

PLEASE NOTE:

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

2012-2013

STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of

HOPE INTERNATIONAL UNIVERSITY

Important: Please see the Notice on the first page of this plan material concerning student health insurance coverage.



Notice Regarding Your Student Health Insurance Coverage

Your student health insurance coverage, offered by UnitedHealthcare Insurance Company, may not meet the minimum standards required by the health care reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012 and \$500,000 for policy years beginning on or after September 23, 2012 but before January 1, 2014. Your student health insurance coverage puts a policy year limit of \$100,000 that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Gallagher Koster at 1-877-320-4347. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

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Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-767-0700 or by visiting us at www.uhcsr.com.

Eligibility

Domestic Plan 2012-201728-1: All domestic undergraduate students taking 7 or more units and all students who are living in the residence halls and are actively attending classes on campus are required to purchase this insurance plan, unless proof of comparable coverage is furnished. All domestic graduate students are eligible to enroll in this insurance plan.

International Plan 2012-201728-4: All international students enrolled in a degree-seeking program, possessing and maintaining a current passport and valid visa status (F-1, J-1, or M-1, etc.), engaged in educational activities at the University who are temporarily located outside their home country and have not been granted permanent residency status are required to purchase this insurance plan.

All students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, online courses do not fulfill the Eligibility requirements that the student 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 the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of the Brochure for the specific requirements needed to meet Domestic Partner eligibility.

Dependent Eligibility expires concurrently with that of the Insured student.

Effective and Termination Dates

The Master Policy on file at the school becomes effective at 12:01 a.m., August 1, 2012. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 11:59 p.m., July 31, 2013. 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.

The Policy is a Non-Renewable One Year Term Policy.

Alternative Coverage - If you do not meet the Eligibility requirements of the Plan, please call Gallagher Koster at 1-877-320-4347 for information on alternative coverage. This information can also be accessed online at www.gallagherkoster.com.

Extension of Benefits After Termination

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 30 days after the Termination Date.

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

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

Pre-Admission Notification

UnitedHealthcare should be notified of all Hospital Confinements prior to admission.

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

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

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

Schedule of Medical Expense Benefits

Injury and Sickness

Maximum Benefit: \$100,000
(For Each Injury or Sickness) Paid As Specified Below

Deductible: \$150 (Per Insured Person) (Per Policy Year)

Coinsurance Preferred Provider: 80% except as noted below

Coinsurance Out-of-Network: 60% except as noted below

The Preferred Provider for this plan is UnitedHealthcare Options PPO.

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

The Policy provides benefits for the Covered Medical Expenses incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$100,000 for each Injury or Sickness for Domestic Students (2012-201728-1) and \$100,000 for each Injury or Sickness for International Students (2012-201728-4).

Exclusion #15 for Injury or Sickness outside the United States will be waived and benefits paid for Covered Medical Expenses incurred by students traveling outside the United States for a school sponsored event or program.

Benefits are subject to the policy Maximum Benefit unless otherwise stated. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider and Out-of-Network, unless noted below. Covered Medical Expenses include:

PA = Preferred Allowance

U&C = Usual and Customary

INPATIENT

Preferred Providers

Out-of-Network Providers

Room and Board Expense, daily semi-private room rate when confined as an Inpatient; and general nursing care provided by the Hospital.

80% of PA

60% of U&C / \$500 Deductible per admission

Hospital Miscellaneous Expense, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.

80% of PA

60% of U&C

Routine Newborn Care, while Hospital Confined; and routine nursery care provided immediately after birth for an Inpatient stay of at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother agrees, the attending Physician may discharge the newborn earlier.

Paid as any other Sickness

INPATIENT	Preferred Providers	Out-of-Network Providers
Physiotherapy	80% of PA	60% of U&C
Surgeon's Fees , If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80% of PA	60% of U&C
Assistant Surgeon	80% of PA	60% of U&C
Anesthetist , professional services administered in connection with Inpatient surgery.	80% of PA	60% of U&C
Registered Nurse's Services , private duty nursing care.	80% of PA	60% of U&C
Physician's Visits , non-surgical services when confined as an Inpatient. Benefits do not apply when related to surgery.	80% of PA	60% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	80% of PA	60% of U&C
OUTPATIENT		
Surgeon's Fees , if two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80% of PA	60% of U&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	80% of PA	60% of U&C
Assistant Surgeon	80% of PA	60% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	80% of PA	60% of U&C
Physician's Visits	100% of PA / \$10 Copay per visit	60% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
Physiotherapy , benefits are limited to one visit per day. Physiotherapy includes but is not limited to the following: 1) physical therapy; 2) occupational therapy; 3) cardiac rehabilitation therapy; 4) manipulative treatment; and 5) speech therapy. Speech therapy will be paid only for the treatment of speech, language, voice, communication and auditory processing when the disorder results from Injury, trauma, stroke, surgery, cancer or vocal nodules. (24 visits maximum Per Policy Year)	80% of PA	60% of U&C
Medical Emergency Expenses , attending Physician's charges, x-rays, laboratory procedures, tests and procedures, injections, and facility charge for use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. (The Copay/per visit Deductible will be waived if admitted to the Hospital.)	80% of PA / \$100 Copay per visit	80% of U&C / \$100 Deductible per visit
Diagnostic X-ray Services	80% of PA	60% of U&C
Laboratory Services	80% of PA	60% of U&C
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures. The following therapies will be paid under this benefit: inhalation therapy, infusion therapy, pulmonary therapy and respiratory therapy.	80% of PA	60% of U&C
Chemotherapy	80% of PA	60% of U&C
Radiation Therapy	80% of PA	60% of U&C
Injections , when administered in the Physician's office and charged on the Physician's statement.	80% of PA	60% of U&C
Prescription Drugs , (Mail order Prescription Drugs through UHPS at 2.5 times the retail Coinsurance up to a 90 day supply.)	UnitedHealthcare Network Pharmacy (UHPS) 20% Coinsurance per prescription up to a 31 day supply per prescription	80% of U&C up to a 31 day supply per prescription

OTHER	Preferred Providers	Out-of-Network Providers
Ambulance Services	80% of PA	80% of U&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Benefits are limited to the initial purchase or one replacement purchase per Policy Year. Durable Medical Equipment includes external prosthetic devices that replace a limb or body part but does not include any device that is fully implanted into the body. (\$5,000 maximum Per Policy Year) <i>(Durable Medical Equipment benefits payable under the \$5,000 maximum are not included in the \$100,000 Maximum Benefit.)</i>	80% of PA	60% of U&C
Consultant , when requested and approved by the attending Physician.	100% of PA/ \$10 Copay per visit	60% of U&C
Dental Treatment , made necessary by Injury to Natural Teeth only. <i>(\$500 maximum Per Policy Year) (Benefits are not subject to the \$100,000 Maximum Benefit.)</i>	80% of U&C	80% of U&C
Maternity , benefits will be paid for an Inpatient stay of at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother agrees, the attending Physician may discharge the mother earlier.	Paid as any other Sickness	
Complications of Pregnancy	Paid as any other Sickness	
Mental Illness Treatment , services received on an Inpatient basis and on an outpatient basis. Institutions specializing in or primarily treating Mental Illness and Substance Use Disorders are not covered. See also Benefits for Severe Mental Illnesses and Serious Emotional Disturbances	Paid as any other Sickness	
Substance Use Disorder Treatment , services received on an Inpatient and outpatient basis. Institutions specializing in or primarily treating Mental Illness and Substance Use Disorders are not covered.	Paid as any other Sickness	
Diabetes Services , See Benefits for Diabetes.	Paid as any other Sickness	
Reconstructive Breast Surgery Following Mastectomy , in connection with a covered Mastectomy for 1) all stages of reconstruction of the breast on which the mastectomy has been performed; 2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3) prostheses and physical complications of mastectomy, including lymphedemas.	Paid as any other Sickness	

OTHER	Preferred Providers	Out-of-Network Providers
Skilled Nursing Facility , services received while confined as a full-time Inpatient in a licensed Skilled Nursing Facility in lieu of or within 24 hours following a Hospital Confinement. <i>100 days maximum Per Policy Year.</i>	80% of PA	60% of U&C
Hospice Care , services received from a licensed hospice agency and when recommended by a Physician for an Insured Person that is terminally ill with a life expectancy of 1 year or less. <i>(Hospice Care benefits are not subject to the \$100,000 Maximum Benefit.)</i>	80% of PA	80% of U&C
Home Health Care , services received from a licensed home health agency that are ordered by a Physician, provided or supervised by a Registered Nurse in the Insured Person's home, and pursuant to a home health plan. <i>100 visits max Per Policy Year.</i>	80% of PA	60% of U&C
Home Infusion Therapy , benefits include medication, ancillary services & supplies; caregiver training & visits by the provider to monitor therapy, Durable Medical Equipment and lab services.	80% of PA	60% of U&C
CAT Scan/MRI	80% of PA / \$75 Copay per scan	60% of U&C / \$75 Deductible per scan
Blood Transfusions, Blood Processing , includes the cost of unreplaced blood and blood products.	80% of PA	80% of U&C
Autologous Blood , benefits payable for self-donated blood collection, testing, processing and storage for planned surgery.	80% of PA	80% of U&C
Prosthetic Devices , benefits payable for surgical implants, eyes, and the first pair of contact lenses or eyeglasses when required as a result of eye surgery. <i>Benefits for eye glasses or contact lenses are not subject to the \$100,000 Maximum Benefit.</i>	80% of PA	60% of U&C
Upper or Lower Jawbone Surgery , \$50,000 maximum <i>(Benefits for Upper and Lower Jawbone Surgery are not subject to the \$100,000 Maximum Benefit.)</i>	80% of PA	60% of U&C
Acupuncture <i>(\$30 maximum per visit / 12 visits maximum Per Policy Year; for treatment of disease, Sickness or Injury.) (Acupuncture benefits are not subject to the \$100,000 Maximum Benefit.)</i>	80% of PA	60% of U&C
Hearing Aids <i>(Hearing Aids benefits are not subject to the \$100,000 Maximum Benefit.)</i>	80% of PA	60% of U&C

OTHER	Preferred Providers	Out-of-Network Providers
<p>Preventive Care Services, medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and are limited to the following as required under applicable law: 1) Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the <i>United States Preventive Services Task Force</i>; 2) immunizations that have in effect a recommendation from the <i>Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention</i>; 3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the <i>Health Resources and Services Administration</i>; and 4) with respect to women, such additional preventive care and screenings provided for in comprehensive guidelines supported by the <i>Health Resources and Services Administration</i>.</p> <p>No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider.</p>	100% of PA	No Benefits

UnitedHealthcare Network Pharmacy Benefits

Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by a UnitedHealthcare Network Pharmacy. Benefits are subject to supply limits and Coinsurance that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable Coinsurance. Your Coinsurance is determined by the tier to which the Prescription Drug Product is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access www.uhcsr.com or call 1-877-417-7345 for the most up-to-date tier status.

20% coinsurance per prescription up to a 31 day supply per prescription.

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

If you do not present the card, you will need to pay the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please visit www.uhcsr.com and log in to your online account or call 1-877-417-7345.

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

Additional Exclusions

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

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

Definitions:

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

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

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

Preferred Provider Information

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area is:

UnitedHealthcare Options PPO.

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.

PREFERRED PROVIDERS - Eligible Inpatient expenses at a Preferred Provider will be paid at the Coinsurance percentages specified in the Schedule of Benefits, up to any limits specified in the Schedule of Benefits. Preferred Hospitals include UnitedHealthcare Options PPO United Behavioral Health (UBH) facilities. Call 1-800-767-0700 for information about Preferred Hospitals.

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

Outpatient Hospital Expenses

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

Professional & Other Expenses

Benefits for Covered Medical Expenses provided by UnitedHealthcare Options PPO will be paid at the Coinsurance percentages specified in the Schedule of Benefits or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

Medical Emergency

For the purposes of PPO Coverage, Medical Emergency shall include Active Labor. Active Labor means a labor at a time at which either of the following would occur: 1) There is inadequate time to effect safe transfer to another hospital prior to delivery. 2) A transfer may pose a threat to the health and safety of the Insured or the unborn child.

Maternity Testing

This policy does not cover all routine, preventive, or screening examinations or testing. The following maternity tests and screening exams will be considered for payment according to the policy benefits if all other policy provisions have been met.

Initial screening at first visit:

- Pregnancy test: urine human chorionic gonatropin (hCG)
- Asymptomatic bacteriuria: urine culture
- Blood type and Rh antibody
- Rubella
- Pregnancy-associated plasma protein-A (PAPPA) **(first trimester only)**
- Free beta human chorionic gonadotrophin (hCG) **(first trimester only)**
- Hepatitis B: HBsAg
- Pap smear
- Gonorrhea: Gc culture
- Chlamydia: chlamydia culture
- Syphilis: RPR
- HIV: HIV-ab
- Coombs test

Each visit: Urine analysis

Once every trimester: Hematocrit and Hemoglobin

Once during first trimester: Ultrasound

Once during second trimester:

- Ultrasound (anatomy scan)
- Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a

Once during second trimester if age 35 or over: Amniocentesis or Chorionic villus sampling (CVS)

Once during second or third trimester: 50g Glucola (blood glucose 1 hour postprandial)

Once during third trimester: Group B Strep Culture

Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

Excess Provision

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance.

Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance except for automobile medical payment insurance.

However, this Excess Provision will not be applied to the first \$100 of Covered Medical Expenses incurred.

Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed as a result of the Insured's failure to comply with policy provisions or requirements.

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

Accidental Death & Dismemberment Benefit

Loss of Life, Limb or Sight

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below in addition to payment under the Medical Expense Benefits.

For Loss of:

Life	\$10,000
Two or More Members	\$10,000
One Member	\$ 5,000

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

Mandated Benefits

Benefits for Telehealth Services

Benefits for appropriately provided Telehealth services will be paid on the same basis as services provided through a face-to-face contact between a Physician and Insured.

"Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care Provider at a distant site without the presence of the patient.

"Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

"Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-managements of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

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

Benefits for Mammography

Benefits will be paid the same as any other Covered Medical Expense as shown in the Schedule of Benefits for screening by low-dose mammography for the presence of occult breast cancer, upon the referral of a nurse practitioner, certified nurse midwife, or Physician, subject to the following guidelines:

1. A baseline mammogram for women thirty-five to thirty-nine years of age, inclusive.
2. A mammogram every two years for women forty to forty-nine years of age or more frequently based on the woman's Physician's recommendation.
3. An annual mammogram for women fifty years of age or older.

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

Benefits for Upper or Lower Jawbone Surgery

Benefits will be paid the same as any other Injury or Sickness not to exceed the amount as specified in the Schedule of Benefits for surgical procedures for those covered conditions directly affecting the upper or lower jawbone, or associated bone joints provided the service is considered a Medical Necessity and does not include dental procedures other than those identified in the Schedule of Benefits.

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

Benefits for Reconstructive Surgery

Benefits will be paid the same as any other Injury or Sickness for reconstructive surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following (1) to improve function; or (2) to create a normal appearance, to the extent possible.

This benefit does not include cosmetic surgery or surgery performed to alter or reshape normal structures of the body in order to improve the Insured's appearance.

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

Benefits for Prosthetic Devices for Speaking Post Laryngectomy

Benefits will be paid the same as any other prosthetic device for Prosthetic Devices to restore a method of speaking incident to a laryngectomy.

For the purposes of this section "prosthetic devices" means and includes the provision of initial and subsequent prosthetic devices, including installation accessories, pursuant to an order of the Insured's Physician and surgeon. "Prosthetic devices" does not include electronic voice producing machines.

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

Benefits for Severe Mental Illness and Serious Emotional Disturbances

Benefits will be paid the same as any other Sickness for the diagnosis and Medically Necessary treatment of Severe Mental Illnesses of an Insured of any age and of Serious Emotional Disturbances of an Insured child as specified below:

1. Outpatient services.
2. Inpatient hospitalization services.
3. Partial hospitalization services.
4. Prescription Drugs, if the policy includes coverage for Prescription Drugs.

"Severe Mental Illness" includes:

1. Schizophrenia.
2. Schizoaffective disorder.
3. Bipolar disorder (manic-depressive disorder)
4. Major depressive disorders.
5. Panic disorder.
6. Obsessive-Compulsive disorder.
7. Pervasive developmental disorder or Autism.
8. Anorexia nervosa.
9. Bulimia nervosa.

"Serious emotional disturbance of a child" means a child under the age of 18 years who has one or more mental disorders as identified in the most recent edition of the ***Diagnostic and Statistical Manual of Mental Disorders***, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population must meet one or more of the following criteria:

1. As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur: (i) the child is at risk of removal from home or has already been removed from the home. (ii) The mental disorder and impairments have been present for more than 6 months or are likely to continue for more than one year without treatment.
2. The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
3. The child meets special education eligibility requirements under Chapter 26.5 of division 7 of Title 1 of the Government Code.

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

Benefits for Behavioral Health Treatment for Pervasive Developmental Disorder or Autism

Benefits will be paid the same as any other Sickness for the diagnosis and Medically Necessary Behavioral Health Treatment for Pervasive Developmental Disorder or Autism.

“Behavioral Health Treatment” means professional services and treatment programs, including applied behavioral analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with Pervasive Developmental Disorder or Autism, and that meet all the following:

1. The treatment is prescribed by a licensed Physician or Psychologist.
2. The treatment is provided under a treatment plan prescribed by a Qualified Autism Service Provider that is administered by:
 - a. A Qualified Autism Service Provider.
 - b. A Qualified Autism Service Professional supervised and employed by the Qualified Autism Service Provider.
 - c. A Qualified Autism Service Paraprofessional supervised and employed by a Qualified Autism Service Provider.
3. The treatment plan has measurable goals over a specific timeline that is developed and approved by the Qualified Autism Service Provider for the specific Insured Person being treated. The treatment plan shall be reviewed no less than once every six months by the Qualified Autism Service Provider and modified whenever appropriate. In the plan, the Qualified Autism Service Provider shall:
 - a. Describe the Insured Person's behavioral health impairments to be treated.
 - b. Design an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goals and objectives, and the frequency at which the Insured Person's progress is evaluated and reported.
 - c. Provide intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating Pervasive Developmental Disorder or Autism.
 - d. Discontinue intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.
4. The treatment plan is not used for the purposes of provided or for the reimbursement of respite, day care, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the Company upon request.

“Qualified Autism Service Provider” means either of the following:

1. A person, entity, or group that is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment Pervasive Developmental Disorder or Autism, provided the services are within the experience and competence of the person, entity, or group that is nationally certified.
2. A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist pursuant to Division 2 of the Business and Professions Code, who designs, supervises, or provides treatment for Pervasive Developmental Disorder or Autism, provided the services are within the experience and competence of the licensee.

“Qualified autism service professional” means an individual who meets all of the following criteria:

1. Provides behavioral health treatment.
2. Is employed and supervised by a Qualified Autism Service Provider.
3. Provides treatment pursuant to a treatment plan developed and approved by the Qualified Autism Service Provider.
4. Is a behavioral service provider approved as a vendor by a California regional center to provide services as a Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program as defined in Section 54342 of Title 17 of the California Code of Regulations.
5. Has training and experience in providing services for Pervasive Developmental Disorder or Autism pursuant to Division 4.5 of the Welfare and Institutions Code or Title 14 of the Government Code.

“Qualified autism service paraprofessional” means an unlicensed and uncertified individual who meets all of the following criteria:

1. Is employed and supervised by a Qualified Autism Service Provider.
2. Provides treatment and implements services pursuant to a treatment plan developed and approved by the Qualified Autism Service Provider.
3. Meets the criteria set forth in the regulations adopted pursuant to Section 4686.3 of the Welfare and Institutions Code.
4. Has adequate education, training, and experience, as certified by a Qualified Autism Services Provider.

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 following equipment and supplies for the management and treatment of insulin using diabetes, non-insulin using diabetes, and gestational diabetes as Medically Necessary even if the items are available without a prescription:

1. Blood glucose monitors and blood glucose testing strips.
2. Blood glucose monitors designed to assist the visually impaired.
3. Insulin pumps and all related necessary supplies.
4. Ketone urine testing strips.
5. Lancets and lancet puncture devices.
6. Pen delivery systems for the administration of insulin.
7. Podiatric devices to prevent or treat diabetes-related complications.
8. Insulin syringes.
9. Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin.

Benefits will also be provided for diabetes outpatient self-management training, education, and medical nutrition therapy necessary to enable the Insured to properly use the equipment, supplies and medications noted above. The same policy limits will apply as apply to any other Physician's Visits.

If the Policy provides Prescription Drug benefits, then benefits will be paid the same as any other Prescription Drug for the following Medically Necessary prescription:

1. Insulin.
2. Prescriptive medications for the treatment of diabetes.
3. Glucagon.

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

Benefits for Phenylketonuria

Benefits will be paid for the Usual and Customary Charges for the testing and treatment of Phenylketonuria (PKU).

Benefits include those Formulas and Special Food Products that are part of a diet prescribed by a Physician and managed by a health care professional in consultation with a Physician who specializes in the treatment of metabolic disease, provided that the diet is deemed Medically Necessary to avert the development of serious physical or mental disabilities or to promote normal development or function as a consequence of PKU.

Benefits are not required except to the extent that the cost of necessary Formulas and Special Food Products exceeds the cost of a normal diet.

"Formula" means an enteral product for use at home prescribed by a Physician or nurse practitioner or ordered by a registered dietician upon referral by a health care provider authorized to prescribe dietary treatments as Medically Necessary for the treatment of PKU.

"Special food product" means a food product that is both:

- a) prescribed by a Physician or nurse practitioner for the treatment of PKU and is consistent with the recommendations and best practices of qualified health professional with expertise germane to, and experienced in the treatment and care of, PKU. It does not include a food that is naturally low in protein, but may include a food product that is specifically formulated to have less than one gram of protein per serving;
- b) used in place of normal food products, such as grocery store foods, used by the general population.

The Deductible, Copayment and Coinsurance provisions of the Policy shall not apply; however, all other policy limitations and provisions will apply.

Benefits for Osteoporosis

Benefits will be paid for the Usual and Customary Charges for the diagnosis, treatment and appropriate management of Osteoporosis. Benefits include all Food and Drug Administration approved technologies, including bone mass measurement technologies as deemed medically appropriate.

The Deductible, Copayment and Coinsurance provisions of the Policy shall not apply; however, all other policy limitations and provisions will apply.

Benefits for Cancer Clinical Trials

Benefits will be paid the same as any other Sickness for all routine patient care costs related to the clinical trial for an insured diagnosed with cancer and accepted into a phase I, phase II, phase III, or phase IV clinical trial for cancer.

"Routine patient care costs" means the costs associated with the provision of health care services, including drugs, items, devices and services that would otherwise be covered under the plan or contract if those drugs, items, devices and services were not provided in connection with an approved clinical trial program.

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

Benefits for Breast Cancer Screening and Treatment

Benefits will be paid the same as any other Sickness for the screening for, diagnosis of, and treatment for breast cancer, consistent with generally accepted medical practice and scientific evidence, upon the referral of the insured's participating physician.

Treatment for breast cancer shall include coverage for prosthetic devices or reconstructive surgery to restore and achieve symmetry for the patient incident to a mastectomy.

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

"Prosthetic device" means the provision of initial and subsequent devices as ordered by an Insured Person's Physician and surgeon.

Benefits for prosthetic devices and reconstructive surgery shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the policy.

Benefits for AIDS Vaccine

Benefits will be paid for the Usual and Customary Charges for a vaccine for acquired immune deficiency syndrome (AIDS) that is approved for marketing by the federal Food and Drug Administration (excluding an investigational new drug application) and that is recommended by the United States Public Health Service.

The Deductible, Copayment and Coinsurance provisions of the Policy shall not apply; however, all other policy limitations and provisions will apply.

Benefits for Human Immunodeficiency Virus (HIV) Tests

Benefits will be paid the same as any other Sickness for Human Immunodeficiency Virus (HIV) testing, regardless of whether the test is related to a primary HIV diagnosis. The testing method shall be that which is approved by the federal Food and Drug Administration and is recommended by the United States Public Health Service.

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 screening and diagnosis of prostate cancer, including, but not limited to prostate-specific antigen testing (PSA) and digital rectal examinations when medically necessary and consistent with good professional practice.

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

Benefits for Cancer Screening Tests

Benefits will be paid the same as any other Sickness for all generally medically accepted cancer screening tests.

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

Benefits for Cervical Cancer Screening

Benefits will be paid the same as any other Sickness for an annual cervical cancer screening test, upon the referral of a nurse practitioner, certified nurse midwife, or Physician, subject to the following guidelines:

An annual screening test will include the conventional Pap test, a human papilloma virus screening test that is approved by the federal Food and Drug Administration and the option of any cervical cancer screening test approved by the federal Food and Drug Administration, upon referral by the Insured's health care provider.

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

Benefits for Out-Patient Contraceptive Drugs and Methods

If the policy provides for out-patient prescription drugs, then benefits will be paid the same as any other Sickness for prescribed contraceptive drugs and methods which are:

1. approved by the Federal Food and Drug Administration;
2. prescribed by the Insured's Physician; and
3. the drug or method is medically appropriate for the Insured

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

Definitions

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

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

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

CREDITABLE COVERAGE means any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefit society, self-insured employer plan, or any other entity, in this state or elsewhere, and that arranges or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans, including Medicare or Medicaid, nonprofit medical and surgical plan or hospital service plan that provides similar benefits, Armed Forces Personnel Medical and Dental Care, Indian Health Service or tribal organization medical care program, a state health benefits risk pool, Federal Employees Health Benefit Plan, the Peace Corps Act health benefit plan, health maintenance organization, a public health plan, or College Plan.

The term includes continuation or conversion coverage, but does not include accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

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

DOMESTIC PARTNER means two adults who have chosen to share one another's lives in an intimate and committed relationship of mutual caring and who have filed a Declaration of Domestic Partnership with the Secretary of State and meet all of the following:

- 1) Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
- 2) The two persons are not related by blood in a way that would prevent them from being married to each other in this state.
- 3) Both persons are at least 18 years of age; or, if under age 18, has obtained a Declaration of Domestic Partnership after receiving permission to do so by the Courts.
- 4) Either of the following:
 - a. Both persons are members of the same sex; or
 - b. One or both of the persons meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in 42 U.S.C. Section 1381 for aged individuals. Notwithstanding any other provision of this section, persons of opposite sexes may not constitute a domestic partnership unless one or both of the persons are over the age of 62 years of age.
- 5) Both persons are capable of consenting to the domestic partnership.

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.

INJURY means bodily injury which is all of the following:

- 1) directly and independently caused by specific accidental contact with another body or object.
- 2) unrelated to any pathological, functional, or structural disorder.
- 3) a source of loss.
- 4) treated by a Physician within 30 days after the date of accident.
- 5) sustained while the Insured Person is covered under this policy.

All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

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

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

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

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

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

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

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

PRE-EXISTING CONDITION means any condition for which medical advice, diagnosis, care treatment, including the use of Prescription Drugs, is recommended or received from a Physician within the 6 months immediately prior to the Insured's Effective Date under the policy. Pregnancy will not be considered to be a Pre-Existing Condition.

SICKNESS means sickness or disease of the Insured Person which causes loss 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.

SKILLED NURSING FACILITY means a Hospital or nursing facility that is licensed and operated as required by law.

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

Exclusions and Limitations

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

1. Addiction, such as nicotine addiction except as specifically provided in the policy;
2. Biofeedback;
3. Chronic pain disorders;
4. 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;
5. Custodial Care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care; extended care in treatment or substance abuse facilities for domiciliary or Custodial Care;
6. Dental treatment, except for accidental Injury to Natural Teeth;
7. Elective Surgery or Elective Treatment;
8. Elective abortion;
9. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a covered Injury or disease process; or except as specifically provided in the policy;
10. Health spa or similar facilities; strengthening programs;
11. Hearing examinations or hearing aids;
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 or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
15. Injury or Sickness outside the United States and its possessions, except for a Medical Emergency when traveling for academic study abroad programs, business or pleasure;
16. 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;
17. Investigational services;
18. Lipectomy;
19. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death;
20. Organ transplants, including organ donation;
21. Participation in a riot or civil disorder; commission of or attempt to commit a felony;

22. Pre-Existing Conditions, except for individuals who have been continuously insured for at least 6 consecutive months under any health insurance plan or policy or employer-provided health benefit arrangement. Credit for time served will be given when covered under Creditable Coverage provided the individual becomes eligible and enrolls under this policy within 63 days of termination of the prior plan. This exclusion will not be applied to an Insured Person who is under age 19;
23. Prescription Drug Services - no benefits will be payable for:
 - a) Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy;
 - b) Immunization agents, except as specifically provided in the policy, 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 unapproved cosmetic indications;
 - e) Drugs used to treat or cure baldness, and anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
24. Reproductive/Infertility services including but not limited to: fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
25. 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;
26. Preventive care services; routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
27. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
28. Supplies, except as specifically provided in the policy;
29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
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, (except surgery for morbid obesity), surgery for removal of excess skin or fat, except as specifically provided in the policy.

Scholastic Emergency Services: Global Emergency Medical Assistance

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

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

Domestic Students, insured spouse or Domestic Partner and insured minor child(ren): You are eligible for SES services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

SES services include Emergency Medical Evacuation and Return of Mortal Remains that meet the 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, Inc.; any services not arranged by SES, Inc. will not be considered for payment.

Key Services include:

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

Please log into your online account www.uhcsr.com for additional information on SES Global Emergency Assistance Services, including service descriptions and program exclusions and limitations.

To access services please call:

1-877-488-9833 Toll-free within the United States

1-609-452-8570 Collect outside the United States

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

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

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

SES is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by SES, Inc. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure or Program Guide at www.uhcsr.com for additional information, including limitations and exclusions pertaining to the SES program.

Notice of Appeal Rights

Right to Internal Appeal

Standard Internal Appeal

The Insured Person has the right to request an Internal Appeal if the Insured Person disagrees with the Company's denial, in whole or in part, of a claim or request for benefits. The Insured Person, or the Insured Person's Authorized Representative, must submit a written request for an Internal Appeal within 180 days of receiving a notice of the Company's Adverse Determination.

The written Internal Appeal request should include:

1. A statement specifically requesting an Internal Appeal of the decision;
2. The Insured Person's Name and ID number (from the ID card);
3. The date(s) of service;
4. The Provider's name;
5. The reason the claim should be reconsidered; and
6. Any written comments, documents, records, or other material relevant to the claim.

Please contact the Customer Service Department at 1-800-767-0700 with any questions regarding the Internal Appeal process. The written request for an Internal Appeal should be sent to: UnitedHealthcare StudentResources, PO Box 809025, Dallas, TX 75380-9025.

Expedited Internal Appeal

For Urgent Care Requests, an Insured Person may submit a request, either orally or in writing, for an Expedited Internal Appeal.

An Urgent Care Request means a request for services or treatment where the time period for completing a standard Internal Appeal:

1. Could seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person's ability to regain maximum function; or
2. Would, in the opinion of a Physician with knowledge of the Insured Person's medical condition, subject the Insured Person to severe pain that cannot be adequately managed without the requested health care service or treatment.

To request an Expedited Internal Appeal, please contact Claims Appeals at 1-888-315-0447. The written request for an Expedited Internal Appeal should be sent to: Claims Appeals, UnitedHealthcare StudentResources, PO Box 809025, Dallas, TX 75380-9025.

Right to External Independent Review

An Insured Person may apply to the Department of Insurance for an External Independent Medical Review when the Insured Person receives a Final Adverse Benefit Determination which denies, modifies, or delays health care services based, in whole or in part, on a finding that the disputed health care services are not Medically Necessary or are not Covered Medical Expenses under the Policy. The Insured's request for an External Independent Medical Review must be submitted to the Department within six months after the Insured receives the Final Adverse Benefit Determination notice. However, the Commissioner may extend the application deadline beyond six months if the circumstances of a case warrant the extension.

As part of its notification to the Insured regarding a disposition of the Insured's Final Adverse Benefit Determination, the Company shall provide an application form approved by the Department, and an addressed envelope, which the Insured may return to initiate an External Independent Medical Review.

Where to Send External Review Requests

All types of External Review requests shall be submitted to Claims Appeals at the following address:

California Department of Insurance
Health Claims Bureau, IMR Unit
300 S. Spring Street
11th Floor
Los Angeles, CA 90013
Inside State Toll-Free: 1-800-927-4357
Outside State: 1-213-897-8921
Fax: 1-213-897-9641

Questions Regarding Appeal Rights

Contact Customer Service at 1-800-767-0700 with questions regarding the Insured Person's rights to an Internal Appeal and External Independent Medical Review.

Other resources are available to help the Insured Person navigate the appeals process. For questions about appeal rights, your state consumer assistance program may be able to assist you at:

Department of Managed Health Care Help Center
980 Ninth Street, Suite 500
Sacramento, CA 95814-2725
Toll-Free: 1-888-466-2219
Fax: 1-916-255-5241
Website: www.healthhelp.ca.gov
Email: helpline@dmhc.ca.gov

Collegiate Assistance Program

Insured Students have access to nurse advice, health information, and counseling support 24 hours a day by dialing the number listed on the permanent ID card. Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help students determine if they need to seek medical care, need legal/financial advice or may need to talk to someone about everyday issues that can be overwhelming.

Online Access to Account Information

Insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at www.uhcsr.com. Insureds can locate network providers from My Account.

If you don't already have an online account, simply select the "Create an Account" link from the home page at www.uhcsr.com. Follow the simple, onscreen directions to establish an online account in minutes. Note that you will need your 7-digit insurance ID number to create an online account. If you already have an online account, just log in from www.uhcsr.com to access your account information.

Claim Procedure

In the event of Injury or Sickness, students should:

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

The Plan is Underwritten by:
UnitedHealthcare Insurance Company

Submit All Claims or Inquiries to:
UnitedHealthcare **Student**Resources
P.O. Box 809025
Dallas, Texas 75380-9025
1-866-948-8472
gkclaims@uhcsr.com

QUESTIONS? NEED MORE INFORMATION?

For general information on benefits, eligibility and enrollment, student ID Cards, or service issues, please contact:

Gallagher Koster
500 Victory Road
Quincy, MA 02171
www.gallagherkoster.com/hiu
email: hiustudent@gallagherkoster.com
1-877-320-4347

If you need medical attention before the ID card is received, benefits will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits. Call Gallagher Koster to verify eligibility.

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

This Brochure is based on Policy numbers: 2012-201728-1 and 2012-201728-4

POLICY NUMBER: 2012-201728-4

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC # 1 11/20/2012 Option 4

Updated the eligibility statement for option 4 (International Students) to:

All international students enrolled in a degree-seeking program, possessing and maintaining a current passport and valid visa status (F-1, J-1, or M-1, etc.), engaged in educational activities at the University who are temporarily located outside their home country and have not been granted permanent residency status are required to purchase this insurance plan.