2009-2010

STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for International College and University Students and Their Dependents

INTERNATIONAL PLANS

Notice: Benefits may vary by state or coverage may not be available. This plan is not available in Massachusetts, Montana, New Hampshire, New York, New Jersey, Oregon, Puerto Rico, Vermont and Washington. Please visit the association website at www.acsa.com for information regarding Massachusetts and New York plans available through the American College Student Association.

Underwritten By:
UnitedHealthcare Insurance Company

06-BR-DC (Rev 07-08) 08-2101-24/26

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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 1-800-505-5450 or by visiting us at www.uhcsr.com.

Eligibility

International students and scholars, exchange program participants or others with a valid passport and F-1, J-1 or M-1 visa who have not applied for permanent residency in the host country are eligible to enroll in either the High Option 2009-2101-26 or the Low Option 2009-2101-24 of this insurance plan.

Students must actively attend classes for at least the first 31 days after the first official day of class, after the date for which coverage is purchased. Coverage may be effective up to 15 days prior to the first official day of class. Home study, correspondence, and television (TV) 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 Policy Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their eligible Dependents. Eligible Dependents are the spouse or Domestic Partner and unmarried children under 19 years of age or 23 years of age, if a full-time dependent 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.

Choice of Plan

Each eligible student has a choice of one of the benefit Plans. High Option 2009-2101-26 has higher benefits than Low Option 2009-2101-24 and it has a higher premium. Make your selection carefully, you cannot upgrade coverage after the initial purchase of the Plan for the policy year. Please be aware that if you choose to upgrade coverage in any subsequent policy year, a new Pre-Existing Condition exclusion and waiting period will apply.

Effective and Termination Dates

The Master Policy on file at the Association headquarters becomes effective August 1, 2009. The individual student's 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 October 31, 2010. 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. No more than 12 months of coverage may be purchased per policy year.

Refunds of premiums are allowed only upon entry into the armed forces.

This is a Non-Renewable, One-Year Term Policy.

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.

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.

Low Option 2009-2101-24
Schedule of Medical Expense Benefits
Up To $200,000 Maximum Benefit for Students
Up to $50,000 Maximum Benefit for Dependents
Paid as Specified Below (For Each Injury or Sickness)
Deductible $50 (For Each Injury or Sickness)
(The maximum Deductible will be $200 per Insured Person, Per Policy Year.)

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.

Please be aware that if you choose to change policies to upgrade coverage in any subsequent policy year, a new Pre-existing Condition exclusion and waiting period may apply.

Preferred Provider Out-of-Pocket: After the Deductible of $50 for each Injury or Sickness has been satisfied, benefits will be paid for 100% of Covered Medical Expenses incurred up to $2,500. After the Company has paid $2,500, payment will be made for 80% of additional Covered Medical Expenses incurred at a Preferred Provider, not to exceed $200,000 Maximum Benefit for each Injury or Sickness for students or $50,000 Maximum Benefit for each Injury or Sickness for Dependents.

Out of Network Out-of-Pocket: After the Deductible of $50 for each Injury or Sickness has been satisfied, benefits will be paid for 80% of Covered Medical Expenses incurred up to $2,500. After the Company has paid $2,500, payment will be made for 60% of additional Covered Medical Expenses incurred at an Out of Network Provider, not to exceed $200,000 Maximum Benefit for each Injury or Sickness for students or $50,000 Maximum Benefit for each Injury or Sickness for Dependents.

Note: All benefit maximums are combined Preferred Provider and Out-of-Network unless otherwise 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 max=Maximum

INPATIENT	Preferred Providers	Out-of-Network Providers
Hospital Expense, daily semi-private room rate; and general nursing care provided by the Hospital. Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	PA	U&C
Intensive Care/Hospital Expense	PA	U&C
Routine Newborn Care, 48 hours for vaginal delivery and 96 hours for caesarean delivery max. While Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness	Paid as any other Sickness
Physiotherapy	PA	U&C
Surgeon's Fees, in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	PA	U&C
Assistant Surgeon	PA	U&C
Anesthetist, professional services in connection with inpatient surgery.	PA	U&C

INPATIENT	Preferred Providers	Out-of-Network Providers
Registered Nurse's Service	PA	U&C
Physician's Visits, benefits are limited to one visit per day and do not apply when related to surgery.	PA	U&C
Pre-Admission Testing, payable within 3 working days prior to admission.	PA	U&C
Psychotherapy, benefits are limited to one visit per day.	See Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency	

OUTPATIENT	Preferred Providers	Out-of-Network Providers
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.	PA	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 Charges are based on the Outpatient Surgical Facility Charge Index.	PA	U&C
Assistant Surgeon	PA	U&C
Anesthetist, professional services administered in connection with outpatient surgery.	PA	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. *The copay/Deductible is in lieu of the policy Deductible.*	PA / $25 copay per visit	U&C/ $25 Deductible per visit
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.	PA	U&C
Physiotherapy, benefits are limited to one visit per day. See exclusion #22 for additional limitations.	Paid under Physician's Visits	Paid under Physician's Visits
Injections, when administered in the Physician's office and charged on the Physician's statement.	PA	U&C
Diagnostic X-ray & Laboratory Services, *the copay/Deductible is in lieu of the policy Deductible.*	PA / $25 copay per visit	U&C / $25 Deductible per visit
Radiation Therapy & Chemotherapy	PA	U&C
Tests & Procedures, diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	PA	U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
Prescription Drugs, based on a 31-day supply per prescription.	UnitedHealthcare Network Pharmacy / $20 copay per Prescription for Tier 1 / $30 copay per Prescription for Tier 2 / 40% coinsurance per Prescription for Tier 3 / $2,000 maximum (Per Policy Year)	No Benefits
Psychotherapy, benefits are limited to one visit per day.	See Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency	

OTHER		
Ambulance Services	PA	U&C
Durable Medical Equipment, a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	PA	U&C
Consultant Physician Fees, when requested and approved by the attending Physician.	PA	U&C
Dental Treatment, *$250 maximum per Tooth.* Made necessary by Injury to Sound, Natural Teeth.	80% of U&C	80% of U&C
Maternity	Paid as any other Sickness	Paid as any other Sickness
Elective Abortion, *$300 maximum*	PA	U&C
Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Intercollegiate Sports, *$5,000 maximum.* see page 12 for more information.	Paid as any other Injury	Paid as any other Injury
Club Sports, *$5,000 maximum.*	Paid as any other Injury	Paid as any other Injury

High Option 2009-2101-26
Schedule of Medical Expense Benefits
Up To $500,000 Maximum Benefit for Students
Up to $50,000 Maximum Benefit for Dependents
Paid as Specified Below (For Each Injury or Sickness)
Deductible $50 (For Each Injury or Sickness)
(The maximum Deductible will be $100 per Insured Person, Per Policy Year.)

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.

Please be aware that if you choose to change policies to upgrade coverage in any subsequent policy year, a new Pre-existing Condition exclusion and waiting period may apply.

Preferred Provider Out-of-Pocket: After the Deductible of $50 for each Injury or Sickness has been satisfied, benefits will be paid for 100% of Covered Medical Expenses incurred up to $5,000. After the Company has paid $5,000, payment will be made for 80% of additional Covered Medical Expenses incurred at a Preferred Provider, not to exceed $500,000 Maximum Benefit for each Injury or Sickness for students or $50,000 Maximum Benefit for each Injury or Sickness for Dependents.

Out of Network Out-of-Pocket: After the Deductible of $50 for each Injury or Sickness has been satisfied, benefits will be paid for 80% of Covered Medical Expenses incurred up to $5,000. After the Company has paid $5,000, payment will be made for 60% of additional Covered Medical Expenses incurred at an Out of Network Provider, not to exceed $500,000 Maximum Benefit for each Injury or Sickness for students or $50,000 Maximum Benefit for each Injury or Sickness for Dependents.

Note: All benefit maximums are combined Preferred Provider and Out-of-Network unless otherwise 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 max=Maximum

INPATIENT	Preferred Providers	Out-of-Network Providers
Hospital Expense, daily semi-private room rate; and general nursing care provided by the Hospital. Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	PA	U&C
Intensive Care/Hospital Expense	PA	U&C
Routine Newborn Care, 48 hours for vaginal delivery and 96 hours for caesarean delivery max. While Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness	Paid as any other Sickness
Physiotherapy	PA	U&C
Surgeon's Fees, in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	PA	U&C
Assistant Surgeon	PA	U&C
Anesthetist, professional services in connection with inpatient surgery.	PA	U&C

INPATIENT	Preferred Providers	Out-of-Network Providers
Registered Nurse's Service	PA	U&C
Physician's Visits, benefits are limited to one visit per day and do not apply when related to surgery.	PA	U&C
Pre-Admission Testing, payable within 3 working days prior to admission.	PA	U&C
Psychotherapy, benefits are limited to one visit per day.	See Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency	

OUTPATIENT	Preferred Providers	Out-of-Network Providers
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.	PA	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 Charges are based on the Outpatient Surgical Facility Charge Index.	PA	U&C
Assistant Surgeon	PA	U&C
Anesthetist, professional services administered in connection with outpatient surgery.	PA	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. *The copay/Deductible is in lieu of the policy Deductible.*	PA / $20 copay per visit	U&C/ $20 Deductible per visit
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.	PA	U&C
Physiotherapy, benefits are limited to one visit per day. See exclusion #22 for additional limitations.	Paid under Physician's Visits	Paid under Physician's Visits
Injections, when administered in the Physician's office and charged on the Physician's statement.	PA	U&C
Diagnostic X-ray & Laboratory Services, *the copay/Deductible is in lieu of the policy Deductible.*	PA / $20 copay per visit	U&C / $20 Deductible per visit
Radiation Therapy & Chemotherapy	PA	U&C
Tests & Procedures, diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	PA	U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
Prescription Drugs, based on a 31-day supply per prescription.	UnitedHealthcare Network Pharmacy / $10 copay per Prescription for Tier 1 / $25 copay per Prescription for Tier 2 / 40% coinsurance per Prescription for Tier 3 / $3,000 maximum (Per Policy Year)	No Benefits
Psychotherapy, benefits are limited to one visit per day.	See Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency	

OTHER		
Ambulance Services	PA	U&C
Durable Medical Equipment, a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	PA	U&C
Consultant Physician Fees, when requested and approved by the attending Physician.	PA	U&C
Dental Treatment, *$500 maximum per Tooth.* Made necessary by Injury to Sound, Natural Teeth.	80% of U&C	80% of U&C
Maternity	Paid as any other Sickness	Paid as any other Sickness
Elective Abortion, *$600 maximum*	PA	U&C
Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Intercollegiate Sports, *$10,000 maximum.* see page 12 for more information.	Paid as any other Injury	Paid as any other Injury
Club Sports, *$10,000 maximum.*	Paid as any other Injury	Paid as any other Injury

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 and copayment/coinsurance that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable copayments/coinsurance. Your copayment/coinsurance is determined by the tier to which the Prescription Drug Product is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access www.uhcsr.com or call 877-417-7345 for the most up-to-date tier status.

Low Option 2009-2101-24

$20 copay per prescription order or refill for a Tier 1 prescription drug up to 31day supply.

$30 copay per prescription order or refill for a Tier 2 prescription drug up to 31day supply.

40% coinsurance per prescription order or refill for a Tier 3 prescription drug up to 31day supply.

Your maximum allowed benefit is $2,000 maximum Per Policy Year.

High Option 2009-2101-26

$10 copay per prescription order or refill for a Tier 1 prescription drug up to 31day supply.

$25 copay per prescription order or refill for a Tier 2 prescription drug up to 31day supply.

40% coinsurance per prescription order or refill for a Tier 3 prescription drug up to 31day supply.

Your maximum allowed benefit is $3,000 maximum Per Policy Year.

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 for the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please visit www.uhcsr.com and log in to your online account or call 877-417-7345.

Additional Exclusions

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

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

Definitions

Prescription Drug or Prescription Drug Product means a medication, product or device that has been approved by the U.S. Food and Drug Administration and that can, under federal or state law, be dispensed only pursuant to a Prescription Order or Refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of the benefits under the policy, this definition includes insulin.

Prescription Drug List means a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to the Company's periodic review and modification (generally quarterly, but no more than six times per calendar year). The Insured may determine to which tier a particular Prescription Drug Product has been assigned through the Internet at www.uhcsr.com or call Customer Service at 1-877-417-7345.

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 Provider in the local school area is: UnitedHealthcare Options PPO.

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 1-800-505-5450 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. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

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, up to any limits specified in the Schedule of Benefits. Call (800) 505-5450 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 UnitedHealthcare Options PPO will be paid at the coinsurance percentages specified in the Schedule of Benefits or 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.

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: AFP Blood Screening; 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 1-800-505-5450.

Accidental Death & Dismemberment Benefits
Low Option 2009-2101-24

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
Thumb or Index Finger	$1,250

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.

Accidental Death & Dismemberment Benefits
High Option 2009-2101-26

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	$10,000
Two or More Members	$10,000
One Member	$ 5,000
Thumb or Index Finger	$ 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.

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.

Intercollegiate Sports
Maximum Benefit $5,000 (For Each Injury)
Low Option 2009-2101-24

Insured student athletes who are members of and are participating in intercollegiate Football, Baseball, Softball, Basketball, Volleyball, Soccer, Cheerleading, Rugby, Golf, Tennis, Rifle, Hockey, Swimming, Track and Field, Equestrian, Wrestling, Boxing, Lacrosse, Gymnastics, and Skating, Cross Country, Rowing, Fencing, Squash, Skiing, Crew, Rodeo, and Bowling. sponsored by the Policyholder are covered for sports Injury as for any other Injury.

Benefits will be paid under the Schedule of Benefits for intercollegiate sports Injury up to $5,000 for each Injury.

Intercollegiate Sports
Maximum Benefit $10,000 (For Each Injury)
High Option 2009-2101-26

Insured student athletes who are members of and are participating in intercollegiate Football, Baseball, Softball, Basketball, Volleyball, Soccer, Cheerleading, Rugby, Golf, Tennis, Rifle, Hockey, Swimming, Track and Field, Equestrian, Wrestling, Boxing, Lacrosse, Gymnastics, and Skating, Cross Country, Rowing, Fencing, Squash, Skiing, Crew, Rodeo, and Bowling. sponsored by the Policyholder are covered for sports Injury as for any other Injury.

Benefits will be paid under the Schedule of Benefits for intercollegiate sports Injury up to $10,000 for each Injury.

MANDATED BENEFITS

Benefits for Prostate Cancer Screening

Benefits will be paid the same as any other Sickness for Prostate Cancer Screening in accordance to the latest screening guidelines issued by the American Cancer Society.

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

Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency

Benefits will be paid the same as any other Sickness for Mental and Nervous Disorder, Alcoholism and Drug Dependency subject to all terms and conditions of the policy and the following limitations.

Covered Medical Expenses will be limited to inpatient, residential, and outpatient services provided by a Hospital, nonhospital residential facility, outpatient treatment facility, Physician, psychologist or independent clinical social worker. Before an Insured may qualify to receive benefits under this benefit, a Physician, psychologist or independent clinical social worker must: 1) certify that the individual is suffering from drug abuse, alcohol abuse or a Mental and Nervous Disorder; 2) certify that the treatment is medically or psychologically necessary; and 3) prescribe appropriate treatment which may include referral to other treatment providers.

Covered Medical Expenses will be limited to coverage of treatment of clinically significant substance use disorders or mental illness identified in the most recent edition of the International Classification of Diseases of the Diagnostic and Statistical Manual of the American Psychiatric Association.

Benefits will be paid not to exceed a maximum of 12 days per policy year for the process whereby a person who is intoxicated by or dependent on drugs or alcohol or both is assisted through the period of time necessary to eliminate the intoxicating agent from the body, while keeping the physiological risk to the patient at a minimum. Additional treatment for alcoholism and drug dependency will be provided not to exceed 60 days per policy year for inpatient or residential care, and for a maximum of 80% for the first 40 outpatient visits per policy year and a maximum rate of 60% for any outpatient visits thereafter for that policy year.

Benefits will be paid for the treatment of Mental and Nervous Disorders not to exceed a maximum of 60 days per policy year for inpatient or residential care, and for a maximum of 80% for the first 40 outpatient visits per policy year and a maximum rate of 60% for any outpatient visits thereafter for that policy year. The inpatient and outpatient benefits for Mental and Nervous Disorders will not exceed a maximum lifetime benefit of $80,000 or one third of the maximum lifetime benefit for any other Sickness, whichever is greater.

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

Benefits for Colorectal Cancer Screening

Benefits will be paid the same as any other Sickness for colorectal cancer screening for Insured Persons. The screening shall be in compliance with American Cancer Society colorectal cancer screening guidelines, as updated. Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Cytologic Screening and Mammographic Examinations

Benefits will be paid the same as any other Sickness for: 1) cervical cytologic screening for women upon certification by the attending Physician that the test is a Medical Necessity; and 2) a baseline mammogram and an annual screening mammogram for women. All such services must be in accordance with the standard practice of medicine. All benefits are subject to the terms and conditions of the policy exclusive of any Deductible and coinsurance provisions in the policy.

Benefits for Child Health Screening Services

Benefits will be paid the same as any other Sickness for uniform age-appropriate health screening requirements including childhood immunizations, consistent with the standards and schedules of the American Academy of Pediatrics, for Insured's from birth to age 21 years in the District and services outside the state for Insured's with special needs.

For the purposes of this benefit, Insured's with special needs means Insureds: 1) With physical or mental, disabilities or illnesses who reside or receive care in other states, because the District of Columbia does not have the facilities, resources, or services to appropriately treat the Insured's physical or mental, disability or illness; and 2) Whose parents or legal guardians reside in the District of Columbia.

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

Benefits for Diabetes

Benefits will be paid the same as any other Sickness for the equipment, supplies, and other outpatient self-management training and education, including medical nutritional therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin using diabetes if prescribed by a Physician legally authorized to prescribe such item.

Benefits shall be subject to all Deductible, coinsurance, copayments, limitations and any other provisions of the Policy.

Benefits for Postpartum Care

Benefits will be paid the same as any other Sickness for inpatient postpartum treatment in accordance with the medical criteria outlined in the most current version of or an official update to the Guidelines for Perinatal Care prepared by the American Academy of Pediatrics and the American College of Obstetricians or the Standards for Obstetric-Gynecologic Services prepared by the American College of Obstetricians and Gynecologists, and such coverage must include an in-hospital stay of a minimum of 48 hours after a vaginal delivery, and 96 hours after a Ceasarian delivery.

Benefits will be provided in all cases of early discharge for post-delivery care within the minimum time periods established above to be delivered in the Insured's home, or, in a Physician's office, as determined by the Physician in consultation with the Insured. The at-home post-delivery care shall be provided by a Physician which includes a registered professional nurse, nurse practitioner, nurse midwife, or physician assistant experienced in maternal and child health, and shall include:

1) Parental education;
2) Assistance and training in breast or bottle feeding; and
3) Performance of any medically necessary and clinically appropriate tests, including the collection of an adequate sample for hereditary and metabolic newborn screening.

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

Benefits For Habilitative Services For The Treatment of Congenital or Genetic Birth Defects

Benefits will be paid the same as any other Sickness for Habilitative Services for the treatment of Congenital or Genetic Birth Defects to age 21 years.

For the purposes of this benefit:

Congenital or Genetic Birth Defect means: a defect existing at or from birth including a hereditary defect. Including autism or an autism spectrum disorder and cerebral palsy.

Habilitative Services means: services, including occupational therapy, physical therapy, and speech therapy, for the treatment of a child with a Congenital or Genetic Birth Defect to enhance the Insured Person's ability to function.

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

Definitions

"Domestic Partner" means either: 1) a person who has registered in a state or local domestic partner registry with an Insured Person or 2) each of two people, one of whom is a Named Insured, who has submitted an affidavit to the policyholder certifying that: (a) each person is 18 years of age; (b) neither person has another domestic partner (or another spouse); and (c) both persons live together in the same residence and intend to do so indefinitely which may be demonstrated by providing valid documentation, such as a joint mortgage or lease, or joint financial statements.

"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.

"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.

"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 where service is rendered. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

Exclusions and Limitations

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

1. Acne; acupuncture; allergy, including allergy testing;
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, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided 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. Circumcision;
5. 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;
6. 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;
7. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
8. Elective Surgery or Elective Treatment;
9. 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;
10. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, toenails, fallen arches, weak feet, chronic foot strain and symptomatic complaints of the feet;
11. 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;
12. Hirsutism; alopecia;
13. Hypnosis;
14. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
15. 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;
16. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
17. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency;
18. Investigational services;
19. Lipectomy;
20. 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;
21. Organ transplants, including organ donation;
22. 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;
23. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;

24. Pre-existing Conditions, except for individuals who have been continuously insured under the ACSA association's student insurance policy for at least 6 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 6 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;
25. 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 under the 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;
26. 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;
27. 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;
28. 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, except as specifically provided in the policy;
29. 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 under "Benefits for Child Health Screening Services";
30. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
31. 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;
32. 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;

33. Sleep disorders;
34. Speech therapy except as specifically provided under Benefits For Habilitative Services For The Treatment of Congenital or Genetic Birth Defects;
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;
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.

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.

Online Access to Account Information

UnitedHealthcare **Student**Resources Insureds have online access to claims status, EOBs, 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.

Scholastic Emergency Services, Inc.
Global Emergency Medical Assistance

If you are an international student studying in the United States or a spouse, Domestic Partner or minor child of an international student studying in the United States and are covered by this insurance plan, you are eligible for Scholastic Emergency Services (SES) while outside of your home country. The Emergency Medical Evacuation and Return of Mortal Remains services provided by SES meet 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.

Key Services include:

- Medical Consultation, Evaluation and Referrals
- Foreign Hospital Admission Guarantee (outside of the U.S.)
- 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 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 SES 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.

Claim Procedure

In the event of Injury or Sickness, students should:

1. 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 the name of the Association under which the student is insured. A Company claim form is not required for filing a claim.
2. 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 to be considered for payment. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

The Plan Is Underwritten By:

UnitedHealthcare Insurance Company

Submit all Claims or Inquiries to:

UnitedHealthcare **Student**Resources

P.O. Box 809025

Dallas, Texas 75380-9025

1-800-505-5450

claims@uhcsr.com

customerservice@uhcsr.com

Online Services:

Please visit our Website at **www.ACSA.com** for Brochures, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services or you can e-mail us your questions at **info@ACSA.com**.

ACSA

American College Student Association

2020 Pennsylvania Avenue NW, Box 905

Washington, DC 20006

1-888-526-2272

ACSA is a nationwide association that provides educational material, benefits and goods and services to domestic and international students and their families.

Please keep this brochure as a general summary of the insurance. The Master Policy on file with ACSA 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 the payment of benefits.

The description of the Plan may vary in some states. You may be eligible for additional benefits that are required in your state. If you have any questions regarding the Plan, you may contact the insurance company at 1-800-505-5450.

This Brochure is Based on Policy Numbers:

2009-2101-24 (International Student Plan - Low Option)

2009-2101-26 (International Student Plan - High Option)

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