

Plan Highlights

2009-2010 Student Injury & Sickness Insurance Plan

UnitedHealthcare StudentResources in partnership with Webster University offers a student-focused injury and sickness insurance plan that protects students at school, at home and while traveling abroad.



What is the Health Insurance Plan All About?

Your school-endorsed Student Injury & Sickness Insurance Plan offers you:

- Year-round coverage available – August 15, 2009 through August 14, 2010.
- Access to United Healthcare’s nationwide network of health care professionals, including primary care and specialist doctors.
- Travel Assistance Services and Worldwide Medical coverage while traveling abroad.

Who is Eligible?

- All domestic students living on campus and nurse anesthesia students are automatically enrolled in this insurance plan at registration. The premium for coverage is added to their tuition billing, unless proof of comparable coverage has been furnished to Health Services by the specified deadline date.
- All F-1 and J-1 international students are required to be enrolled in this plan. International students are automatically enrolled in this insurance plan at registration and the premium for coverage is added to their tuition billing.
- Full-time graduate students and all undergraduate students taking at least nine credit hours can enroll on a voluntary basis.

Students must actively attend classes for at least the first 31 days. If the company discovers eligibility requirements have not been met, its only obligation is a refund of premium.

Insurance Rates:

	Annual 8/15/09 - 8/14/10	Fall Only 8/15/09 - 12/31/09	Fall 1 8/15/09 - 10/25/09	Fall 2 10/26/09 - 12/31/09	Spring Only 1/1/10 - 5/31/10	Spring/Summer 1/1/10 - 8/14/10	Spring 1 1/1/10 - 3/14/10	Spring 2 3/15/10 - 8/14/10	Spring 3 3/15/10 - 5/31/10	Summer 6/1/10 - 8/14/10
Rate	\$2,150	\$841	\$435.50	\$405.50	\$911	\$1,351	\$440.50	\$910.50	\$470.50	\$465

This plan is underwritten by United HealthCare Insurance Company and is based on policy 2009-1739-1. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to the brochure available at www.UHCSR.com. If you have any questions, please contact Customer Service at 800-767-0700 or customerservice@uhcsr.com. The Policy is a Non-Renewable One-Year Term Policy.

Student Injury and Sickness Plan

This is a brief summary of the benefits of the plan. Additional Schedule of Medical Expense Benefits/limitations are specified in the brochure and Master Policy. The brochure is available at www.UHCSR.com.

Deductible * (Per Insured Person Per Policy Year) (note definition below)	\$200
Maximum Benefit (Per Insured Person Per Policy Year)	\$150,000
Coinsurance ** (note definition below)	Benefit: 80% Preferred Provider 50% Out-of-Network Provider
Out-of-Pocket Maximum	After the Deductible of \$200 has been satisfied and the Insured Person has paid \$5,000 in out of pocket expenses payment will be made for 100% of additional Covered Medical Expenses incurred up to the maximum benefit of \$150,000.
Inpatient Hospital Stay	Deductible then Coinsurance
Ambulance Services	Deductible then Coinsurance
Medical Emergency (Emergency Room) (Copay waived if admitted)	\$100 copay Per Visit
Outpatient Surgery	Deductible then Coinsurance
Outpatient Physician's Visits	PCP \$20 copay Per Visit (Out of Network is Deductible then 70% Coinsurance) Specialist \$50 copay Per Visit (Out of Network is Deductible then 70% Coinsurance)
Maternity Services (additional limits apply as specified in the brochure)	Paid as any other Sickness, Deductible then Coinsurance (office visit copay may apply)
Mental Health Services (additional per policy year limits apply to specific services as specified in the brochure)	Deductible then Coinsurance (office visit copay may apply)
Chemical Dependency Services (additional per policy year limits apply to specific services as specified in the brochure)	Deductible then Coinsurance (office visit copay may apply)
Diagnostic X-Rays & Laboratory Services	Deductible then Coinsurance
Durable Medical Equipment (\$2,500 Max Per Policy Year)	Deductible then Coinsurance
Urgent Care Services	\$50 copay Per Visit (Out of Network is Deductible then 70% Coinsurance)
Rehabilitation Services (visit limitations apply)	\$20 copay Per Visit (Out of Network is Deductible then 70% Coinsurance)
Prescription Drugs *** (see note below)	\$20 copay Tier 1 / \$35 copay Tier 2 / \$55 copay Tier 3
<p>*Deductible – A Deductible is the specific amount of Covered Medical Expenses that must be incurred and paid for by the Insured Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Insured Person. All Out-of-Network benefits are subject to Usual and Customary Charges.</p> <p>**Coinsurance – The percentage of Covered Medical Expenses payable under the Student Injury and Sickness Insurance Plan. All Out-of-Network benefits are subject to Usual and Customary Charges.</p> <p>*** Subject to a 31-day supply per prescription or refill. Must be filled at a UnitedHealthcare Network Pharmacy.</p>	

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;
2. Hyperkinetic syndromes, behavioral problems, except as specifically provided in the policy;
3. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
4. 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;
5. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
6. Dental treatment, except as specifically provided in Benefits for Dental General Anesthesia or for accidental Injury to Sound, Natural Teeth;
7. Elective Surgery or Elective Treatment;
8. Elective abortion, unless elected by the Policyholder and an additional premium charged;
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, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
11. Health spa or similar facilities; strengthening programs;
12. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
13. Injury caused by, contributed to, or resulting from the use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
14. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
15. Investigational services;
16. Lipectomy;
17. Organ transplants, including organ donation;
18. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
19. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support

- b) garments and other non-medical substances, regardless of intended use; 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 as specifically provided in Benefits for Clinical Trial for Cancer Treatment;
- 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. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
24. 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;
25. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
26. Sleep disorders;
27. Supplies, except as specifically provided in the policy;
28. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecostasia, except as specifically provided in the policy;
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 for eating disorders such as