



STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for Students of



2005-2006

TABLE OF CONTENTS

Privacy Policy	1
Eligibility	1
Effective and Termination Dates	1
Alternative Coverage	2
Continuation Privilege	2
Extension of Benefits after Termination	2
Maternity Testing	2
Benefits for Alcoholism and Drug Dependency	3
Preferred Provider Information	4
CAREMARK® Pharmacy Benefit	4
Coordination of Benefits	4
Schedule of Benefits	5
Maximum Lifetime Benefit	6
Additional Benefits	6
Benefits for Mental Health Treatment	6
NurseLine	6
Pre-Admission Notification	6
Assist America	7
Definitions	8
Exclusions and Limitations	8-10
Claim Procedure	11

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.studentresources.com.

ELIGIBILITY

All registered Junior Medical, Senior Medical, and Senior Pharmacy students are required to enroll in this insurance Plan 2005-5338-2 unless proof of comparable coverage is furnished.

All other registered students are required to enroll in this insurance Plan 2005-5338-1 unless proof of comparable coverage is furnished.

The Benefits provided are the same under both policies.

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

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student.

EFFECTIVE AND TERMINATION DATES

The Master Policies on file at the school becomes effective July 2, 2005 for Junior Medical students, Senior Medical students and Senior Pharmacy students under Policy # 2005-5338-2 and becomes effective August 11, 2004 for all other students under Policy # 2005-5338-1. 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 July 1, 2006 for Junior Medical students, Senior Medical students and Senior Pharmacy students and August 10, 2006 for all other students. 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.

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 this student policy, please call 1-800-406-2338 for information on alternative coverage. You may also access information on this plan, get premium quotes, and apply on-line at our website: www.SecureNowInsurance.com.

CONTINUATION PRIVILEGE

All Insured Persons who have been continuously insured under the school's regular student policy for at least 3 consecutive months and who no longer meet the Eligibility requirements under the Policy are eligible to continue their coverage for a period of not more than six months under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that Policy Year.

Application must be made and premium must be paid directly to Student Insurance and be received within 14 days after expiration date of your student coverage. For further information on the Continuation privilege, please contact Student Insurance at 1-800-767-0700.

EXTENSION OF BENEFITS AFTER TERMINATION

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

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

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

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.

BENEFITS FOR ALCOHOLISM AND DRUG DEPENDENCY

Benefits will be paid for the treatment of alcohol and drug dependence the same as for any other Sickness not to exceed a maximum of \$6,000 per policy year and a lifetime maximum benefit of \$12,000. No more than \$6,000 shall be paid in any thirty consecutive day period.

Benefits are payable for Covered Medical Expenses incurred when care and treatment are received in an Alcohol or Drug Dependency Treatment Facility or Hospital. For the purposes of this endorsement, the term Alcohol or Drug Dependency Treatment Facility shall mean a public or private facility, or unit in a facility which is engaged in providing 24-hour a day treatment for Alcohol or Drug Dependency or substance abuse, which provides a program for the treatment of alcohol or other drug dependency pursuant to a written treatment plan approved and monitored by a Physician, and which facility is also properly licensed or accredited by the Department of Human Services/Office on Alcohol and Drug Abuse Prevention to provide said services. Such treatment may include detoxification, administration of a therapeutic regimen for the treatment of Alcohol or Drug Dependent or substance abusing person and related services. The facility or unit may be:

- 1) a unit within a Hospital or an attached freestanding unit of a Hospital;
- 2) a unit within a psychiatric Hospital or an attached or freestanding unit of a psychiatric Hospital, or
- 3) a freestanding facility specializing in treatment of persons who are substance abusers or are alcohol or drug dependent, and may be identified as "chemical dependency, substance abuse, alcoholism or drug abuse facilities," "social setting detoxification facilities" and "medical detoxification facilities," or by other names if the purpose is to provide treatment of alcohol or drug dependent or substance abusing persons, but shall not include halfway houses or recovery farms.

For the purpose of this endorsement the term "Alcohol or Drug Dependency" means the pathological use or abuse of alcohol or other drugs in a manner or to a degree that produces an impairment in personal, social or occupational functioning and which may, but need not, include a pattern of tolerance and withdrawal.

All expenses incurred for other or ancillary services stated on the Schedule of Benefits; and incurred as a result of Alcohol or Drug Dependency are subject to the above stated maximums.

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

PREFERRED PROVIDER INFORMATION

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are physicians and hospitals who are members of the Beech Street Network www.beechstreet.com and the Student Health Network.

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-767-0700 and/or by asking the provider when making an appointment for services.

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

"Allowable Charges" means the Company's allowance for a specified Covered Medical Expense or the provider's charge for the service, whichever is less.

"Out of Network" providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

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

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. Call (800) 767-0700 for information about Preferred Hospitals.

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

Outpatient Hospital Expenses

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

Professional & Other Expenses

Benefits for Covered Medical Expenses provided by Beech Street will be paid at the coinsurance percentages specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

CAREMARK® PHARMACY BENEFIT

When you use a CAREMARK® network pharmacy, you will be able to get up to a 30-day supply of drugs prescribed for a Covered Injury or Sickness. You will only pay a \$15 copayment for each generic drug, a \$25 copayment for each brand name drug, and a \$40 copayment for non-preferred, not to exceed \$500 benefit maximum. Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

If you do not present the card, you will need to pay 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 call CAREMARK® Customer Care toll free at 1- 877-348-0578.

COORDINATION OF BENEFITS

Benefits will be coordinated with any other group medical, surgical or Hospital Plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

SCHEDULE OF MEDICAL EXPENSE BENEFITS - INJURY AND SICKNESS
UP TO \$1,000,000 MAXIMUM LIFETIME BENEFIT PAID AS SPECIFIED BELOW
PREFERRED PROVIDER DEDUCTIBLE \$250 (PER POLICY YEAR) (PER INSURED PERSON)
OUT-OF-NETWORK PROVIDER DEDUCTIBLE \$700 (PER POLICY YEAR) (PER INSURED PERSON)

The policy provides benefits for the Covered Medical Expenses incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Lifetime Benefit of \$1,000,000 for each Injury or Sickness. If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used. The Preferred Provider for this plan is Beech Street and Student Health Network.

Preferred Provider: After the Insured has incurred \$2,000 in Out-of-Pocket expenses toward In-Network Charges (excluding co-pays & amounts above the individual maximums listed below), all Covered Medical Expenses will be paid at 100% of the Preferred Allowance up to the Maximum Benefit of \$1,000,000.

Out-of-Network Provider: After the Insured has incurred \$7,500 in Out-of-Pockets expenses for Out-of-Network Providers (excluding co-pays & amounts above the individual maximums listed below), additional Covered Medical Expenses will be paid at 100% up to the Maximum Benefit of \$1,000,000. Benefits will be paid up to the Maximum Benefit for each service as scheduled below.

Covered Medical Expenses include:

INPATIENT	PREFERRED PROVIDER	OUT OF NETWORK PROVIDER
Room & Board/Hospital Miscellaneous Expenses , daily semi-private room rate; general nursing care provided by the Hospital;	80% of Preferred Allowance/ \$800 maximum per day	60% of Allowable Charges/ \$800 maximum per day
Hospital Miscellaneous Expenses, such 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.		
Intensive Care	Paid under Room & Board/ Hospital Misc.	Paid under Room & Board/ Hospital Misc.
Routine Newborn Care , while Hospital confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness/4 days Hospital	Paid as any other Sickness/4 days Hospital
Physiotherapy	Confinement Expense maximum Paid under Room & Board/ Hospital Misc.	Confinement Expense maximum Paid under Room & Board/ Hospital Misc.
Surgeon's Fees , in accordance with data provided by Ingenix. No more than one surgical procedure will be covered	80% of Preferred Allowance	60% of Allowable Charges
when multiple procedures are performed through the same incision or in immediate succession.		
Assistant Surgeon	80% of Preferred Allowance	60% of Allowable Charges
Anesthetist , professional services in connection with inpatient surgery.	80% of Preferred Allowance	60% of Allowable Charges
Registered Nurse's Services , private duty nursing care.	Paid under Room & Board/ Hospital Misc.	Paid under Room & Board/ Hospital Misc.
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	80% of Preferred Allowance	60% of Allowable Charges
Pre-admission Testing , payable within 3 working days prior to admission.	Paid under Room & Board/ Hospital Misc.	Paid under Room & Board/ Hospital Misc.
Psychotherapy , See Mental Health Treatment for additional benefits. Psychiatric Hospitals are not covered.	Paid as any other Sickness	Paid as any other Sickness
Benefits are limited to one visit per day.		
OUTPATIENT		
Surgeon's Fees , in accordance with data provided by Ingenix. No more than one surgical procedure will be covered	80% of Preferred Allowance/ \$1,000 maximum (For Each Injury or Sickness)	60% of Allowable Charges/ \$1,000 maximum (For Each Injury or Sickness)
when multiple procedures are performed through the same incision or in immediate succession.		
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory.	80% of Preferred Allowance/	60% of Allowable Charges/\$1,000 maximum (For Each Injury or Sickness)
tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual & Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.		
Assistant Surgeon	No Benefits	No Benefits
Anesthetist , professional services administered in connection with outpatient surgery.	80% of Preferred Allowance	60% of Allowable Charges
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's	80% of Preferred Allowance/.	60% of Allowable Charges/ \$20 copay per visit
Visits do not apply when related to surgery or Physiotherapy. Includes annual physical examination, pap smears, and mammograms.		\$20 Deductible per visit
Physiotherapy , benefits are limited to one visit per day. Includes speech and occupational therapy.	80% of Preferred Allowance	50% of Allowable Charges/ \$20 copay per visit/20 visits maximum
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of	80% of Preferred Allowance/.	60% of Allowable Charges/ \$150 copay per visit
Injury or first onset of Sickness.		\$150 Deductible per visit
Diagnostic X-ray and Laboratory Services	80% of Preferred Allowance	60% of Allowable Charges
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy,	80% of Preferred Allowance	60% of Allowable Charges
x-rays and lab procedures.		
Radiation Therapy/Chemotherapy	80% of Preferred Allowance	60% of Allowable Charges
Injections , when administered in the Physician's office and charged on the Physician's statement.	80% of Preferred Allowance	60% of Allowable Charges
Prescription Drugs , \$15 copay for generic/\$25 copay for brand name/\$40 copay for non-preferred. Prescriptions must be	\$500 maximum.	No Benefits unless CAREMARK® pharmacy is utilized
filled at a participating CAREMARK® pharmacy. Oral Contraceptives are covered.		
Psychotherapy , includes all related or ancillary charges incurred as a result of a Mental and Nervous Disorder (including Prescription Drugs).	Paid as any other Sickness	Paid as any other Sickness
Benefits are limited to one visit per day. See Mental Health Treatment for additional benefits.		
OTHER		
Ambulance Services , \$100 copay	80% of Usual & Customary Charges	80% of Usual & Customary Charges
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% of Usual & Customary Charges	80% of Usual & Customary Charges
	\$2,000 maximum (Per Policy Year)	\$2,000 maximum (Per Policy Year)
Consultant Physician Fees , when requested and approved by the attending Physician.	80% of Preferred Allowance	60% of Allowable Charges
Dental Treatment , made necessary by Injury to Sound, Natural Teeth.	80% of Usual & Customary Charges	80% of Usual & Customary Charges
Dental Oral Surgery	80% of Usual & Customary Charges	80% of Usual & Customary Charges
Alcoholism and Drug Dependency	See Benefits for	See Benefits for
	Alcoholism and Drug Dependency	Alcoholism and Drug Dependency
Maternity/Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Allergy Testing/Treatment	80% of Preferred Allowance	60% of Allowable Charges
Home Health Care	80% of Preferred Allowance	60% of Allowable Charges
Skilled Nursing Facility Visit	80% of Preferred Allowance	60% of Allowable Charges

MAXIMUM LIFETIME BENEFIT

Amounts paid to the Insured under this policy, and under all prior years' policies, will be considered payments accrued under the Maximum Lifetime Benefit. The Maximum Lifetime Benefit will not exceed an amount determined by subtracting from \$1,000,000 all amounts paid to the Insured under any student injury and sickness policy issued to the university.

ADDITIONAL BENEFITS

Benefits are provided as mandated by the State of Arkansas such as Benefits for Drugs for Treatment of Cancer, Children's Preventive Health Care Services, Diabetes, In Vitro Fertilization, Phenylketonuria Treatment and Reconstructive Breast Surgery. A detail of these benefits may be found in the Master Policy on file at the University.

BENEFITS FOR MENTAL HEALTH TREATMENT

Benefits will be paid the same as any other Sickness for the diagnosis and mental health treatment of Mental and Nervous Disorders and developmental disorders.

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

NURSELINE

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-800-883-2951. The NurseLine is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy.

PRE-ADMISSION NOTIFICATION

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

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

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

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

ASSIST AMERICA®:
GLOBAL EMERGENCY MEDICAL ASSISTANCE

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

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

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

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

Key Services include:

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

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

To access services please call:

(877) 488-9833 Toll-free within the United States
(609) 452-8570 Collect outside the United States

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

When calling Assist America's 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

Assist America 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 Assist America. Claims for reimbursement of services not provided by Assist America will not be accepted. Please refer to your Assist America brochure for Program Guidelines as well as limitations and exclusions pertaining to the Assist America program.

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

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

EXCLUSIONS AND LIMITATIONS

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

1. Acupuncture;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder (except as specifically provided in the Benefits for Mental Health Treatment) or mental retardation;
4. Biofeedback;
5. Chronic pain disorders;
6. Circumcision;
7. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
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;

Exclusions and Limitations continued:

15. 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;
16. Hirsutism; alopecia;
17. Hypnosis;
18. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
19. Injury caused by, contributed to or resulting from the use of alcohol, 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;
20. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
21. 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;
22. Injury sustained while (a) participating in any interscholastic, high school, 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;
23. Investigational services;
24. Lipectomy;
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. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; (except as specifically provided in Benefits for Diabetes)
 - b) Birth control and/or contraceptives, oral or other, whether medication or device, except as specifically provided in the policy;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - e) Products used for cosmetic purposes;
 - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - g) Anorectics - drugs used for the purpose of weight control;
 - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
28. 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, except as specifically provided in the Benefits for In Vitro Fertilization premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;

Exclusions and Limitations continued:

29. Routine Newborn Infant Care, well-baby nursery and related Physician charges; in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
30. 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;
31. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
32. 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;
33. 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;
34. Naturopathic services;
35. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
36. Supplies, except as specifically provided in the policy;
37. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
38. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; or snowmobile skiing scuba diving, surfing, roller skating, riding in a rodeo;
39. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
40. 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
41. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

CLAIM PROCEDURE

In the event of Injury or Sickness, students should:

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

THE PLAN IS UNDERWRITTEN BY:

The MEGA Life and Health Insurance Company

SUBMIT ALL CLAIMS OR INQUIRIES TO:

Student Insurance
P.O. Box 809025
Dallas, Texas 75380-9025
1-800-767-0700
1-469-229-6700
Customerservice@studentinsurance.net
Claims@studentinsurance.net

SALES/MARKETING SERVICE:

Student Resources
1-800-237-0903
E-Mail: info@studentresources.com

ONLINE SERVICES:

Please Visit our Website at www.studentresources.com for Brochures, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services.

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 #'s:

2005-5338-1 (Regular Students)

2005-5338-2 (Junior Medical, Senior Medical, & Senior Pharmacy)