

CERTIFICATE OF COVERAGE

2011-2012

STUDENT INJURY AND SICKNESS INSURANCE PLAN EXCESS INSURANCE

**THIS CERTIFICATE CONTAINS A
DEDUCTIBLE PROVISION**

DESIGNED ESPECIALLY FOR THE STUDENTS OF

FLORIDA SOUTHERN COLLEGE



This Plan is Underwritten by
UnitedHealthcare Insurance Company



TOLL-FREE NUMBER FOR INQUIRIES: For inquiries and to obtain information about your coverage, or for assistance in resolving a complaint, please call (800) 767-0700.

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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 detailed copy of our privacy practices by calling us toll-free at 1-800-767-0700 or by visiting us at www.uhcsr.com.

Eligibility

All registered international students taking credit hours 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. Home study, correspondence, Internet and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains the right to investigate Eligibility or 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 may also insure their Dependents. Eligible Dependents are the spouse and their children under 25 years of age who are not self-supporting; who live with the Insured or who are full-time or part-time students. The Named Insured may also cover a dependent child to the end of the year in which the Dependent reaches age 30 under certain circumstances.

Dependent Eligibility expires concurrently with that of the Insured student.

Effective And Termination Dates

The Master Policy becomes effective at 12:01 a.m., August 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 11:59 p.m., July 31, 2012. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

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

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 Totally Disabled on the Termination Date from a covered Injury or Sickness for which benefits are payable 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.

However, if an Insured is pregnant on the Termination Date and the conception occurred while covered under this policy, Covered Medical Expenses for such pregnancy will continue to be paid through the term of the pregnancy.

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 the 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

**Up To \$100,000 Maximum Benefit Paid as Specified Below
(For Each Injury or Sickness)**

**Inpatient Deductible - \$200 (Per Insured Person) (Per Policy Year)
Outpatient Deductible - \$100 (Per Insured Person) (Per Policy Year)
The Outpatient Deductible will be waived when treatment is
rendered at the Student Health Center.**

The Company will pay 80% up to \$25,000 of the Usual & Customary Charges after the Deductible of \$200 (Inpatient) or \$100 (Outpatient) has been satisfied. After the Company has paid \$25,000, payment will be increased to 100% of additional Covered Medical Expenses up to the Maximum Benefit of \$100,000 for each Injury or Sickness.

Only one Deductible will apply if more than one insured family member is injured in the same accident or contracts the same contagious disease within 30 days. Each Insured Person will be eligible for the Maximum Benefit.

NOTE: No benefits will be paid for services designated as "No Benefits" in the Schedule of Benefits.

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

INPATIENT	Max = Maximum U&C = Usual and Customary Charges
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.	80% of U&C
Intensive Care/Hospital Miscellaneous	80% of U&C
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness / 4 days Hospital Confinement expense Max
Physiotherapy	80% of U&C
Surgeon's Fees , in accordance with data provided by FAIR Health, Inc. 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. (Except Dental Surgery. See: Other)	80% of U&C
Anesthetist , professional services in connection with inpatient surgery.	25% of Surgery Allowance
Registered Nurse's Services , private duty nursing care.	80% of U&C / \$12 per hour / 90 Days Max

INPATIENT

Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	80% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	80% of U&C
Psychotherapy , benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	50% of U&C / \$5,000 Max Per Policy Year

OUTPATIENT

Surgeon's Fees , in accordance with data provided by FAIR Health, Inc. 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. (Except Dental Surgery. See: Other)	80% of U&C
Day Surgery Miscellaneous , excluding non-scheduled surgery and surgery performed in a Hospital, emergency room, trauma center, Physician's Office, or clinic 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.	80% of U&C / \$1,200 Max
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery or Physiotherapy.	80% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	25% of Surgery Allowance
Physiotherapy , benefits are limited to one visit per day. See exclusion 21 for additional limitations. <i>(Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.)</i>	80% of U&C
Medical Emergency , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	80% of U&C
Diagnostic X-Rays and Laboratory Services	80% of U&C / \$300 Max
Radiation Therapy/Chemotherapy	80% of U&C
Tests and Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-rays and Lab Procedures.	Paid under X-rays & Laboratory Services

OUTPATIENT

Injections	No Benefits
Prescription Drugs	80% of U&C / \$25 Deductible Per Policy Year / \$150 Max Per Policy Year
Psychotherapy , including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder (Including Prescription Drugs). Benefits are limited to one visit per day.	50% of U&C / \$50 per day / \$500 Max Per Policy Year

OTHER

Ambulance Services	80% of U&C / \$150 per trip
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% of U&C
Consultant Physician Fees , when requested and approved by the attending Physician.	80% of U&C
Dental , made necessary by Injury to Sound, Natural Teeth.	80% of U&C
Alcoholism/Drug Abuse	Paid under Psychotherapy
Maternity/Complications of Pregnancy	Paid as any other Sickness
Elective Abortion	80% of U&C / \$150 Max
CAT Scan/MRI	100% of U&C / \$1,000 Max
Child Health Supervision Services	See Benefits for Child Health Assurance

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, HIV: HIV-ab; and Coombs test; **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.

Accidental Death And Dismemberment Benefits

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.

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.

Psychotherapy

While Hospital Confined, benefits will be paid for 50% of the Usual and Customary Charges incurred not to exceed \$5,000 maximum Per Policy Year.

Benefits for Psychotherapy on an outpatient basis are limited to 50% of the Usual and Customary Charges incurred up to \$50 per day, not to exceed \$500 maximum Per Policy Year.

All Covered Medical Expenses incurred as a result of Mental or Nervous Disorder are subject to the above stated maximums; if otherwise provided under the Policy, this includes items such as Prescription Drugs and diagnostic testing. This benefit is subject to the Deductible. Psychiatric hospitals are not covered.

Excess Provision

Even if you have other insurance, the Plan may cover unpaid balances and Deductibles, and pay those eligible medical expenses not covered by other insurance.

Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance or under an automobile insurance policy.

However, this Excess Provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as a result of the Insured's failure to comply with policy provisions or requirements.

Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

Mandated Benefits

Benefits for Outpatient Services

Benefits will be provided for treatment performed outside a Hospital for any Injury or Sickness as defined in the policy provided that such treatment would be covered on an inpatient basis and is provided by a health care provider whose services would be covered under the policy if the treatment were performed in a Hospital. Treatment of the Injury or Sickness must be a Medical Necessity and must be provided as an alternative to inpatient treatment in a Hospital. Reimbursement is limited to amounts that are Usual and Customary for the treatment or services.

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

Benefits for Procedures Involving Bones or Joints of the Jaw and Facial Region

Benefits will be paid the same as any other Injury or Sickness for diagnostic or surgical procedures involving bones or joints of the jaw and facial region, if, under accepted medical standards, such procedure or surgery is medically necessary to treat conditions caused by Injury, Sickness or congenital or developmental deformity.

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

Benefits for Postdelivery Care for a Mother and Her Newborn Infant

Benefits will be paid the same as any other Sickness for postdelivery care for a mother and her Newborn Infant. Benefits for postdelivery care shall include a postpartum assessment and newborn assessment and may be provided at the Hospital, at licensed birth centers, at the Physician's office, at an outpatient maternity center, or in the home by a qualified licensed health care professional trained in mother and baby care.

Benefits shall include physical assessment of the newborn and mother, and the performance of any medically necessary clinical tests and immunizations in keeping with prevailing medical standards.

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

Benefits for Diabetes

Benefits will be provided for all medically appropriate and necessary equipment, supplies, and diabetes outpatient self-management training and educational services used to treat diabetes, if the patient's treating Physician or a Physician who specializes in the treatment of diabetes certifies that such services are necessary. Diabetes outpatient self-management training and educational services must be provided under the direct supervision of a certified diabetes educator or a board-certified endocrinologist. Nutrition counseling must be provided by a licensed dietitian.

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

Benefits for Mammography

Benefits will be paid the same as any other Sickness for a mammogram according to the following guidelines:

1. One baseline mammogram for women age thirty-five to thirty-nine, inclusive.
2. A mammogram for women age forty to forty-nine, inclusive, every 2 years or more frequently based on the patient's Physician's recommendation.
3. A mammogram every year for women age fifty and over.
4. One or more mammograms a year upon a Physician's recommendation, for any woman who is at risk for breast cancer because of a personal or family history of breast cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister, or daughter who has or has had breast cancer, or because a woman has not given birth before the age of 30.
5. Benefits are paid, with or without a Physician prescription, if the Insured obtains a mammogram in an office, facility, or health testing service that uses radiological equipment registered with the Department of Health and Rehabilitative Services for breast-cancer screening.

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

Benefits for Mastectomies, Prosthetic Devices and Reconstructive Surgery

Benefits will be paid the same as any other Sickness for Mastectomy, prosthetic devices, and Reconstructive Surgery incident to the Mastectomy. Breast Reconstructive Surgery must be in a manner chosen by the treating Physician, consistent with prevailing medical standards, and in consultation with the patient.

"Mastectomy" means the removal of all or part of the breast for medically necessary reasons as determined by a licensed Physician, and the term "breast reconstructive surgery" means surgery to reestablish symmetry between the two breasts.

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

Benefits for Post-Surgical Mastectomy Care

Benefits will be paid the same as any other Sickness for outpatient post-surgical follow up care in keeping with prevailing medical standards by a Physician qualified to provide post-surgical mastectomy care. The treating Physician, after consultation with the Insured, may choose that the outpatient care be provided at the most medically appropriate setting, which may include the Hospital, treating Physician's office, outpatient center, or home of the Insured.

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

Benefits for Osteoporosis

Benefits will be paid the same as any other Sickness for the medically necessary diagnosis and treatment of osteoporosis for high-risk individuals, including, but not limited to, estrogen-deficient individuals who are at clinical risk for osteoporosis, individuals who have vertebral abnormalities, individuals who are receiving long-term glucocorticoid (steroid) therapy, individuals who have primary hyperparathyroidism and individuals who have a family history of osteoporosis.

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

Benefits for Child Health Assurance

The benefits applicable for children shall include coverage for Child Health Supervision Services from the moment of birth to 16 years of age.

"Child Health Supervision Services" means Physician-delivered or Physician-supervised services which shall include as the minimum benefit coverage for services delivered at the intervals and scope stated below:

Child Health Supervision Services shall include periodic visits which shall include a history, a physical examination, a developmental assessment and anticipatory guidance, and appropriate immunizations and laboratory tests. Such services and periodic visits shall be provided in accordance with prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics. Minimum benefits are limited to one visit payable to one provider for all services provided at each visit.

Benefits shall not be subject to the Deductible, but are subject to all copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Cleft Lip and Cleft Palate

Benefits will be paid the same as any other Sickness for a child under the age of 18 for treatment of cleft lip and cleft palate. The benefit will include medical, dental, speech therapy, audiology, and nutrition services if such services are prescribed by the treating Physician and such Physician certifies that such services are medically necessary and consequent to treatment of the cleft lip or cleft palate.

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

Benefits For Newborn Infant, Adopted or Foster Child

Newborn Infant. All health insurance benefits applicable for children will be payable with respect to a child born to the Named Insured or Dependents after the Effective Date and while the coverage is in force, from the moment of birth. However, with respect to a Newborn Infant of a Dependent other than the Insured Person's spouse, the coverage for the Newborn Infant terminates 18 months after the birth of the Newborn Infant. The coverage for Newborn Infant consists of coverage for Injury or Sickness including necessary care and treatment of medically diagnosed congenital defects, birth abnormalities, or prematurity, and transportation cost of the newborn to and from the nearest available facility appropriately staffed and equipped to treat the newborn's condition, when such transportation is certified by the attending Physician as necessary to protect the health and safety of the Newborn Infant. The coverage of such transportation may not exceed the Usual and Customary Charges, up to \$1,000.

The Insured may notify the Company, in writing of the birth of the child not less than 30 days after the birth. If timely notice is given, the Company may not charge an additional premium for coverage of the Newborn Infant for the duration of the notice period. If timely notice is not given, the Company may charge the applicable additional premium from the date of birth. The Company will not deny coverage for a child due to failure to timely notify the Company of the child.

Adopted or Foster Child. The Named Insured's adopted child or foster child will be covered to the same extent as other Dependents from the moment of placement in the residence of the Named Insured. In the case of a newborn adopted child, coverage begins at the moment of birth and applies as for a newborn infant defined above if a written agreement to adopt such child has been entered into by the Named Insured prior to the birth of the child whether or not the agreement is enforceable.

However, coverage will not continue to be provided for an adopted child who is not ultimately placed in the Named Insured's residence. The Pre-existing Conditions limitation will not apply to an adopted child, but will apply to a foster child. The Insured may notify the Company, in writing, of the adopted or foster child not less than 30 days after placement or adoption. If timely notice is given, the Company may not charge an additional premium for coverage of such child for the duration of the notice period. If timely notice is not given, the Company may charge the applicable additional premium from the date of adoption or placement. The Company will not deny coverage for a child due to failure to timely notify the Company of such child.

Benefits will also be provided for a foster child or other child placed in court-ordered temporary or other custody of the Insured from the moment of placement.

Benefits for Hospital Dental Procedures

Benefits will be paid the same as any other Sickness for general anesthesia and hospitalization services for dental treatment or surgery that is considered necessary when the dental condition is likely to result in a medical condition if left untreated.

The necessary dental care shall be provided to an Insured who:

1. Is under 8 years of age and is determined by a licensed dentist and the child's Physician to require necessary dental treatment in a Hospital or ambulatory surgical center due to a significantly complex dental condition or a developmental disability in which patient management in the dental office has proved to be ineffective; or
2. Has one or more medical conditions that would create significant or undue medical risk for the individual in the course of delivery of any necessary dental treatment or surgery if not rendered in a Hospital or ambulatory surgical center.

This benefit does not include the diagnosis or treatment of dental disease.

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 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 which manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or 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 this policy. Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow-up care.

SICKNESS means illness or disease of an Insured Person which first manifests itself after the Effective Date of insurance and while the insurance is in force. 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.

TOTALLY DISABLED means a condition of a Named Insured which, because of Sickness or Injury, renders the Insured unable to actively attend classes. A Totally Disabled Dependent is one who is unable to perform all activities usual for a person of that age.

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.

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;
3. Assistant Surgeon Fees;
4. Learning disabilities;
5. Biofeedback;
6. Injections;
7. Circumcision;
8. Congenital conditions, except as specifically provided under Benefits for Newborn or Adopted Infants or Benefits for Cleft Lip and Cleft Palate;
9. 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;

10. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
11. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function;
12. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, except when due to a disease process or except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
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 as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child, Benefits for Child Health Assurance and Benefits for Cleft Lip and Cleft Palate. "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 use of alcohol, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
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 interscholastic, club, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
20. Experimental organ transplants; if not experimental in nature, organ transplants will be covered as any other Sickness; organ donation;
21. 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 when referred by the Student Health Center;
22. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting, except in self-defense;
23. Pre-existing Conditions will apply for the first 6 months, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. Credit will be given for the time the Insured was covered under a previous similar plan if the previous coverage was continuous to a date not more than 63 days prior to the Insured's Effective Date under this policy;
24. 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;
25. 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;
 26. 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 under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
 27. 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; except as specifically provided under Benefits for Child Health Assurance;
 28. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
 29. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
 30. 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;
 31. Sleep disorders;
 32. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
 33. Supplies, except as specifically provided in the policy;
 34. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
 35. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
 36. 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
 37. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

Scholastic Emergency Services: Global Emergency Medical Assistance

If you are a student insured with this insurance plan, you and your insured spouse and minor child(ren) are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows:

International Students, insured spouse and insured minor child(ren): 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 for 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 Procedure

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. 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 College under which the student is insured. A Company claim form is not required for filing a claim.
3. File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

The Plan is Underwritten by:

UnitedHealthcare Insurance Company

Submit all Claims or Inquiries to:

UnitedHealthcare **StudentResources**

P.O. Box 809025

Dallas, Texas 75380-9025

1-800-767-0700

1-469-229-6700

customerservice@uhcsr.com

claims@uhcsr.com

E-Mail (Inquiries only): info@uhcsr.com

ONLINE SERVICES: Please visit our Website at www.uhcsr.com for brochures, enrollment cards (printable using Adobe Acrobat), Coverage Receipts, ID cards, claims status and other services.

Policyholder Service:
Lanier Upshaw, Inc.
P.O. Drawer 468
Lakeland, Florida 33802

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

This Certificate is based on Policy Number:

2011-187-4

