



2010-2011

UNIVERSITY OF CHICAGO STUDENT HEALTH INSURANCE PLAN (U-SHIP)

Designed Especially for the Students of



THE UNIVERSITY OF
CHICAGO



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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 1-866-348-8472 or by visiting us at www.uhcsr.com.

Eligibility

Each year all registered students at the University of Chicago are automatically enrolled in the Basic Plan (2010-451-1) or they may opt to upgrade to the Prescription Advantage Plan (2010-451-2) and the premium for coverage is added to their tuition billing, unless proof of comparable coverage is furnished. Affiliated seminary students are eligible for the Basic Plan (2010-451-1) and may enroll on a voluntary basis.

The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Basic Plan (2010-451-1) Only: Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse or same sex domestic partner and unmarried children under 19 years of age, or 23 years if a full-time student at an accredited institution of higher learning who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student.

Prescription Advantage Plan (2010-451-2) Only: Eligible students who do enroll may also insure their Dependents. However, Dependents of eligible students enrolled in the Prescription Advantage Plan (2010-451-2) may only be enrolled in the Basic Plan (2010-451-1). There are no benefits available for Dependents on the Prescription Advantage Plan. Eligible Dependents are the spouse or same sex domestic partner and unmarried children under 19 years of age, or 23 years if a full-time student at an accredited institution of higher learning who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student.

Effective and Termination Dates

The Master Policy becomes effective August 1, 2010 for required Early Arriving students. The Master Policy becomes effective September 1, 2010 for all other participants. Coverage becomes effective on the first day of the period for which premium was 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 August 31, 2011. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student. Refunds of premiums are allowed only upon entry into the armed forces.

This is a Non-renewable One Year Term Policy.

Alternative Coverage - If you do not meet the Eligibility requirements of the Plan, please call 1-800-980-7395 for information on alternative coverage. This information can also be accessed at our Web site www.goldenrulehealth.com/studentresources.

Annual Premium Rates

Basic Plan 2010-451-1	
Student	\$2,220
Student + 1 Dependent	\$6,096
Student + 2 or more Dependents	\$9,447
Prescription Advantage Plan 2010-451-2	
Student	\$3,378
Student + 1 Dependent (Basic)	\$7,254
Student + 2 or more Dependents (Basic)	\$10,605
Seminary Basic Plan 2010-451-1	
Student	\$3,876
Spouse or Domestic Partner	\$3,876
All Children	\$3,876

Choice of Plan

Each eligible student has a choice of one of the benefit plans. The available plans are Basic (2010-451-1) and Prescription Advantage (2010-451-2). The Prescription Advantage Plan has higher benefits than the Basic Plan. Make your selection carefully. You cannot upgrade coverage from the Basic Plan to the Prescription Advantage Plan after the initial purchase of the Plan during the policy year. In addition, if you are enrolling in the Continuation Privilege, you are not able to upgrade your coverage from Basic 09/10 to the Prescription Advantage plan. Seminary Students are only eligible for the Basic Plan (2010-451-1).

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.

Student Care Center (SCC) or Student Counseling and Resource Service (SCRS) Referral Required Outpatient Physician's Visits, Consultant, and Psychotherapy Visits

Students and dependents 14 years and older who are enrolled in the insurance plan should use the services of the SCC or SCRS first for Outpatient Physician's visits, Consultant, and Psychotherapy visits. Insurance benefits for Outpatient Physician's visits, Consultant, and Psychotherapy visits are provided only upon referral by the SCC or SCRS. Expenses incurred for Outpatient Physician's visits, Consultant, and Psychotherapy visits for which no prior approval or referral is obtained will be subject to an additional \$50 Deductible per service. A referral issued by the SCC or SCRS must accompany the claim when submitted. Only one referral required for each Injury or Sickness (diagnosis).

A SCC or SCRS referral for outside care is not necessary only under the following conditions:

1. Medical Emergency. The student must return to SCC or SCRS for necessary follow-up care; (Please see Definition of Medical Emergency on Page 19)
2. When the SCC or SCRS is closed;

3. When service is rendered at another facility during break or vacation periods; (See exclusion #22.)
4. Medical care received when the student is more than 50 miles from campus;
5. Medical care obtained when a student is no longer able to use the SCC or SCRS due to a change in student status; or
6. Maternity.

Dependents under the age of 14 are not eligible to use the SCC; and therefore, are exempt from the above limitations.

Student Health Service Information

On-Campus Insurance Coordinators:

Enrollment and Waiver Process

Visit: <http://studenthealth.uchicago.edu>

Contact: On-campus insurance coordinators Administration Building 231-2

(773) 834-4543 (Press option 2) or uchicagoadvocates@uhcsr.com

On-Campus Health Service: Student Care Center, 5841 South Maryland Avenue, Room R100, Chicago, IL 60637

Access to this clinic, as well as a variety of services, is covered by the quarterly Student Life fee assessed on the student's Bursar bill. Among many services, the SCC provides annual physical examinations, sexual health, some lab testing, a travel clinic, sports medicine, and nutrition, along with health education material and outreach programming.

(773) 702-4156 for appointments and general information (Press option 2)

(773) 702-6817 for billing questions or problems

On-Campus Counseling Service: Student Counseling and Resource Service

5737 South University Avenue, Chicago, IL 60637

Access to this clinic is covered by payment of the mandatory quarterly Student Life fee assessed on the student's Bursar bill. Among many services, the SCRS provides psychological assessments, individual, couples, and/or group brief psychotherapy, medication management, academic skills counseling, emergency services, and crisis intervention.

(773) 702-9800 for appointments and general information

For Provider Listings (Including listing of Preferred Care Pharmacies):

You can use UnitedHealthcare **StudentResources** online provider locator service at www.uhcsr.com. Click on "Find Your School," and enter 451 as your Policy Number.

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 or as soon as possible after the patient becomes lucid and able to communicate, 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.

**BASIC PLAN 2010-451-1 Schedule of Medical Expense Benefits
Up To \$1,000,000 Maximum Lifetime Benefit Paid As Specified Below
Preferred Provider Deductible \$200 (Per Insured Person) (Per Policy Year)
Out-of-Network Deductible \$500 (Per Insured Person) (Per Policy Year)**

The Policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Lifetime Benefit of \$1,000,000.

The Preferred Provider for this plan is UnitedHealthcare Choice Plus PPO Network.

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 coinsurance levels of benefits subject to the Usual and Customary Charges. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

If Care is rendered outside of the United States, Covered Medical expenses will be payable subject to all policy provisions, at 90% of billed charges after the \$200 Preferred Provider Policy Year Deductible has been met.

In accordance with the mandated benefits provided for in the Benefits for Diabetes, Exclusions and Limitations number 8 for foot care does not apply when the primary diagnosis is Diabetes.

There is an annual Out-of-Pocket maximum of \$1,500 for Preferred Providers and \$2,500 for Out-of-Network Providers Per Policy Year (\$200 for Preferred Provider and \$500 for Out-of-Network Per Policy Year Deductible and coinsurance apply towards meeting the Out-of-Pocket maximum; per service copays/Deductibles, prescription claims, service penalties, and excluded services do not apply towards meeting the Out-of-Pocket maximum.) The Out-of-Pocket maximums do not cross apply between Preferred Providers and Out-of-Network Providers. After the Out-of-Pocket has been met, additional Covered Medical Expenses will be paid at 100%.

An additional \$50 Deductible per service, will apply for Outpatient Physician's Visits, Consultant, and Psychotherapy Visits incurred without first obtaining the appropriate referral from Student Care Center or Student Counseling and Resource Service. See Student Care Center or Student Counseling and Resource Service Referral Requirement on page 2. Only one referral required for each Injury or Sickness (diagnosis).

The exclusion will be waived and benefits will be paid for the removal of warts, moles and lesions when treatment is rendered at or referred by the SCC.

All benefit maximums listed below 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 , daily semi-private room rate; general nursing care provided by the Hospital.	90% of PA	70% of U&C
Intensive Care	90% of PA	70% of U&C
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.	90% of PA	70% of U&C

INPATIENT	Preferred Providers	Out-of-Network Providers
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness / 48 hours for vaginal delivery / 96 hours for cesarean delivery maximum	
Physiotherapy	90% of PA	70% of U&C
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	70% of U&C
Assistant Surgeon	90% of PA	70% of U&C
Anesthetist , professional services in connection with inpatient surgery.	90% of PA	70% of U&C
Registered Nurse's Services , private duty nursing care.	90% of PA	70% of U&C
Physician's Visits , benefits do not apply when related to surgery.	90% of PA	70% of U&C
Pre-Admission Testing , payable within 30 working days prior to admission.	90% of PA	70% of U&C
Psychotherapy , benefits are limited to one visit per day. The maximum benefit will be 30 days Per Policy Year / 60 days per Lifetime which is a total of both Preferred Provider and Out-of-Network benefits paid. Partial hospitalization and intensive outpatient therapy: If charges are made for treatment received during partial hospitalization or intensive outpatient therapy in a hospital or treatment facility, the maximum benefit will be 60 partial hospitalization visits per Policy Year / 120 per Lifetime which is a total of both Preferred Provider and Out-of-Network benefits paid.	90% of PA	70% of U&C
OUTPATIENT		
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	70% 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.	90% of PA	70% of U&C
Assistant Surgeon	90% of PA	70% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	90% of PA	70% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
Physician's Visits , benefits for Physician's Visits do not apply when related to surgery. (Benefits include outpatient contraceptive services related to the use of contraception methods, including natural family planning, to prevent an unintended pregnancy.)	90% of PA	70% of U&C
Physiotherapy , review of medical necessity is required after 12 visits per Injury or Sickness	90% of PA	70% of U&C
Diagnostic X-ray & Laboratory Services	90% of PA	70% of U&C
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. (\$100 copay/Deductible per visit in addition to the \$200 Preferred Provider and \$500 Out-of-Network Per Policy Year Deductible.)	90% of PA / \$100 copay per visit	90% of U&C / \$100 Deductible per visit
Chemotherapy & Radiation Therapy	90% of PA	70% of U&C
Injections , when administered in the Physician's office and charged on the Physician's statement. (Benefit includes allergy injections.)	90% of PA	70% of U&C
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures. Benefits will be paid for BRCA genetic testing when determined medically necessary as established by the UHC Medical Technology Assessment Committee.	90% of PA	70% of U&C
Prescription Drugs , a 90 day supply will be filled at two times the copay cost for Chronic Medications filled at DCAM (University pharmacy) only (some exceptions apply). Prescription Inhalants for persons suffering from asthma or other life threatening bronchial ailments are not limited by restrictions on the number of days before an inhaler refill may be obtained when ordered or prescribed by the treating Physician. Prior authorization is required for growth hormones drugs. Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables, as well as preventive medications. Prescription Drug copays do not apply towards meeting the Per Policy Year Deductible.	UnitedHealthcare Network Pharmacy / \$10 copay per prescription for Tier 1 / \$25 copay per prescription for Tier 2 / \$40 copay per prescription for Tier 3 / up to a 31 day supply per prescription / \$1,500 maximum Per Policy Year	No Benefits
Psychotherapy , including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder. Benefits are limited to one visit per day. (25 days maximum Per Policy Year. Benefits will be paid at the Preferred Provider level when referred by the SCRS.) (Medication management visits are paid under Physician's Visits.) (Partial hospitalization and Intensive Outpatient Therapy are paid under the Inpatient Psychotherapy benefit.)	100% of PA up to \$70 maximum per day	70% of U&C up to \$70 maximum per day

OTHER	Preferred Providers	Out-of-Network Providers
Ambulance Services	90% of PA	90% of U&C
Durable Medical Equipment, A written prescription must accompany the claim when submitted. Replacement equipment is covered.	90% of PA	70% of U&C
Consultant Physician Fees, when requested and approved by the attending Physician.	90% of PA	70% of U&C
Dental Treatment, made necessary by Injury to Sound, Natural Teeth and removal of impacted wisdom teeth.	90% of actual charges	90% of actual charges
Alcoholism / Drug Abuse (Outpatient: \$90 per visit maximum / 25 visits maximum Per Policy Year / \$6,500 Lifetime Maximum) (Partial hospitalization and Intensive Outpatient Therapy are paid under the Inpatient Psychotherapy benefit.)	Inpatient: 90% of PA Outpatient: 90% of PA	Inpatient: 70% of U&C Outpatient: 70% of U&C
Maternity	Paid as any other Sickness	
Complication of Pregnancy	Paid as any other Sickness	
Elective Abortion	Paid as any other Sickness	
Repatriation/Medical Evacuation	Benefits provided by Scholastic Emergency Services	
Home Health Care, Covered Medical Expenses must be incurred within 12 months from the date of the first home health care visit.	90% of PA	70% of U&C
Intercollegiate Sports, \$25,000 maximum Per Policy Year. See Intercollegiate Sports section on page 15.	Paid as any other Injury	
Club and Intramural Sports	Paid as any other Injury	
Routine Well-Child Benefit for Dependent Children up to age 14 (Benefit includes Physician's Visits, immunizations, lab and tests and procedures for Dependent Children up to the age of 14.)	90% of PA	70% of U&C

PRESCRIPTION ADVANTAGE PLAN 2010-451-2

(NOTE: Dependents are not eligible for this level of coverage.)

No Prescription Drug Benefit Maximum on the Advantage Plan.

Benefits are subject to the policy maximum benefit

Schedule of Medical Expense Benefits

Up To \$1,000,000 Maximum Lifetime Benefit Paid As Specified Below

Preferred Provider Deductible \$200 (Per Insured Person) (Per Policy Year)

Out-of-Network Deductible \$500 (Per Insured Person) (Per Policy Year)

The Policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Lifetime Benefit of \$1,000,000.

The Preferred Provider for this plan is UnitedHealthcare Choice Plus PPO Network.

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 coinsurance levels of benefits subject to the Usual and Customary Charges. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

If Care is rendered outside of the United States, Covered Medical expenses will be payable subject to all policy provisions, at 90% of billed charges after the \$200 Preferred Provider Policy Year Deductible has been met.

In accordance with the mandated benefits provided for in the Benefits for Diabetes, Exclusions and Limitations number 8 for foot care does not apply when the primary diagnosis is Diabetes.

There is an annual Out-of-Pocket maximum of \$1,500 for Preferred Providers and \$2,500 for Out-of-Network Providers Per Policy Year (\$200 for Preferred Provider and \$500 for Out-of-Network Per Policy Year Deductible and coinsurance, apply towards meeting the Out-of-Pocket maximum; per service copays/Deductibles, prescription claims, service penalties, and excluded services do not apply towards meeting the Out-of-Pocket maximum.) The Out-of-Pocket maximums do not cross apply between Preferred Providers and Out-of-Network Providers. After the Out-of-Pocket has been met, additional Covered Medical Expenses will be paid at 100%.

An additional \$50 Deductible per service, will apply for Outpatient Physician's Visits, Consultant, and Psychotherapy Visits incurred without first obtaining the appropriate referral from Student Care Center or Student Counseling and Resource Service. See Student Care Center or Student Counseling and Resource Service Referral Requirement on page 2. Only one referral required for each Injury or Sickness (diagnosis).

The exclusion will be waived and benefits will be paid for the removal of warts, moles and lesions when treatment is rendered at or referred by the SCC.

All benefit maximums listed below 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 , daily semi-private room rate; general nursing care provided by the Hospital.	90% of PA	70% of U&C
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.	90% of PA	70% of U&C

INPATIENT	Preferred Providers	Out-of-Network Providers
Intensive Care	90% of PA	70% of U&C
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness / 48 hours for vaginal delivery / 96 hours for cesarean delivery max	
Physiotherapy	90% of PA	70% of U&C
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	70% of U&C
Assistant Surgeon	90% of PA	70% of U&C
Anesthetist , professional services in connection with inpatient surgery.	90% of PA	70% of U&C
Registered Nurse's Services	90% of PA	70% of U&C
Physician's Visits , benefits do not apply when related to surgery.	90% of PA	70% of U&C
Pre-Admission Testing , payable within 30 working days prior to admission.	90% of PA	70% of U&C
Psychotherapy , benefits are limited to one visit per day. The maximum benefit will be 30 days Per Policy Year / 60 days per Lifetime which is a total of both Preferred Provider and Out-of-Network benefits paid. Partial hospitalization and intensive outpatient therapy: If charges are made for treatment received during partial hospitalization or intensive outpatient therapy in a hospital or treatment facility, the maximum benefit will be 60 partial hospitalization visits per Policy Year / 120 per Lifetime which is a total of both Preferred Provider and Out-of-Network benefits paid.	90% of PA	70% of U&C
OUTPATIENT		
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	70% 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.	90% of PA	70% of U&C
Assistant Surgeon	90% of PA	70% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	90% of PA	70% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
Physiotherapy , Review of medical necessity required after 12 visits per injury or sickness	90% of PA	70% of U&C
Physician's Visits , benefits for Physician's Visits do not apply when related to surgery. (Benefits include outpatient contraceptive services related to the use of contraception methods, including natural family planning, to prevent an unintended pregnancy.)	90% of PA	70% of U&C
Diagnostic X-ray & Laboratory Services	90% of PA	70% of U&C
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. (\$100 copay/Deductible per visit in addition to the \$200 Preferred Provider and \$500 Out-of-Network Per Policy Year Deductible)	90% of PA / \$100 copay per visit	90% of U&C / \$100 Deductible per visit
Chemotherapy & Radiation Therapy	90% of PA	70% of U&C
Injections , when administered in the Physician's office and charged on the Physician's statement. (Benefit includes allergy injections.)	90% of PA	70% of U&C
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures. Benefits will be paid for BRCA genetic testing when determined medically necessary as established by the UHC Medical Technology Assessment Committee.	90% of PA	70% of U&C
Prescription Drugs , a 90 day supply will be filled at two times the copay cost for Chronic Medications filled at DCAM (University pharmacy) only (some exceptions apply). Prescription Inhalants for persons suffering from asthma or other life threatening bronchial ailments are not limited by restrictions on the number of days before an inhaler refill may be obtained when ordered or prescribed by the treating Physician. Prior authorization is required for growth hormones drugs. Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables, as well as preventive medications. Prescription Drug copays do not apply towards meeting the Per Policy Year Deductible. Your maximum allowed benefit is \$1,500 Per Policy Year under the Basic Plan (2010-451-1). Under the Prescription Advantage Plan (2010-451-2), there is no Prescription Drug Benefit Maximum; however, benefits are subject to the Policy Maximum Benefit.	UnitedHealthcare Network Pharmacy / \$10 copay per prescription for Tier 1 / \$25 copay per prescription for Tier 2 / \$40 copay per prescription for Tier 3 / up to a 31 day supply per prescription	No Benefits

OUTPATIENT	Preferred Providers	Out-of-Network Providers
Psychotherapy , including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder. Benefits are limited to one visit per day. (25 days maximum Per Policy Year. Benefits will be paid at the Preferred Provider level when referred by the SCRS.) (Medication management visits are paid under Physician's Visits.) (Partial hospitalization and Intensive Outpatient Therapy are paid under the Inpatient Psychotherapy benefit.)	100% of PA up to \$70 maximum per day	70% of U&C up to \$70 maximum per day
OTHER		
Ambulance Services	90% of PA	70% of U&C
Durable Medical Equipment , A written prescription must accompany the claim when submitted. Replacement equipment is covered.	90% of PA	70% of U&C
Consultant Physician Fees , when requested and approved by the attending Physician.	90% of PA	70% of U&C
Dental Treatment , made necessary by Injury to Sound, Natural Teeth and removal of impacted wisdom teeth.	90% of actual charges	90% of actual charges
Alcoholism / Drug Abuse (Outpatient: \$90 per visit maximum / 25 visits maximum Per Policy Year / \$6,500 Lifetime Maximum) (Partial hospitalization and Intensive Outpatient Therapy are paid under the Inpatient Psychotherapy benefit.)	Inpatient: 90% of PA Outpatient: 90% of PA	Inpatient: 70% of U&C Outpatient: 70% of U&C
Maternity	Paid as any other Sickness	
Complication of Pregnancy	Paid as any other Sickness	
Elective Abortion	Paid as any other Sickness	
Repatriation/Medical Evacuation	Benefits provided by Scholastic Emergency Services	
Home Health Care , Covered Medical Expenses must be incurred within 12 months from the date of the first home health care visit.	90% of PA	70% of U&C
Intercollegiate Sports , \$25,000 maximum Per Policy Year. See Intercollegiate Sports section on page 15.	Paid as any other Injury	
Club and Intramural Sports	Paid as any other Injury	

Maximum Lifetime Benefit

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

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.

\$10 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
\$40 copay per prescription order or refill for a Tier 3 Prescription Drug up to 31 day supply
Your maximum allowed benefit is \$1,500 Per Policy Year (Basic Plan Only 2010-451-1)

See the Prescription Drug Benefit in the Schedule of Medical Expense Benefits for the 90-day supply Chronic Medications benefit available at DCAM (University pharmacy).

Specialty Prescription Drugs – if you require Specialty Prescription Drugs, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Specialty Prescription Drugs. If you are directed to a Designated Pharmacy and choose not to obtain your Specialty Prescription Drug Product from a Designated Pharmacy, you will be responsible for 50% of the billed charge not to exceed \$1,000 per Specialty Prescription Drug.

However, if a non-Designated Pharmacy has entered into an agreement with the Company that it agrees to accept the same terms and conditions applicable to Designated Pharmacies, including reimbursement at the rate applicable to the Designated Pharmacies, including applicable copayment and/or coinsurance, as payment in full, the Insured may receive benefits on the same basis and at the same copayment and/or coinsurance as the Insured would from a Designated Pharmacy.

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

Designated Pharmacy means a pharmacy that has entered into an agreement with the Company or with an organization contracting on the Company's behalf, to provide specific Prescription Drug Products. The fact that a pharmacy is a Network Pharmacy does not mean that it is a Designated Pharmacy.

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.

Specialty Prescription Drug Product means Prescription Drug Products that are generally high cost, self-injectable biotechnology drugs used to treat patients with certain illnesses. Insured Persons may access a complete list of Specialty Prescription Drug Products through the Internet at www.uhcsr.com or call Customer Service 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.

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

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 members of the UnitedHealthcare Choice Plus PPO network.

The availability of specific providers is subject to change without notice. For a directory of Providers please visit www.uhcsr.com. Insureds should always confirm that a Preferred Provider is participating at the time services are required by calling us at 1-866-348-8472 and/or by asking the provider when making an appointment for services.

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

"Out of Network" providers have not agreed to any prearranged fee schedules. Insureds may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

Inpatient Hospital Expenses

PREFERRED HOSPITALS - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at the coinsurance percentages specified in the Schedule of Benefits or up to any limits specified in the Schedule of Benefits. Call 1-866-348-8472 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 Medical Expense Benefits.

Outpatient Hospital Expenses

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits or up to any limits specified in 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 Choice Plus PPO network will be paid at the coinsurance percentages specified in the Schedule of Benefits 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.

Disclosure of Limited Benefit

WARNING-LIMITED BENEFITS WILL BE PAID WHEN NON-PARTICIPATING PROVIDERS ARE USED.

You should be aware that when you elect to utilize the services of a non-participating provider for a covered service in non-emergency situations, benefit payments to such non-participating provider are not based upon the amount billed. The basis of your benefit payment will be determined according to your policy's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined by the policy.

YOU CAN EXPECT TO PAY MORE THAN THE COINSURANCE AMOUNT DEFINED IN THE POLICY AFTER THE PLAN HAS PAID ITS REQUIRED PORTION.

Non-participating providers may bill members for any amount up to the billed charge after the plan has paid its portion of the bill. Participating providers have agreed to accept discounted payments for services with no additional billing to the member other than co-insurance and deductible amounts. You may obtain further information about the participating status of professional providers and information on out-of-pocket expenses by calling the toll free telephone number on your identification card.

Continuation Privilege

All Insured Persons who have been continuously insured under the school's regular student Policy for at least 6 consecutive months and who no longer meet the Eligibility requirements under that Policy are eligible to continue their coverage for a period of not more than 12 months under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that policy year.

Application must be made and premium must be paid directly to UnitedHealthcare **StudentResources** and be received within 31 days after the expiration date of your student coverage. For further information on the Continuation privilege, please contact UnitedHealthcare **StudentResources**.

Maternity Testing

The following maternity routine tests and screening exams will be considered if all other policy provisions have been met. These tests and screening exams are determined using nationally recognized standards of care. **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, and HIV: HIV-ab; **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. Any maternity tests and screening exams not listed above will only be considered if all other policy provisions have been met and Medical Necessity is established through the submission of appropriate medical records. For additional information regarding Maternity Testing, please call the Company at 1-866-348-8472.

Intercollegiate Sports **\$25,000 Maximum Benefit Per Policy Year**

Insured student athletes who are members of and are participating in intercollegiate Baseball, Basketball, Cross Country, Football, Soccer, Softball, Swimming/Diving, Tennis, Track and Field, Volleyball and Wrestling sponsored by the Policyholder are covered for sports Injury as for any other Injury.

Subject to the Policy Deductible, benefits will be paid under the Schedule of Benefits for intercollegiate sports Injury up to \$25,000 Per Policy Year.

Accidental Death & Dismemberment Benefits

Loss of Life, Limb or Sight

If such Injury shall independent of disease or bodily infirmity 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
Two or More Members	\$10,000
One Member	\$ 5,000
Thumb or Index Finger	\$ 2,500

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.

Benefits for Mammography

Benefits will be paid the same as any other Sickness for screening by Low-dose Mammography for the presence of occult breast cancer according to the following guidelines:

1. A baseline mammogram for women thirty-five to thirty-nine years of age.
2. An annual mammogram for women forty years of age or older.
3. A mammogram at the age and intervals considered medically necessary by the woman's Physician for women under 40 years of age and having a family history of breast cancer or other risk factors.

"Low-dose mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with radiation exposure delivery of less than one rad per breast for 2 views of an average size breast.

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

Benefits for Mastectomy, Prosthetic Device and Reconstructive Surgery

Benefits will be paid the same as any other Sickness for the surgical procedure known as a mastectomy and the prosthetic device or reconstructive surgery incident to the mastectomy.

Benefits for breast reconstruction in connection with a mastectomy shall include:

1. Reconstruction of the breast upon which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthesis and treatment for physical complications at all stages of mastectomy, including lymphedemas.

When a mastectomy is performed and there is no evidence of malignancy, benefits will be limited to the cost of the prosthesis or reconstructive surgery to within 2 years after the date of the mastectomy. Benefits for the prosthetic device and reconstructive surgery shall be subject to the Deductible and coinsurance provisions applied to the mastectomy and all other terms and conditions applicable to other benefits under the policy.

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

Benefits for Cervical Cancer Screening Test

Benefits will be paid the same as any other Sickness for an annual cervical smear or pap smear test and annual Surveillance Tests for ovarian cancer for female Insureds who are At Risk for Ovarian Cancer.

Surveillance Tests for ovarian cancer means annual screening using (1) CA-125 serum tumor marker testing, (2) transvaginal ultrasound, and (3) pelvic examination.

At Risk for Ovarian Cancer means: 1) having a family history (i) with one or more first-degree relatives with ovarian cancer, (ii) of clusters of women relatives with breast cancer, or (iii) of nonpolyposis colorectal cancer, or 2) testing positive for BRCA1 or BRCA2 mutations.

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

Benefits for Prostate Cancer Screening

Benefits will be paid the same as any other Sickness for an annual digital rectal examination and a prostate-specific antigen test upon the recommendation of a licensed Physician for asymptomatic men age 50 and over; African-American men age 40 and over; and men age 40 and over with a family history of prostate cancer.

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

Benefits for Diabetes

Benefits will be paid as specified below for an Insured Person with type 1, type 2 or gestational diabetes mellitus for Medically Necessary equipment, supplies, foot care exams, and Diabetes Self-Management Training including medical nutrition therapy when prescribed by a Physician.

Diabetes Self-Management Training:

Diabetes Self-Management Training means instruction in an outpatient setting which enables a diabetic patient to understand the diabetic management process and daily management of diabetic therapy as a means of avoiding frequent hospitalization and complications. Diabetes Self-Management Training includes the content areas listed in the National Standards for Diabetes Self-Management Education Programs as published by the American Diabetes Association, including medical nutrition therapy, which shall have the same meaning ascribed to "medical nutrition care" in the Dietetic and Nutrition Services Practices Act.

Diabetes Self-Management Training, including nutrition education, may be provided as a part of an office visit, group setting or home visit as authorized by the Insured's Physician.

Benefits are limited to the following:

- 1) Up to 3 medically necessary visits to a Physician with expertise in diabetes management upon initial diagnosis of diabetes by the Insured's Physician.
- 2) Up to 2 medically necessary visits to a Physician with expertise in diabetes management upon a determination by an Insured's Physician that a significant change in the Insured's symptoms or medical condition has occurred. A "significant change" means symptomatic hyperglycemia (greater than 250 mg/dl on repeated occasions), severe hypoglycemia (requiring assistance of another person), onset or progression of diabetes, or a significant change in medical condition that would require a significantly different treatment regimen.

Foot Care Exams:

Benefits will be paid the same as any other Sickness for regular foot care exams by a Physician.

Durable Medical Equipment:

If the policy provides benefits for Durable Medical Equipment, benefits will be paid the same as any other Sickness for the following medically necessary equipment when prescribed by the Insured's Physician:

- 1) blood glucose monitors;
- 2) blood glucose monitors for the legally blind;
- 3) cartridges for the legally blind; and
- 4) lancets and lancing devices.

Pharmaceuticals And Supplies:

If the policy provides benefits for Prescription Drugs, benefits will be paid the same as any other Sickness for the following medically necessary pharmaceuticals and supplies when prescribed by the Insured's Physician:

- 1) insulin;
- 2) syringes and needles;
- 3) test strips for glucose monitors;
- 4) FDA approved oral agents used to control blood sugar; and
- 5) Glucagons emergency kits.

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

Benefits for Colorectal Cancer Tests

Benefits will be paid the same as any other Sickness for colorectal cancer examinations and laboratory tests for colorectal cancer as prescribed by a Physician, in accordance with the published American Cancer Society guidelines on colorectal cancer screening or other existing colorectal cancer screening guidelines issued by nationally recognized professional medical societies or federal government agencies, including the National Cancer Institute, the Centers for Disease Control and Prevention, and the American College of Gastroenterology.

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

Benefits for Dental Care Services

Benefits will be paid the same as any other Sickness for anesthetics and associated Hospital or ambulatory facility charges provided in conjunction with dental care for:

1. a child age 6 or under;
2. an individual with a medical condition that requires hospitalization or general anesthesia for dental care; or
3. an individual who is disabled.

This benefit does not cover charges for the dental care itself, only the charges for the anesthesia and associated Hospital or ambulatory facility charges.

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

Benefits for Bone Mass Measurement/Osteoporosis

Benefits will be paid the same as any other Sickness for medically necessary bone mass measurement and for the diagnosis and treatment of osteoporosis.

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

Definitions

INJURY means bodily injury which is: 1) the direct cause of loss, independent of disease cause of loss, independent of disease or bodily infirmity; 2) a source of loss; 3) treated by a Physician within 30 days after the date of accident; and 4) 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. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

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

- 1) Death;
- 2) Placement of the Insured's health in jeopardy;
- 3) Serious impairment of bodily functions;
- 4) Serious dysfunction of any body organ or part; or
- 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

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

SICKNESS means sickness or disease of the Insured Person which causes loss, and first manifests itself 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 where service is rendered. 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. The definition of Usual and Customary Charges does not apply to charges made by Preferred Providers.

Basic Plan (2010-451-1) Exclusions and Limitations

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

1. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
2. Learning disabilities, behavioral problems, developmental delay or disorder or mental retardation;
3. 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;
4. 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;
5. Dental treatment, except as specifically provided in the Schedule of Benefits;
6. Elective Surgery or Elective Treatment;
7. 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;
8. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
9. Health spa or similar facilities; strengthening programs;
10. 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;

11. Alopecia;
12. Hypnosis;
13. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
14. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
15. Investigational services;
16. Lipectomy;
17. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
18. 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 policy;
 - 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;
 - 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, except when a Medical Necessity; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
19. 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;
20. 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;
21. 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;
22. 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;
23. Services provided normally without charge by the SCC/SCRS of the Policyholder; or services covered or provided by the student life fee;

24. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
25. Speech therapy, except when a Medical Necessity due to Injury or Sickness;
26. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
27. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
28. 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
29. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

Prescription Advantage Plan (2010-451-2)

Exclusions and Limitations

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

1. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
2. Learning disabilities, behavioral problems, developmental delay or disorder or mental retardation;
3. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn infants; removal of warts, non-malignant moles and lesions;
4. 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;
5. Dental treatment, except as specifically provided in the Schedule of Benefits;
6. Elective Surgery or Elective Treatment;
7. 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;
8. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
9. Health spa or similar facilities; strengthening programs;
10. 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;
11. Alopecia;
12. Hypnosis;
13. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
14. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
15. Investigational services;

16. Lipectomy;
17. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
18. 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 policy;
 - 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;
 - 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, except when a Medical Necessity; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
19. 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;
20. 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;
21. 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;
22. 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;
23. Services provided normally without charge by the SCC/SCRS of the Policyholder; or services covered or provided by the student life fee;
24. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
25. Speech therapy, except when a Medical Necessity due to Injury or Sickness;
26. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
27. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
28. 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
29. Weight management, weight reduction, nutrition programs, treatment for obesity, 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 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.

Online Access to Account Information

UnitedHealthcare **StudentResources** insureds have online access to claims status, Explanation of Benefits, 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 UChicago.edu email address 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 their Physician or Hospital.
2. A Company claim form is not required for filing a claim. 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.
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

Direct all Claim Inquiries to:

UnitedHealthcare **StudentResources**
P.O. Box 809025
Dallas, Texas 75380-9025
1-866-348-8472
claims@uhcsr.com
customerservice@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 payment of benefits.

This Brochure is based on Policy Numbers

2010-451-1 Basic Plan

2010-451-2 Prescription Advantage Plan

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