

2011-2012

STUDENT INJURY AND SICKNESS INSURANCE PLAN



Designed Especially for the International Students of

Oregon Episcopal School Oregon

Limited Benefit Plan. Please Read Carefully.



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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 800-767-0700 or visiting us at www.uhcsr.com.

Eligibility

All International students registered for credit courses are automatically enrolled in this insurance plan at registration, 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. 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 the Eligibility requirements have not been met, its only obligation is to refund premium.

Alternative Coverage: If you do not meet the Eligibility requirements of this student policy, please call 1-800-980-7395 for information on alternative coverage. This information can also be accessed at: <http://www.goldenrulehealth.com/studentresources>.

Effective and Termination Dates

The Master Policy on file at the school becomes effective at 12:01 am September 1, 2011. 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 at 12:01 am September 1, 2012. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

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

The Policy 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

UMR Care Management should be notified of all Hospital Confinements prior to admission.

1.PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS: The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.

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

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

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

Schedule of Medical Expense Benefits - Injury and Sickness
Up to \$250,000 Maximum Benefit (For each Injury or Sickness)
Paid as Specified Below

Usual & Customary Charges are based on data provided by Ingenix using the 90th percentile based on location of provider.

Benefits will be paid for 100% of Covered Medical Expenses incurred up to \$7,500. After the Company has paid \$7,500, benefits will be paid for 80% of additional Covered Medical Expenses not to exceed \$50,000. After the Company has paid \$50,000, benefits will be paid for 100% of additional Covered Medical Expenses incurred not to exceed the \$250,000 Maximum Benefit for each Injury or Sickness.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

INPATIENT

Room & Board , daily semi-private room rate; and general nursing care provided by the Hospital.	Usual & Customary Charges
Intensive Care	Usual & Customary Charges
Hospital Miscellaneous , such as cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding 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.	Usual & Customary Charges
Physiotherapy , Benefits are limited to one visit per day.	Usual & Customary Charges
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.	Usual & Customary Charges
Assistant Surgeon	30% of Surgery Allowance
Anesthetist , professional services in connection with inpatient surgery.	Usual & Customary Charges
Registered Nurse's Services , private duty nursing care.	Usual & Customary Charges
Physician's Visits , benefits do not apply when related to surgery. Benefits are limited to one visit per day.	Usual & Customary Charges
Pre-Admission Testing , payable within 7 working days prior to admission.	Usual & Customary Charges
Psychotherapy , Benefits are limited to one visit per day. Psychiatric hospitals are not covered.	Paid as any other Sickness

OUTPATIENT

<p>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.</p>	<p>Usual & Customary Charges</p>
<p>Day Surgery Miscellaneous, related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests, and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.</p>	<p>Usual & Customary Charges</p>
<p>Assistant Surgeon</p>	<p>30% of Surgery Allowance</p>
<p>Anesthetist, professional services administered in connection with outpatient surgery.</p>	<p>Usual & Customary Charges</p>
<p>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.</p>	<p>Usual & Customary Charges</p>
<p>Physiotherapy, benefits are limited to one visit per day. <i>Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.</i></p>	<p>Usual & Customary Charges</p>
<p>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.</p>	<p>Usual & Customary Charges</p>
<p>Radiation Therapy & Chemotherapy</p>	<p>Usual & Customary Charges</p>
<p>Diagnostic X-Ray Services & Laboratory Services</p>	<p>Usual & Customary Charges</p>
<p>Tests and Procedures, diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.</p>	<p>Usual & Customary Charges</p>
<p>Injections, when administered in the Physician's office and charged on the Physician's statement.</p>	<p>Usual & Customary Charges</p>
<p>Prescription Drugs, UnitedHealthcare Network Pharmacy, \$0 copay per prescription tier 1, tier 2, tier 3 / up to a 31 day supply per prescription. No Benefits outside of UnitedHealthcare Network Pharmacy.</p>	<p>\$1,500 max (Per Policy Year)</p>
<p>Psychotherapy, including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder. Benefits are limited to one visit per day.</p>	<p>Paid as any other Sickness</p>

OTHER

Ambulance Services	Usual & Customary Charges
Durable Medical Equipment , a written Prescription must accompany the claim when submitted. Replacement equipment is not covered.	Usual & Customary Charges
Consultant Physician's Fees , when requested and approved by the attending Physician.	Usual & Customary Charges
Dental Treatment , made necessary by Injury to Sound, Natural Teeth.	Usual & Customary Charges
Alcoholism / Drug Abuse	No Benefits
Maternity & Complications of Pregnancy	Paid as any other Sickness
Interscholastic Sports	Paid as any other Injury / \$75,000 maximum
Eating Disorders	Usual & Customary Charges / \$5,000 maximum

United Healthcare 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 copayments 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. Your copayment 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.

\$0 copay per prescription or refill for tier 1 Prescription Drug up to 31 day supply
 \$0 copay per prescription or refill for tier 2 Prescription Drug up to 31 day supply
 \$0 copay per prescription or refill for tier 3 Prescription Drug up to 31 day supply.

Your maximum allowed benefit is \$1,500 (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 network pharmacies, please 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 are 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, except as required by state mandate.

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 1-877-417-7345.

Maternity Testing

This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered if all other policy provisions have been met: Initial screening at first visit – Pregnancy test: Urine human chorionic gonatropin (hCG), Asymptomatic bacteriuria: Urine culture, Blood type and Rh antibody, Rubella, Pregnancy-associated plasma protein-A (PAPPA) (first trimester only), Free beta human chorionic gonadotrophin (hCG) (first trimester only), Hepatitis B: HBsAg, Pap smear, Gonorrhea: Gc culture, Chlamydia: chlamydia culture, Syphilis: RPR, and HIV: HIV-ab; Each visit – Urine analysis; Once every trimester – Hematocrit and Hemoglobin; Once during first trimester – Ultrasound; Once during second trimester – Ultrasound (anatomy scan); Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a; Once during second trimester if age 35 or over - Amniocentesis or Chorionic villus sampling (CVS); Once during second or third trimester – 50g Glucola (blood glucose 1 hour postprandial); and Once during third trimester - Group B Strep Culture. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

Mandated Benefits

Benefits for Enteral Formula

Benefits shall be provided on the same basis as any other Sickness for a nonprescription elemental enteral formula for home use, if the formula is Medically Necessary for the treatment of severe intestinal malabsorption and a Physician has issued a written order for the formula and the formula comprises the sole source, or an essential source, of nutrition.

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

Benefits for Pap Smear Examination

Benefits shall be provided on the same basis as any other Sickness for a pelvic examination and a Pap Smear examination annually for Insured Persons 18-64, or more often if recommended by a Physician.

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

Benefits for Mammography

Benefits shall be provided on the same basis as any other Sickness for Insured Persons for (a) mammograms for symptomatic or high-risk Insured Persons at any time upon referral of the Physician; and (b) an annual mammogram for Insured Persons 40 years of age or older, or more often if recommended by a Physician.

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

Benefits for Colorectal Cancer Screening

Benefits shall be provided on the same basis as any other Sickness for the following colorectal cancer screening examinations and laboratory tests:

1. For an Insured 50 years of age or older:
 - a) One fecal occult blood test per policy year plus one flexible sigmoidoscopy every five years;
 - b) One colonoscopy every 10 years; or
 - c) One double contrast barium enema every five years.
2. For an Insured who is at high risk for colorectal cancer, colorectal cancer screening examinations and laboratory tests as recommended by the treating Physician.
3. For the purposes of this benefit, an individual is at high risk for colorectal cancer if the individual has: a) A family medical history of colorectal cancer; b) A prior occurrence of cancer or precursor neoplastic polyps; c) A prior occurrence of a chronic digestive disease conditions such as inflammatory bowel disease, Crohn's disease or ulcerative colitis; or d) Other predisposing factors.

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

Benefits for Prostate Cancer Screening

Benefits shall be provided on the same basis as any other Sickness for prostate cancer screening examinations including a digital rectal examination and a prostate-specific antigen test:

1. For Insured men who are 50 years of age or older biennially or as determined by the treating Physician; and
2. For Insured men younger than 50 years of age who are at high risk for prostate cancer as determined by the treating Physician, including African-American men and men with a family medical history of prostate cancer.

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

Benefits for Prescription Contraceptives and Services

If the policy provides benefits for Prescription Drugs, benefits will be provided under the Prescription Drug benefit for prescription Contraceptives. Benefits will also be provided on the same basis as any other Sickness for outpatient consultations, examinations, procedures and medical services that are necessary to prescribe, dispense, deliver, distribute, administer or remove a prescription Contraceptive.

"Contraceptive" means a drug or device approved by the United States Food and Drug Administration to prevent pregnancy.

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

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 180 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 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 those amounts determined on the basis of the Ingenix Inc. survey of prevailing fees, valued at the 90th percentile, in the area where the service is provided.

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; allergy testing;
2. Addiction, such as: nicotine addiction;
3. Biofeedback;
4. Circumcision;
5. Congenital conditions; except as specifically provided for Newborn Infants;
6. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy, or for newborn children;
7. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
8. Elective Surgery or Elective Treatment;
9. Elective abortion;
10. 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;
11. Foot care including: flat foot conditions, care of corns, bunions (except capsular or bone surgery), calluses;
12. 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;
13. Hirsutism; alopecia;
14. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
15. Alcoholism; or Drug Abuse;
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. Organ transplants, including organ donation;
18. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;

19. 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;
 - b. Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c. Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs; except for prescribed drugs for a particular Sickness (such as cancer) that have not been approved by the United States Food and Drug Administration when the Health Resources Commission has determined that the drug is recognized as effective for the treatment of that Sickness in publications that the Commission determines to be equivalent to: The American Hospital Formulary Services drug information, "Drug Facts and Comparisons", The United States Pharmacopoeia drug information, or other publications that have been identified by the United States Secretary of Health and Human Services as authoritative; in the majority of relevant peer-reviewed medical literature; or by the United States Secretary of Health and Human Services;
 - d. Products used for cosmetic purposes;
 - e. Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f. Anorectics - drugs used for the purpose of weight control;
 - g. Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - h. Growth hormones; or
 - i. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
20. 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;
21. 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;
22. 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;
23. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction;
24. 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;
25. Sleep disorders;
26. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
27. Supplies, except as specifically provided in the policy;
28. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia;
29. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
30. 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
31. 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, except as specifically provided in the policy. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

Scholastic Emergency Services: Global Emergency Medical Assistance

If you are a student insured with this insurance plan, you are eligible for Scholastic Emergency Services (SES).

You are eligible to receive SES worldwide, except in your home country.

SES includes Emergency Medical Evacuation and Return of Mortal Remains that meet the US State 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 SES services must be arranged and provided by SES, Inc.; any services not arranged by SES, Inc. will not be considered for payment.

Key Services include:

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

Please visit your school's insurance coverage page at www.uhcsr.com for the SES 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 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; and
6. Information of where the physician can be immediately reached

SES is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by SES, Inc. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure or Program Guide at www.uhcsr.com for additional information, including limitations and exclusions pertaining to the SES program.

Claim Procedures

In the event of Injury or Sickness, students should:

- 1) Report to the Student Health Service or Infirmary for treatment or referral, or when not in school, to their Physician or Hospital.
- 2) Secure a Company claim form from the Student Health Service or from the address below, fill out the form completely, attach all medical and hospital bills and mail to the address below.
- 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

UnitedHealthcare Insurance Company

Submit all Claims or Inquiries to:

UnitedHealthcare **Student**Resources

P.O. Box 809025

Dallas, Texas 75380-9025

888-455-9402

customerservice@uhcsr.com

claims@uhcsr.com

Sales/Marketing Services:

UnitedHealthcare **Student**Resources

805 Executive Center Drive West, Suite 220

St. Petersburg, FL 33702

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the school 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.

**This Brochure is based on
Policy # 2011-201533-4**