

2010-2011



BIOLA
UNIVERSITY

STUDENT INJURY
AND SICKNESS
INSURANCE PLAN

Designed Especially for the Students of

Biola University



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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

2010-319-1 (UG and Grad students taking 7 or more credit hours-hard waiver):

All domestic graduate and undergraduate students who are enrolled in 7 or more credit hours are required to purchase this insurance plan unless proof of comparable coverage is provided. Eligible dependents of enrolled students may participate on a voluntary basis.

2010-319-2 (Graduate, less than 7 hours, still considered full time-voluntary):

All graduate students taking fewer than 7 credit hours but still considered full time by the University, are eligible to participate in this plan on a voluntary basis. Eligible Dependents of enrolled students may participate on a voluntary basis.

2010-319-4 (Internationals-hard waiver)

All international students are automatically enrolled in this insurance plan at registration unless proof of comparable coverage is provided. Eligible dependents of enrolled students may participate on a voluntary basis.

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 or Domestic Partner and unmarried children under 19 years of age or 23 years if a full-time student at an accredited institution of higher learning, who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student. See the Definitions section of the Brochure for the specific requirements needed to meet Domestic Partner eligibility.

Effective and Termination Dates

The Master Policy becomes effective August 1, 2010. Coverage becomes effective on the first day of the period for which premium was 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 July 31, 2011. 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.

If paying premiums by semester, coverage expires as follows:

Fall	01-31-2011
Spring/Summer	07-31-2011
Summer	07-31-2011

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

The policy is a Non-renewable One Year Term Policy.

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 our Web site www.goldenrulehealth.com/studentresources.

Premium Rates

Domestic and International (2010-319-1 and 2010-319-4)

	Fall	Spring/Summer	Summer
	08-1-2010 to 01-31-2011	02-1-2011 to 07-31-2011	06-1-2011 to 07-31-2011
Student	\$ 537	\$ 537	\$ 179
Spouse	\$ 1,342	\$ 1,342	\$ 448
Each Child	\$ 447	\$ 447	\$ 149

Grad Voluntary Plan (2010-319-2)

	Fall	Spring/Summer	Summer
	08-1-2010 to 01-31-2011	02-1-2011 to 07-31-2011	06-1-2011 to 07-31-2011
Student	\$ 618	\$ 618	\$ 207
Spouse	\$ 1,342	\$ 1,342	\$ 448
Each Child	\$ 447	\$ 447	\$ 149

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

UMR Care Management 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.

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

Domestic Plan (2010-319-1) Up To \$50,000 Maximum Benefit

Per Insured Person, Per Policy Year Paid As Specified Below

Deductible-Preferred Provider: \$50 (Per Insured Person) (Per Policy Year)
(Maximum of 3 Deductibles per Family)

Deductible-Out of Network: \$200 (Per Insured Person) (Per Policy Year)

Grad Voluntary Plan (2010-319-2) Up To \$50,000 Maximum Benefit

Per Insured Person, Per Policy Year Paid As Specified Below

Deductible-Preferred Provider: \$50 (Per Insured Person) (Per Policy Year)
(Maximum of 3 Deductibles per Family)

Deductible-Out of Network: \$200 (Per Insured Person) (Per Policy Year)

International Plan (2010-319-4) Up To \$50,000 Maximum Benefit

For Each Injury or Sickness Paid As Specified Below

Deductible-Preferred Provider: \$50 (Per Insured Person) (Per Policy Year)
(Maximum of 3 Deductibles per Family)

Deductible-Out of Network: \$200 (Per Insured Person) (Per Policy Year)

The Policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the \$50,000 Maximum Benefit Per Policy Year for the Domestic Plan and Grad Voluntary Plan (2010-319-1 and 2010-319-2) and up to the \$50,000 Maximum Benefit for each Injury or Sickness for the International Plan (2010-319-4).

Preferred Providers:

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.

Student Health Center:

Students are encouraged to utilize the Student Health Center whenever possible. Covered Medical Expenses and eligible prescriptions obtained at the Student Health Center will be reimbursed at 100%.

Exclusion # 14 for hearing aids will be waived and benefits paid for hearing aids for a covered Injury or Sickness as noted below in the Durable Medical Equipment benefit listed.

Exclusion # 19 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.

The pre-existing condition exclusion does not apply to a child born to or newly adopted by an Insured Student or spouse, or to conditions of pregnancy.

Maximums:

All 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
Room & Board Expense , daily semi-private room rate; general nursing care provided by the Hospital.	80% of PA	60% of U&C / \$500 Deductible per admission / \$580 maximum per day

INPATIENT	Preferred Providers	Out-of-Network Providers
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.	Paid as any other Sickness	
Physiotherapy	Paid under Room & Board Expense	
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.	80% of PA	60% of U&C
Assistant Surgeon	80% of PA	60% of U&C
Anesthetist , professional services 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 , benefits are limited to one visit per day and 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
Psychotherapy , benefits are limited to one visit per day. Psychiatric Hospitals are not covered. (\$1,000 maximum Per Policy Year combined for inpatient and outpatient Physician's services including psychological testing.) (Inpatient care is limited to \$500 per day, up to 10 days maximum Per Policy Year.)	80% of PA	60% of U&C
Severe Mental Illness	See Benefits for Severe Mental Illnesses & Serious Emotional Disturbances	
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.	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. (Student Health Center is payable at 100%)	80% of PA	60% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
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 , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy. (Includes home visits.)	100% of PA / \$20 copay per visit	60% of U&C
Physiotherapy , (\$1,200 maximum Per Policy Year. Includes physical medicine and occupational therapy.) Benefits are limited to one visit per day.	80% of PA	60% of U&C / \$25 per visit maximum
Diagnostic X-ray & Laboratory Services , (\$1,000 maximum per Injury or Sickness.) (Benefits include CT scans, MRA scans, MRI scans, MRS scans, NC scans & PET scans. SHC reimbursed at 100%.)	80% of PA	60% of U&C
Medical Emergency Expenses , (\$1,500 maximum for each Injury or Sickness. \$50 copay/Deductible waived if admitted.) Includes attending Physician's charges, x-rays, laboratory procedures, injections, and use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	80% of PA / \$50 copay per visit	80% of U&C / \$50 Deductible per visit
Chemotherapy & Radiation Therapy	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.	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 , \$1,000 combined maximum Per Policy Year for Preferred Provider & Out of Network. Includes prescription allergy medications. Mail order prescriptions through UnitedHealthcare Network Pharmacy (UHPS) at 2.5 times the retail copay up to a 90 day supply, subject to the Prescription Drug maximum.	UnitedHealthcare Network Pharmacy/ \$10 copay per prescription for Tier 1/ \$25 copay per prescription for Tier 2/ \$50 copay per prescription for Tier 3/ up to a 31 day supply per prescription	50% of U&C / \$10 Deductible per prescription for generic / \$15 Deductible per prescription for name brand
Psychotherapy , including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder. (\$1,000 maximum Per Policy Year combined for inpatient and outpatient Physician's services including psychological testing.)	80% of PA	60% of U&C
Severe Mental Illness	See Benefits for Severe Mental Illnesses & Serious Emotional Disturbances	

OTHER	Preferred Providers	Out-of-Network Providers
Ambulance Services , \$1,200 maximum Per Policy Year.	80% of PA	80% of U&C
Durable Medical Equipment , (\$1,000 maximum Per Policy Year. Benefit includes hearing aids, dialysis equipment & supplies.) A written prescription must accompany the claim when submitted. (The following Medical Expense Benefit limitation will be waived: Replacement equipment is not covered.)	80% of PA	60% of U&C
Consultant Physician Fees , when requested and approved by the attending Physician. This benefit is for the Physician Visit charge only. Other services performed in the Physician's office are payable under the appropriate benefit (x-ray, laboratory, etc.).	100% of PA / \$40 copay per visit	60% of U&C
Dental Treatment , \$300 maximum per tooth-Domestic Plan 2010-319-1 and Grad Voluntary Plan 2010-319-2 only. Maximum does not apply to the International Plan 2010-319-4. Injury to Natural Teeth.	80% of U&C	80% of U&C
Alcoholism/Drug Abuse , Inpatient care: \$175 maximum per day / 45 days maximum Per Policy Year. Inpatient and Outpatient Physician's Visits: \$25 per visit maximum / 50 visits maximum Per Policy Year.	80% of PA	60% of U&C
Maternity & Complications of Pregnancy	Paid as any other Sickness	
Elective Abortion	No Benefits	
Acne Treatment , \$250 maximum Per Policy Year-Domestic Plan 2010-319-1 and Grad Voluntary Plan 2010-319-2 only. Maximum does not apply to the International Plan 2010-319-4. (Benefit includes Physician visit charges and all ancillary charges except prescription drugs. Prescription drugs for acne are covered under the Prescription Drug benefit.)	80% of PA	60% of U&C
Home Health Care , 100 visits maximum Per Policy Year. One visit equals 4 hours or less and is not covered while the Insured Person receives Hospice Care.	80% of PA	60% of U&C
Hospice Care , payable for Insured Person's with up to 1 year life-expectancy and family bereavement services.	80% of PA	80% of U&C
Skilled Nursing Facility , 100 days maximum Per Policy Year.	80% of PA	60% of U&C
Home Infusion Therapy , includes medication, ancillary services & supplies, caregiver training & visits by provider to monitor therapy, Durable Medical Equipment & Laboratory services.	80% of PA	60% of U&C / \$600 maximum per day

OTHER	Preferred Providers	Out-of-Network Providers
Blood Transfusions / Blood Processing / Cost of Unreplaced Blood & Blood Products	80% of U&C	80% of U&C
Autologous Blood , benefit includes self donated blood collection, testing, processing & storage for planned surgery.	80% of U&C	80% of U&C
Speech Therapy , payable for outpatient services as a result of a covered Injury or Sickness.	80% of PA	60% of U&C
Acupuncture , \$30 maximum per visit / 12 visits maximum Per Policy Year.	100% of PA / \$10 copay per visit	60% of U&C
Upper or Lower Jawbone Surgery	80% of PA	60% of U&C
Routine Well-Child Care , \$250 max Per Policy Year. Birth to 18. The Deductible will be waived and benefits paid for the following services limited to one provider per visit for all services rendered: 1) periodic health evaluations; 2) immunizations, including Hepatitis B and Varicella Zoster; and 3) laboratory services in connection therewith.	80% of PA \$20 copay per visit	60% of U&C \$20 Deductible per visit
Repatriation/Medical Evacuation	Benefits provided by Scholastic Emergency Services, Inc.	

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 (up to 31 days) and copayments that vary depending on which tier of the PDL the outpatient drug is listed. There are a few 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 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.

\$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
 \$50 copay per prescription order or refill for a Tier 3 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.

Your maximum allowed benefit is \$1,000 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 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.

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 are members of the UnitedHealthcare Options PPO network.

The availability of specific providers is subject to change without notice. For a directory of Providers please visit www.uhcsr.com. Insureds should always confirm that a Preferred Provider is participating at the time services are required by calling us 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 or 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 Medical Expense Benefits.

Outpatient Hospital Expenses

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits or up to any limits specified in 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 network will be paid at the coinsurance percentages specified in the Schedule of Benefits 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 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: 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, and HIV: HIV-ab; 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); and 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.

Accidental Death & Dismemberment Benefits - Student Only

Loss of Life, Limb or Sight

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

For Loss Of:

Life	\$5,000
Two or More Members	\$5,000
One Member	\$2,500

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

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 group 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 group insurance except for Automobile Medical Payments Insurance.

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

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured for failing 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 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 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.

If the policy provides benefits for Injury only, 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.

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 Severe Mental Illnesses 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 of 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:

- (A) 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.
- (B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
- (C) 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.

Additional Benefits

Benefits are provided as mandated by the State of California such as Benefits for Telemedicine, Upper Or Lower Jawbone Surgery, Prosthetic Devices for Speaking Post Laryngectomy, Phenylketonuria (PKU), Osteoporosis, Benefits for Cancer Clinical Trials, AIDS Vaccine, Diabetes, Prostate Cancer Screening, Cancer Screening Tests, and Cervical Cancer Screening. A detail of these benefits may be found in the Master Policy on file at the University.

Definitions

DOMESTIC PARTNER Domestic partners are two adults who have chosen to share one another's lives in an intimate and committed relationship of mutual caring and where all of the following requirements are met: (1) Both persons have a common residence. (2) 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. (3) The two persons are not related by blood in a way that would prevent them from being married to each other in this state. (4) Both persons are at least 18 years of age. (5) Either of the following (A) Both persons are members of the same sex. (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. (6) Both persons are capable of consenting to the domestic partnership.

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.

MEDICAL EMERGENCY means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in: 1) Death; 2) Placement of the Insured's health in jeopardy; 3) Serious impairment of bodily functions; 4) Serious dysfunction of any body organ or part; or 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

PRE-EXISTING CONDITION means any condition for which medical advice, diagnosis, care or treatment, including the use of Prescription Drugs is recommended or received from a Physician within 6 months immediately prior to the Insured's Effective Date under the 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 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. Allergy, including allergy testing, except as specifically provided in the policy;
2. Addiction, such as nicotine addiction;
3. Milieu therapy, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
4. Biofeedback;
5. Chronic pain disorders;
6. Congenital conditions, except as specifically provided in benefits for Reconstructive Surgery or for Newborn or adopted Infants;
7. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children;

8. 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;
9. Dental treatment, except for accidental Injury to Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. Elective abortion;
12. 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;
13. Health spa or similar facilities; strengthening programs;
14. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
15. Hirsutism; alopecia;
16. 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;
17. Loss sustained or contracted in consequence of the Insured's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician;
18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
19. 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;
20. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance, except for automobile medical payments insurance;
21. 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;
22. Investigational services;
23. Lipectomy;
24. 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;
25. Organ transplants, including organ donation;
26. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
27. 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;

28. 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 Benefits for Diabetes;
 - 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 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.
29. 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; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
30. 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;
31. 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;
32. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
33. Supplies, except as specifically provided in the policy;
34. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
35. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
36. 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
37. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, except as specifically provided in the policy.

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 or Domestic Partner and minor child(ren) are eligible for Scholastic Emergency 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 worldwide, except in your home country.

Domestic Students, insured spouse or Domestic Partner 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 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, any services not arranged by SES will not be considered for payment.

Key Services include:

- * Medical Consultation, Evaluation and Referrals
- * Foreign Hospital Admission Guarantee
- * Emergency Medical Evacuation
- * 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 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:

(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. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES Program Guide at www.uhcsr.com for additional information, including limitations and exclusions pertaining to the SES program.

Online Access to Account Information

UnitedHealthcare **Student**Resources insureds have online access to claims status, Explanation of Benefits, correspondence and coverage information via My Account at www.uhcsr.com. 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. 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 their Physician or Hospital.
2. A Company claim form is not required for filing a claim. 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 college or university under which the student is insured.
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.

This Plan is Underwritten by:

UnitedHealthcare Insurance Company

Direct all Claim Inquiries to:

UnitedHealthcare **Student**Resources

P.O. Box 809025

Dallas, Texas 75380-9025

1-800-767-0700

claims@uhcsr.com

customerservice@uhcsr.com

Plan Serviced by:

Arthur J. Gallagher & Co.

Insurance Brokers of CA., Inc.

45 E. River Park Place, Suite 408

Fresno, CA 93720

800-568-0833

Ca License # 0726293

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 payment of benefits.

This Brochure is based on Policy Numbers: 2010-319-1, 2010-319-2 & 2010-319-4