

**UNIVERSITY OF SOUTH ALABAMA STUDENTS
YOUR INSURANCE BENEFITS HAVE CHANGED.**

**PLEASE READ THIS BROCHURE
FOR YOUR CURRENT BENEFITS.**

2009-2010

**STUDENT INJURY AND SICKNESS
INSURANCE PLAN**

Designed Especially for the Students of



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You have the right to information about how the plan operates its care delivery system and an explanation of the benefits to which participants are entitled under the terms of the plan.

Privacy Policy

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

Eligibility

All international students are automatically enrolled in this insurance Plan at registration. All regular full-time domestic students are eligible to enroll in this insurance Plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate 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 spouse and unmarried children under 19 years of age or 23 years if a full-time student at an accredited institution of higher learning. Dependent Eligibility expires concurrently with that of the Insured student.

Effective and Termination Dates

The Master Policy becomes effective on August 1, 2009. 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 on July 31, 2010. 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.

Extension of Benefits After Termination

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

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

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

Pre-Admission Notification

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

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

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

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

Student Health Center Message

USA Student Health Center

The USA Student Health Center (SHC) is located in Suite 1200 of the Research Park Building III. Student Health Services are available during each semester to all students actively enrolled in the University.

The USA Student Health Center (SHC) is staffed by Physicians, including a Sports Medicine Physician, Nurse Practitioners, Physician Assistants, Registered Nurses and Licensed Practical Nurses dedicated to provide quality medical and educational services to the entire student body, when school is in session.

All currently enrolled students are eligible for treatment at the SHC because they pay an access fee of \$30 each semester. The SHC accepts most major health insurance carriers and will be happy to submit insurance claims electronically for the following insurance carriers: Blue Cross and Blue Shield - all states, Markel, Consolidated Health Services, and UnitedHealthcare. For all other carriers, payment will be expected at the time of service. We will be happy to provide a detailed listing of all charges so that you can file a claim with your carrier personally. The SHC accepts VISA, Mastercard and Discover credit cards.

All students are encouraged to obtain health insurance. A health insurance plan is available to students at USA for a nominal fee. Students are encouraged to enroll in this plan if they do not have other health insurance. However, students who do not have health insurance will be charged a reduced office visit charge at the time of service and for charges for any other medical services rendered at the SHC. We treat all students regardless of their ability to pay. Please contact the SHC Billing Office at 251-460-7151 or you may send an e-mail to studenthealth@usouthal.edu for more information.

A confidential electronic medical record is maintained on each student visiting the SHC. The SHC does not provide medical excuses for missed classes or examinations.

Any questions may be answered by calling the Student Health Center, (251) 460-7151.

Schedule of Medical Expense Benefits

**\$250,000 Maximum Benefit Paid as Specified Below
(For Each Injury or Sickness)**

**Out of Network Deductible: \$750 (Per Insured Person)(Per Policy Year)
Out of Network Deductible: \$2,250 (Per Family)(Per Policy Year)**

The Policy provides benefits for the Usual & Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$250,000 for each Injury or Sickness.

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.

All Physicians' Visits copayments are waived when treatment is received at the Student Health Center.

Routine Immunizations are covered at the SHC only; this includes travel immunizations up to \$1,000.

Covered Medical Expenses are paid at 100% when rendered at the Student Health Center.

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

PA = Preferred Allowance

U&C = Usual & Customary Charges

| INPATIENT | Preferred Providers | Out-of-Network Providers |
|--|---------------------------------------|---------------------------------|
| Hospital Expense , daily semi-private room rate; general nursing care provided by the Hospital. Hospital Miscellaneous Expenses such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge. | 100% of PA / \$50 copay per admission | 50% of U&C |
| Routine Newborn Care, 4 days Hospital Confinement expense maximum. While Hospital Confined; and routine nursery care provided immediately after birth. | Paid as any other Sickness | |

| INPATIENT | Preferred Providers | Out-of-Network Providers |
|--|--|---|
| Physiotherapy | 100% of PA | 75% of U&C |
| Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures. | 100% of PA | 75% of U&C |
| Assistant Surgeon | 100% of PA | 75% of U&C |
| Anesthetist , professional services in connection with inpatient surgery. | 100% of PA | 75% of U&C |
| Registered Nurse's Services , private duty nursing care | 100% of PA | 75% of U&C |
| Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery. | 100% of PA / \$20 copay per visit | 75% of U&C |
| Pre-Admission Testing , payable within 3 working days prior to admission. | Paid under Hospital Miscellaneous | |
| Psychotherapy , benefits are limited to one visit per day. Psychiatric Hospitals are not covered. | 100% of PA / \$150 copay per day / 30 days maximum Per Policy Year | 100% of U&C / 30 days maximum Per Policy Year |
| OUTPATIENT | | |
| Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures. | 100% of PA | 75% 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. | 100% of PA | 75% of U&C |
| Assistant Surgeon | 100% of PA | 75% of U&C |
| Anesthetist , professional services administered in connection with outpatient surgery. | 100% of PA | 75% of U&C |
| Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy. | 100% of PA / \$20 copay per visit | 75% of U&C |

| OUTPATIENT | Preferred Providers | Out-of-Network Providers |
|---|--|---------------------------------|
| Physiotherapy , benefits are limited to one visit per day. <i>Includes Chiropractic care.</i> | 100% of PA | 75% of U&C |
| Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. | 100% of PA / \$50 copay per visit | 50% of U&C |
| Diagnostic X-ray & Laboratory Services | 100% of PA | 50% of U&C |
| Injections , when administered in the Physician's office and charged on the Physician's statement. | 100% of PA | 75% 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. | 100% of PA | 75% of U&C |
| Chemotherapy & Radiation Therapy | 100% of PA | 75% of U&C |
| Prescription Drugs , Mail order Prescription Drugs through UHPS at 2.5 times the retail copay up to a 90 day supply. | UnitedHealthcare Network Pharmacy (UHPS) / \$10 copay per prescription for Tier 1/ \$25 copay per prescription for Tier 2 / up to a 31 day supply per prescription | No Benefits |
| Psychotherapy , including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder. Benefits are limited to one visit per day. | 100% of PA / \$20 copay per visit / \$1,000 maximum | 100% of U&C / \$1,000 maximum |
| OTHER | Preferred Providers | Out-of-Network Providers |
| Ambulance Services | 100% of PA | 100% of U&C |
| Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered. | 100% of PA | 75% of U&C |
| Consultant , when requested and approved by the attending Physician. | Paid under Physician's Visit | Paid under Physician's Visit |
| Dental Treatment , <i>\$200 maximum per tooth / \$1,000 maximum Per Policy Year.</i> Made necessary by Injury to Sound, Natural Teeth. | 100% of U&C | 100% of U&C |
| Alcoholism/Drug Abuse , <i>30 days maximum Per Policy Year.</i> | 100% of PA | 75% of U&C |

| OTHER | Preferred Providers | Out-of-Network Providers |
|---|----------------------------|--------------------------|
| Maternity/Complications of Pregnancy | Paid as any other Sickness | |
| Elective Abortion, \$500 maximum Per Policy Year. | 100% of PA | 75% of U&C |
| Intercollegiate Sports, \$75,000 maximum per Injury. | Paid as any other Injury | |
| Club & Intramural Sports, \$10,000 maximum Per Injury | Paid as any other Injury | |
| Home Health Care | 100% of PA | 80% of U&C |
| Bedside Visit, \$1,000 maximum. One economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital confinement for one person. | 100% of U&C | 75% of U&C |
| Routine Colorectal Cancer Screening | 100% of PA | 100% of U&C |
| Well Child Exam | 100% of PA | 75% of U&C |
| Cytologic Screening, annual cervical screening for women 18 and older. | 100% of PA | 75% of U&C |
| Medical Treatment in Student's Home Country, \$1,000 Lifetime Maximum. | 100% of U&C | 100% of U&C |

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 Options PPO.

The availability of specific providers is subject to change without notice. Insureds 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. Insureds may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

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

Inpatient Hospital Expenses

PREFERRED HOSPITALS - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at the coinsurance percentages specified in the Schedule of Benefits, 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 Physicians who are members of 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.

UnitedHealthcare Network Pharmacy Benefits

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

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

\$10 copay per prescription order or refill for a Tier 1 Prescription Drug up to 31 day supply

\$25 copay per prescription order or refill for a Tier 2 Prescription Drug up to 31 day supply

Mail order Prescription Drugs are available at 2.5 times the retail copay up to a 90 day supply.

Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

If you do not present the card, you will need to pay for 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/southalabama and log in to your online account or call 877-417-7345.

Additional Exclusions:

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

1. Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
2. Experimental or Investigational Services or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by the Company to be experimental, investigational or unproven.
3. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier-2
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.

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/southalabama or call Customer Service at 1-877-417-7345.

Maternity Testing

This policy does not cover routine, preventive or screening exams or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other Policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening; Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

Excess Provision

No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance or under an automobile insurance policy.

However, this Excess Provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses excludes 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 and Dismemberment Benefits

Loss of Life, Limb or Sight:

If such Injury shall independently of all other causes and within 365 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:

For Loss Of:

Student:

| | |
|-----------------------|----------|
| Life | \$10,000 |
| Two or More Members | \$10,000 |
| One Member | \$ 5,000 |
| Thumb or Index Finger | \$ 2,500 |

Spouse:

| | |
|-----------------------|----------|
| Life | \$ 5,000 |
| Two or More Members | \$ 5,000 |
| One Member | \$ 2,500 |
| Thumb or Index Finger | \$ 1,250 |

Child:

| | |
|-----------------------|----------|
| Life | \$ 1,000 |
| Two or More Members | \$ 1,000 |
| One Member | \$ 500 |
| Thumb or Index Finger | \$ 250 |

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.

State Mandated Benefits

Mammography Benefit

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.

Definitions

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.

(Plan 1 ONLY) PRE-EXISTING CONDITION means: 1) the existence of symptoms, which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured's Effective Date under the policy.

SICKNESS means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

USUAL AND CUSTOMARY CHARGES means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. 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:

1. Acne; acupuncture;
2. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
3. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
4. Elective Surgery or Elective Treatment;
5. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses; except when due to a disease process;
6. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
7. 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;
8. Immunizations; except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
9. Injury caused by, contributed to, or resulting from the use of intoxicants, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
11. Investigational services;
12. Organ transplants; including organ donation;
13. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
14. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 9 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;
15. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
 - 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.
16. 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;
 17. 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;
 18. 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;
 19. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
 20. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
 21. 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;
 22. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
 23. Supplies, except as specifically provided in the policy;
 24. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia;
 25. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
 26. 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
 27. 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

Collegiate Assistance Program

Insured Students have access to nurse advice, health information, and counseling support 24 hours a day, 7 days a week by dialing the number indicated on the permanent ID card. Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help students determine if they need to seek medical care, need legal/financial advice or may need to talk to someone about everyday issues that can be overwhelming.

Scholastic Emergency Services: Global Emergency Medical Assistance

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

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

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

SES includes Emergency Medical Evacuation and Return of Mortal Remains that meet the US State Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES, Inc., any services not arranged by SES, Inc. will not be considered for payment.

Key Services include:

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

Please visit your school's insurance coverage page at www.uhcsr.com/southalabama for the SES Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

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

(609) 452-8570 Collect outside the United States

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

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

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient
2. Patient's name, age, sex, and Reference Number
3. Description of the patient's condition
4. Name, location, and telephone number of hospital, if applicable
5. Name and telephone number of the attending physician;
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 for Program Guidelines as well as limitations and exclusions pertaining to the SES program.

Online Access to Account Information

UnitedHealthcare **StudentResources** insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at www.uhcsr.com/southalabama. Insureds can also print a temporary ID card, request a replacement ID card and locate network providers from My Account.

If you don't already have an online account, simply select the "Create an Account" link from the home page at www.uhcsr.com/southalabama. 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/southalabama 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.

Submit All Claims or Inquiries To:

UnitedHealthcare **StudentResources**
P.O. Box 809025
Dallas, Texas 75380-9025
1-800-767-0700
customerservice@uhcsr.com
claims@uhcsr.com

The Plan is Underwritten By:

UnitedHealthcare Insurance Company

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

The Brochure is based on Policy Number 2009-91-1



**POLICY
NUMBER: 2009-91-1**

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.

NOC1 07/28/2009

1. The eligibility changed from:

All regular full-time international students enrolled in at least 4 hours are required to participate in the plan on a mandatory basis. Part-time international students may enroll in the plan on a voluntary basis. All regular full-time domestic students are eligible to enroll in this plan on a voluntary basis. Eligible Dependents of enrolled students may also participate in the plan on a voluntary basis.

TO

All international students are required to participate in the plan on a mandatory basis. All regular full-time domestic students are eligible to enroll in this plan on a voluntary basis. Eligible Dependents of enrolled students may also participate in the plan on a voluntary basis.

2. Also – not necessarily an NOC – but option 1 and option 2 brochures are now two SEPARATE brochures. Originally it was one.

NOC2 08/04/2009

Ledger billing is no longer approved and the following has been removed from top of SOB: 'The Deductible is waived and Covered Medical Expenses are paid at 100% of Billed Charges when rendered at the Student Health Center.'

NOC3 09/18/2009

1. Removed the following from the brochure to match the policy 'or if the initial treatment for an injury'
2. 'Covered Medical Expenses are paid at 100% when rendered at the Student Health Center' " inserted at top of SOB.
3. Removed from SOB header for benefit clarification 'In-Network Lab Benefits: Deductible will be waived and Covered Medical Expenses will be paid at 100% of

Preferred Allowance when a referral is obtained from the SHC or USA physicians group.'

4. Added Consultant Benefit that is Paid Under Physician Visit