

2014

INTERNATIONAL
INJURY AND SICKNESS
INSURANCE PLAN

PLEASE NOTE:

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

AuPairCare
Participants

Underwritten by Student Resources (SPC) Ltd.
A UnitedHealth Group Company

Table of Contents

Eligibility1

Effective and Termination Dates1

Extension of Benefits After Termination1

Pre-Admission Notification2

Schedule of Medical Expense Benefits3

Preferred Provider Information7

Accidental Death and Dismemberment Benefits8

Excess Provision8

Definitions8

Exclusions and Limitations11

FrontierMEDEX: Global Emergency Services14

Online Access to Account Information15

ID Cards15

Collegiate Assistance Program15

Claim ProcedureBack Cover

Eligibility

All eligible participants are automatically enrolled in this insurance Plan.

The Company maintains its right to investigate Eligibility or participant status to verify that the policy Eligibility requirements have been met. If the Company discovers that the policy Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible participants who do enroll may also insure their Dependents. Eligible Dependents are the spouse (husband or wife) or Domestic Partner and dependent children under 19 years of age. See the Definitions section of the Brochure for the specific requirements needed to meet Domestic Partner eligibility.

Dependent eligibility expires concurrently with that of the Insured participant.

U.S. citizens are not eligible for coverage as a participant or a Dependent.

Effective and Termination Dates

The Master Policy becomes effective at 12:01 a.m., January 1, 2014. The individual participant'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., December 31, 2014. 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 participant or extend beyond that of the Insured participant. Refunds of premiums are allowed only upon entry into the armed forces.

The Policy is a Non-Renewable 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

UnitedHealthcare 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.

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

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

Schedule of Medical Expense Benefits

Injury and Sickness

**Maximum Benefit : No Overall Maximum Dollar Amount
(Per Insured Person, Per Policy Year)**

Paid as specified below

Deductible \$0

Coinsurance Preferred Provider: 100% except as noted below

Coinsurance Out-of-Network: 100% except as noted below

The Preferred Provider for this plan is UnitedHealthcare Options PPO.

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.

Benefits are subject to the policy Maximum Benefit unless otherwise specifically stated. Benefits will be paid up to the maximum benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider and Out-of-Network unless otherwise specifically stated.

Covered Medical Expenses include:

PA = Preferred Allowance

U&C = Usual and Customary Charges

INPATIENT	Preferred Providers	Out-of-Network Providers
Room & Board Expense , daily semi-private room rate when confined as an Inpatient; general nursing care provided by the Hospital.	100% of PA	100% of U&C
Hospital Miscellaneous Expenses , daily semi-private room rate when confined as an Inpatient; general nursing care provided by the Hospital. Hospital Miscellaneous Expenses such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	100% of PA	100% of U&C
Routine Newborn Care	No Benefits	
Intensive Care	100% of PA	100% of U&C
Physiotherapy	100% of PA	100% of U&C
Surgeon's Fees , 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.	100% of PA	100% of U&C

INPATIENT	Preferred Providers	Out-of-Network Providers
Assistant Surgeon	100% of PA	100% of U&C
Anesthetist , professional services in connection with Inpatient surgery.	100% of PA	100% of U&C
Registered Nurse's Services , private duty nursing care.	100% of PA	100% of U&C
Physician's Visits , non-surgical services when confined as an Inpatient. Benefits do not apply when related to surgery.	100% of PA	100% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	100% of PA	100% of U&C
OUTPATIENT		
Surgeon's Fees , 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.	100% of PA	100% 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.	100% of PA	100% of U&C
Assistant Surgeon	100% of PA	100% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	100% of PA	100% of U&C
Physician's Visits , benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	100% of PA	100% of U&C
Physiotherapy , see exclusion number 39 for additional limitations. Physiotherapy includes but is not limited to the following: 1) physical therapy; 2) occupational therapy; 3) cardiac rehabilitation therapy; 4) manipulative treatment; and 5) speech therapy, unless excluded in the policy. <i>(\$2,500 maximum Per Policy Year)</i>	100% of PA	100% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
<p>Medical Emergency Expenses, facility charge for use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.</p> <p><i>(The Copay/per service Deductible will be waived if admitted.) (The Copay/per service Deductible does not apply to Injury.)</i></p>	100% of PA / \$250 Copay per Sickness	100% of U&C / \$250 Deductible per Sickness
Diagnostic X-ray Services	100% of PA	100% of U&C
Radiation Therapy	100% of PA	100% of U&C
Laboratory Services	100% of PA	100% of U&C
<p>Tests and Procedures, diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures. The following therapies will be paid under this benefit: inhalation therapy, infusion therapy, pulmonary therapy and respiratory therapy.</p>	100% of PA	100% of U&C
<p>Injections, when administered in the Physician's office and charged on the Physician's statement.</p>	No Benefits	
Chemotherapy	100% of PA	100% of U&C
Prescription Drugs	100% of U&C	
OTHER		
Ambulance Services	100% of PA	100% of U&C
<p>Durable Medical Equipment, a written prescription must accompany the claim when submitted. Benefits are limited to the initial purchase or one replacement purchase per Policy Year. Durable Medical Equipment includes external prosthetic devices that replace a limb or body part but does not include any device that is fully implanted into the body.</p>	100% of PA	100% of U&C
<p>Consultant Physician Fees, when requested and approved by the attending Physician.</p>	100% of PA	100% of U&C
<p>Dental Treatment, Benefits are limited to Injury to Sound, Natural Teeth and emergency treatment for alleviation of sudden and unexpected pain related to an infection of the gum or Sound, Natural Teeth. Emergency treatment does not include routine dental exams, pre-existing conditions including caries/cavities, restorative work, orthodontics, dental equipment, crown build up, crowns, reconstructive work or all other treatments unrelated to pain alleviation. Breaking a tooth while eating is not covered. <i>(\$200 maximum per tooth)</i></p>	100% of U&C	100% of U&C

OTHER	Preferred Providers	Out-of-Network Providers
Maternity	No Benefits	
Elective Abortion	No Benefits	
Complications of Pregnancy	No Benefits	
Mental Illness Treatment , services received on an Inpatient and outpatient basis. <i>(\$500 maximum Per Policy Year)</i>	Paid as any other Sickness	
Substance Use Disorder Treatment	No Benefits	
Diabetes Services	No Benefits	
Reconstructive Breast Surgery Following Mastectomy , in connection with a covered mastectomy for:1) all stages of reconstruction of the breast on which the mastectomy has been performed; 2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3) prostheses and physical complications of mastectomy, including lymphedemas.	Paid as any other Sickness	
Home Health Care , services received from a licensed home health agency that are ordered by a Physician, provided or supervised by a Registered Nurse in the Insured Person's home, and pursuant to a home health plan.	100% of PA	100% of U&C
Skilled Nursing Facility , services received while confined as a full-time Inpatient in a licensed Skilled Nursing Facility in lieu of or within 24 hours following a Hospital Confinement.	100% of PA	100% of U&C

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 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 1-866-548-8472 and/or by asking the provider when making an appointment for services. You can also locate a network provider by logging into My Account at www.uhcsr.com.

“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.

Inpatient Expenses

PREFERRED PROVIDERS – Eligible Inpatient expenses at a Preferred Provider will be paid at the Coinsurance percentages specified in the Schedule of Benefits, up to any limits specified in the Schedule of Benefits. Call 1-866-548-8472 for information about Preferred Hospitals.

OUT-OF-NETWORK PROVIDERS - If Inpatient care is not provided at a Preferred Provider, eligible Inpatient 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.

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 in addition to payment under the Medical Expense Benefits provision.

For Loss Of:

Life	\$100,000
Two or More Members	\$100,000
One Member	\$ 50,000
Thumb or Index Finger	\$ 25,000

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

Excess Provision

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance, or under an automobile insurance policy. Benefits will be paid on the unpaid balances after your other insurance has paid.

No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance 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 as a result of the Insured's failure to comply with policy provisions or requirements.

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

Definitions

COINSURANCE means the percentage of Covered Medical Expenses that the Company pays.

COPAY/COPAYMENT means a specified dollar amount that the Insured is required to pay for certain Covered Medical Expenses.

COVERED MEDICAL EXPENSES means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the Preferred Allowance when the policy includes Preferred Provider benefits and the charges are received from a Preferred Provider; 3) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 4) made for services and supplies not excluded under the policy; 5) made for services and supplies which are a Medical Necessity; 6) made for services included in the Schedule of Benefits; and 7) in excess of the amount stated as a Deductible, if any.

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

DEDUCTIBLE means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply as specified in the Schedule of Benefits.

DEPENDENT means the spouse (husband or wife) or Domestic Partner of the Named Insured and their dependent children. Children shall cease to be dependent at the end of the month in which they attain the age of 19 years.

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

- 1) Incapable of self-sustaining employment by reason of mental retardation or physical handicap.
- 2) Chiefly dependent upon the Insured Person for support and maintenance.

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

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

DOMESTIC PARTNER means a person who is neither married nor related by blood or marriage to the Named Insured but who is: 1) the Named Insured's sole spousal equivalent; 2) lives together with the Named Insured in the same residence and intends to do so indefinitely; and 3) is responsible with the Named Insured for each other's welfare. A domestic partner relationship may be demonstrated by any three of the following types of documentation: 1) a joint mortgage or lease; 2) designation of the domestic partner as beneficiary for life insurance; 3) designation of the domestic partner as primary beneficiary in the Named Insured's will; 4) domestic partnership agreement; 5) powers of attorney for property and/or health care; and 6) joint ownership of either a motor vehicle, checking account or credit account

INJURY means bodily injury which is all of the following:

- 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.
- 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.

INPATIENT means an uninterrupted confinement that follows formal admission to a Hospital or Skilled Nursing Facility by reason of an Injury or Sickness for which benefits are payable under this policy.

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

- 1) Death.
- 2) Placement of the Insured's health in jeopardy.
- 3) Serious impairment of bodily functions.
- 4) Serious dysfunction of any body organ or part.

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

MEDICAL NECESSITY means those services or supplies provided or prescribed by a Hospital or Physician which are all of the following:

- 1) Essential for the symptoms and diagnosis or treatment of the Sickness or Injury.
- 2) Provided for the diagnosis, or the direct care and treatment of the Sickness or Injury.
- 3) In accordance with the standards of good medical practice.
- 4) Not primarily for the convenience of the Insured, or the Insured's Physician.
- 5) The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being confined as an Inpatient means that both:

- 1) The Insured requires acute care as a bed patient.
- 2) The Insured cannot receive safe and adequate care as an outpatient.

This policy only provides payment for services, procedures and supplies which are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Inpatient confinement.

PRE-EXISTING CONDITION means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 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 the lesser of the actual charge or 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 where service is rendered. The Company uses data from FAIR Health, Inc. to determine Usual and Customary Charges. 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 any of the following:

1. Acne;
2. Acupuncture;
3. Allergy; including allergy testing;
4. Addiction, such as: nicotine addiction; and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
5. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, intensive behavioral therapies, such as applied behavioral analysis; parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation;
6. Biofeedback;
7. Charges and all costs related to or arising from or in connection with all trips to the host country undertaken for the purpose of securing medical treatment or supplies;
8. Injections;
9. Chronic pain disorders;
10. Circumcision;
11. Congenital conditions;
12. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
13. Custodial Care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, or places mainly for domiciliary or Custodial Care; extended care in treatment or substance abuse facilities for domiciliary or Custodial Care;
14. Dental treatment, as specifically provided in the Schedule of Benefits;
15. Elective Surgery or Elective Treatment;
16. 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 covered Injury or disease process;
17. Flat foot conditions; supportive devices for the foot; subluxations of the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery);
18. Genetic medicine or genetic testing, including without limitation amniocentesis, genetic screening, risk assessment, prevention and/or to determine pre-disposition, genetic counseling, and/or gene therapy;
19. Health spa or similar facilities; strengthening programs;
20. Hearing examinations; hearing aids; cochlear implants; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
21. Hirsutism; alopecia;
22. HIV, AIDS Virus, AIDS related Sickness, ARC Syndrome, and AIDS, including any testing for these conditions and any Sickness arising as complications from these conditions;
23. Hypnosis;
24. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;

25. 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;
26. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
27. Injury or Sickness inside the Insured's home country;
28. Injury or Sickness outside the United States and its possessions, except when traveling for academic study abroad programs to or from the Insured's home country;
29. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law;
30. Injury sustained while (a) participating in any intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
31. Investigational services;
32. Lipectomy;
33. Marital or family counseling;
34. Maternity; pregnancy; and Complications of Pregnancy;
35. Substance Use Disorders;
36. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death;
37. Organ transplants, including organ donation;
38. Orthoptics, visual therapy or visual eye training;
39. 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;
40. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
41. Pre-existing Conditions;
42. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy;
 - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - e) Products used for cosmetic purposes;
 - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - g) Anorectics - drugs used for the purpose of weight control;
 - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - i) Growth hormones;
 - j) Drugs used for tobacco cessation; or
 - k) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

43. 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; female sterilization procedures; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
44. 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;
45. Routine Newborn Infant Care, well-baby nursery and related Physician charges;
46. Preventive care services; routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness;
47. Services provided normally without charge by the Health Service of the institution attended by the Insured;
48. 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 a covered Injury or treatment of chronic purulent sinusitis;
49. Parachuting, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
50. Sleep disorders;
51. Speech therapy; naturopathic services;
52. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
53. Supplies, except as specifically provided in the policy;
54. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
55. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
56. Venereal disease;
57. 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
58. 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.

FrontierMEDEX: Global Emergency Services

If you are a participant insured with this insurance plan, you and your insured spouse/Domestic Partner and minor child(ren) are eligible for FrontierMEDEX. The requirements to receive these services are as follows:

International Participants, insured spouse/Domestic Partner and insured minor child(ren): You are eligible to receive FrontierMEDEX services worldwide, except in your home country.

FrontierMEDEX 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 services must be arranged and provided by FrontierMEDEX; any services not arranged by FrontierMEDEX will not be considered for payment.

Key Services include:

- | | |
|---|--|
| *Transfer of Insurance Information to Medical Providers | *Monitoring of Treatment |
| *Transfer of Medical Records | *Medication, Vaccine and Blood Transfers |
| *Worldwide Medical and Dental Referrals | *Dispatch of Doctors/Specialists |
| *Emergency Medical Evacuation | *Facilitation of Hospital Admission Payments |
| *Transportation to Join a Hospitalized Participant | *Transportation After Stabilization |
| *Replacement of Corrective Lenses and Medical Devices | *Emergency Travel Arrangements |
| *Hotel Arrangements for Convalescence | *Continuous Updates to Family and Home Physician |
| *Return of Dependent Children | *Replacement of Lost or Stolen Travel Documents |
| *Legal Referrals | *Repatriation of Mortal Remains |
| *Message Transmittals | *Transfer of Funds |
| | *Translation Services |

Please visit www.uhcsr.com/frontiermedex for the FrontierMEDEX brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

(800) 527-0218 Toll-free within the United States

(410) 453-6330 Collect outside the United States

Services are also accessible via e-mail at operations@frontiermedex.com.

When calling the FrontierMEDEX 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 FrontierMEDEX ID Number as listed on your Medical ID Card;
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.

FrontierMEDEX 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 FrontierMEDEX. Claims for reimbursement of services not provided by FrontierMEDEX will not be accepted. Please refer to the FrontierMEDEX information in MyAccount at www.uhcsr.com/MyAccount for additional information, including limitations and exclusions.

Online Access to Account Information

UnitedHealthcare **StudentResources** Insureds have online access to claims status, EOBs, ID Cards, network providers, correspondence and coverage information by logging in to **My Account** at www.uhcsr.com/myaccount. Insured participants who don't already have an online account may simply select the "create My Account Now" link. Follow the simple, onscreen directions to establish an online account in minutes using your 7-digit Insurance ID number or the email address on file.

As part of UnitedHealthcare **StudentResources**' environmental commitment to reducing waste, we've introduced a number of initiatives designed to preserve our precious resources while also protecting the security of a participant's personal health information.

My Account has been enhanced to include *Message Center* - a self-service tool that provides a quick and easy way to view any email notifications we may have sent. In Message Center, notifications are securely sent directly to the Insured participant's email address. If the Insured participant prefers to receive paper copies, he or she may opt-out of electronic delivery by going into *My Email Preferences* and making the change there.

ID Cards

One way we are becoming greener is to no longer automatically mail out **ID Cards**. Instead, we will send an email notification when the digital ID card is available to be downloaded from **My Account**. An Insured participant may also use **My Account** to request delivery of a permanent ID card through the mail. ID Cards may also be accessed via our mobile site at my.uhcsr.com.

Collegiate Assistance Program

Insured Participants have access to nurse advice, health information, and counseling support 24 hours a day by dialing the number listed on the permanent ID card. Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help participants 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.

Claim Procedure

In the event of Injury or Sickness, participants should:

- 1) Report to their Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured participant's name, address, SR ID, and the name of the policyholder AuPairCare SP, number under which the participant 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

Student Resources (SPC) Ltd.

A UnitedHealth Group Company

Submit all Claims or Inquiries to:

UnitedHealthcare **StudentResources**

P.O. Box 809025

Dallas, Texas 75380-9025

1-866-548-8472

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 is issued to and is on file at AuPairCare SP. The Master Policy 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.

This Brochure is based on Policy # 2013-202858-2

v7





POLICY

NUMBER: 2013-202858-2

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 (1/8/2014)

Schedule of Benefits: Dental Benefit-Added 'Breaking a tooth while eating is not covered' to parenthetical