 2011-1682-4



POLICY NUMBER: 2011-1757-4

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.

NOC # 1 - 1757-4

Schedule of Benefits :

1. *at a Preferred Provider:* removed from column 2 on grid on pages 3 and 4.

v5-NOC 1 (09/21/2011)