

PLEASE NOTE:

THIS DOCUMENT HAS
CHANGED. PLEASE SEE THE
BACK COVER FOR DETAILS

2011-2012

STUDENT
INJURY AND SICKNESS
INSURANCE PLAN

Designed Especially for the Students of



CALVIN
MINDS IN THE MAKING



Table of Contents

Privacy Policy	TOC
Eligibility	1
Effective and Termination Dates	1
Extension of Benefits After Termination	2
Pre-Admission Notification	2
Schedule of Medical Expense Benefits	3
UnitedHealthcare Network Pharmacy Benefits	6
Preferred Provider Information	8
Maternity Testing	9
Accidental Death and Dismemberment Benefits	9
Excess Provision	9
Mandated Benefits	10
Benefits for Diabetes Treatment	10
Benefits for Antineoplastic Therapy	11
Benefits for Prosthetic Devices and Reconstructive Surgery	11
Additional Benefits	11
Benefits For Treatment of Alcoholism and Drug Abuse	11
Benefits For Breast Cancer Screening and Mammography	12
Definitions	13
Exclusions and Limitations	14
Collegiate Assistance Program	16
Scholastic Emergency Services: Global Emergency Medical Assistance	17
Complaint Resolution	Back Cover
Online Access to Account Information	Back Cover
Claim Procedure	Back Cover

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us toll-free at 1-888-643-6774 or visiting us at www.uhcsr.com.

Eligibility

All undergraduate students taking 6 or more credit hours and International Students are automatically enrolled in this insurance Plan at registration, unless proof of comparable coverage is furnished.

Graduate students are eligible to enroll in this insurance Plan.

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

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student.

Effective and Termination Dates

The Master Policy on file at the school becomes effective at 12:01 a.m., August 15, 2011. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 11:59 p.m., August 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.

If paying premiums by the semester, coverage effective and termination dates are as follows:

	Annual	Spring/Summer	Summer
	8/15/2011 - 8/14/2012	1/1/2012 - 8/14/2012	5/15/2012 - 8/14/2012
Student	\$1,216	\$784	\$302
Spouse	\$2,778	\$1,757	\$712
Each Child	\$1,478	\$935	\$380

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. You may "lay out" one semester per school year (except first semester) and still purchase student insurance coverage if you have been continuously insured as an eligible student for a period of at least 6 months. 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.

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

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

Extension of Benefits After Termination

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

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

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

Pre-Admission Notification

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

- 1. PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:** The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
- 2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

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

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

Schedule of Medical Expense Benefits

**Up To \$100,000 Maximum Benefit Paid as Specified Below
(For Each Injury or Sickness)**

**\$200 Deductible (Per Insured Person) (Per Policy Year)
(The Deductible will be waived when treatment is rendered
at the Calvin Health Center)**

The Policy provides benefits for the Usual & Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$100,000 for Each Injury or Sickness.

The Preferred Provider for this plan is UnitedHealthcare Options PPO.

The Per Policy Year Deductible does not apply for lab work.

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

Covered Medical Expenses rendered at Calvin Health Center will be paid at 100% except for Outpatient Psychotherapy, which will be paid at the Preferred Provider level of benefits described in the Schedule of Benefits.

Women's Health Benefit Expenses: Includes one annual exam and pap smear for women age 18 and older. If follow-up diagnostic pap smears are Medically Necessary, they will be covered on the same basis as any other Sickness. The exclusion will be waived and benefits will be provided for all forms of contraceptives when provided at the Calvin Health Center and benefits for oral contraceptives will be provided outside the Calvin Health Center at a UnitedHealthcare Network Pharmacy.

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

Inpatient	Preferred Providers	Out-of-Network Providers
Room & Board Expense, \$1,500 maximum per day. Daily semi-private room rate; general nursing care provided by the Hospital.	80% of PA	60% of U&C
Intensive Care	Paid under Room & Board Expense	
Hospital Miscellaneous Expenses, \$1,500 maximum per Injury or Sickness, 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.	80% of PA	60% of U&C
Routine Newborn Care, while Hospital Confined; and routine nursery care provided immediately after birth. Benefits payable until the mother or newborn is discharged, whichever comes first.	Paid as any other Sickness	

Inpatient	Preferred Providers	Out-of-Network Providers
Physiotherapy	80% of PA	60% of U&C
Surgeon's Fees, \$5,000 maximum. 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.	80% of PA	60% of U&C
Assistant Surgeon	25% of Surgery Allowance	
Anesthetist, professional services administered in connection with inpatient surgery.	25% of Surgery Allowance	
Registered Nurse's Services, private duty nursing care.	80% of PA	60% of U&C
Physician's Visits, benefits are limited to one visit per day and do not apply when related to surgery.	80% of PA	60% of U&C
Pre-Admission Testing, payable within 3 working days prior to admission.	Paid under Hospital Miscellaneous Expense	
Psychotherapy, Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness	
Outpatient		
Surgeon's Fees, \$5,000 maximum. 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.	80% of PA	60% of U&C
Day Surgery Miscellaneous, related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	Paid under Outpatient Miscellaneous Benefit	
Assistant Surgeon	25% of Surgery Allowance	
Anesthetist, professional services administered in connection with outpatient surgery.	25% of Surgery Allowance	
Outpatient Miscellaneous Benefit, includes benefits designated as Paid Under Outpatient Miscellaneous Benefit including use of the emergency room and supplies for a Medical Emergency.	80% of PA / \$10,000 maximum	60% of U&C / \$5,000 maximum

Outpatient	Preferred Providers	Out-of-Network Providers
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.	80% of PA	60% of U&C
Physiotherapy, benefits are limited to one visit per day.	Paid under Outpatient Miscellaneous Benefit	
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. The copay/Deductible is waived if admitted.	Paid under Outpatient Misc. Benefit / \$100 copay per visit	Paid under Outpatient Misc. Benefit / \$100 Deductible per visit
Diagnostic X-ray and Laboratory Services	Paid under Outpatient Miscellaneous Benefit	
Tests & Procedures, diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	Paid under Outpatient Miscellaneous Benefit	
Injections, when administered in the Physician's office and charged on the Physician's statement.	Paid under Outpatient Miscellaneous Benefit	
Chemotherapy and Radiation Therapy	Paid under Outpatient Miscellaneous Benefit	
Psychotherapy, \$1,000 maximum Per Policy Year. Services rendered at Calvin Health Center for outpatient Psychotherapy will be reimbursed at the Preferred Provider level of benefits. Benefits include all related or ancillary charges incurred as a result of Mental & Nervous Disorder.	80% of PA / \$10 copay per visit	60% of U&C / \$10 Deductible per visit
Prescription Drugs At Calvin Health Services:	Calvin Health Services: \$5 copay per prescription for generic / \$10 copay per prescription for brand / \$2,000 maximum (Per Policy Year)	Does not apply
Outside Calvin Health Services:	UnitedHealthcare Network Pharmacy: per prescription \$15 copay for Tier 1 / \$25 copay for Tier 2 / \$50 copay for Tier 3 / \$2,000 maximum (Per Policy Year), up to a 31 day supply per prescription	No Benefits

Other	Preferred Providers	Out-of-Network Providers
Ambulance Services , \$400 maximum per trip.	80% of PA	60% of U&C
Durable Medical Equipment , \$500 maximum. A written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% of PA	60% of U&C
Consultant Physicians Fees , When requested and approved by the attending Physician.	80% of PA / \$25 copay per visit	60% of U&C / \$25 Deductible per visit
Dental Treatment , \$500 maximum for each Injury, made necessary by Injury to Sound, Natural Teeth.	80% of U&C	80% of U&C
Maternity and Complications of Pregnancy	Paid as any other Sickness	
Alcoholism/Drug Abuse Treatment	See Benefits for Alcoholism / Drug Abuse Treatment	
Women's Health Benefit	80% of PA	60% of U&C
Allergy Treatment Expense: \$250 maximum, Per policy Year	80% of PA	60% of U&C
Breast Cancer Screening and Mammography	See Benefits for Breast Cancer Screening and Mammography	

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 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 copayments. Your copayment is determined by the tier to which the Prescription Drug 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

\$25 copay per prescription order or refill for a Tier 2 Prescription Drug up to 31 day supply

\$50 copay per prescription order or refill for a Tier 3 Prescription Drug up to 31 day supply

Your maximum allowed benefit is \$2,000 (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.

Additional Exclusions

In addition to the policy Exclusions and Limitations, the following Exclusions apply to the 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.

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 1-877-417-735.

Preferred Provider Information

“Preferred Providers” are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are:

UnitedHealthcare Options PPO

The availability of specific providers is subject to change without notice. Insureds should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-888-643-6774 or by visiting www.uhcsr.com 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 1-888-643-6774 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 UnitedHealthcare Options PPO will be paid at the coinsurance percentages specified in the Schedule of Benefits, or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

Maternity Testing

This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered if all other policy provisions have been met: **Initial screening at first visit** – Pregnancy test: Urine human chorionic gonatropin (HCG), Asymptomatic bacteriuria: Urine culture, Blood type and Rh antibody, Rubella, Pregnancy-associated plasma protein-A (PAPPA) (first trimester only), Free beta human chorionic gonadotrophin (hCG) (first trimester only), Hepatitis B: HBsAg, Pap smear, Gonorrhea: Gc culture, Chlamydia: chlamydia culture, Syphilis: RPR, HIV: HIV-ab; and Coombs test; **Each visit** – Urine analysis; **Once every trimester** – Hematocrit and Hemoglobin; **Once during first trimester** – Ultrasound; **Once during second trimester** – Ultrasound (anatomy scan); Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a; **Once during second trimester if age 35 or over** - Amniocentesis or Chorionic villus sampling (CVS); **Once during second or third trimester** – 50g Glucola (blood glucose 1 hour postprandial); and **Once during third trimester** - Group B Strep Culture. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-888-643-6774.

Accidental Death and Dismemberment Benefits

Loss of Life, Limb or Sight:

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the policy Maximum Benefit.

For Loss Of:

Life	\$10,000
Both Hands, Both Feet, or Sight of Both Eyes	\$10,000
One Hand and One Foot	\$10,000
Either One Hand or One Foot and Sight of One Eye	\$10,000
One Hand or One Foot or Sight of One Eye	\$ 5,000

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

Excess Provision

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance.

No benefits are payable for any expense incurred for Injury or Sickness which is paid or payable by other valid and collectible group insurance or under an automobile insurance policy.

However, this Excess Provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with policy provisions or requirements.

Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

Mandated Benefits

Benefits for Diabetes Treatment

Benefits will be paid the same as any other Sickness for the following equipment, supplies, and educational training for the treatment of diabetes, if determined to be Medically Necessary and prescribed by an allopathic or osteopathic Physician:

- (a) Blood glucose monitors and blood glucose monitors for the legally blind.
- (b) Test strips for glucose monitors, visual reading and urine testing strips, lancets, and spring-powered lancet devices.
- (c) Syringes.
- (d) Insulin pumps and medical supplies required for the use of an insulin pump.
- (e) Diabetes self-management training to ensure that persons with diabetes are trained as to the proper self-management and treatment of their diabetic condition.

Benefits for diabetes self-management training are subject to all of the following:

- (a) Is limited to completion of a certified diabetes education program upon occurrence of either of the following:
 - (i) If considered Medically Necessary upon the diagnosis of diabetes by an allopathic or osteopathic Physician who is managing the patient's diabetic condition and if the services are needed under a comprehensive plan of care to ensure therapy compliance or to provide necessary skills and knowledge.
 - (ii) If an allopathic or osteopathic Physician diagnoses a significant change with long-term implications in the patient's symptoms or conditions that necessitates changes in a patient's self-management or a significant change in medical protocol or treatment modalities.
- (b) Shall be provided by a diabetes outpatient training program certified to receive medicaid or medicare reimbursement or certified by the department of community health. Training shall be conducted in group settings whenever practicable.

Benefits will be paid the same as any other Sickness for the following, if determined to be Medically Necessary:

- (a) Insulin, if prescribed by an allopathic or osteopathic Physician;
- (b) Nonexperimental medication for controlling blood sugar, if prescribed by an allopathic or osteopathic Physician.
- (c) Medication used in the treatment of foot ailments, infections, and other medical conditions of the foot, ankle, or nails associated with diabetes, if prescribed by an allopathic, osteopathic, or podiatric Physician.

"Diabetes" includes all of the following:

- (a) Gestational diabetes.
- (b) Insulin-dependent diabetes.
- (c) Non-insulin-dependent diabetes.

Benefits are subject to all Deductible, co-payment, co-insurance, limitations or any other provisions of the policy.

Benefits for Antineoplastic Therapy

Benefits will be provided for the Usual and Customary Charges incurred for any Federal Food and Drug Administration (FDA) approved drug used in antineoplastic therapy and the reasonable cost of its administration. The drug may be any FDA-approved drug regardless of whether the specific neoplasm for which the drug is being used as treatment is the specific neoplasm for which the drug has been approved for use, if all of the following conditions have been met:

1. The drug is ordered by a Physician for the treatment of a specific type of neoplasm.
2. The drug is approved by the FDA for use in antineoplastic therapy.
3. The drug is used as part of an antineoplastic drug regimen.
4. Current medical literature substantiates its efficacy, and recognized oncology organizations generally accept the treatment.
5. The Physician has obtained an informed consent from the patient for the treatment regimen which includes FDA-approved drugs for "off-label" indications.

Benefits are subject to all Deductible, co-payment, co-insurance, limitations or any other provisions of the policy.

Benefits for Prosthetic Devices and Reconstructive Surgery

Benefits will be provided for the Usual and Customary Charges incurred for prosthetic devices, including the cost and fitting thereof, or for reconstructive surgery for an Insured who has undergone a mastectomy provided the attending Physician has certified the Medical Necessity or desirability of a proposed course of rehabilitative treatment.

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

Benefits are subject to all Deductible, co-payment, co-insurance, limitations or any other provisions of the policy.

Additional Benefits

Benefits For Treatment of Alcoholism and Drug Abuse

Benefits will be paid the same as any other Sickness for intermediate and outpatient care of substance abuse (alcohol or drugs).

"**Intermediate Care**" means the use of covered therapeutic techniques in:

- (1) A full 24-hour residential therapy setting; or
- (2) A partial, less than 24-hour residential therapy setting; for individuals physiologically or psychologically dependent upon abusing alcohol or drugs.

"**Outpatient Care**" means the use, on both a scheduled and nonscheduled basis, of covered therapeutic techniques for individuals physiologically or psychologically dependent upon abusing alcohol or drugs.

Covered therapeutic techniques include:

- 1) Chemotherapy;
- 2) Counseling;
- 3) Detoxification services; and

4) Other ancillary services, such as:

- a) medical testing;
- b) diagnostic evaluation; and
- c) referral to other services identified in a treatment plan.

Benefits for intermediate and outpatient care of substance abuse are limited to a **\$3,479** maximum per policy year.

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

Benefits For Breast Cancer Screening and Mammography

Benefits will be paid the same as any other Sickness for breast cancer screening and mammography subject to all terms and conditions of the policy and the provisions of this endorsement.

For breast cancer screening, benefits will include diagnostic services, outpatient treatment services and rehabilitative services.

"Breast cancer diagnostic services" means a procedure intended to aid in the diagnostic of breast cancer, delivered on an inpatient or outpatient basis, including but not limited to mammography, surgical breast biopsy and pathologic examination and interpretation.

"Breast cancer outpatient treatment services" means a procedure intended to treat cancer of the human breast, delivered on an outpatient basis, including by not limited to surgery, radiation therapy, chemotherapy, hormonal therapy, and related medical follow-up services.

"Breast cancer rehabilitative services" means a procedure intended to improve the result of, or ameliorate the debilitating consequences of, treatment of breast cancer, delivered on an inpatient or outpatient basis, including but not limited to reconstructive plastic surgery, physical therapy, and psychological and social support services.

For breast cancer screening mammography, benefits will be paid according to the following guidelines:

1. One screening mammography examination during the 5-year period for a woman thirty-five years of age or older and under forty years of age.
2. One screening mammography examination every policy year for a woman forty years of age or older.

"Breast cancer screening mammography" means a standard 2-view per breast, low-dose radiographic examination of the breasts, using equipment designed and dedicated specifically for mammography, in order to detect unsuspected breast cancer.

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

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 a condition for which medical advice, diagnosis, care, or treatment was recommended or received within 6 months immediately prior to the Insured's Effective Date under the policy.

SICKNESS means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

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

Exclusions and Limitations

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

1. Acne; acupuncture; allergy, including allergy testing; except as specifically provided in the policy;
2. Addiction; such as nicotine and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Autistic disease of childhood, milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
4. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
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; removal of warts, non-malignant moles and lesions;
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 for 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. 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;
13. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
14. Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
16. Injury sustained while (a) participating in any interscholastic, club, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;

17. Investigational services;
18. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
19. Pre-existing Conditions except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months; The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;
20. 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 Treatment)
 - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use; except as specifically provided in the policy;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - e) Products used for cosmetic purposes;
 - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - g) Anorectics - drugs used for the purpose of weight control;
 - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - i) Growth hormones; or
 - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
21. 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;
22. 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;
23. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery; except as specifically provided in the policy;
24. 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;
25. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;

26. 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, except for treatment of chronic purulent sinusitis;
27. 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;
28. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
29. Supplies; except as specifically provided in the policy;
30. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
31. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
32. 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
33. Weight management, weight reduction, nutrition programs; treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

Collegiate Assistance Program

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing the number indicated on the permanent ID Card. The Collegiate Assistance Program is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy.

Scholastic Emergency Services: Global Emergency Medical Assistance

If you are a student insured with this insurance plan, you and your insured spouse and minor child(ren) are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows:

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

Domestic Students, insured spouse and insured minor child(ren): You are eligible for SES when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

SES includes Emergency Medical Evacuation and Return of Mortal Remains that meet the US State Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES, Inc.; any services not arranged by SES, Inc. will not be considered for payment.

Key Services include:

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

Please visit your school's insurance coverage page at www.uhcsr.com for the SES Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

(877) 488-9833 Toll-free within the United States
(609) 452-8570 Collect outside the United States

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

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

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

SES is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by SES, Inc. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure or Program Guide at www.uhcsr.com for additional information, including limitations and exclusions pertaining to the SES program.

Complaint Resolution

If you have a concern or complaint about your claim denial you may call the Customer Service Department at 1-888-643-6774. If the question or complaint is not resolved to your satisfaction you may submit a written request for review within 60 days of the date of denial. The Company will not retaliate against you because of the complaint. You may have other rights under the terms of the Grievance Review provision found in the Master Policy on file with the university.

Online Access to Account Information

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

If you don't already have an online account, simply select the "Create an Account" link from the home page at www.uhcsr.com. 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 to access your account information.

Claim Procedure

In the event of Injury or Sickness, students should:

1. Report to Calvin Health Services for treatment or referral, or in the case of an emergency, to their Physician or Hospital.
2. Mail to the address below all medical and hospital bills along with the patient's name and Insured student's name, address, Social Security number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
3. File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

The plan is Underwritten by

UnitedHealthcare Insurance Company

Submit all Claims or Inquiries to:
UnitedHealthcare **StudentResources**
P.O. Box 809025
Dallas, Texas 75380-9025
1-888-643-6774
customerservice@uhcsr.com
claims@uhcsr.com

Sales/Marketing Services:
UnitedHealthcare **StudentResources**
805 Executive Center Drive West, Suite 220
St. Petersburg, FL 33702
1-800-237-0903
E-Mail: info@uhcsr.com

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.



POLICY NUMBER: 2011-647-1

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.

NOC 1 (11/21/2011)

▪ **Consultant Benefit:**

FROM: 80% of Preferred Allowance / \$25 copay per visit / for each Injury

TO: 80% of Preferred Allowance / \$25 copay per visit