

**Blanket Student  
Injury and Sickness  
Insurance Plan**

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**2007-2008**

*Designed Especially for the Students of*

**EASTERN UNIVERSITY**



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**This Policy contains a  
Preferred Provider Provision**

**Non-Participating  
Non-Renewable One Year Term**

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## Privacy Policy

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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 800-505-4160.

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## Eligibility

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All full-time undergraduate, traditional semester full-time graduate students and all international students are automatically enrolled in this insurance Plan at registration unless proof of comparable coverage is furnished.

All full-time accelerated term and Campolo College of Graduate & Professional Studies students are eligible to enroll in this insurance Plan.

Any Student with existing comparable health insurance coverage can be exempt from participating in the Student Injury & Sickness Plan by completing a Waiver Form and submitting it to the Student Accounts Office.

*All Waiver Forms must be received before 9/15/07 for the fall semester or 2/01/08 for the spring semester, for a valid Waiver Form to be processed.*

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

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age who are not self-supporting.

Dependent Eligibility expires concurrently with that of the Insured student.

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## Effective and Termination Dates

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The Master Policy becomes effective August 15, 2007. 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 August 14, 2008. 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.

Coverage expires as follows:

Annual	08-15-2007 to 08-14-2008
Fall	08-15-2007 to 01-14-2008
Spring/Summer	01-15-2008 to 08-14-2008

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 premiums are allowed only upon entry into the armed forces.

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

## Premium Rates

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### **Annual**

Student Under Age 23	\$ 1,152.00
Student Age 23 & Older	\$ 1,406.00
Spouse Under Age 23	\$ 3,809.00
Spouse Age 23 & Older	\$ 4,654.00
Each Child	\$ 2,423.00

### **Fall**

Student Under Age 23	\$ 496.00
Student Age 23 & Older	\$ 605.00
Spouse Under Age 23	\$ 1,624.00
Spouse Age 23 & Older	\$ 1,983.00
Each Child	\$ 1,035.00

### **Spring/Summer**

Student Under Age 23	\$ 688.00
Student Age 23 & Older	\$ 839.00
Spouse Under Age 23	\$ 2,261.00
Spouse Age 23 & Older	\$ 2,761.00
Each Child	\$ 1,440.00

## Coordination of Benefits Provision

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

## Extension of Benefits After Termination

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

**SCHEDULE OF BASIC  
MEDICAL EXPENSE BENEFITS**

**Up To \$50,000 Maximum Benefit**

Paid as Specified Below (Per Insured Person) (Per Policy Year)

**\$100 Deductible**

(Per Insured Person) (Per Policy Year)

The Policy provides benefits for the Usual and Customary Charges (U&C) incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$50,000 Per Insured Person Per Policy Year

**Charges at the SHC will be paid at 100% and are not subject to the Policy Deductible. All students must use the SHC as their primary care provider and obtain a referral for services outside of the SHC. If you do not receive the required referral from the SHC, all benefits will be paid at 50% as stated in the SHC Referral Required provision on page 8.**

If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. The Preferred Provider for this plan is UnitedHealthcare Options PPO. 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.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider and Out-of-Network, unless noted below. Covered Medical Expenses include:

PA = Preferred Allowance      Misc = Miscellaneous  
U&C = Usual & Customary Charges

INPATIENT	Preferred Providers	Out-of-Network Providers
Hospital Expenses, daily semi-private room rate; 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.  <b>(\$1,600 aggregate maximum per day)</b>	80% of PA	60% of U&C

INPATIENT	Preferred Providers	Out-of-Network Providers
<b>Intensive Care</b>	Paid under Hospital Expense	Paid under Hospital Expense
<b>Routine Newborn Care</b> , while Hospital Confined; and routine nursery care provided immediately after birth. <b>(4 days Hospital Confinement Expense maximum)</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Physiotherapy</b>	80% of PA	60% of U&C
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures. <b>(\$3,500 maximum)</b>	80% of PA	60% of U&C
<b>Assistant Surgeon</b>	No Benefits	No Benefits
<b>Anesthetist</b> , professional services administered in connection with inpatient surgery.	25% of Surgeon's Fees	25% of Surgeon's Fees
<b>Registered Nurse's Services</b> , private duty nursing care	80% of PA	60% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	80% of PA	60% of U&C
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.	80% of PA	60% of U&C
<b>Psychotherapy</b> , benefits are limited to one visit per day	Paid as any other Sickness	Paid as any other Sickness
<b>Serious Mental Illness</b>	See Benefits for Serious Mental Illness	

OUTPATIENT	Preferred Providers	Out-of-Network Providers
<p><b>Surgeon's Fees,</b> in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures. <b>(\$3,500 maximum)</b></p>	80% of PA	60% of U&C
<p><b>Day Surgery Miscellaneous,</b> related to scheduled surgery performed in a Hospital, including the cost of the operating room, laboratory tests, 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. <b>(\$3,200 maximum)</b></p>	80% of PA	60% of U&C
<p><b>Assistant Surgeon</b></p>	No Benefits	No Benefits
<p><b>Anesthetist,</b> professional services administered in connection with inpatient surgery.</p>	25% of Surgeon's Fees	25% of Surgeon's Fees
<p><b>Outpatient Miscellaneous Benefit,</b> includes benefits designated as Paid Under outpatient Miscellaneous. <b>(\$1,500 maximum)</b></p>	80% of PA	60% of U&C
<p><b>Physician's Visits,</b> benefits are limited to one visit per day and do not apply when related to surgery or Physiotherapy</p>	Paid under Outpatient Misc.	Paid under Outpatient Misc.
<p><b>Physiotherapy,</b> benefits are limited to one visit per day. See Exclusion number 23 for additional limitations</p>	Paid under Outpatient Misc.	Paid under Outpatient Misc.

OUTPATIENT	Preferred Providers	Out-of-Network Providers
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies.	80% of PA	80% of U&C
<b>Diagnostic X-Ray and Laboratory Services</b>	Paid under Outpatient Misc.	Paid under Outpatient Misc.
<b>Tests and Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician Visits, Physiotherapy, x-ray and lab procedures,	Paid under Outpatient Misc.	Paid under Outpatient Misc.
<b>Injections</b>	No Benefits	No Benefits
<b>Radiation Therapy and Chemotherapy</b>	No Benefits	No Benefits
<b>Prescription Drugs</b> <i>(\$500 maximum Per Policy Year)</i>	100% of PA / \$20 copay utilizing United Healthcare Pharmacy Network	No Benefits
<b>Psychotherapy</b> , benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder. <i>(\$75 per day / 10 visits maximum)</i>	80% of PA	60% of U&C
Serious Mental Illness	See Benefits for Serious Mental Illness	
OTHER	Preferred Providers	Out-of-Network Providers
<b>Ambulance Services</b> (\$250 maximum)	80% of U&C	80% of U&C
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered. <i>(\$400 maximum)</i>	80% of U&C	80% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	80% of U&C	60% of U&C
<b>Dental Treatment</b> , made necessary by injury to Sound, Natural Teeth only.	80% of U&C	80% of U&C

OTHER (Continued)	Preferred Providers	Out-of-Network Providers
<b>Alcoholism / Drug Abuse</b>	See Benefits for Alcohol / Drug Abuse and Dependency Treatment	
<b>Maternity / Complications of Pregnancy</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Intercollegiate Sports (\$1,000 maximum)</b>	See Benefits for Intercollegiate Sports	

### 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:

#### 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 1-800-505-4160 and/or by asking the provider when making an appointment for services.

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

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

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

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

### 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 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.

## **Student Health Center (SHC) Referral Required**

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The Student must use the services of the SHC first where treatment will be administered or referral issued. Expenses incurred for which no prior approval or referral is obtained will be paid at 50% of the benefits otherwise payable under the Medical Expense Schedule of Benefits. A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is not necessary only under the following conditions:

1. Medical Emergency. The student must return to SHC for necessary follow-up care;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 50 miles from campus;
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status;
6. Maternity; or
7. Psychotherapy.

**Dependent Spouse and Children are not eligible to use the SHC and therefore, are exempt from the above limitations and requirements.**

### **MyNurseLine**

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Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-800-883-2951. MyNurseLine 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.

### **Intercollegiate Sports**

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#### **Maximum Benefit \$1,000 (For Each Injury)**

Insured student athletes who are members of and are participating in intercollegiate baseball, softball, basketball, volleyball, soccer, cheerleading, golf, tennis, lacrosse, and cross country sponsored by the Policyholder are covered for sports Injury.

Benefits will be paid under the Schedule of Benefits for intercollegiate sports Injury up to \$1,000 for each Injury.

No Benefits will be paid for:

1. Infections, except pyogenic infections caused wholly by a covered Injury;
2. Cysts, blisters, or boils;
3. Hernia, regardless of how caused; or
4. Artificial aids such as crutches, braces, appliances, and artificial limbs.

### **Accidental Death and Dismemberment Benefits**

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If such Injury shall independently of all other causes solely result in any one of the following specific losses, the Company will pay the applicable amount below in addition to payment under the Medical Expense Benefits.

**For Loss of:**

Life	\$ 3,000
Two or More Members	\$ 3,000
One Member	\$ 1,500

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.

## UnitedHealthcare Network Pharmacy Benefits

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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 (up to 31 days) and copayments that vary depending on which tier of the PDL the outpatient drug is listed. There are a few 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 \$20 per prescription order copayments.

Your maximum allowed benefit is \$500.

Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

If you do not present the card, you will need to pay the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please visit [www.firststudent.com](http://www.firststudent.com) and log in to your online account or call 1-877-417-7345 or the customer service number on your ID card.

## Maternity Testing

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There are certain maternity tests that may be routinely performed by your Physician that may not be covered under the Policy. Please call the Company at 800-505-4160.

## Definitions

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**DEDUCTIBLE** means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply per policy year or per occurrence (for each Injury or Sickness) as specified in the Schedule of Benefits.

**INJURY** means bodily injury: 1) causing loss directly or independently of all other causes 2) treated by a Physician within 30 days after the date of accident; and 3) which is sustained on or after the Effective Date of insurance as to the Insured Person during the term of the policy. 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.

**MEDICAL EMERGENCY** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in:

- 1) Death;
- 2) Placement of the Insured's health in jeopardy;
- 3) Serious impairment of bodily functions;
- 4) Serious dysfunction of any body organ or part; or
- 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

**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 not separated by more than six months 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.

## **Mandated Benefits**

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### ***Benefits for Management and Treatment of Diabetes***

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

Benefits shall be provided for equipment and supplies including the following: blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar and orthotics.

Diabetes outpatient self-management training and education shall be provided under the supervision of a licensed Physician with expertise in diabetes to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets. Coverage for self-management education and education relating to diet and prescribed by a licensed Physician shall include:

- (1) visits when medically necessary upon the diagnosis of diabetes;
- (2) visits under circumstances whereby a Physician identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitate changes in a patient's self-management; and
- (3) where a new medication or therapeutic process relating to the person's treatment and/or management of diabetes has been identified as medically necessary by a licensed Physician.

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

### ***Benefits for Newborn Infants***

Newborn Infants will be covered under the policy for the first 31 days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent.

The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the child's birth: 1) apply to us; and 2) pay the required additional premium for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth.

### ***Benefits for Women's Preventive Health Services***

Benefits will be paid the same as any other Sickness for: 1) an annual gynecological examination, including a pelvic examination and clinical breast examination; and 2) routine pap smears in accordance with the recommendations of the American College of Obstetricians and Gynecologists.

The policy Deductible and dollar limitations will not be applied to this benefit. Benefits shall be subject to copayment, coinsurance, limitations, or any other provisions of the policy.

### ***Benefits for Mammographic Examination***

Benefits will be paid the same as any other Sickness for mammographic examinations as follows: 1) every year for an Insured 40 years of age or older; and 2) any mammogram based on a Physician's recommendation for an Insured under 40 years of age.

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

## Mandated Benefits (Continued)

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### ***Benefits for Mastectomy***

Benefits will be paid the same as any other Sickness for inpatient care following a Mastectomy for the length of stay that the treating Physician determines is necessary to meet generally accepted criteria for safe discharge.

Benefits will be paid the same as any other Sickness for a home health care visit that the treating Physician determines is necessary within forty-eight (48) hours after discharge when the discharge occurs within forty-eight (48) hours following admission for the Mastectomy.

Benefits will be paid the same as any other Sickness for Prosthetic Devices, physical complications including lymphedemas, and Reconstructive Surgery incident to any Mastectomy in a manner determined in consultation with the attending Physician and the Insured Person.

Mastectomy means the removal of all or part of the breast for medically necessary reasons, as determined by a licensed Physician. Prosthetic devices means the use of initial and subsequent artificial devices to replace the removed breast or portions thereof, pursuant to an order of the Insured's Physician.

Reconstructive surgery means a surgical procedure performed on one breast or both breasts following a Mastectomy, as determined by the treating Physician, to reestablish symmetry between the two breasts or alleviate functional impairment caused by the Mastectomy. Reconstructive surgery shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy. Symmetry between breasts means approximate equality in size and shape of the nondiseased breast with the diseased breast after definitive reconstructive surgery on the diseased or nondiseased breast has been performed.

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

### ***Benefits for Medical Foods***

Benefits will be paid the same as any other Sickness for the cost of nutritional supplements (formulas) as medically necessary for the therapeutic treatment of Phenylketonuria (PKU), branched-chain ketonuria, galactosemia and homocystinuria that are aminoacidopathies, rare hereditary genetic metabolic disorders, and administered under the direction of a Physician. Benefits are not for normal food products used in dietary management of these disorders, but are for formulas that are equivalent to a prescription drug, medically necessary for the therapeutic treatment of such rare hereditary genetic metabolic disorders and administered under the direction of a Physician.

Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy. The policy Deductible will not be applied to this benefit.

### ***Benefits for Childhood Immunizations***

Benefits will be paid the same as any other Sickness for the Named Insured who is under 21 years of age, or the Named Insured's spouse who is under 21 years of age, or a Dependent Child for those childhood immunizations, including the immunizing agents, which as determined by the Department of Health conform with the standards of the (Advisory Committee on Immunization Practices of the Center for Disease Control) U.S. Department of Health and Human Services. The benefit will provide coverage for the cost of the immunization of a child, up to 150% of the average wholesale price (AWP), which, as determined by the Department of Health, conform with the standards of the Advisory Committee on Immunization Practices of the Center for Disease Control, the United States Department of Health and Human Services.

The policy Deductible and dollar limitations will not be applied to this benefit. Benefits shall be subject to copayment, coinsurance, limitations, or any other provisions of the policy.

## Mandated Benefits (Continued)

### *Benefits for Post Partum Home Health Care*

Benefits will be paid the same as any other Sickness for at least one home health care visit within 48 hours after discharge from inpatient care when discharge occurs prior to the time of 48 hours of inpatient care following a normal vaginal delivery and 96 hours of inpatient care following a cesarean delivery. Such visits shall be made by a Physician whose scope of practice includes post partum care. Home health care visits shall include parent education, assistance and training in breast and bottle feeding, infant screening and clinical tests and the performance of any necessary maternal and neonatal physical assessments. At the mother's sole discretion, any visits may occur at the facility of the provider.

The policy Deductible, copayment and coinsurance will not be applied to this benefit. Benefits shall be subject to all other limitations or any other provisions of the policy.

### *Benefits for Serious Mental Illness*

Benefits will be paid the same as any other Sickness for treatment of Serious Mental Illness limited to 30 inpatient days annually and 60 days outpatient annually. The Insured Person may convert Inpatient days to outpatient days on a one-to-two basis.

"Serious Mental Illness" means any of the following mental illnesses as defined by the American Psychiatric Association in the most recent edition of the diagnostic and Statistical Manual:

- a) schizophrenia;
- b) bipolar disorder;
- c) obsessive-compulsive disorder;
- d) major depressive disorder;
- e) panic disorder;
- f) anorexia nervosa;
- g) bulimia nervosa;
- h) schizo-affective disorder;
- i) delusional disorder

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

### *Benefits for Alcohol/Drug Abuse and Dependency Treatment*

Benefits will be provided for treatment of Alcohol or Drug Abuse and dependency on the same basis as any other Sickness subject to the following:

**Inpatient detoxification** will be provided in a Hospital or in an inpatient non-hospital facility which has a written affiliation agreement with a Hospital for emergency, medical and psychiatric or psychological support services, meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Department of Health and is licensed as an alcoholism and/or drug addiction treatment program. Inpatient detoxification is limited to no more than four (4) admissions per lifetime. Benefits are limited to seven (7) days of treatment per admission. The following services are covered under inpatient detoxification:

1. Lodging and dietary services.
2. Physician, psychologist, nurse, certified addictions counselor and trained staff services.
3. Diagnostic X-ray.
4. Psychiatric, psychological and medical laboratory testing.
5. Drugs, medicines, equipment use and supplies.

**Non-Hospital residential care** will be provided for thirty (30) days per policy year in a facility that meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Office of Drug and Alcohol programs and is appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Insureds must be referred to the program by a Physician. Benefits are subject to lifetime maximum of ninety (90) days per person. The following services are covered under residential care:

Benefits will be provided for treatment of Alcohol or Drug Abuse and dependency on the same basis as any other Sickness subject to the following:

## Mandated Benefits (Continued)

### ***Benefits for Alcohol/Drug Abuse and Dependency Treatment (Continued)***

**Inpatient detoxification** will be provided in a Hospital or in an inpatient non-hospital facility which has a written affiliation agreement with a Hospital for emergency, medical and psychiatric or psychological support services, meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Department of Health and is licensed as an alcoholism and/or drug addiction treatment program. Inpatient detoxification is limited to no more than four (4) admissions per lifetime. Benefits are limited to seven (7) days of treatment per admission. The following services are covered under inpatient detoxification:

1. Lodging and dietary services.
2. Physician, psychologist, nurse, certified addictions counselor and trained staff services.
3. Diagnostic X-ray.
4. Psychiatric, psychological and medical laboratory testing.
5. Drugs, medicines, equipment use and supplies.

**Non-Hospital residential care** will be provided for thirty (30) days per policy year in a facility that meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Office of Drug and Alcohol programs and is appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Insureds must be referred to the program by a Physician. Benefits are subject to lifetime maximum of ninety (90) days per person. The following services are covered under residential care:

1. Lodging and dietary services.
2. Physician, psychologist, nurse, certified addictions counselor and trained staff services.
3. Rehabilitation therapy and counseling.
3. Family counseling and intervention.
4. Psychiatric, psychological and medical laboratory testing.
5. Drugs, medicines, equipment use and supplies.

**Outpatient care** shall be provided in a facility appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Before an Insured may qualify to receive benefits under this section, a licensed Physician or licensed psychologist must certify the Insured as a person suffering from alcohol or other drug abuse or dependency and refer the Insured for the appropriate treatment. The following services shall be provided:

1. Physician, psychologist, nurse, certified addictions counselor and trained staff services.
2. Rehabilitation therapy and counseling.
3. Family counseling and intervention.
4. Psychiatric, psychological and medical laboratory tests.
5. Drugs, medicines, equipment use and supplies.

Treatment shall be provided for a minimum of thirty (30) outpatient, full-session visits or equivalent partial visits per policy year. These visits may not be exchanged for non-hospital, residential alcohol treatment services.

In addition, treatment shall be provided for a minimum of (30) outpatient, full-session visits or equivalent partial hospitalization services per policy year. These visits may be exchanged on a two-for-one basis up to fifteen (15) non-hospital, residential alcohol treatment days.

Benefits are limited to one hundred and twenty (120) outpatient, full session visits or equivalent partial visits.

### **Definitions:**

"Alcohol or Drug Abuse" means any use of alcohol or other drugs which produces a pattern of pathological use causing impairment in social or occupational functioning or which produces physiological dependency evidenced by physical tolerance or withdrawal.

"Detoxification" means the process whereby an alcohol-intoxicated or drug-intoxicated person is assisted, in a facility licensed by the Department of Health, through the period of time necessary to eliminate, by metabolic or other means, the intoxicating alcohol or other drugs, alcohol and other drug dependency factors or alcohol in combination with drugs as determined by a licensed Physician, while keeping the physiological risk to the patient at a minimum.

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

## Exclusions and Limitations

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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. Assistant Surgeon Fees;
4. 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;
5. Chemotherapy; radiation therapy; injections;
6. Circumcision;
7. Congenital conditions for cosmetic purposes only; 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, removal of warts, non-malignant moles and lesions;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment as defined in the policy; except cosmetic surgery necessitated by a covered Injury;
11. Elective abortion;
12. 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 where treatment is a Medical Necessity due to a covered Injury; or except when due to a disease process;
13. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
14. Hearing examinations or hearing aids; or other treatment for hearing defects and problems; except where treatment is a Medical Necessity due to a covered Injury. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
15. Hirsutism; alopecia;
16. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
17. Injury caused by, contributed to, or resulting from the Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;
18. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
19. Injury sustained while (a) participating in any club 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;
20. Lipectomy
21. No benefits under the policy will duplicate any benefits provided by the Pennsylvania Motor Vehicle Financial Responsibility Law;
22. Experimental organ transplants, including organ donation;
23. 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;
24. Participation in a riot or civil disorder; commission of or attempt to commit a felony;

## Exclusions and Limitations (Continued)

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25. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
  - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
  - 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. 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;
28. 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
29. Services provided normally without charge by the Health Service of the Policyholder;
30. 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;
31. Skydiving, recreational 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;
32. Sleep disorders;
33. Suicide or attempted suicide; or intentionally self-inflicted Injury;
34. Supplies, except as specifically provided in the policy;
35. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
36. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
37. 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
38. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

## Scholastic Emergency Services: Global Emergency Assistance

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Through participation in the Eastern University 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 Scholastic Emergency Services

### What Makes the Scholastic Emergency Services (SES) program unique?

1. Exceeds USIA requirements for International student and scholars
2. No maximums or subrogation for any assistance services Assist America provides
3. No pre-existing conditions or territorial exclusions
4. Worldwide network of pre-qualified medical providers
5. Operations Centers with immediate worldwide response capabilities
6. "Out of Area" medical problems alleviated

### Key Services include:

#### Evacuation, Repatriation and Return of Mortal Remains:

Whenever appropriate medical facilities are not available locally, SES will utilize whatever mode of transport, equipment, and personnel is necessary to evacuate the participant to the Nearest facility capable of providing appropriate care. Once the participant is ready to be released from the hospital, SES will arrange and pay to transport the participant to his/her residence or rehabilitation facility, with necessary medical supervision, if necessary.

If a participant should die while traveling, SES will render every possible assistance in the return of mortal remains including locating a funeral home to prepare the deceased for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.

### Some additional services include:

- Medical Consultation, Evaluation and Medical Referrals
- Foreign Hospital Admission Guarantee
- Critical Care Monitoring
- Prescription Assistance
- Emergency Message Transmission
- Transport to Join Patient (when in-patient for more than 7 days)
- Care for Minor Children (left unattended due to medical incident)
- Emergency Trauma Counseling
- Lost Luggage or Document Assistance
- Legal and Interpreter Referrals

Please refer to [www.assistamerica.com](http://www.assistamerica.com) for service descriptions, under the "Student" tab.

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](mailto:medservices@assistamerica.com).

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 Claims for reimbursement of assistance services will not be accepted.

\*Insured's spouse and dependent children may also be eligible for services.

## Claim Procedure

In the event of Injury or Sickness, the students should:

- 1) Report to the Student Health Center for treatment or referral, or when not in school 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.

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**The Plan is Underwritten by:**

**United HealthCare Insurance Company**

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**Submit all Claims or Inquiries to:**

First Student  
P. O. Box 809025  
Dallas, TX 75380-9025  
1-800-505-4160  
or visit our website at:  
[www.firststudent.com](http://www.firststudent.com)

Online Services: For Brochures, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services please visit our website at [www.firststudent.com](http://www.firststudent.com)

Please keep this Certificate 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 Certificate. The Master Policy is the contract and will govern and control the payment of benefits.