



UNIVERSITY
of ALASKA

Many Traditions One Alaska

Graduate Student
Injury and Sickness
Insurance Plan
2010-2011

Designed Especially for
the Graduate Students of



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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 detailed copy of our privacy policy by calling us toll-free at 1-888-344-5989 or by visiting us at www.uhcsr.com.

Eligibility

All students enrolled fulltime in a UAF, UAA or UAS Graduate program and are paid a stipend are automatically enrolled in this insurance plan. Graduate students must come to the Office of the Graduate School and show a copy of their contract letter to complete the enrollment process.

All insured students may purchase Major Medical coverage on an optional 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.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse or Domestic Partner and unmarried children under 19 years of age; or 23 years, if a full-time dependent student at an accredited institution of higher learning, who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student. See Definition section of the Brochure for the specific requirements needed to meet Domestic Partner eligibility.

Optional coverages may only be purchased simultaneously and in conjunction with the purchase of Basic coverage at the time of initial enrollment in the plan. Students may purchase optional coverages for themselves or for themselves and all family members.

Effective and Termination Dates

The Master Policy on file at the school becomes effective August 25, 2010. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates August 24, 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.

If paying premiums by semester, coverage expires as follows:

Annual	08-25-2010 to 08-24-2011
Fall	08-25-2010 to 01-11-2011
Spring	01-12-2011 to 05-23-2011
Spring/Summer	01-12-2011 to 08-24-2011
Summer	05-24-2011 to 08-24-2011

You must meet the Eligibility requirements listed above each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the premium expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One Year Term Policy.

Premium Rates

	Graduate Student	Spouse or Domestic Partner	Each Child	All Children
Annual	\$1,387	\$4,670	\$2,000	\$4,603
Fall	\$ 531	\$1,791	\$ 767	\$1,766
Spring	\$ 502	\$1,689	\$ 723	\$1,665
Spring/Summer	\$ 856	\$2,879	\$1,233	\$2,837
Summer	\$ 354	\$1,190	\$ 510	\$ 1,173

Optional Major Medical \$420 (Per Insured, Per Policy Year), \$965 (All Children, Per Policy Year)

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 12 months after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Pre-Admission Notification

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

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

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

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

Schedule of Basic Medical Expense Benefits

Up To \$100,000 Maximum Benefit Paid as Specified Below
(For Each Injury or Sickness)
\$150 Deductible (For Each Injury or Sickness)

The Deductible is waived for treatment rendered at the Student Health and Counseling Center. The Maximum Deductible is \$300 per family or individual, Per Policy Year.

All services provided at the Student Health and Counseling Center are covered at 100% and are not subject to the Policy exclusions. Only those immunizations required as a condition of enrollment are covered. The Deductible is waived if Sickness or Injury is treated at the Student Health and Counseling Center.

Graduate students paid a stipend, assigned to remote locations by the university, without access to the Student Health and Counseling Center will have the policy Deductible waived for Covered Medical Expenses under the plan. Birth control and one annual physical examination are covered at 100% in these remote locations. Only generic contraceptives are covered.

One Depo-Provera shot (every three months) will be covered at 100% at the Student Health and Counseling Center. One Depo-Provera shot is covered outside the Student Health and Counseling Center if the Student Health and Counseling Center is closed for the summer. IUD's are not covered at the Student Health and Counseling Center.

Special Provider Arrangement: The following are the "suggested" providers for this policy: Hospitals and Physicians who are members of the UnitedHealthcare Options PPO network (All 50 states), Kachemack Bay Medical Center - Homer, AK; Fairbanks Urgent Care Center – Fairbanks, AK; Seldovia Village Tribe Health Center – Homer, AK.

No benefits are available under this plan for any expenses associated with a period when there is no coverage. For example, prescriptions (such as birth control) will only be covered during the period when coverage is in effect.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

INPATIENT (No Inpatient benefits are payable for a Hospital Confinement which is not at least 18 hours in duration)	
Room & Board Expense , daily semi-private room rate; and general nursing care provided by the Hospital.	80% of Usual & Customary Charges
Hospital Miscellaneous Expense , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	80% of Usual & Customary Charges
Intensive Care	80% of Usual & Customary Charges
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
Physiotherapy	80% of Usual & Customary Charges
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.	80% of Usual & Customary Charges
Assistant Surgeon	80% of Usual & Customary Charges
Anesthetist , professional services in connection with inpatient surgery.	80% of Usual & Customary Charges
Registered Nurse's Services	No Benefits
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	80% of Usual & Customary Charges
Pre-admission Testing , payable within 3 working days prior to admission.	80% of Usual & Customary Charges
Psychotherapy , benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness

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. 80% of Usual & Customary Charges

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. 80% of Usual & Customary Charges

Assistant Surgeon 80% of Usual & Customary Charges

Anesthetist, professional services administered in connection with outpatient surgery. 80% of Usual & Customary Charges

Physician's Visits, benefits are limited to one visit per day and do not apply when related to surgery or Physiotherapy. 80% of Usual & Customary Charges

Physiotherapy, benefits are limited to one visit per day. See exclusion #19 for additional limitations. If Physiotherapy is referred by the Student Health and Counseling Center, a surgery or Hospital Confinement is not required. 80% of Usual & Customary Charges

Medical Emergency, use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. The \$100 Deductible per visit is in addition to the Policy Deductible. The \$100 Deductible will be waived if the Insured is admitted. 80% of Usual & Customary Charges/\$100 Deductible per visit

Diagnostic X-Rays and Laboratory Services, includes coverage for the following immunizations for Students Only: Tetanus, Diphtheria, Measles, Mumps, and Rubella. 80% of Usual & Customary Charges

Tests & Procedures, diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures. 80% of Usual & Customary Charges

Injections, when administered in the Physician's office and charged on the Physician's statement. 80% of Usual & Customary Charges

Chemotherapy & Radiation Therapy 80% of Usual & Customary Charges

Psychotherapy, including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder Benefits are limited to one visit per day. 80% of Usual & Customary Charges

Prescription Drugs, \$1,000 maximum Per Policy Year. Prescription Drugs dispensed at the Student Health and Counseling Center are payable at 100% and are not subject to the copays. Psychotherapy drugs are payable under this benefit. Self injectables are not covered. **Network Pharmacy (UHPS):** \$10 copay per prescription for Tier 1 / \$20 copay per prescription for Tier 2 / 40% coinsurance per prescription for Tier 3 / up to a 31-day supply per prescription **Out of Network Pharmacy:** 50% of Usual & Customary Charges

OTHER	
Ambulance	80% of Usual & Customary Charges
Durable Medical Equipment	No Benefits
Consultant Physician Fees, when requested and approved by the attending Physician.	80% of Usual & Customary Charges
Dental Treatment, made necessary by Injury to Sound, Natural Teeth; or abscessed or impacted wisdom teeth.	80% of Usual & Customary Charges
Alcoholism/Drug Abuse	Paid under Psychotherapy
Maternity	Paid as any other Sickness
Complications of Pregnancy	Paid as any other Sickness
Elective Abortion	Paid as any other Sickness
Repatriation/Medical Evacuation	Benefits provided by Scholastic Emergency Services, Inc.
CAT Scan/MRI	80% of Usual & Customary Charges
Acupuncture, payable only when referred by the attending Physician.	80% of Usual & Customary Charges

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/coinsurance that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable copayments/coinsurance. Your copayment/coinsurance 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

\$20 copay per prescription order or refill for a Tier 2 Prescription Drug up to 31 day supply

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

Your maximum allowed benefit is \$1,000 maximum Per Policy Year.

Please present your ID card to the network pharmacy when the prescription is filled.

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.

When prescriptions are filled at pharmacies outside the network, the Insured must pay for the prescriptions out-of-pocket and submit the receipts for reimbursement to UnitedHealthcare StudentResources, P.O. Box 809025, Dallas, TX 75380-9025. See the Schedule of Benefits for the benefits payable at out-of-network pharmacies.

Definitions

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

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

Additional Exclusions

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

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

Special Provider Arrangement

UnitedHealthcare Options PPO Network (in all 50 states), Kachemack Bay Medical Center in Homer, AK; Fairbanks Urgent Care Center in Fairbanks, AK; and Seldovia Village Tribe Health Center in Homer, AK; have agreed to accept special reimbursement rates for treatment rendered to Insureds, therefore, use of these providers may result in lower out-of-pocket expenses. All benefits payable for Covered Medical Expenses are subject to the coinsurance and the maximum benefits for each service specified in the Schedule of Benefits. To locate a provider go to www.uhcsr.com.

Optional Major Medical Benefit

\$100,000 Maximum Benefit (For Each Injury or Sickness)

This optional benefit is subject to payment of an additional premium as specified on the enrollment card. Optional benefits may only be purchased at the time of initial enrollment in the Plan and may not be added later.

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$100,000 has been paid by the Company. The Company will pay 80% for additional, Covered Medical Expenses incurred up to the Major Medical Maximum of \$100,000. The total benefit payable under Major Medical is \$200,000 minus the Basic Benefits already paid.

No benefits will be paid under Major Medical for: 1) Room & Board Expenses which exceed the semi-private room rate; 2) Dental treatment; 3) Psychotherapy; 4) Outpatient Physiotherapy; 5) Services designated as "No Benefits" in the Basic Medical Expense Benefits Schedule of Benefits; 6) Any condition which originates (including the existence of symptoms); is diagnosed; treated or recommended for treatment within the 12 months immediately prior to the Insured's Effective Date under Optional Major Medical coverage; except for individuals who have been continuously insured under Optional Major Medical coverage for at least 6 consecutive months; and 7) Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury.

Maternity Testing

This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered if all other policy provisions have been met: Initial screening at first visit – Pregnancy test: Urine human chorionic gonatropin (HCG), Asymptomatic bacteriuria: Urine culture, Blood type and Rh antibody, Rubella, Pregnancy-associated plasma protein-A (PAPPA) (first trimester only), Free beta human chorionic gonadotrophin (hCG) (first trimester only), Hepatitis B: HBsAg, Pap smear, Gonorrhea: Gc culture, Chlamydia: chlamydia culture, Syphilis: RPR, 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. For additional information regarding Maternity Testing, please call the Company at 1-888-344-5989.

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

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

Continuation Privilege

All Insured Persons who have been continuously insured under the school's regular student Policy for at least four (4) consecutive months and who no longer meet the Eligibility requirements under the Policy are eligible to continue their coverage for a period of not more than five (5) 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. Please contact the Student Health Insurance Office for more information.

Mandated Benefits

Benefits for Treatment of Diabetes

Benefits will be paid the same as any other prescription or pharmacy services for the treatment of diabetes. Benefits shall include medication, equipment, and supplies when prescribed by a Physician.

"Diabetes" includes insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin-using diabetes.

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

Benefits for Diabetes Outpatient Self-Management Benefit

Benefits will be paid the same as any other Sickness for outpatient self-management training or education and medical nutrition therapy for the treatment of diabetes if diabetes treatment is prescribed by a Physician. Diabetes outpatient self-management training or education and medical nutrition therapy must be provided by a Physician with training in the treatment of diabetes.

"Diabetes" includes insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin-using diabetes.

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

Benefits for Mammography

Benefits will be paid the same as any other Sickness for screening mammography to identify breast cancer if the Policy covers mastectomies and prosthetic devices and reconstructive surgery incident to mastectomies according to the following guidelines:

1. A baseline mammogram for women age 35 to age 39;
2. One mammogram every two years for women age 40 to 49 every 2 years, or more frequently if recommended by a physician; and
3. An annual mammogram for women age 50 and over;
4. A mammogram at any age for a covered Insured with a history of breast cancer or whose parent or sibling has a history of breast cancer, upon referral by a Physician.

"Low-dose Mammography Screening" and "Mammogram" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including x-ray tube, filter, compression device, screens, films, and cassettes, with an average radiation exposure to deliver less than one rad mid-breast, with two views for each breast.

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

Benefits for Well-Baby Exams

Benefits will be paid the same as any other Sickness for routine Well-baby Exams performed by a qualified Health Care Professional for a Dependent child.

"Well-baby Exams" means (a) a periodic physical examination by a qualified Health Care Professional of a baby during the first 24 months of life in which information is collected on matters including normal development, growth rate, hearing, vision, language skills, motor development, diet, general care, preventative health care, immunizations, and infectious diseases and; (b) consultation between the Health Care Professional and a parent.

"Health Care Professional" means a health aide, physician, nurse, and physician assistant, but does not include a practitioner of religious healing.

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

Additional Benefits

Benefits are provided as mandated by the State of Alaska such as Benefits for Prostate Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screening, Initial Prosthetic Device and Reconstructive Surgery, Phenylketonuria and Newborn Infant Hearing Screening. A detail of these benefits may be found in the Master Policy on file at the University.

Definitions

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.

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.

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 a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. 1) Usual and Customary Charges will be calculated at the 80th percentile. 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. 2) The Insured Person is responsible for any amount billed for a health care service or supply item that exceeds the amount of final payment.

Exclusions and Limitations

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

1. Acne; allergy, including allergy testing;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency, except at the Student Health and Counseling Center;
3. Learning disabilities;
4. Biofeedback;
5. Durable Medical Equipment;
6. Circumcision;
7. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
8. Cosmetic procedures for cosmetic reasons only (covered if removed to rule out disease process), except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children;
9. Dental treatment, except as specifically provided in the Schedule of Benefits;
10. Elective Surgery or Elective Treatment;
11. Eye examinations, except as specifically provided in the Benefit for Well-baby Exams, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
12. Foot care including; care of corns, bunions (except capsular or bone surgery), calluses, unless related to a covered disease process, except at the Student Health and Counseling Center;
13. Hearing examinations, except as specifically provided in the Benefits for Newborn Infant Hearing Screening or hearing aids; or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
14. Hirsutism; alopecia;
15. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or except as specifically provided in the Benefits for Well-baby Exams;
16. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
17. Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
18. Organ transplants, including organ donation;
19. 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. If referred by the SHC, a surgery or Hospital Confinement is not required;
20. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
21. *Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;

22. 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 Benefits for Treatment of Diabetes);
 - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use; except when services are received at the Student Health and Counseling Center;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - e) Products used for cosmetic purposes;
 - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - g) Anorectics - drugs used for the purpose of weight control;
 - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - i) Growth hormones; or
 - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
23. 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;
24. 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;
25. 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; or except as specifically provided in the Benefits for Well-baby Exams;
26. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
27. 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 treatment of chronic purulent sinusitis;
28. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping;
29. Sleep disorders, except at the Student Health and Counseling Center;
30. Supplies, except as specifically provided in the policy and at the Student Health and Counseling Center;
31. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
32. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
33. 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
34. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

*Exclusion #21 for Pre-existing Conditions will also apply credit for continuous coverage under a prior health insurance policy if the prior coverage was continuous to a date within 63 days prior to the Insured Person's effective date of coverage under this policy.

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 or Domestic Partner and minor child(ren) are eligible for Scholastic Emergency Services. The requirements to receive these services are as follows:

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

Domestic Students, insured spouse or Domestic Partner 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 log into your online account www.uhcsr.com for additional information on SES Global Emergency Assistance Services, including service descriptions and program exclusions and limitations.

To access services please call:

(877) 488-9833 Toll-free within the United States

(609) 452-8570 Collect outside the United States

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

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

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

Claim Procedure

In the event of Injury or Sickness, students should:

- 1) Report to the Student Health and Counseling Center or Infirmary for treatment or referral, or when not in school, to their Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the university under which the student is insured. A Company claim form is not required for filing a claim.
- 3) File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

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 7-digit insurance ID number to create an online account. If you already have an online account, just log in from www.uhcsr.com to access your account information.

Submit all Claims or Inquiries to:
UnitedHealthcare StudentResources
P.O. Box 809025
Dallas, Texas 75380-9025
1-888-344-5989
customerservice@uhcsr.com
claims@uhcsr.com

The Plan is Underwritten by:
UnitedHealthcare Insurance Company

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 #

2010-335-2

University of Alaska Fairbanks
Student Health & Counseling Center
P.O. Box 755580
Fairbanks, AK 99775-5580
phone 907-474-7043 fax 907-474-5777

2010-248-2

University of Alaska Anchorage
Student Health & Counseling Center
3211 Providence Drive, RH 120
Anchorage, AK 99508
907-786-4040

2010-248-2

University of Alaska Southeast
Student Services
11120 Glacier Highway
Juneau, AK 99801
1-877-465-4827

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employers and educational institutions.

