



2008 - 2009 Student Injury and Sickness Insurance Plan

Designed Especially for
College and University Students
and Their Dependents

ACSA

American College Student Association

Notice: Benefits may vary by State or coverage may not be available. The Plan is not available in New York, New Jersey, Oregon, Puerto Rico, Washington and Massachusetts

 **UnitedHealthcare**[®]
A UnitedHealth Group Company

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Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a copy of our privacy practices by calling us toll-free at 800-505-5450 or by visiting us at www.uhcsr.com.

Eligibility

All students or scholars taking credit hours, registered for thesis or dissertation or part-time students are eligible to enroll in this insurance Plan. Those International students who have applied for Permanent Residency are not eligible. International Students (in the United States on a valid F-1 visa), Scholars (in the United States on a valid J-1 visa) attending a college or university are eligible to enroll in this insurance Plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet and television (TV) courses do not fulfill the eligibility requirements that the Student actively attend classes. The Company maintains its right to 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.

Students who do enroll in the Plan may also insure their Dependents. Eligible Dependents are the spouse 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.

Optional coverage may only be purchased simultaneously and in conjunction with the purchase of Basic Coverage at the time of initial enrollment in the plan. Only those students enrolled in Basic Coverage may purchase Optional Major Medical Coverage.

Effective and Termination Dates

The Master Policy on file at the ACSA headquarters becomes effective August 1, 2008. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium is received by the Company (or its authorized representative), whichever is later. The Master Policy terminates August 1, 2009. 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.

You must meet the eligibility requirements 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 coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. The policy is a Non-Renewable One Year Term Policy.

Extension of Benefits

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

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

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

Pre-Admission Notification

Avidyn 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.

Avidyn 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 \$50,000 Maximum Benefit
(For each Injury or Sickness)**

\$100 Deductible (For each Injury or Sickness)

(The Deductible will be reduced to \$50 for each Injury or Sickness if treatment is first rendered at the Institution's Student Health Center.)

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 Benefit of \$50,000 for each Injury or Sickness. The Company will pay 100% up to \$5,000 of Usual and Customary Charges after the Deductible has been satisfied. After the Company has paid \$5,000, benefits will be paid for 80% of additional Covered Medical expenses incurred up to the Maximum Benefit of \$50,000. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

U&C = Usual & Customary Charges	
INPATIENT	
Hospital Expense , daily semi-private room rate; general nursing care provided by the Hospital. Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	U&C / \$1,200 Aggregate maximum per day
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth. <i>(48 hours for vaginal delivery or 96 hours for cesarean delivery maximum)</i>	Paid as any other Sickness
Physiotherapy	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.	U&C
Anesthetist , professional services in connection with inpatient surgery.	U&C
Registered Nurse's Services , private duty nursing care.	U&C
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	U&C / \$50 per day
Pre-admission Testing , payable within 3 working days prior to admission.	U&C

INPATIENT (CONTINUED)	
Psychotherapy/Alcoholism/Drug Dependency, (Non-DC Residents Only) benefits are limited to one visit per day (30 days maximum / \$5,000 maximum Per Policy Year). <i>Psychiatric Hospitals are not covered.</i>	Paid as any other Sickness
Psychotherapy, (DC Residents Only) benefits are limited to one visit per day.	See Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency
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.	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.	U&C / \$2,000 maximum
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery or Physiotherapy.	U&C
Anesthetist , professional services administered in connection with outpatient surgery.	U&C
Physiotherapy , benefits are limited to one visit per day.	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.	U&C
Diagnostic X-ray & Laboratory Services	U&C / \$600 maximum
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	U&C
Chemotherapy & Radiation Therapy	U&C
Prescription Drugs	50% of U&C / \$500 maximum (Per Policy Year)

OUTPATIENT (CONTINUED)	
Psychotherapy / Alcoholism/Drug Dependency: (Non-DC Residents Only) including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder including Prescription Drugs.	50% of U&C / \$45 per day / \$500 maximum (Per Policy Year)
Psychotherapy, (DC Residents Only)	See Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency
OTHER	
Ambulance Services	U&C / \$350 maximum per trip
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	U&C / \$5,000 maximum
Consultant Physician Fees	No Benefits
Dental Treatment , made necessary by Injury to Sound, Natural Teeth and fractured jaw only.	U&C / \$200 per tooth / \$600 maximum
Maternity & Complications of Pregnancy	Paid as any other Sickness
Elective Abortion	U&C / \$500 maximum
Home Health Care	U&C / \$75 per day / 40 days maximum
High Cost Procedures , for outpatient procedures costing over \$500.	U&C / \$1,000 maximum
Club Sports	U&C / \$5,000 maximum

Optional Major Medical Benefit
\$150,000 Maximum Benefit (For each Injury or Sickness)

This optional benefit is subject to payment of an additional premium. The additional premium is specified on the policy face page.

The Optional Major Medical Benefit begins payment after the Basic Maximum Benefit of \$50,000 has been paid by the Company. The Company will pay 100% of additional Covered Medical Expenses incurred up to the Major Medical Maximum of \$150,000. Payment will not exceed the Major Medical Maximum Benefit of \$150,000.

The total benefit payable under the Optional Major Medical is \$200,000 minus the Basic Benefits already paid.

No benefits will be paid under Major Medical for:

1. Room & Board / Hospital Miscellaneous expenses which exceed \$1,200 maximum per day;
2. Dental treatment;
3. Psychotherapy in excess of the mandated benefits specified in the Mandated Benefits section under Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency;
4. Outpatient Physiotherapy;
5. Services designated as “No Benefits” in the Basic Medical Expense Benefits Schedule of Benefits; and
6. Pre-existing Conditions except for individuals who have been continuously insured under the Optional Major Medical Coverage for at least 12 consecutive months; If an individual: (1) had coverage under a Previous Plan as defined below; and (2) that coverage was continuous to a date not more than 63 days prior to the person’s Effective Date under this Optional Major Medical Coverage, the time under the Previous Plan will be credited toward the 12 consecutive months needed to provide benefits for a Pre-existing Condition. A “Previous Plan” means any accident and health insurance policy or certificate, nonprofit hospital or medical service corporation, HMO, MEWA, or plan provided by another benefit arrangement, including a government plan or program providing health benefits or health care. It does not include a Medicare Supplement.

Accidental Death & Dismemberment Benefits

Loss of Life, Limb or Sight

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

For Loss of:

	<i>Student</i>	
Life	\$10,000	
Two or More Members	\$10,000	
One Members	\$ 5,000	
	<i>Spouse</i>	
Life	\$ 5,000	
Two or More Members	\$ 5,000	
One Members	\$ 2,500	
	<i>Child</i>	
Life	\$ 1,000	
Two or More Members	\$ 1,000	
One Members	\$ 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.

Coordination of Benefits

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

Mandated Benefits

Benefits for Child Health Screening Services

Benefits will be paid the same as any other Sickness for uniform age-appropriate health screening requirements including childhood immunizations, consistent with the standards and schedules of the American Academy of Pediatrics, for Insured's from birth to age 21 years in the District and services outside the state for Insured's with special needs.

For the purposes of this benefit, Insured's with special needs means Insureds: 1) With physical or mental, disabilities or illnesses who reside or receive care in other states, because the District of Columbia does not have the facilities, resources, or services to appropriately treat the Insured's physical or mental, disability or illness; and 2) Whose parents or legal guardians reside in the District of Columbia.

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

Benefits for Colorectal Cancer Screening

Benefits will be paid the same as any other Sickness for colorectal cancer screening for Insured Persons. The screening shall be in compliance with American Cancer Society colorectal cancer screening guidelines, as updated. Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Diabetes

Benefits will be paid the same as any other Sickness for the equipment, supplies, and other outpatient self-management training and education, including medical nutritional therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin using diabetes if prescribed by a Physician legally authorized to prescribe such item.

Benefits shall be subject to all Deductible, coinsurance, copayments, limitations and any other provisions of the Policy.

Benefits for Postpartum Care

Benefits will be paid the same as any other Sickness for inpatient postpartum treatment in accordance with the medical criteria outlined in the most current version of or an official update to the Guidelines for Perinatal Care prepared by the American Academy of Pediatrics and the American College of Obstetricians or the Standards for Obstetric-Gynecologic Services prepared by the American College of Obstetricians and Gynecologists, and such coverage must include an in-hospital stay of a minimum of 48 hours after vaginal delivery, and 96 hours after a Cesarean delivery.

Benefits will be provided in all cases of early discharge for post-delivery care within the minimum time periods established above to be delivered in the Insured's home, or in a Physician's office, as determined by the Physician in consultation with the Insured. The at-home post-delivery care shall be provided by a Physician which includes a registered professional nurse, nurse practitioner, nurse midwife, or physician assistant experienced in maternal and child health, and shall include:

1. Parental education;
2. Assistance and training in breast and bottle feeding; and
3. Performance of any medically necessary and clinically appropriate tests, including the collection of an adequate sample for hereditary and metabolic newborn screening.

Benefits shall be subject to all Deductible, coinsurance, copayments, limitations and any other provisions of the Policy.

Benefits for Cytologic Screening and Mammographic Examinations

Benefits shall be provided as for any other Sickness for: 1) cervical cytologic screening for women upon certification by the attending Physician that the test is a Medical Necessity; and 2) a baseline mammogram and an annual screening mammogram for women. All such services must be in accordance with the standard practice of medicine. All benefits are subject to the terms and conditions of the policy exclusive of any Deductible and coinsurance provisions in the policy.

Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency

Benefits will be paid the same as any other Sickness for Mental and Nervous Disorder, Alcoholism and Drug Dependency subject to all terms and conditions of the policy and the following limitations.

Covered Medical Expenses will be limited to inpatient, residential, and outpatient services provided by a Hospital, non-hospital residential facility, outpatient treatment facility, Physician, psychologist or independent clinical social worker. Before an Insured may qualify to receive benefits under this benefit, a Physician, psychologist or independent clinical social worker must: 1) certify that the individual is suffering from drug abuse, alcohol abuse or a Mental and Nervous Disorder; 2) certify that the treatment is medically or psychologically necessary; and 3) prescribe appropriate treatment which may include referral to other treatment providers.

Covered Medical Expenses will be limited to coverage of treatment of clinically significant substance use disorders or mental illness identified in the most recent edition of the International Classification of Diseases of the Diagnostic and Statistical Manual of the American Psychiatric Association.

Benefits will be paid not to exceed a maximum of 12 days per policy year for the process whereby a person who is intoxicated by or dependent on drugs or alcohol or both is assisted through the period of time necessary to eliminate the intoxicating agent from the body, while keeping the physiological risk to the patient at a minimum. Additional treatment for alcoholism and drug dependency will be provided not to exceed 60 days per policy year for inpatient or residential care, and for a maximum of 75% for the first 40 outpatient visits per policy year and a maximum rate of 60% for any outpatient visits thereafter for that policy year.

Benefits will be paid for the treatment of Mental and Nervous Disorders not to exceed a maximum of 60 days per policy year for inpatient or residential care, and for a maximum of 75% for the first 40 outpatient visits per policy year and a maximum rate of 60% for any outpatient visits thereafter for that policy year. The inpatient and outpatient benefits for Mental and Nervous Disorders will not exceed a maximum lifetime benefit of \$80,000 or one third of the maximum lifetime benefit for any other Sickness, whichever is greater.

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 Prostate Cancer Screening in accordance to the latest screening guidelines issued by the American Cancer Society.

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

Benefits for Habilitative Services for the Treatment of Congenital or Genetic Birth Defects

Benefits will be paid the same as any other Sickness for Habilitative Services for the treatment of Congenital or Genetic Birth Defects to age 21 years.

For the purposes of this benefit:

Congenital or Genetic Birth Defect means: a defect existing at or from birth including a hereditary defect. Including autism or an autism spectrum disorder and cerebral palsy.

Habilitative Services means: services, including occupational therapy, physical therapy, and speech therapy, for the treatment of a child with a Congenital or Genetic Birth Defect to enhance the Insured Person's ability to function.

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

Definitions

Pre-Existing Condition means any condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6 months immediately prior to the Insured's Effective date under the policy. "Pre-existing condition" does not include pregnancy.

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.

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 all related to:

1. Acne; acupuncture; allergy, including allergy testing;
2. Assistant Surgeon Fees;
3. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy under Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency;
4. Injections;
5. Circumcision;
6. Congenital conditions, except as specifically provided for Newborn or adopted Infants and under Benefits for Habilitative Services for the Treatment of Congenital or Genetic Birth Defects;
7. 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;
8. Dental treatment, except as specifically provided in the Schedule of Benefits;
9. Elective Surgery or Elective Treatment;
10. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
11. 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;
12. Hirsutism; alopecia;
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 caused by, contributed to, or resulting from the use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;

15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
16. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
17. Injury sustained while (a) participating in any intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
18. Organ transplants; includes organ donations;
19. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
20. Pre-existing Conditions except for individuals who have been continuously insured under the ACSA student insurance policy for at least 12 consecutive months; If an individual: (1) had coverage under a Previous Plan as defined below; and (2) that coverage was continuous to a date not more than 63 days prior to the person's Effective Date under this Policy, the time under the Previous Plan will be credited toward the 12 consecutive months needed to provide benefits for a Pre-existing Condition. A "Previous Plan" means any accident and health insurance policy or certificate, nonprofit hospital or medical service corporation, HMO, MEWA, or plan provided by another benefit arrangement, including a government plan or program providing health benefits or health care. It does not include a Medicare Supplement;
21. 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 under the Benefits for Diabetes;
 - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - e) Products used for cosmetic purposes;
 - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - g) Anorectics - drugs used for the purpose of weight control;
 - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - i) Growth hormones; or
 - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

22. 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;
23. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
24. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided under "Benefits for Child Health Screening Services";
25. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
26. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
27. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
28. Supplies, except as specifically provided in the policy;
29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia;
30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
31. 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
32. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

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.

The Emergency Medical Evacuation and Return of Mortal Remains services provided by SES meet U.S. visa 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, any services not arranged by SES will not be considered for payment.

Key Services include:

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

Please 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 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;
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. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure for Program Guidelines as well as limitations and exclusions pertaining to the SES program.

Claim Procedure

In the event of Injury or Sickness, the student should:

1. Report to the Student Health Center or Infirmary for treatment, 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 association 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 to be considered for payment. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Submit all Claims or Inquiries to:

UnitedHealthcare **StudentResources**

P.O. Box 809025

Dallas, Texas 75380-9025

1-800-505-5450

1-800-767-0700

E-mail: info@studentresources.com

The Plan is Underwritten by:

United HealthCare Insurance Company

Sales/Marketing Service

Gallagher Koster

500 Victory Road Quincy, MA 02171

1-800-933-GRAD

E-mail: Studentcare@kosterins.com

This Brochure is a brief general summary of the insurance. It is important that you read this Brochure carefully. The Master Policy is the actual contract and is on file with ACSA. The Master Policy describes in detail the rights and obligations of both you and your insurance company.

The description of the Plan may vary in some states. You may be eligible for additional benefits that are required in your state. If you have any questions regarding the Plan, you may contact the insurance company at the above listed 800 numbers.