



**StudentResources**  
805 Executive Center Drive West Suite 220  
St Petersburg FL 33702

October 28, 2009  
University of Alabama – Tuscaloosa 2009-328-4

Dear Policyholder:

There are several Federal Laws requiring notices of privacy practices. One such law is the Gramm-Leach-Bliley Act (GLBA) which permits banks, investment companies and insurance companies to provide financial services. This same law requires UnitedHealthcare **StudentResources**, to share in writing our attached Notice of Financial Privacy Practices with our policyholders.

We have always understood the importance of protecting the confidentiality and security of nonpublic personal information about you and your students that we may possess. We believe that we maintain appropriate physical, electronic and procedural safeguards to maintain the confidentiality and security of your nonpublic personal information. UnitedHealthcare **StudentResources** does not sell customer information or share it with outside organizations for their own marketing purposes.

Please feel free to share our Financial Privacy Practices with your students. You can also access our other Privacy Policies at our website [www.uhcsr.com](http://www.uhcsr.com).

You are a valued policyholder and we thank you for choosing UnitedHealthcare **StudentResources**. We appreciate your business.

# NOTICE OF FINANCIAL PRIVACY PRACTICES

We know that the privacy of your personal information is important to you. UnitedHealthcare **StudentResources** wants you to know how we protect your privacy and the measures we take to safeguard your information.

In order to provide you with insurance products of the highest quality and with the service you deserve, it may be necessary for us from time to time to collect nonpublic personal and financial information about you (the "Information") and, in certain situations, to share that Information with others. The following notice describes our policies and practices with regard to your Information.

## **HOW WE PROTECT YOUR INFORMATION**

We maintain physical, electronic and procedural safeguards to protect the Information against unauthorized access and use. We restrict access to the Information to those employees who need access to provide products and services to you and your dependents. The personnel who have access are trained in the proper handling of the Information. Employees who violate this strict level of confidentiality are subject to our disciplinary process.

## **CATEGORIES OF INFORMATION THAT WE COLLECT**

In the normal course of business we may collect the following types of Information:

- \* Information you provide on applications and other forms (including name and address)
- \* Data about your transactions with us (such as types of products you have purchased and your account status)
- \* Information gathered on our Web sites through online forms, site visit data and online information-collecting devices known as "cookies"

## **HOW WE USE YOUR INFORMATION**

We may share your Information within the UnitedHealthcare Companies or with non-affiliated companies as described below:

- \* We may share your information among the UnitedHealthcare Companies as permitted by law, including for routine business administration.
- \* We may share information with non-affiliated companies as allowed by law, such as firms that perform services on our behalf, including the administration and marketing of our products. We require these companies to meet strict privacy standards.
- \* We may disclose information to non-affiliated entities when required by law, such as to respond to a subpoena, to prevent fraud or to comply with an inquiry by a government agency.

## **ACCURACY OF YOUR INFORMATION**

We strive to maintain the accuracy of Information that is in our possession about you. In order to help us maintain accuracy, you have the right to reasonably access your information. If you believe any information in our possession is inaccurate, a request can be made to amend or delete the information that you believe to be erroneous. If we concur with the request, we will amend or delete the information in question. You may write our Privacy Office at the address below to receive our complete policy on accessing and amending the Information.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for the Information we already have about you as well as any Information we receive in the future. If we make any material changes to our policies or practices, we will provide you with a copy of a revised Notice. We will post a copy of the current Notice on our websites. The Notice will contain in the top right-hand corner, the effective date.

You may contact our Privacy Office at:

**Privacy Office, UnitedHealthcare StudentResources, 2301 W. Plano Pkwy, Suite 300, Plano, Texas 75075**

# UNITED HEALTHCARE INSURANCE COMPANY

Administrative Office Address: P.O. Box 809025, Dallas, TX 75380-9025

<b>POLICYHOLDER</b>	UNIVERSITY OF ALABAMA TUSCALOOSA	<b>POLICY NUMBER</b>	2009-328-4
<b>ADDRESS</b>	BOX 870142 TUSCALOOSA, AL 35487-0142	<b>Effective Date</b>	2009-2010 ACADEMIC YEAR
		<b>Termination Date</b>	2009-2010 ACADEMIC YEAR

## PREMIUM FOR EACH INSURED PERSON

SEE APPLICATION ATTACHED

## LIST OF ENDORSEMENTS ATTACHED TO AND FORMING A PART OF THIS POLICY

COL-06 END (5C)  
COL-06 END (7)  
COL-06 END (9A)  
COL-06 END (16)  
COL-06 END (RX)

## UNITED HEALTHCARE INSURANCE COMPANY

hereinafter called the Company, agrees, subject to all provisions, conditions, exclusions and limitations of this policy to pay the benefits provided by this policy for loss resulting from a cause covered by this policy. This policy is issued in consideration of the application and payment of the premiums. Premiums as specified above are payable for each Insured Person.

### Non-Renewable One Year Term Insurance -- This Policy Will Not Be Renewed



President

Countersigned by \_\_\_\_\_ Licensed  
Resident Agent

## PREMIUMS AND PREMIUM PAYMENT

The Policyholder agrees to remit the premium for each Insured Person to the Company or its authorized agent within 20 days after the receipt of the premium. The Company will have the right to examine all of the Policyholder's books and records relating to this policy at any time up to the later of 1) two years after the termination of this policy and 2) the date of final adjustment and settlement of all claims under this policy.

## Policyholder Application Student Insurance Division

UnitedHealthcare Insurance Company P.O. Box 809025 Dallas, TX 75380-9025

<b>Policyholder</b>	Univ. of Alabama - Tuscaloosa	<b>Date</b>	01/19/2010
<b>Mailing Address</b>	Box 870142	<b>Policy Number</b>	2009-328-4
	Tuscaloosa, AL 35487-0142	<b>Effective</b>	2009 / 2010
			Academic Year
<b>Telephone Number</b>	2053488874		International Plan

Student Plan

### Class of Persons to be Insured

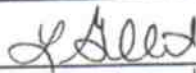
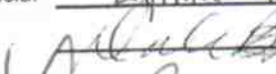
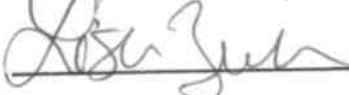
All international and English Language Institute students are required to enroll in this insurance plan on a hard waiver basis. All approved Graduate Assistants, Graduate Research Assistants, Graduate Teaching Assistants and fellowship students taking at least 3 credit hours per semester are eligible to enroll in this insurance plan on a voluntary basis. Eligible Dependents of insured students may also participate in the insurance plan on a voluntary basis.

## Rates

### Basic

	Annual		1st Semi-annual		2nd Semi-annual		Monthly	
	Premium	Fee	Premium	Fee	Premium	Fee	Premium	Fee
Student	1378.00	0.00	689.00	0.00	689.00	0.00	115.00	0.00
Spouse	4171.00	0.00	2086.00	0.00	2086.00	0.00	348.00	0.00
Each Child	1818.00	0.00	909.00	0.00	909.00	0.00	152.00	0.00
	<b>1st Special</b>		<b>2nd Special</b>		<b>3rd Special</b>		<b>4th Special</b>	
	Premium	Fee	Premium	Fee	Premium	Fee	Premium	Fee
Student	234.00	0.00	321.00	0.00	310.00	0.00	230.00	0.00
Spouse	708.00	0.00	971.00	0.00	937.00	0.00	697.00	0.00
Each Child	309.00	0.00	423.00	0.00	408.00	0.00	304.00	0.00
	<b>5th Special</b>		<b>6th Special</b>		<b>7th Special</b>		<b>8th Special</b>	
	Premium	Fee	Premium	Fee	Premium	Fee	Premium	Fee
Student	219.00	0.00	268.00	0.00	257.00	0.00	177.00	0.00
Spouse	663.00	0.00	811.00	0.00	777.00	0.00	537.00	0.00
Each Child	289.00	0.00	354.00	0.00	339.00	0.00	234.00	0.00

(Information continues on attached sheets.)

Signature of School Official		Title	Vice President for Financial Affairs	Date	1/21/10
Please Print Name of above Official	Lynda Gilbert				
Signature of Agent				Date	1/25/2010
Signature of Company Representative		Title	PSA	Date	1-25-2010

	9th Special		10th Special		11th Special		Weekly	
	Premium	Fee	Premium	Fee	Premium	Fee	Premium	Fee
Student	166.00	0.00	211.00	0.00	200.00	0.00	27.00	0.00
Spouse	503.00	0.00	640.00	0.00	606.00	0.00	81.00	0.00
Each Child	219.00	0.00	279.00	0.00	264.00	0.00	35.00	0.00
	Annual		1st Semi-annual		2nd Semi-annual		Monthly	
	Premium	Fee	Premium	Fee	Premium	Fee	Premium	Fee
Student	1378.00	0.00	689.00	0.00	689.00	0.00	115.00	0.00
Spouse	4171.00	0.00	2086.00	0.00	2086.00	0.00	348.00	0.00
Each Child	1818.00	0.00	909.00	0.00	909.00	0.00	152.00	0.00

Continuation

	Monthly	
	Premium	Fee
Student	195.00	0.00
Spouse	591.00	0.00
Each Child	258.00	0.00

Effective / Expiration Dates

**Basic**

Annual	8/1/2009	through	7/31/2010
1st Semi-annual	8/1/2009	through	1/31/2010
2nd Semi-annual	2/1/2010	through	7/31/2010
Monthly			
1st Special	8/15/2009	through	10/15/2009
2nd Special	10/13/2009	through	1/5/2010
3rd Special	10/16/2009	through	1/5/2010
4th Special	1/3/2010	through	3/4/2010
5th Special	1/6/2010	through	3/4/2010
6th Special	3/2/2010	through	5/11/2010
7th Special	3/5/2010	through	5/11/2010
8th Special	5/9/2010	through	6/24/2010
9th Special	5/12/2010	through	6/24/2010
10th Special	6/22/2010	through	8/16/2010
11th Special	6/25/2010	through	8/16/2010
Weekly			
Annual	8/1/2009	through	7/31/2010
1st Semi-annual	8/1/2009	through	1/31/2010
2nd Semi-annual	2/1/2010	through	7/31/2010
Monthly			

(Information continues on attached sheets.)

Cont

**Continuation**

Monthly


# Policyholder Application (Continued)

Student Insurance Division  
UnitedHealthcare Insurance Company

## Alabama Mandatory Offers of Coverage

I hereby \_\_\_\_\_ elect  decline the Alcohol Dependency Treatment coverage as offered according to Alabama Statute, Section 27-20A-3 and 27-20A-4.

I hereby \_\_\_\_\_ elect  decline the Colorectal Cancer Screening coverage as offered according to Alabama Statute, Section 27-57-2.

Signature of School Official   
Title Vice President for Financial Affairs  
Date 1/21/10

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**PART I**  
**ELIGIBILITY AND TERMINATION PROVISIONS**

**Eligibility:** Each person who belongs to one of the “Classes of Persons To Be Insured” as set forth in the application is eligible to be insured under this policy. The Named Insured 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 Named Insured actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the policy eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, its only obligation is refund of premium.

The eligibility date for Dependents of the Named Insured (as defined) shall be determined in accordance with the following:

- 1) If a Named Insured has Dependents on the date he or she is eligible for insurance; or
- 2) If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
  - (a) On the date the Named Insured marries the Dependent; or
  - (b) On the date the Named Insured acquires a dependent child who is within the limits of a dependent, unmarried child set forth in the “Definitions” section of this policy.

Dependent eligibility expires concurrently with that of the Named Insured.

Eligible persons may be insured under this policy subject to the following:

- 1) Payment of premium as set forth on the policy application; and,
- 2) Application to the Company for such coverage.

**Effective Date:** Insurance under this policy shall become effective on the later of the following dates:

- 1) The Effective Date of the policy; or
- 2) The date premium is received by the Administrator.

Dependent coverage will not be effective prior to that of the Named Insured.

**Termination Date:** The coverage provided with respect to the Named Insured shall terminate on the earliest of the following dates:

- 1) The last day of the period through which the premium is paid; or
- 2) The date the policy terminates.

The coverage provided with respect to any Dependent shall terminate on the earliest of the following dates:

- 1) The last day of the period through which the premium is paid;
- 2) The date the policy terminates; or
- 3) The date the Named Insured’s coverage terminates.

**PART II  
GENERAL PROVISIONS**

**ENTIRE CONTRACT CHANGES:** This policy, including the endorsements and attached papers, if any, and the application of the Policyholder shall constitute the entire contract between the parties. No agent has authority to change this policy or to waive any of its provisions. No change in the policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. Such an endorsement or attachment shall be effective without the consent of the Insured Person but shall be without prejudice to any claim arising prior to its Effective Date.

**PAYMENT OF PREMIUM:** All premiums are payable in advance for each policy term in accordance with the Company's premium rates. The full premium must be paid even if the premium is received after the policy Effective Date. There is no pro-rata or reduced premium payment for late enrollees. There will be no refunds to students who cancel coverage under the policy; unless the Insured enters the armed forces.

Premium adjustments involving return of unearned premiums to the Policyholder will be limited to a period of 12 months immediately preceding the date of receipt by the Company of evidence that adjustments should be made. Premiums are payable to the Company, P.O. Box 809026, Dallas, Texas 75380-9026.

**NOTICE OF CLAIM:** Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, P.O. Box 809025, Dallas, Texas 75380-9025 with information sufficient to identify the Named Insured shall be deemed notice to the Company.

**CLAIM FORMS:** Claim forms are not required.

**PROOF OF LOSS:** Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to furnish proof. In no event except in the absence of legal capacity shall written proofs of loss be furnished later than one year from the time proof is otherwise required.

**TIME OF PAYMENT OF CLAIM:** Indemnities payable under this policy for any loss will be paid upon receipt of due written proof of such loss.

**PAYMENT OF CLAIMS:** All or a portion of any indemnities provided by this policy may, at the Company's option, and unless the Named Insured requests otherwise in writing not later than the time of filing proofs of such loss, be paid directly to the Hospital or person rendering such service. Otherwise, accrued indemnities will be paid to the Named Insured or the estate of the Named Insured. Any payment so made shall discharge the Company's obligation to the extent of the amount of benefits so paid.

**PHYSICAL EXAMINATION:** As a part of Proof of Loss, the Company at its own expense shall have the right and opportunity: 1) to examine the person of any Insured Person when and as often as it may reasonably require during the pendency of a claim; and, 2) to have an autopsy made in case of death where it is not forbidden by law. The Company has the right to secure a second opinion regarding treatment or hospitalization. Failure of an Insured to present himself or herself for examination by a Physician when requested shall authorize the Company to: (1) withhold any payment of Covered Medical Expenses until such examination is performed and Physician's report received; and (2) deduct from any amounts otherwise payable hereunder any amount for which the Company has become obligated to pay to a Physician retained by the Company to make an examination for which the Insured failed to appear. Said deduction shall be made with the same force and effect as a Deductible herein defined.

**LEGAL ACTIONS:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proofs of loss have been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of 3 years after the time written proofs of loss are required to be furnished.

## GENERAL PROVISIONS (Continued)

**SUBROGATION:** The Company shall be subrogated to all rights of recovery which any Insured Person has against any person, firm or corporation to the extent of payments for Benefits made by the Company to or for benefit of an Insured Person. The Insured shall execute and deliver such instruments and papers as may be required and do whatever else is necessary to secure such rights to the Company. The Company shall recover only that portion paid by the Company which is in excess of the amount necessary to fully compensate the Insured for all expenses incurred as a result of his loss. The Insured shall be permitted to recoup his general damages, which is not limited to medical expenses, from the tort-feasor before subrogation provided that in so doing, the Insured does not prejudice the rights of the Company.

**RIGHT OF RECOVERY:** Payments made by the Company which exceed the Covered Medical Expenses (after allowance for Deductible and coinsurance clauses, if any) payable hereunder shall be recoverable by the Company from or among any persons, firms, or corporations to or for whom such payments were made or from any insurance organizations who are obligated in respect of any covered Injury or Sickness as their liability may appear.

**MORE THAN ONE POLICY:** Insurance effective at any one time on the Insured Person under a like policy, or policies in this Company is limited to the one such policy elected by the Insured Person, his beneficiary or his estate, as the case may be, and the Company will return all premiums paid for all other such policies.

### PART III DEFINITIONS

**ADOPTED CHILD** means the adopted child placed with an Insured while that person is covered under this policy. Such child will be covered from the moment of placement for the first 31 days. The Pre-existing Conditions limitation will not apply to an adoptive child. The Insured must notify the Company, in writing, of the adopted child not more than 30 days after placement or adoption.

In the case of a newborn adopted child, coverage begins at the moment of birth if a written agreement to adopt such child has been entered into by the Insured prior to the birth of the child, whether or not the agreement is enforceable. However, coverage will not continue to be provided for an adopted child who is not ultimately placed in the Insured's residence.

The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the child's date of placement: 1) apply to us; and 2) pay the required additional premium, if any, for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's date of placement.

**COMPLICATION OF PREGNANCY** means a condition: 1) caused by pregnancy; 2) requiring medical treatment prior to, or subsequent to termination of pregnancy; 3) the diagnosis of which is distinct from pregnancy; and 4) which constitutes a classifiably distinct complication of pregnancy. A condition simply associated with the management of a difficult pregnancy is not considered a complication of pregnancy. The term "complication of pregnancy" includes non-elective cesarean section; therapeutic abortion; ectopic pregnancy which is terminated; spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible; hyperemesis gravidarum; and, pre-eclampsia.

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

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

## **DEFINITIONS (Continued)**

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

**DEPENDENT** means the spouse (husband or wife) of the Named Insured and their dependent, unmarried children. Children shall cease to be dependent on the first to occur of:

- 1) The end of the month in which they marry; or,
- 2) The end of the month in which they attain the age of nineteen (19) years.

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

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

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

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

**ELECTIVE SURGERY OR ELECTIVE TREATMENT** means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States.

**HOSPITAL** means a licensed or properly accredited general hospital which: 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises; and 6) is not primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating Mental and Nervous Disorder.

**HOSPITAL CONFINED/HOSPITAL CONFINEMENT** means confined in a Hospital for at least 18 hours by reason of an Injury or Sickness for which benefits are payable.

**INJURY** means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

**INSURED PERSON** means: 1) the Named Insured; and, 2) Dependents of the Named Insured, if: 1) the Dependent is properly enrolled in the program, and 2) the appropriate Dependent premium has been paid. The term "Insured" also means Insured Person.

## **DEFINITIONS (Continued)**

**INTENSIVE CARE** means: 1) a specifically designated facility of the Hospital that provides the highest level of medical care; and 2) which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. They must be: 1) permanently equipped with special life-saving equipment for the care of the critically ill or injured; and 2) under constant and continuous observation by nursing staff assigned on a full-time basis, exclusively to the intensive care unit. Intensive care does not mean any of these step-down units:

- 1) Progressive care;
- 2) Sub-acute intensive care;
- 3) Intermediate care units;
- 4) Private monitored rooms;
- 5) Observation units; or
- 6) Other facilities which do not meet the standards for intensive care.

**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.

**MEDICAL NECESSITY** means those services or supplies provided or prescribed by a Hospital or Physician which are:

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

The Medical Necessity of being Hospital Confined means that: 1) the Insured requires acute care as a bed patient; and, 2) the Insured cannot receive safe and adequate care as an outpatient.

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

**MENTAL AND NERVOUS DISORDER** means a Sickness that is a mental, emotional or behavioral disorder. If not excluded or defined elsewhere in the policy, all diagnoses classified as a "Mental Disorder" according to the (International Classification of Diseases) are considered one Sickness.

**NAMED INSURED** means an eligible, registered student of the Policyholder, if: 1) the student is properly enrolled in the program; and 2) the appropriate premium for coverage has been paid.

**NEGATIVE X-RAY** means an X-ray that shows the absence of a fracture; pathology; or disease.

## DEFINITIONS (Continued)

**NEWBORN INFANT** means any child born of an Insured while that person is insured under this policy. Newborn Infants will be covered under the policy for the first 31 days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent.

The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the child's birth: 1) apply to us; and 2) pay the required additional premium, if any, for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth.

**PHYSICIAN** means a legally qualified licensed practitioner of the healing arts who provides care within the scope of his/her license, other than a member of the person's immediate family.

The term "member of the immediate family" means any person related to an Insured Person within the third degree by the laws of consanguinity or affinity.

**PHYSIOTHERAPY** means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Physician.

**POSITIVE X-RAY** means an X-ray that shows the presence of a fracture; pathology; or disease.

**PRE-EXISTING CONDITION** means 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.

**PRESCRIPTION DRUGS** means: 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs which under the applicable state or federal law may be dispensed only upon written prescription of a Physician; and 4) injectable insulin.

**PSYCHOTHERAPY** means the treatment of a Mental and Nervous Disorder. Psychotherapy includes all related or ancillary charges incurred as a result of a Mental and Nervous Disorder.

**REGISTERED NURSE** means a professional nurse (R.N.) who is not a member of the Insured Person's immediate family.

**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.

**SOUND, NATURAL TEETH** means natural teeth, the major portion of the individual tooth is present, regardless of fillings or caps; and is not carious, abscessed, or defective.

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

**PART IV**  
**EXTENSION OF BENEFITS AFTER TERMINATION**

The coverage provided under this 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.

**PART V**  
**SCHEDULE OF BENEFITS**  
**MEDICAL EXPENSE BENEFITS**  
**UNIV. OF ALABAMA – TUSCALOOSA – INTERNATIONAL PLAN**  
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**INJURY AND SICKNESS BENEFITS**

<b>Maximum Lifetime Benefit</b>	<b>\$250,000 (For each Injury or Sickness)</b>
<b>Deductible Preferred Providers</b>	<b>\$250 (Per Insured Person)(Per Policy Year)</b>
<b>Deductible Preferred Providers</b>	<b>\$750 (Per Family)(Per Policy Year)</b>
<b>Deductible Out of Network</b>	<b>\$500 (Per Insured Person)(Per Policy Year)</b>
<b>Deductible Out of Network</b>	<b>\$1,500 (Per Family)(Per Policy Year)</b>
<i>(Deductible waived for treatment and services from SHC for students and from UMC for covered Dependents.)</i>	
<b>Coinsurance Preferred Providers</b>	<b>70% except as noted below</b>
<b>Coinsurance Out of Network</b>	<b>50% except as noted below</b>

The Preferred Provider for this plan is UnitedHealthcare Choice Plus.

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

**SHC and UMC Benefits:** Benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center (students) or University Medical Center (insured Dependents). Services provided by a Certified Registered Nurse Practitioner (CRNP) and University of Alabama's licensed medical residents are paid as any other Physician's Visit. There is a \$20 copay per visit for the following services:

\* Routine physical exam (1 Per Policy Year) \* Preventive care and other office visits for Injury & Sickness (includes immunizations) \* Specialty care physician visits \* GYN services (1 preventive visit Per Policy Year)

The Prescription Drugs maximum of \$2,500 applies to UHPS and SHC combined. Prescriptions dispensed at the Student Health Center are \$10 copay per prescription for Tier 1 / \$25 copay per prescription for Tier 2 / \$40 copay per prescription Tier 3.

Exclusion #11 for Vision will be waived and benefits paid for one routine vision exam per policy year as described in the Vision benefit. Exclusion # 31 for skeletal irregularities, will be waived and benefits paid for services received for treatment of TMJ disorder as described in the schedule of benefits.

Covered Medical Expenses rendered outside the United States will be paid at the out of network level of benefits and subject to all policy provisions as specified in the Schedule of Benefits. The Insured must pay for those services first and then file a claim to UnitedHealthcare Student Resources for reimbursement.

All benefits maximums are combined Preferred Provider and Out-of-Network, unless otherwise noted below. The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto. Benefits will be paid up to the Maximum Benefit for each service as scheduled below.

<b>Inpatient</b>	<b>Preferred Providers</b>	<b>Out of Network</b>
<b>Room &amp; Board/Hosp Misc:</b>	Preferred Allowance	Usual & Customary Charges
<b>Intensive Care:</b>	Preferred Allowance	Usual & Customary Charges
<b>Routine Newborn Care:</b> <i>(4 days Hospital Confinement Maximum expense)</i>	Paid as any other Sickness	Paid as any other Sickness
<b>Physiotherapy:</b> <i>(60 visits combined maximum Per Policy Year for Physical, Speech and Occupational Therapy.)</i>	Preferred Allowance	Usual & Customary Charges
<b>Surgery:</b> <i>(Specified surgery based on data provided by Ingenix.)</i>	Preferred Allowance	Usual & Customary Charges
<b>Assistant Surgeon:</b>	Preferred Allowance	Usual & Customary Charges
<b>Anesthetist:</b>	Preferred Allowance	Usual & Customary Charges
<b>Registered Nurse's Services:</b>	Preferred Allowance	Usual & Customary Charges
<b>Physician's Visits:</b>	Preferred Allowance	Usual & Customary Charges
<b>Pre-admission Testing:</b>	Paid under Room & Board/Hospital Misc.	Paid under Room & Board/Hospital Misc.
<b>Psychotherapy:</b> <i>(30 days combined maximum for Psychotherapy and Alcoholism/Drug Abuse.)</i>	80% of Preferred Allowance	80% of Usual & Customary Charges

**SCHEDULE OF BENEFITS Continued**  
**MEDICAL EXPENSE BENEFITS**  
**UNIV. OF ALABAMA – TUSCALOOSA – INTERNATIONAL PLAN**  
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**INJURY AND SICKNESS BENEFITS**

<b>Outpatient</b>	<b>Preferred Providers</b>	<b>Out of Network</b>
<b>Surgery:</b> <i>(Specified surgery based on data provided by Ingenix.)</i>	Preferred Allowance	Usual & Customary Charges
<b>Day Surgery Miscellaneous:</b> <i>(Day Surgery Miscellaneous charges are based on the Outpatient Surgical Facility Charge Index.)</i>	Preferred Allowance	Usual & Customary Charges
<b>Assistant Surgeon:</b>	Preferred Allowance	Usual & Customary Charges
<b>Anesthetist:</b>	Preferred Allowance	Usual & Customary Charges
<b>Physician's Visits:</b> <i>(Benefit Includes 1 annual routine physical and GYN visit Per Policy Year.)</i>	Preferred Allowance	Usual & Customary Charges
<b>Physiotherapy:</b> <i>(20 visits maximum Per Policy Year) (Covered Medical Expenses include therapy as a result of an accidental Injury, stroke or congenital anomaly present at birth and identified with the first 12 months of birth. (Outpatient Physiotherapy benefits are payable only when referred by the Student Health Center or 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.)</i>	Preferred Allowance	Usual & Customary Charges
<b>Medical Emergency:</b> <i>(Coinsurance waived if admitted directly from emergency room within 24 hours from time of initial treatment by emergency room staff.)</i>	Preferred Allowance	Usual & Customary Charges
<b>X-rays &amp; Laboratory:</b>	Preferred Allowance	Usual & Customary Charges
<b>Radiation Therapy:</b>	Preferred Allowance	Usual & Customary Charges
<b>Tests &amp; Procedures:</b>	Preferred Allowance	Usual & Customary Charges
<b>Injections:</b>	Preferred Allowance	Usual & Customary Charges
<b>Chemotherapy:</b>	Preferred Allowance	Usual & Customary Charges
<b>Prescription Drugs:</b>	*UnitedHealthcare Network Pharmacy (UHPS)/ \$12 copay per prescription for Tier 1/ \$30 copay per prescription for Tier 2/ \$50 copay per prescription for Tier 3/ up to a 31-day supply per prescription	No Benefits
<i>Preferred Providers - (\$2,500 maximum Per Policy Year) (The \$2,500 maximum applies to UHPS and SHC combined. Prescriptions dispensed at the Student Health Center - \$10 copay per prescription for Tier 1 / \$25 copay per prescription for Tier 2 / \$40 copay per prescription for Tier 3.) Benefit includes oral contraceptives. (Specialty and biological drugs are covered.) (Diabetic &amp; insulin drugs are covered.) (*Mail order Prescription Drugs through UHPS at 2.5 times the retail copay up to a 90 day supply subject to the Prescription Drug maximum benefit.)</i>		
<b>Psychotherapy:</b> <i>(\$500 maximum Per Policy Year. Maximum benefit increased to \$750 for students seen at the Counseling Center.)</i>	80% of Preferred Allowance	80% of Usual & Customary Charges

**SCHEDULE OF BENEFITS Continued**  
**MEDICAL EXPENSE BENEFITS**  
**UNIV. OF ALABAMA – TUSCALOOSA – INTERNATIONAL PLAN**  
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**INJURY AND SICKNESS BENEFITS**

<b>Other</b>	<b>Preferred Providers</b>	<b>Out of Network</b>
<b>Ambulance:</b>	Preferred Allowance	70% of Usual & Customary Charges
<b>Durable Medical Equipment:</b> <i>(\$15,000 Lifetime maximum)</i>	Preferred Allowance	Usual & Customary Charges
<b>Consultant:</b>	Preferred Allowance	Usual & Customary Charges
<b>Dental:</b> <i>(Injury to Sound, Natural Teeth) (In order to be covered, treatments must begin with 90 days after the Injury and must be completed within 6 months of the date of Injury.) (Oral surgery covered for surgical removal of partial or bony impacted teeth.)</i>	70% of Usual & Customary Charges	70% of Usual & Customary Charges
<b>Alcoholism/Drug Abuse:</b> <i>(Benefits include detoxification for substance abuse.)</i>	Paid under Psychotherapy	Paid under Psychotherapy
<b>Maternity:</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Elective Abortion:</b>	No Benefits	No Benefits
<b>Complications of Pregnancy:</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Repatriation:</b>	Benefits provided by Scholastic Emergency Services, Inc.	Benefits provided by Scholastic Emergency Services, Inc.
<b>Medical Evacuation:</b>	Benefits provided by Scholastic Emergency Services, Inc.	Benefits provided by Scholastic Emergency Services, Inc.
<b>AD&amp;D:</b>	No Benefits	No Benefits
<b>Intercollegiate Sports:</b>	No Benefits	No Benefits
<b>TMJ Disorder:</b> <i>(\$2,000 Lifetime maximum)</i>	Preferred Allowance	Usual & Customary Charges
<b>Allergy Testing:</b> <i>(\$150 maximum Per Policy Year. Benefits include physician services and allergy testing.)</i>	Preferred Allowance	Usual & Customary Charges
<b>Cardiac and Pulmonary Rehabilitation:</b> <i>(36 maximum visits Per Policy Year)</i>	Paid as any other Sickness	Paid as any other Sickness
<b>Post-Mastectomy Reconstructive Surgery:</b> <i>(Benefits are provided in connection with a mastectomy to include the breast on which the mastectomy is performed and the other breast to produce a symmetrical appearance, including prostheses.)</i>	Paid as any other Sickness	Paid as any other Sickness
<b>Blood:</b> <i>(Benefits payable for administration of whole blood and blood derivatives (but not the whole blood itself).)</i>	Paid as any other Sickness	Paid as any other Sickness
<b>Vision:</b> <i>(Benefit includes one routine vision exam Per Policy Year.)</i>	Preferred Allowance	Usual & Customary Charges
<b>Occupational Therapy/ Speech Therapy</b>	Paid under Physiotherapy	Paid under Physiotherapy

**SCHEDULE OF BENEFITS Continued**  
**MEDICAL EXPENSE BENEFITS**  
**UNIV. OF ALABAMA – TUSCALOOSA – INTERNATIONAL PLAN**  
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**INJURY AND SICKNESS BENEFITS**

**MEDICAL EXPENSE BENEFITS**  
**MAXIMUM LIFETIME BENEFIT**

The aggregate amount payable by the Company for incurred Covered Medical Expenses for any one Injury or Sickness will never exceed an amount determined by subtracting from the sum of \$250,000 the following: (i) all amounts paid under this policy for any one Injury or Sickness; (ii) all amounts paid to or in respect of an Insured for any one Injury or Sickness under any other policy issued to the Policyholder by this Company, regardless of the policy period of such other policy.

The Maximum Benefit for all benefit coverage afforded under this policy is \$250,000 for any one Injury or Sickness. Covered Medical Expenses shall not include amounts paid by the Insured for coinsurance.

**MAJOR MEDICAL**

**Maximum Benefit**

**No Benefits**

**CATASTROPHIC MEDICAL**

**Maximum Benefit**

**No Benefits**

**\*SHC Referral Required:** Yes (X) No ( )

**Conversion Permitted:** Yes ( ) No (X)

( ) **52 week Benefit Period** or (X) **Extension of Benefits**

**\*Pre-Admission Notification:** Yes (X) No ( )

**Other Insurance:** (X) **\*Coordination of Benefits** ( X) **Excess Motor Vehicle** ( ) **Primary Insurance**

\*If benefit is designated, see endorsement attached.

**SCHEDULE OF BENEFITS Continued**  
**MEDICAL EXPENSE BENEFITS**  
**UNIV. OF ALABAMA – TUSCALOOSA – INTERNATIONAL PLAN**  
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**INJURY AND SICKNESS BENEFITS**

**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:

Physicians and Hospitals of UnitedHealthcare Choice Plus.

The availability of specific providers is subject to change without notice. Insured’s should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-767-0700 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. Insured’s 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 levels specified in the Schedule of Benefits, up to any limits specified in the Schedule of Benefits. Call (800) 767-0700 for information about Preferred Hospitals.

**OUT-OF-NETWORK HOSPITALS** -If care is provided at a Hospital that is not a Preferred Provider, eligible inpatient Hospital expenses will be paid according to the benefit limits in the Schedule of Benefits.

**Outpatient Hospital Expenses**

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

**Professional & Other Expenses**

Benefits for Covered Medical Expenses provided by UnitedHealthcare Choice Plus will be paid at the coinsurance levels specified in the Schedule of Benefits or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

**PART VI**  
**MEDICAL EXPENSE BENEFITS -INJURY AND SICKNESS**

Benefits are payable for Covered Medical Expenses (see "Definitions") less any Deductible incurred by or for an Insured Person for loss due to Injury or Sickness subject to: a) the Maximum Benefit for all services; b) the maximum amount for specific services; both as set forth in the Schedule of Benefits; and c) any coinsurance amount set forth in the Schedule of Benefits or any endorsement hereto. The total payable for all Covered Medical Expenses shall never exceed the Maximum Benefit stated in the Schedule of Benefits. Read the "Definitions" section and the "Exclusions and Limitations" section carefully.

No benefits will be paid for services designated as "No Benefits" in the Schedule of Benefits or for any matter described in "Exclusions and Limitations." If a benefit is designated, Covered Medical Expenses include:

1. **Room and Board Expense:** 1) daily semi-private room rate when Hospital Confined; and 2) general nursing care provided and charged by the Hospital.
2. **Intensive Care:** If provided in the Schedule of Benefits.
3. **Hospital Miscellaneous Expenses:** 1) while Hospital Confined; or 2) as a precondition for being Hospital Confined. Benefits will be paid for services and supplies 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.
4. **Routine Newborn Care:** 1) while Hospital Confined; and 2) routine nursery care provided immediately after birth. The benefits and the maximum amounts are specified in the Schedule of Benefits.
5. **Physiotherapy (Inpatient):** See Schedule of Benefits.
6. **Surgery:** Physician's fees for inpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. 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.
7. **Assistant Surgeon Fees:** in connection with inpatient surgery, if provided in the Schedule of Benefits.
8. **Anesthetist Services:** professional services administered in connection with inpatient surgery.
9. **Registered Nurse's Services:** 1) private duty nursing care only; 2) while Hospital Confined; 3) ordered by a licensed Physician; and 4) a Medical Necessity. General nursing care provided by the Hospital is not covered under this benefit.
10. **Physician's Visits:** when Hospital Confined. Benefits are limited to one visit per day. Benefits do not apply when related to surgery. Covered Medical Expenses will be paid under the inpatient benefit or under the outpatient benefit for Physician's Visits, but not both on the same day.
11. **Pre-admission Testing:** limited to routine tests such as: complete blood count; urinalysis; and chest X-rays. If otherwise payable under the policy, major diagnostic procedures such as: cat-scans; NMR's; and blood chemistries will be paid under the "Hospital Miscellaneous" benefit. This benefit is payable within 3 working days prior to admission.
12. **Psychotherapy (Inpatient):** the benefits and the maximum amounts are specified in the Schedule of Benefits and endorsement attached hereto, if so noted in the Schedule of Benefits. Benefits are limited to one visit per day.

## MEDICAL EXPENSE BENEFITS (Continued)

13. **Surgery (Outpatient):** Physician's fees for outpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. 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.
14. **Day Surgery Miscellaneous (Outpatient):** in connection with outpatient day surgery; excluding non scheduled surgery; and surgery performed in a Hospital emergency room; trauma center; Physician's office; or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; therapeutic services; and supplies.
15. **Assistant Surgeon Fees (Outpatient):** in connection with outpatient surgery, if provided in the Schedule of Benefits.
16. **Anesthetist (Outpatient):** professional services administered in connection with outpatient surgery.
17. **Outpatient Miscellaneous Benefit:** outpatient Hospital and Physician services. Outpatient services payable under this benefit will be designated "Paid under Outpatient Miscellaneous Benefit" in the Schedule of Benefits.
18. **Physician's Visits (Outpatient):** benefits are limited to one visit per day. Benefits do not apply when related to surgery or Physiotherapy. Covered Medical Expenses will be paid under the outpatient benefit or under the inpatient benefit for Physician's Visits, but not both on the same day.
19. **Physiotherapy (Outpatient):** benefits are limited to one visit per day.
20. **Medical Emergency Expenses (Outpatient):** only in connection with a Medical Emergency as defined. Benefits will be paid for the use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.
21. **Diagnostic X-ray Services (Outpatient):** if so noted in the Schedule of Benefits, separate maximums apply to positive and negative X-rays. Diagnostic X-rays are only those procedures identified in Physicians' Current Procedural Terminology (CPT) as codes 70000-79999 inclusive.
22. **Radiation Therapy (Outpatient):** See Schedule of Benefits.
23. **Laboratory Procedures (Outpatient):** Laboratory Procedures are only those procedures identified in Physicians' Current Procedural Terminology (CPT) as codes 80000-89999 inclusive.
24. **Tests and Procedures (Outpatient):** 1) diagnostic services and medical procedures; 2) performed by a Physician; 3) excluding Physician's Visits; Physiotherapy; X-Rays; and Laboratory Procedures.
25. **Injections (Outpatient):** 1) when administered in the Physician's office; and 2) charged on the Physician's statement.
26. **Chemotherapy (Outpatient):** See Schedule of Benefits.
27. **Prescription Drugs (Outpatient):** See Schedule of Benefits.
28. **Psychotherapy (Outpatient):** the benefits and the maximum amounts are specified in the Schedule of Benefits and endorsement attached hereto, if so noted in the Schedule of Benefits. Benefits are limited to one visit per day.
29. **Ambulance Services:** See Schedule of Benefits.

### MEDICAL EXPENSE BENEFITS (Continued)

30. **Durable Medical Equipment:** 1) when prescribed by a Physician; and 2) a written prescription accompanies the claim when submitted. Replacements are never covered. Durable medical equipment includes equipment that: 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury or Sickness. No benefits will be paid for rental charges in excess of purchase price.
31. **Consultant Physician Fees:** when requested and approved by the attending Physician.
32. **Dental Treatment:** performed by a Physician. Breaking a tooth while eating is not covered. Routine dental care and treatment to the gums are not covered.
33. **Alcoholism/Drug Abuse Treatment:** the benefits and the maximum amounts are specified in the Schedule of Benefits and endorsement attached hereto, if so noted in the Schedule of Benefits.
34. **Maternity:** Same as any other Sickness.
35. **Complications of Pregnancy:** Same as any other Sickness.
36. **Repatriation:** if the Insured dies while insured under the policy; benefits will be paid for: 1) preparing; and 2) transporting the remains of the deceased's body to his home country. This benefit is limited to the maximum benefit specified in the Schedule of Benefits. No additional benefits will be paid under Basic or Major Medical coverage.
37. **Medical Evacuation:** 1) when Hospital Confined for at least five consecutive days; and 2) when recommended and approved by the attending Physician. Benefits will be paid for the evacuation of the Insured to his home country. This benefit is limited to the maximum benefit specified in the Schedule of Benefits. No additional benefits will be paid under Basic or Major Medical coverage.
38. **Accidental Death and Dismemberment:** the benefits and the maximum amounts are specified in the Schedule of Benefits and endorsement attached hereto, if so noted in the Schedule of Benefits.
39. **Intercollegiate Sports:** the benefits and the maximum amounts are specified in the Schedule of Benefits and endorsement attached hereto, if so noted in the Schedule of Benefits.

**PART VII  
MANDATED BENEFITS**

**BENEFITS FOR MAMMOGRAPHY**

Benefits will be provided for screening mammography subject to all terms and conditions of the Policy and according to the following guidelines:

- 1 One mammogram every 2 years for women age forty through forty-nine.
- 2 One mammogram per year for women age fifty years of age and over, or more frequently if recommended by a woman's physician.

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. "Prostate Cancer Screening Tests" includes a prostate antigen blood test and a digital rectal examination or any other test that is equivalent or better in cancer detection when performed by or recommended by a Physician.

Benefits are provided on an annual basis for men who are Insureds at least 40 years of age or more.

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

**PART VIII  
EXCLUSIONS AND LIMITATIONS**

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

1. Acne; acupuncture; allergy, except as specifically provided in the policy;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as gambling, sexual spending, shopping, working and religious; codependency;
3. Biofeedback;
4. Circumcision;
5. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
6. 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;
7. 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;
8. Dental treatment, except as specifically provided in the Schedule of Benefits;
9. Elective Surgery or Elective Treatment;
10. Elective abortion;
11. Eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses; vision correction surgery or other treatments for visual defects and problems; except when due to a disease process;
12. 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 foot;
13. Health spa or similar facilities, strengthening programs;
14. 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;
15. Hirsutism; alopecia;
16. Hypnosis;
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. 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;
19. 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;
20. Investigational service;

## EXCLUSIONS AND LIMITATIONS (Continued)

21. Lipectomy;
22. Organ transplants; including organ donation;
23. 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; or when referred by the Student Health Center;
24. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
25. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 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;
26. 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;
  - 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; or
  - i) Refills in excess of the number specified or dispensed after (1) year of date of the prescription.
27. 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;
28. 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;
29. 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;
30. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
31. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery; except for treatment of chronic purulent sinusitis;
32. 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;
33. Sleep disorders;
34. Naturopathic services;
35. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
36. Supplies, except as specifically provided in the policy;

**EXCLUSIONS AND LIMITATIONS (Continued)**

37. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
38. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
39. 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
40. 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.

# POLICY ENDORSEMENT

**In consideration of the premium charged, it is hereby understood and agreed that the policy to which this endorsement is attached is amended as follows:**

## COORDINATION OF BENEFITS PROVISION

### Definitions

- (1) **Allowable Expenses:** Any necessary, reasonable, and customary item of expense, a part of which is covered by at least one of the Plans covering the Insured Person.

An Allowable Expense to a Secondary Plan includes the value or amount of any Deductible Amount or Coinsurance Percentage or amount of otherwise Allowable Expenses which was not paid by the Primary or first paying Plan.

- (2) **Plan:** A group insurance plan or health service corporation group membership plan or any other group benefit plan providing medical or dental care treatment benefits or services. Such group coverages include: (a) group or blanket insurance coverage, or any other group type contract or provision thereof; this will not include school accident coverage for which the parent pays the entire premium; (b) service plan contracts, group practice and other pre-payment group coverage; (c) any coverage under labor-management trustees plans, union welfare plans, employer and employee organization plans; and (d) coverage under governmental programs, including Medicare, and any coverage required or provided by statute.
- (3) **Primary:** The Plan which pays regular benefits.
- (4) **Secondary:** The Plan which pays a reduced amount of benefits which, when added to the Primary Plan's benefits will not be more than the Allowable Expenses.
- (5) **We, Us or Our:** The Company named in the policy to which this endorsement is attached.

**Effect on Benefits** -If an Insured Person has medical and/or drug coverage under any other Plan, all of the benefits provided are subject to coordination of benefits.

During any policy year or benefit period, the sum of the benefits that are payable by Us and those that are payable from another Plan may not be more than the Allowable Expenses.

During any policy year or benefit period, We may reduce the amount We will pay so that this reduced amount plus the amount payable by the other Plans will not be more than the Allowable Expenses. Allowable Expenses under the other Plan include benefits which would have been payable if a claim had been made.

However, if: (1) the other Plan contains a section which provides for determining its benefits after Our benefits have been determined; and (2) the order of benefit determination stated herein would require Us to determine benefits before the other Plan, then the benefits of such other Plan will be ignored in determining the benefits We will pay.

## COORDINATION OF BENEFITS PROVISION (*Continued*)

This Plan determines its order of benefits using the first of the following rules which applies:

- (1) If the Insured's other Plan does not have Coordination of Benefits, that Plan pays first.
- (2) Non-Dependent/Dependent. The benefits of the Plan which covers the person as an employee, member or subscriber are determined before those of the Plan which covers the person as a Dependent.
- (3) Dependent Child/Parents Not Separated or Divorced. When this Plan and another Plan cover the same child as a Dependent of different persons, called "parents":
  - a. the benefits of the Plan of the parent whose birthday falls earlier in a year exclusive of year of birth are determined before those of the Plan of the parent whose birthday falls later in that year; but
  - b. if both parents have the same birthday, the benefits of the Plan which covered the parent longer are determined before those of the Plan which covered the other parent for a shorter period of time.
  - c. However, if the other Plan does not have the rule described in a. above, but instead has a rule based upon the gender of the parent, and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.
- (4) Dependent Child/Separated or Divorced Parents. If two or more Plans cover a person as a Dependent child of divorced or separated parents, benefits for the child are determined in this order:
  1. first, the Plan of the parent with custody of the child;
  2. then, the Plan of the spouse of the parent with the custody of the child; and
  3. finally, the Plan of the parent not having custody of the child.
- (5) Longer/Shorter Length of Coverage. If none of the above rules determines the order of benefits, the benefits of the Plan which covered an employee, member or subscriber longer are determined before those of the Plan which covered that person for the shorter time.

**Right to Recovery and Release of Necessary Information** -For the purpose of determining applicability of and implementing the terms of this Provision, We may, without further consent or notice, release to or obtain from any other insurance company or organization any information, with respect to any person, necessary for such purposes. Any person claiming benefits under Our coverage shall give Us the information We need to implement this Provision. We will give notice of this exchange of claim and benefit information to the Insured Person when any claim is filed.

**Facility of Payment and Recovery** -Whenever payments which should have been made under our Coverage have been made under any other Plans, We shall have the right to pay over to any organizations that made such other payments, any amounts that are needed in order to satisfy the intent of this Provision. Any amounts so paid will be deemed to be benefits paid under Our coverage. To the extent of such payments, We will be fully discharged from Our liability.

Whenever We have made payments with respect to Allowable Expenses in total amount at any time, which are more than the maximum amount of payment needed at that time to satisfy the intent of this Provision, We may recover such excess payments. Such excess payments may be received from among one or more of the following, as We determine: any persons to or for or with respect to whom such payments were made, any other insurers, service plans or any other organizations.

**This endorsement takes effect and expires concurrently with the policy to which it is attached, and is subject to all of the terms and conditions of the policy not inconsistent therewith.**

# POLICY ENDORSEMENT

**In consideration of the premium charged, it is hereby understood and agreed that the policy to which this endorsement is attached is amended as follows:**

## **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 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.

**This endorsement takes effect and expires concurrently with the policy to which it is attached, and is subject to all of the terms and conditions of the policy not inconsistent therewith.**

# **POLICY ENDORSEMENT**

**In consideration of the premium charged, it is hereby understood and agreed that the policy to which this endorsement is attached is amended as follows:**

## **STUDENT HEALTH CENTER (SHC) REFERRAL REQUIRED**

The student must use the services of the Student Health Center first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the SHC for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is not necessary only under the following conditions:

1. Medical Emergency. The student must return to SHC for necessary follow-up care;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during break or vacation periods;
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 SHC due to a change in student status; or
6. Psychotherapy.

Dependents are not eligible to use the SHC and therefore, are exempt from the above limitations and requirements.

**This endorsement takes effect and expires concurrently with the policy to which it is attached, and is subject to all of the terms and conditions of the policy not inconsistent therewith.**

# **POLICY ENDORSEMENT**

**In consideration of the premium charged, it is hereby understood and agreed that the policy to which this endorsement is attached is amended as follows:**

## **CONTINUATION PRIVILEGE**

All Insured Persons who have been continuously insured under the school's regular student policy for at least 1 semester and who no longer meet the Eligibility requirements under the Policy are eligible to continue their coverage for a period of not more than 9 months under the school's policy in effect. 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.

**This endorsement takes effect and expires concurrently with the policy to which it is attached, and is subject to all of the terms and conditions of the policy not inconsistent therewith.**

# POLICY ENDORSEMENT

In consideration of the premium charged, it is hereby understood and agreed that the policy to which this endorsement is attached is amended as follows:

## **UnitedHealthcare Network Pharmacy Prescription Drug Benefits**

Benefits are available for Prescription Drug Products at a Network Pharmacy as specified in the policy Schedule of Benefits subject to all terms of the policy and the provisions, definitions and exclusions specified in this endorsement.

### **Copayment and/or Coinsurance Amount**

For Prescription Drug Products at a retail Network Pharmacy, Insured Persons are responsible for paying the lower of:

- The applicable copayment and/or coinsurance; or
- The Network Pharmacy's Usual and Customary Fee for the Prescription Drug Product.

For Prescription Drug Products from a mail order Network Pharmacy, Insured Persons are responsible for paying the lower of:

- The applicable copayment and/or coinsurance; or
- The Prescription Drug Cost for that Prescription Drug Product.

### **Supply Limits**

Benefits for Prescription Drug Products are subject to supply limits as written by the Physician and the supply limits that are stated in the Schedule of Benefits. For a single copayment and/or coinsurance, the Insured may receive a Prescription Drug Product up to the stated supply limit.

When a Prescription Drug Product is packaged or designed to deliver in a manner that provides more than a consecutive 31-day supply, the copayment and/or coinsurance that applies will reflect the number of days dispensed.

When a Prescription Drug Product is dispensed from a Mail Order Network Pharmacy, the Prescription Drug Product is subject to the supply limit stated in the Schedule of Benefits, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits.

Note: Some products are subject to additional supply limits based on criteria that the Company has developed, subject to its periodic review and modification. The limit may restrict the amount dispensed per Prescription Order or Refill and/or the amount dispensed per month's supply.

The Insured may determine whether a Prescription Drug Product has been assigned a maximum quantity level for dispensing through the Internet at [www.uhcsr.com](http://www.uhcsr.com) or by calling *Customer Service* at 1-877-417-7345.

### **If a Brand-name Drug Becomes Available as a Generic**

If a Generic becomes available for a Brand-name Prescription Drug Product, the tier placement of the Brand-name Prescription Drug may change, and therefore the copayment and/or coinsurance may change. The Insured will pay the copayment and/or coinsurance applicable for the tier to which the Prescription Drug is assigned.

### **Notification Requirements**

Before certain Prescription Drug Products are dispensed at a Network Pharmacy, either the Insured's Physician, Insured's pharmacist or the Insured is required to notify the Company or our designee. The reason for notifying the Company is to determine whether the Prescription Drug Product, in accordance with our approved guidelines, is each of the following:

- It meets the definition of a Covered Medical Expense.
- It is not an Experimental or Investigational or Unproven Service.

If the Company is not notified before the Prescription Drug Product is dispensed, the Insured may pay more for that Prescription Order or Refill. The Prescription Drugs requiring notification are subject to Company periodic review and modification. The Insured may determine whether a particular Prescription Drug requires notification through the Internet at [www.uhcsr.com](http://www.uhcsr.com) or by calling *Customer Service* at 1-877-417-7345.

## **UnitedHealthcare Network Pharmacy Prescription Drug Benefits (Continued)**

If the Company is not notified before the Prescription Drug Product is dispensed, the Insured can ask the Company to consider reimbursement after the Insured receives the Prescription Drug Product. The Insured will be required to pay for the Prescription Drug Product at the pharmacy.

When the Insured submits a claim on this basis, the Insured may pay more because they did not notify the Company before the Prescription Drug Product was dispensed. The amount the Insured is reimbursed will be based on the Prescription Drug Cost, less the required copayment and/or coinsurance and any Deductible that applies.

Benefits may not be available for the Prescription Drug Product after the Company reviews the documentation provided and determines that the Prescription Drug Product is not a Covered Medical Expense or it is an Experimental or Investigational or Unproven Service.

### **Limitation on Selection of Pharmacies**

If the Company determines that an Insured Person may be using Prescription Drug Products in a harmful or abusive manner, or with harmful frequency, the Insured Person's selection of Network Pharmacies may be limited. If this happens, the Company may require the Insured to select a single Network Pharmacy that will provide and coordinate all future pharmacy services. Benefits will be paid only if the Insured uses the designated single Network Pharmacy. If the Insured does not make a selection within 31 days of the date the Company notifies the Insured, the Company will select a single Network Pharmacy for the Insured.

### **Coverage Policies and Guidelines**

The Company's Prescription Drug List ("PDL") Management Committee is authorized to make tier placement changes on its behalf. The PDL Management Committee makes the final classification of an FDA-approved Prescription Drug Product to a certain tier by considering a number of factors including, but not limited to, clinical and economic factors. Clinical factors may include, but are not limited to, evaluations of the place in therapy, relative safety or relative efficacy of the Prescription Drug Product, as well as whether supply limits or notification requirements should apply. Economic factors may include, but are not limited to, the Prescription Drug Product's acquisition cost including, but not limited to, available rebates and assessments on the cost effectiveness of the Prescription Drug Product.

Some Prescription Drug Products are more cost effective for specific indications as compared to others, therefore; a Prescription Drug may be listed on multiple tiers according to the indication for which the Prescription Drug Product was prescribed.

The Company may periodically change the placement of a Prescription Drug Product among the tiers. These changes generally will occur quarterly, but no more than six times per calendar year. These changes may occur without prior notice to the Insured.

When considering a Prescription Drug Product for tier placement, the PDL Management Committee reviews clinical and economic factors regarding Insured Persons as a general population. Whether a particular Prescription Drug Product is appropriate for an individual Insured Person is a determination that is made by the Insured Person and the prescribing Physician.

NOTE: The tier status of a Prescription Drug Product may change periodically based on the process described above. As a result of such changes, the Insured may be required to pay more or less for that Prescription Drug Product. Please access [www.uhcsr.com](http://www.uhcsr.com) through the Internet or call *Customer Service* at 1-877-417-7345 for the most up-to-date tier status.

### **Rebates and Other Payments**

The Company may receive rebates for certain drugs included on the Prescription Drug List. The Company does not pass these rebates on to the Insured Person, nor are they taken into account in determining the Insured's copayments and/or coinsurance.

The Company, and a number of its affiliated entities, conducts business with various pharmaceutical manufacturers separate and apart from this Prescription Drug Endorsement. Such business may include, but is not limited to, data collection, consulting, educational grants and research. Amounts received from pharmaceutical manufacturers pursuant to such arrangements are not related to this Prescription Drug Benefit. The Company is not required to pass on to the Insured, and does not pass on to the Insured, such amounts.

## UnitedHealthcare Network Pharmacy Prescription Drug Benefits (*Continued*)

### Definitions

**Brand-name** means a Prescription Drug: (1) which is manufactured and marketed under a trademark or name by a specific drug manufacturer; or (2) that the Company identifies as a Brand-name product, based on available data resources including, but not limited to, First DataBank, that classify drugs as either brand or generic based on a number of factors. The Insured should know that all products identified as a "brand name" by the manufacturer, pharmacy, or an Insured's Physician may not be classified as Brand-name by the Company.

**Chemically Equivalent** means when Prescription Drug Products contain the same active ingredient.

**Experimental or Investigational Services** means medical, surgical, diagnostic, psychiatric, substance abuse or other health care services, technologies, supplies, treatments, procedures, drug therapies or devices that, at the time the Company makes a determination regarding coverage in a particular case, are determined to be any of the following:

- 1) Not approved by the U.S. Food and Drug Administration (FDA) to be lawfully marketed for the proposed use and not identified in the American Hospital Formulary Service or the United States Pharmacopoeia Dispensing Information as appropriate for the proposed use.
- 2) Subject to review and approval by any institutional review board for the proposed use.
- 3) The subject of an ongoing clinical trial that meets the definition of a Phase 1, 2 or 3 clinical trial set forth in the FDA regulations, regardless of whether the trial is actually subject to FDA oversight.

If the Insured has a life-threatening Injury or Sickness (one which is likely to cause death within one year of the request for treatment) the Company may, in its discretion, determine that an Experimental or Investigational Service meets the definition of a Covered Medical Expense for that Injury or Sickness. For this to take place, the Company must determine that the procedure or treatment is promising, but unproven, and that the service uses a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health.

**Unproven Services** means services that are not consistent with conclusions of prevailing medical research which demonstrate that the health service has a beneficial effect on health outcomes and that are not based on trials that meet either of the following designs.

- 1) Well-conducted randomized controlled trials. (Two or more treatments are compared to each other, and the patient is not allowed to choose which treatment is received.)
- 2) Well-conducted cohort studies. (Patients who receive study treatment are compared to a group of patients who receive standard therapy. The comparison group must be nearly identical to the study treatment group.)

Decisions about whether to cover new technologies, procedures and treatments will be consistent with conclusions of prevailing medical research, based on well-conducted randomized trials or cohort studies, as described.

If the Insured has a life-threatening Injury or Sickness (one that is likely to cause death within one year of the request for treatment) the Company may, in its discretion, determine that an Unproven Service meets the definition of a Covered Medical Expense for that Injury or Sickness. For this to take place, the Company must determine that the procedure or treatment is promising, but unproven, and that the service uses a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health.

**Generic** means a Prescription Drug Product: (1) that is Chemically Equivalent to a Brand-name drug; or (2) that the Company identifies as a Generic product based on available data resources including, but not limited to, First DataBank, that classify drugs as either brand or generic based on a number of factors. The Insured should know that all products identified as a "generic" by the manufacturer, pharmacy or Insured's Physician may not be classified as a Generic by the Company.

**Network Pharmacy** means a pharmacy that has:

- Entered into an agreement with the Company or an organization contracting on our behalf to provide Prescription Drug Products to Insured Persons.
- Agreed to accept specified reimbursement rates for dispensing Prescription Drug Products.
- Been designated by the Company as a Network Pharmacy.

## UnitedHealthcare Network Pharmacy Prescription Drug Benefits (Continued)

**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 Cost** means the rate the Company has agreed to pay the Network Pharmacies, including a dispensing fee and any applicable sales tax, for a Prescription Drug Product dispensed at a Network Pharmacy.

**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](http://www.uhcsr.com) or call *Customer Service* at 1-877-417-7345.

**Prescription Drug List Management Committee** means the committee that the Company designates for, among other responsibilities, classifying Prescription Drugs into specific tiers.

**Therapeutically Equivalent** means when Prescription Drugs can be expected to produce essentially the same therapeutic outcome and toxicity.

**Usual and Customary Fee** means the usual fee that a pharmacy charges individuals for a Prescription Drug Product without reference to reimbursement to the pharmacy by third parties. The Usual and Customary Fee includes a dispensing fee and any applicable sales tax.

### Additional Exclusions

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

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.

**This endorsement takes effect and expires concurrently with the policy to which it is attached and is subject to all of the terms and conditions of the policy not inconsistent therewith.**

