

Student Injury and Sickness Insurance Plan for ACSA - Budget Plan

2012-2013

ACSA is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company to its members. All registered domestic undergraduate students taking 6 or more hours (3 hours during summer sessions); all graduate students taking 3 or more hours and/or registered for thesis or dissertation (maximum for one year if not taking credit hours); all registered students taking classes via the internet are eligible to enroll in the plan on a voluntary basis. The student would have to be registered for and taking classes on campus in order for internet classes to qualify toward meeting the eligibility requirements. Eligible Dependents and Domestic Partners of students enrolled in the plan may participate in the plan on a voluntary basis. All students enrolled in a college, university, community college or technical school may purchase this plan as long as the eligibility requirements are met. International students, scholars, exchange program participants, participating in Optional Practical Training, internships, research and teaching, with a valid passport and all types of visas that allow for study who have not applied for permanent residency in the U.S. are eligible to enroll in the plan on a voluntary basis. Eligible dependents, as defined in the policy, who accompany the student and have a similar visa or passport, are eligible to enroll in the plan on a voluntary basis.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- Up to \$1,250,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- \$5,000 Deductible Per Insured Person Per Policy Year. Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 50% of Usual and Customary charges, up to \$1,000 before the Insured Person is responsible for the Policy Deductible. Once the Policy Deductible of \$5,000 Per Insured Person, Per Policy Year has been satisfied, the covered Medical Expenses are again payable at 80% of Preferred Allowance for Preferred Providers and Out of Network benefits are payable at 50% of Usual and Customary charges (all benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and copays as described in the policy).
- Prescription Drug Benefits: \$25 Copay for Tier 1 / \$45 Copay for Tier 2 / \$60 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Network Pharmacy (UHPS). Prescriptions must be filled at a UHPS network pharmacy.
- Coverage available for eligible Dependents.
- The Preferred Provider Network for this plan is: UnitedHealthcare Options PPO. Preferred Providers can be found using the following link, <http://www.uhcsr.com/lookupredirect.aspx?delsys=01>
- Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no copay or deductible only when the services are received from a Preferred Provider. Please see www.healthcare.gov for complete details of the services provided for specific age and risk groups.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2012-2101-21. * Policy terms and conditions subject to regulatory approval. Benefits may vary by state and coverage is not available in Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Oregon, Puerto Rico, Vermont and Washington.

Please read the certificate to determine whether this plan is right for you before you enroll. The certificate provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate are available from the ACSA, or may be viewed and downloaded at www.UHCSR.com.

If you have any questions, please contact Customer Service at 800-505-5450 or customerservice@uhcsr.com.

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

Rates*	Three Months	Six Months	Nine Months	Twelve Months
Student - Under Age 24	\$243	\$486	\$729	\$948
Student - Age 24 to 29	\$315	\$630	\$945	\$1,232
Student - Age 30 and older	\$447	\$894	\$1,341	\$1,751
Spouse	\$735	\$1,470	\$2,205	\$2,879
Each Child	\$519	\$1,038	\$1,557	\$2,027

*This plan is effective from 8/1/12 - 10/31/13 and the Annual enrollment is for 12 months during this time.

Pre-Existing Condition: means any condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6 months immediately prior to the Insured's Effective date under the policy. "Pre-existing condition" does not include pregnancy.

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. Addiction, such as nicotine addiction;
3. Milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy under Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency and under Benefits for Habilitative Services For The Treatment of Congenital or Genetic Birth Defects;
4. Biofeedback;
5. Chronic pain disorders;
6. Circumcision;
7. Congenital conditions, except as specifically provided for Newborn or adopted Infants; and under Benefits for Habilitative Services for the Treatment of Congenital or Genetic Birth Defects;
8. 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;
9. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
10. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
11. Elective Surgery or Elective Treatment;
12. Elective abortion;
13. 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;
14. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
15. Health spa or similar facilities; strengthening programs;
16. Hearing examinations or hearing aids; or other treatment for hearing defects and problems except as specifically provided in the Benefits for Child Health Screening Services or except when due to an Injury. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
17. Hirsutism; alopecia;
18. Hypnosis;
19. 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;
20. The voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; intentional misuse of Prescription Drugs;
21. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational disease Law or Act, or similar legislation;
22. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs business or pleasure;
23. 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;
24. 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;
25. Investigational services;
26. Lipectomy;
27. 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;
28. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation; or except as specifically provided under Benefits For Habilitative Services For The Treatment of Congenital or Genetic Birth Defects;
29. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
30. Pre-existing Conditions except for individuals who have been continuously insured under the ACSA student insurance policy for at least 12 consecutive months; If an individual: (1) had coverage under a Previous Plan as defined below; and (2) that coverage was continuous to a date not more than 63 days prior to the person's Effective Date under this Policy, the time under the Previous Plan will be credited toward the 12 consecutive months needed to provide benefits for a Pre-existing Condition. A "Previous Plan" means any accident and health insurance policy or certificate, nonprofit hospital or medical service corporation, HMO, MEWA, or plan provided by another benefit arrangement, including a government plan or program providing health benefits or health care. It does not include a Medicare Supplement; (This exclusion will not be applied to an Insured Person under age 19.)
31. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy;
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; except as specifically provided under 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 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 one (1) year of date of the prescription.
32. 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; reversal of sterilization procedures;
33. 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, except for Covered Medical Expenses incurred in connection with participation in approved clinical trials;
34. Routine Newborn Infant Care, well-baby nursery and related Physician charges except as provided in the policy;
35. 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; except as specifically provided under "Benefits for Child Health Screening Services";
36. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
37. 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, except for treatment of chronic purulent sinusitis;
38. 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;
39. Sleep disorders;
40. Speech therapy except as specifically provided under Benefits For Habilitative Services For The Treatment of Congenital or Genetic Birth Defects; naturopathic services;
41. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
42. Supplies, except as specifically provided in the policy;
43. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia;
44. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
45. 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
46. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.