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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.studentresources.com.

**ELIGIBILITY**

All registered students are required to enroll in this insurance plan unless proof of comparable coverage is furnished.

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 and whenever the Company discovers that the Policy Eligibility requirements have not been met, its only obligation is refund of 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 Policy on file at the school becomes effective at 12:01 a.m., July 2, 2004 for Junior Medical students, Senior Medical students and Senior Pharmacy students and becomes effective August 11, 2004 for all other students. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m., July 2, 2005 for Junior Medical students, Senior Medical students and Senior Pharmacy students and August 11, 2005 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. Refunds of premium are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One Year Term Policy. It is the Insured's responsibility to obtain coverage the following year in order to maintain continuity of coverage.
ALTERNATIVE COVERAGE

If you do not meet the eligibility requirements of this policy, please call 1-800-406-2338 for information on alternative coverage. This information can also be accessed at our website: www.SR-STM.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 Confinement 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 After Termination” 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.
**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 member of the Beech Street Network.

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

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

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

“Network Area” means the 50 mile radius around the local school campus the Named Insured is attending. 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 80%, up to any limits specified in the Schedule of Benefits. Call (800) 767-0700 for information about Preferred Hospitals.

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

**Outpatient Hospital Expenses**

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

**Professional & Other Expenses**

Benefits for Covered Medical Expenses provided by Beech Street will be paid at 80% of the Preferred Allowance 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.

**AdvancePCS**

When you fill your prescription at a participating pharmacy you will be able to get up to a 30 day supply of drugs prescribed for a Covered Injury or Sickness. This plan will pay the Usual and Customary Charges up to a $500 maximum after a $15 copay for generic and a $25 copay for name brand drugs. There will be a $40 copay when the prescription is not filled at an AdvancePCS pharmacy. Please present your ID card to the pharmacy when the prescription is filled.

If you do not use a participating pharmacy, you are responsible for the full cost of the prescription. For information about participating pharmacies or to obtain other information, please call AdvancePCS at 1-877-542-1543.

**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.
Benefits will be paid for the treatment of Alcohol or Drug Dependency subject to all terms and conditions of the policy and the provisions of this endorsement.

Benefits will be paid 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.
<table>
<thead>
<tr>
<th>Service Category</th>
<th>Preferred Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room &amp; Board/Hospital Miscellaneous Expenses, daily semi-private room rate; general nursing care provided by the Hospital.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>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.</td>
<td>Paid under Room &amp; Board/Hospital Misc.</td>
<td>Paid under Room &amp; Board/Hospital Misc.</td>
</tr>
<tr>
<td>Routine Newborn Care, 4 day Hospital Confinement Expense maximum</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>Paid under R&amp;B/Hospital Misc</td>
<td>Paid under R&amp;B/Hospital Misc</td>
</tr>
<tr>
<td>Surgeon's Fees, in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Anesthetist, professional services administered in connection with inpatient surgery.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Registered Nurse's Services, private duty nursing care.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Physician’s Visits, benefits are limited to one visit per day and do not apply when related to surgery.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Pre-admission Testing, payable within 3 working days prior to admission.</td>
<td>Paid under Room &amp; Board/Hospital Misc.</td>
<td>Paid under Room &amp; Board/Hospital Misc.</td>
</tr>
<tr>
<td>Psychotherapy, See Benefits for Mental Health Treatment. Psychiatric Hospitals are not covered.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Skilled Nursing Facility Visit</td>
<td>Paid under Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Surgeon’s Fees, in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Day Surgery Miscellaneous, related to scheduled surgery performed in a Hospital, including the cost of the operating room, laboratory.</td>
<td>$800 maximum per day</td>
<td>$800 maximum per day</td>
</tr>
<tr>
<td>for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.</td>
<td>$1,000 maximum</td>
<td>$1,000 maximum</td>
</tr>
<tr>
<td>Assistant Surgeon’s Fees</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Anesthetist, professional services administered in connection with outpatient surgery.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>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 annual physical examination, pap smears, and mammograms.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Physiotherapy, benefits are limited to one visit per day. Includes speech and occupational therapy.</td>
<td>80% of Preferred Allowance</td>
<td>50% of Allowable Charges</td>
</tr>
<tr>
<td>Medical Emergency Expenses, use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.</td>
<td>Preferred Allowance/ $150 copay</td>
<td>60% of Allowable Charges/ $150 copay</td>
</tr>
<tr>
<td>Diagnostic X-ray and Laboratory Services</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Tests &amp; Procedures, diagnostic services and medical procedures performed by a Physician, other than Physician’s Visits, Physiotherapy, Assistant Surgeon’s Fees, X-rays and lab procedures.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Radiation Therapy/Chemotherapy</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Injections, when administered by the Physician’s office and charged on the Physician’s statement.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Prescription Drugs, $15.00 copay for generic/$25.00 copay for name brand/$40.00 copay when not filled at an AdvancePCS pharmacy. Prescriptions must be filled at a participating AdvancePCS network pharmacy in order to receive the lower copay.</td>
<td>80% of Usual and Customary Charges/ $50.00 Maximum</td>
<td>80% of Usual and Customary Charges/ $50.00 Maximum</td>
</tr>
<tr>
<td>Psychotherapy, includes all related or ancillary charges incurred as a result of a Mental and Nervous Disorder (including Prescription Drugs).</td>
<td>See Mental Health Treatment Benefits</td>
<td>See Mental Health Treatment Benefits</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Services, $100 copay</td>
<td>80% of Usual &amp; Customary Charges</td>
<td>60% of Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Durable Medical Equipment, a written prescription must accompany the claim when submitted. Replacement equipment is not covered.</td>
<td>80% of Usual &amp; Customary Charges</td>
<td>80% of Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>$2,000 maximum (Per Policy Year)</td>
<td>$2,000 maximum (Per Policy Year)</td>
<td></td>
</tr>
<tr>
<td>Consultant Physician Fees, when requested and approved by the attending Physician.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Dental Treatment, paid as any other Sickness</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Alcoholism and Drug Dependency</td>
<td>See Benefits for</td>
<td>See Benefits for</td>
</tr>
<tr>
<td>Alcoholism and Drug Dependency</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Maternity/Complications of Pregnancy</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Allergy Testing/Treatment</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>80% of Preferred Allowance</td>
<td>60% of Allowable Charges</td>
</tr>
</tbody>
</table>
**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.

**PRE-ADMISSION NOTIFICATION**

Value Check 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.

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.

Value Check 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.
ASSIST AMERICA®:
GLOBALEMERGENCYMEDICALASSISTANCE

Through participation in the University of Arkansas Medical Sciences insurance plan, each Insured is eligible for global emergency medical assistance services when traveling 100 miles or more from his/her permanent home or campus address or abroad. Services are accessible 24 hours a day, 365 days a year and are provided by Assist America, Inc.

Services include evacuation, repatriation and return of mortal remains. Once the participant is ready to be released from the hospital, Assist America will arrange and pay to transport the participant to his/her residence or rehabilitation facility, with medical supervision, if necessary. More detailed information regarding this service can be found at http://www.studentresources.com.

Assist America is not travel or medical insurance, but a service provider for emergency medical assistance services. All medical cost incurred should be submitted to your health plan and are subject to the policy limits of your health coverage.

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.

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.
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 and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious, codependency;
3. Autismic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, 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;
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;
Exclusions and Limitations continued:

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, intramural, club, 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, regardless of intended use;
   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;
   i) Growth hormones; or
   j) 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;
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. Sleep disorders;
35. Naturopathic services;
36. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
37. Supplies, except as specifically provided in the policy;
38. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
39. 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;
40. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
41. 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
42. 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.
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 # 2004-5338-1.