

READ YOUR CERTIFICATE CAREFULLY

2010-2011

STUDENT INJURY AND SICKNESS
INSURANCE PLAN



Designed Especially for the Students of

Massachusetts
Private Secondary Schools

Limited Benefit Plan. Please Read Carefully



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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 800-767-0700 or by visiting us at www.uhcsr.com.

Eligibility

To determine which plan is available at your school, contact your school.

PLAN 1 - All international students registered for credit courses are automatically enrolled in Plan 1 of this insurance plan at registration, unless proof of comparable coverage is furnished. All Domestic students registered for credit courses are eligible to enroll in either Plan 1 or 2 of this insurance plan.

PLAN 2 - All Domestic students registered for credit courses are eligible to enroll in either Plan 1 or 2 of this insurance plan.

PLAN 4 - At schools that only offer the Plan 4 International Plan. All international students registered for credit courses are automatically enrolled in Plan 4 of this insurance plan at registration, unless proof of comparable coverage is furnished. (Plan 1 & 2 are not available) Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Alternative Coverage - If you do not meet the Eligibility requirements of the Plan, please call 1-800-980-7395 for information on alternative coverage. This information can also be accessed at: www.goldenrulehealth.com/studentresources.

Effective And Termination Dates

The Master Policy on file at the school becomes effective at 12:01 a.m., August 15, 2010. 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 12:01 a.m., August 15, 2011. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. 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 - Plan 1 & 4

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.

Covered Loss-Time Limits- Plan 2 Only

Covered Medical Expenses will be paid under the Schedule of Benefits for loss:

- 1) Due to Injury to an Insured Person provided that treatment by the Physician: a) begins within 30 days after the date of the Injury; and b) is received within 12 months after the date of Injury; or
- 2) Due to Sickness of an Insured Person provided Covered Medical Expenses are incurred within 12 months after the date of first treatment for such Sickness.

Pre-Admission Notification - Plan 1 & 4

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

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

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

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

Schedule of Medical Expense Benefits - Injury and Sickness

Plan 1 & 4- Up to \$250,000 Maximum Benefit (For each Injury or Sickness)
Paid as Specified Below

Plan 2 - Up to \$10,000 Maximum Benefit for each Injury
Up to \$2,500 Maximum Benefit for each Sickness
Paid as Specified Below

Usual & Customary Charges are based on data provided by Ingenix using the 90th percentile based on location of the provider.

Plan 1 & 4: Benefits will be paid for 100% of Covered Medical Expenses up to \$7,500. After the Company has paid \$7,500, benefits will be paid for 80% of additional Covered Medical Expenses not to exceed \$50,000. After the Company has paid \$50,000, benefits will be paid for 100% of additional Covered Medical Expenses not to exceed the \$250,000 Maximum Benefit for each Injury or Sickness.

Plan 2: Injury Only - Benefits will be paid for 100% of Covered Medical Expenses incurred up to \$500. After the Company has paid \$500, benefits will be paid for 80% of additional Covered Medical Expenses not to exceed the Maximum Benefit of \$10,000 for each Injury.

Plan 2: Sickness Only - Benefits will be paid for 100% of Covered Medical Expenses not to exceed the Maximum Benefit of \$2,500 for each Sickness.

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

max = maximum	U&C = Usual & Customary Charges		
INPATIENT	Plans 1 & 4 Injury & Sickness	Plan 2 Injury Only	Plan 2 Sickness Only
Room & Board Expense , daily semi-private room rate; general nursing care provided by the Hospital.	U&C	Semi-Private Room Rate	Semi-Private Room Rate
Hospital Miscellaneous Expenses , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	U&C	U&C	U&C
Intensive Care	U&C	Paid under Room & Board	Paid under Room & Board
Physiotherapy	U&C	U&C	U&C
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	U&C	U&C	U&C

INPATIENT	Plans 1 & 4 Injury & Sickness	Plan 2 Injury Only	Plan 2 Sickness Only
Assistant Surgeon	30% of Surgery Allowance		
Anesthetist , professional services administered in connection with inpatient surgery.	U&C	U&C	U&C
Registered Nurse's Services , private duty nursing care.	U&C	U&C	U&C
Physician's Visits , do not apply when related to surgery.	U&C	U&C	U&C
Pre-Admission Testing , payable within 7 working days prior to admission.	U&C	U&C	U&C
Mental Disorders	See Benefits for Treatment of Mental Disorders	No Benefit	See Benefits for Treatment of Mental Disorders
OUTPATIENT			
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	U&C	U&C	U&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	U&C	U&C	U&C
Assistant Surgeon	30% of Surgery Allowance		
Anesthetist , professional services administered in connection with outpatient surgery.	U&C	U&C	U&C
Physician's Visits , Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	U&C	U&C	U&C

OUTPATIENT	Plans 1 & 4 Injury & Sickness	Plan 2 Injury Only	Plan 2 Sickness Only
Physiotherapy , benefits are limited to one visit per day.	U&C	U&C / \$50 per day/ 20-day max	U&C / \$50 per day/ 20-day max
Medical Emergency Expenses , Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. Benefits will be paid for attending Physician's charges, X-rays, Laboratory Procedures, Injections, and the use of emergency room and supplies.	U&C	U&C	U&C
Diagnostic X-ray & Laboratory Services	U&C	U&C	U&C
Radiation Therapy & Chemotherapy	U&C	No Benefits	U&C
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	U&C	U&C	U&C
Injections , when administered in the Physician's office and charged on the Physician's statement.	U&C	U&C	U&C
Prescription Drugs , For Plan 1: UnitedHealthcare Pharmacy, \$0 copay per prescription tier 1, tier 2, tier 3 / up to a 31 day supply per prescription.	\$1,500 max (Per Policy Year)	U&C / \$750 max (Per Policy Year)	U&C / \$750 max (Per Policy Year)
Mental Disorders	See Benefits for Treatment of Mental Disorders	No Benefits	See Benefits for Treatment of Mental Disorders
OTHER			
Ambulance Services	U&C	U&C	U&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	U&C	U&C	U&C
Alcoholism / Drug Abuse (Substance Abuse)	See Benefit for Treatment of Mental Disorders	No Benefits	See Benefit for Treatment of Mental Disorders
Consultant Physician Fees , when requested and approved by the attending Physician.	U&C	U&C	U&C

OTHER	Plans 1 & 4 Injury & Sickness	Plan 2 Injury Only	Plan 2 Sickness Only
Dental Treatment , made necessary by Injury to Sound, Natural Teeth.	U&C	U&C / 100% for first \$100 / 80% thereafter/ \$500 max	No Benefits
Maternity	See Benefits for Maternity, Childbirth, Well-Baby and Post Partum Care	No Benefits	See Benefits for Maternity, Childbirth, Well-Baby and Post Partum Care
Complications of Pregnancy	Paid as any other Sickness	No Benefits	Paid as any other Sickness
Interscholastic Sports	Paid as any other Injury/ \$75,000 max	Paid as any other Injury	No Benefits
High Cost Procedures , For outpatient procedures costing \$200, including but not limited to CAT Scan, Magnetic Resonance Imaging (MRI) and Laser Treatment.	Paid under X-Ray & Lab		

Maternity Testing

This policy does not cover routine, preventive, or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. 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.

UnitedHealthcare Network Pharmacy Benefits - Plan 1 & 4

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 or call 877-417-7345 for the most up-to-date tier status.

\$0 copay per prescription or refill for tier 1 Prescription Drug up to 31 day supply.

\$0 copay per prescription or refill for tier 2 Prescription Drug up to 31 day supply.

\$0 copay per prescription or refill for tier 3 Prescription Drug up to 31 day supply.

Your maximum allowed benefit is \$1,500 (Per Policy Year).

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

If you do not present the card, you will need to pay 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 network pharmacies, please call 1-877-417-7345.

Additional Exclusions

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

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

Definitions:

Network Pharmacy means a pharmacy that has:

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

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.

Excess Provision - Plan 2 Only

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.

Mandated Benefits

Benefits for Treatment of Mental Disorders

Benefits will be paid the same as any other Sickness for the diagnosis and treatment of the following biologically-based mental disorders, as described in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, referred to in this benefit as the "DSM":

- | | |
|--|------------------------------------|
| 1. schizophrenia, | 8. delirium and dementia, |
| 2. schizoaffective disorder, | 9. affective disorders, |
| 3. major depressive disorder, | 10. eating disorders |
| 4. bipolar disorder, | 11. post-traumatic stress disorder |
| 5. paranoia and other psychotic disorders, | 12. substance abuse disorders, and |
| 6. obsessive-compulsive disorder, | 13. autism. |
| 7. panic disorder, | |

Benefits will be paid the same as any other sickness for the diagnosis and medically necessary active treatment of any Mental Disorder as described in the most recent edition of the DSM that is approved by the Commissioner of Mental Health.

Benefits will be paid the same as any other Sickness for the diagnosis and treatment of rape-related mental or emotional disorders to victims of a rape or victims of an assault with intent to commit rape, as defined by sections 22 and 24 of chapter 265, whenever the costs of such diagnosis and treatment exceed the maximum compensation awarded to such victims pursuant to subparagraph (C) of paragraph (2) of subsection (b) of section 3 of chapter 258C.

Benefits will be paid the same as any other Sickness for an Insured Person under the age of 19 for the diagnosis and treatment of non-biologically-based mental, behavioral or emotional disorders, as described in the most recent edition of the DSM, which substantially interfere with or substantially limit the functioning and social interactions of such a child provided, that said interference or limitation is documented by and the referral for said diagnosis and treatment is made by a Physician, or is evidenced by conduct, including, but not limited to:

- 1) an inability to attend school as a result of such disorder,
- 2) the need to hospitalize such Insured Person as a result of such disorder, or
- 3) a pattern of conduct or behavior caused by such disorder which poses a serious danger to self or others.

Such benefits to an Insured Person who is engaged in an ongoing course of treatment shall continue beyond the Insured Person's nineteenth birthday until said course of treatment, as specified in such Insured Person's treatment plan, is completed and while the policy under which such benefits first became available remains in effect, or subject to a subsequent policy which is in effect.

Benefits will be paid the same as any other Sickness for the diagnosis and treatment of all other mental disorders not otherwise provided for in this benefit section and which are described in the most recent edition of DSM during each 12 month period but shall never exceed:

- 1) 60 days of inpatient treatment; and
- 2) 24 outpatient visits.

Benefits shall include inpatient, intermediate, and outpatient services that are Medically Necessary and provided in the least restrictive clinically appropriate setting.

Inpatient services may be provided in a general Hospital licensed to provide such services, in a facility under the direction and supervision of the Department of Mental Health, in a private mental Hospital licensed by the Department of Mental Health, or in a substance abuse facility licensed by the Department of Public Health.

Intermediate services shall include, but not be limited to, Level III community-based detoxification, acute residential treatment, partial hospitalization, day treatment and crisis stabilization licensed or approved by the Department of Public Health or the Department of Mental Health.

Outpatient services may be provided in a licensed Hospital, a mental health or substance abuse clinic licensed by the Department of public health, a public community mental health center, a professional office, or home-based services, provided, however, services delivered in such offices or settings are rendered by a licensed mental health professional acting within the scope of his license.

Benefits will be paid the same as any other Sickness for psychopharmacological services and neuropsychological assessment services.

When necessary for administration of claims under this benefit section, consent to the disclosure of information regarding services for mental disorders will be required on the same basis as disclosure of information for other Sickness or Injury.

Benefits will not be payable for mental health benefits or services: which are provided to a person who is incarcerated, confined or committed to a jail, house of correction or prison, or custodial facility in the department of youth services within the commonwealth or one of its political subdivisions; which constitute educational services required to be provided by a school committee pursuant to section 5 of chapter 71B; or which constitute services provided by the Department of Mental Health.

"Licensed mental health professional" means a Physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed mental health counselor, or a licensed nurse mental health clinical specialist.

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

Benefits for Maternity, Childbirth, Well-Baby And Post Partum Care

Benefits will be paid the same as any other Sickness for the expense of prenatal care, childbirth and post partum care. Benefits will be provided for a minimum of forty-eight hours of in-patient care following a vaginal delivery and a minimum of ninety-six hours of in-patient care following a caesarean section for a mother and her newly born child including routine well-baby care. Any decision to shorten such minimum stay shall be made by the attending Physician in consultation with the mother. Any such decision shall be made in accordance with rules and regulations promulgated by the Department of Public Health. Said regulations shall be relative to early discharge, defined as less than forty-eight hours for a vaginal delivery and ninety-six hours for a caesarean delivery. Post-delivery care shall include, but not be limited to, home visits, parent education, assistance and training in breast or bottle feeding and the performance of any necessary and appropriate clinical tests; provided, however, that the first home visit shall be conducted by a Physician. Additional Medically Necessary home visits shall be provided upon recommendation by a Physician.

Benefits will be paid the same as any other Sickness for Medically Necessary special medical formulas which are approved by the commissioner of the Department of Public Health, when prescribed by a Physician to protect the unborn fetuses of pregnant women with phenylketonuria.

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

Additional Benefits

Benefits are provided as mandated by the state of Massachusetts such as Benefits for Cardiac Rehabilitation, Benefits for Cytologic Screening and Mammographic Examinations, Benefits for Infertility Treatment, Benefits for Enteral Formula, Benefits for Bone Marrow Transplants for Treatment of Breast Cancer, Benefits for Human Leukocyte Antigen or Histocompatibility Locus Antigen Testing, Benefits for Initial Prosthetic Device and Reconstructive Surgery, Benefits for Scalp Hair Protheses, Benefits for Hospice Care, Benefits for Home Health Care Services, Benefits for Treatment of Diabetes, Benefits for Treatment of Speech, Hearing and Language Disorders, Benefits for Off-Label Drug Use, Benefits for Qualified Clinical Trials for Treatment of Cancer, Benefits for Prosthetic Devices and Repairs, Benefits for Hormone Replacement Therapy and Outpatient Contraceptive Services, Benefits for Hypodermic Syringes or Needles, and Benefits for Christian Science Services. A detail of such benefits may be found in the Master Policy on file at the school.

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.

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.

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

Exclusions And Limitations

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

1. Acupuncture; allergy testing;
2. Addiction, such as nicotine addiction and caffeine addition; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Biofeedback;
4. Chronic pain disorders;
5. Circumcision;
6. Congenital conditions; except as specifically provided for Newborn Infants;
- 7a. **For Plan 1 & 4 Only:** Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy; or for newborn children;
- 7b. **For Plan 2 Only:** Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy; or for newborn children; removal of warts, non-malignant moles and lesions;
8. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
9. Elective Surgery or Elective Treatment;
10. Elective abortion;
11. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
12. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
13. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided in the policy. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
14. Hirsutism; alopecia;
15. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;

16. Injury caused by, contributed to, or resulting from the use of intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Organ transplants;
19. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
20. Prescription Drugs, services or supplies as follows,
 - a. Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy;
 - 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, except as specifically provided in the policy;
 - 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. Sexual enhancement drugs, such as Viagra;
 - h. Growth hormones; or
 - i. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
21. Impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery;
22. Routine Newborn Infant Care, well-baby nursery and related Physician charges, except as specifically provided in the Benefits for Maternity, Childbirth, Well-baby and Post Partum Care;
23. 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;
24. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
- 25a. **For Plan 1 & 4 Only:** Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction;
- 25b. **For Plan 2 Only:** Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery;
26. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
27. Sleep disorders;
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, surgery for removal of excess skin or fat.

**Scholastic Emergency Services:
Global Emergency Medical Assistance - Plan 1 & 4**

Through participation in the Private Secondary Schools insurance plan, each Insured is eligible for global emergency medical assistance services when traveling 100 miles or more from his/her permanent home or campus address or abroad. Non U.S. students are not eligible for services in their home country. Services are accessible 24 hours a day, 365 days a year and are provided by Scholastic Emergency Services (SES), Inc.

Key Services include:

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

Visit www.uhcsr.com for service descriptions.

To access services please call:

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

(609) 452-8570 Collect outside the United States

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

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

1. Caller's name, telephone and (if possible) fax number, and relationship to 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 SES services must be arranged and provided by SES. Claims for reimbursement of services not provided by SES will not be accepted.

Claim Procedure

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

- 1) Report at once to the Student Health Service or Infirmary for treatment or referral, or when not in school, to the nearest Physician or Hospital.
- 2) Secure a Company claim form from the Student Health Service or from the address below, fill out the form completely, attach all medical and hospital bills and mail to the address below.
- 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.
- 4) Benefits will be paid within forty-five (45) days of receipt of a claim. If payment is not made, the Company will notify the Insured in writing specifying the reasons for the nonpayment or what additional documentation is necessary for payment of the claim. If the Company fails to comply with the terms of this provision, in addition to any benefits payable, interest on such benefits will accrue beginning forty-five (45) days after the Company's receipt of the claim at a rate of one and one-half (1 ½) percent per month, not to exceed eighteen (18) percent per year. The interest payments shall not apply to a claim which the Company is investigating because of suspected fraud.

The Plan is Underwritten by:

UnitedHealthcare Insurance Company

Submit all Claims or Inquiries to:

UnitedHealthcare **StudentResources**
P.O. Box 809025
Dallas, Texas 75380-9025
888-455-9402

Sales/Marketing Service:

UnitedHealthcare StudentResources
805 Executive Center Drive West, Suite 220
St. Petersburg, FL 33702

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

This Certificate is based on Policy #

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