

Student Injury and Sickness Insurance Plan for Connecticut College Domestic and International Students 2009-1044-2 and 2009-1044-5

2009-2010

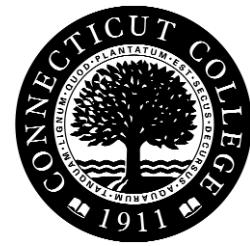
Connecticut College is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company.

DOMESTIC STUDENTS: All full-time Domestic students are automatically enrolled in the Injury and Sickness Plan (Plan 2)(2009-1044-2) unless proof of comparable coverage is provided.

INTERNATIONAL STUDENTS: All full-time International students are required to purchase the Injury and Sickness Plan (Plan 5)(2009-1044-5).

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- **Domestic Students** - Up to \$25,000 Per Injury for Covered Medical Expenses.
- **International Students** - Up to \$50,000 Per Injury for Covered Medical Expenses.
- **\$0 Deductible**
- **Injury** Covered Medical Expenses for Preferred Providers are payable at 100% of Preferred Allowance and Out of Network benefits are payable at 100% of Usual and Customary Charges up to the first \$1,000. After the Company has paid \$1,000 in Covered Medical Expenses, benefits are paid at 80% of Preferred Allowance for Preferred Providers and 80% of Usual & Customary Charges for Out-of-Network Providers up to the plan maximums (all benefits are subject to satisfaction of the deductible, specific benefit limitations, maximums and copays as described in the policy).
- **Sickness Only:** If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.
- **Covered Medical Expenses** will be paid at 100% of Usual & Customary Charges up to the first \$2,500. After the Company has paid \$2,500 in Covered Medical Expenses, benefits will be paid at 80% of Usual & Customary Charges. Covered Medical Expenses up to the Maximum Benefit of \$25,000 Domestic students and \$50,000 for International students Per Sickness. Failure to obtain a referral from Connecticut College Health Service may result in a 20% reduction in benefits.
- **Injury Prescription Drug Benefits:** Usual & Customary Charges with a \$750 maximum Per Policy Year.
- **Sickness Prescription Drug Benefits:** \$10 copay per prescription for Tier 1 and \$15 copay per prescription for Tier 2, up to a 31-day supply per prescription. \$750 maximum Per Policy Year. Prescriptions must be filled at a UnitedHealthcare Network Pharmacy.
- **Scholastic Emergency Services:** Domestic Students are covered when 100 miles or more away from their campus or home address. International Students are covered worldwide except in their home country.
- **MyAccount**, available through www.UHCSR.com, allows insured students to check their claim status, search for network providers, print ID cards, enter accident details and view EOBs.
- **Included with every policy, the UnitedHealth Allies® discount program** provides 5% to 50% savings on dental and vision services, fitness clothing and equipment, and textbooks from McGraw-Hill Professional. The UnitedHealth Allies program is not insurance and is offered by UnitedHealth Allies, a UnitedHealth Group company.



This plan is underwritten by UnitedHealthcare Insurance Company and is based on policies 2009-1044-2 & 5. 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 plan 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.

Rates	Annual
	8/15/09 - 8/14/10
Domestic	\$711
International	\$754

Pre-Existing Condition means any condition which is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the policy. Routine follow-up care to determine whether a breast cancer has reoccurred in a person who has been previously determined to be breast cancer free shall not be considered as medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during or as a result of such follow-up. Genetic information shall not be treated as a condition in the absence of a diagnosis of the condition related to such information. Pregnancy shall not be considered a pre-existing condition.

Exclusions and Limitations

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

1. Acupuncture; allergy, including allergy testing; except as specifically as provided in the policy;
2. Addiction, such as: caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Autistic disease of childhood, except as specifically provided in the Benefits for Autism Spectrum Disorder, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation;
4. Biofeedback;
5. Congenital conditions, except as specifically provided for Newborn or adopted Infants;;
6. 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;
7. 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;;
8. Dental treatment, except as specifically provided in the Policy;
9. Elective Surgery or Elective Treatment;
10. Elective abortion;
11. 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;
12. 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;
13. Hearing examinations or hearing aids, or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
14. Immunizations, preventive medicines or vaccines, except where required for treatment of a covered Injury;
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
16. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
17. Investigational services;
18. Participation in a riot, civil disorder or a felony, except when Injury occurs when the Insured Person has an elevated blood alcohol content or when under the influence of intoxicating liquor or any drug or both. Participation means to voluntarily take a part or share with others assembled together in some activity. Riot means a violent public disturbance of the peace by a number of persons assembled together;
19. Pre-existing Conditions for a period of 6 months, except for individuals who have been continuously insured under the student insurance policy for at least 12 consecutive months. Credit will be given for Pre-existing Conditions for newly Insured Persons who were covered under previous Qualifying Coverage, but not covered for such Pre-existing Conditions under the Qualifying Coverage when (a) the preceding Qualifying Coverage was continuous to a date not less than 120 days prior to their effective date under this policy; and for (b) newly Insured Persons who apply within 30 days of initial eligibility under this policy and whose previous Qualifying Coverage was terminated due to the involuntary loss of employment and was continuous to a date not more than 150 days prior to their effective date under this policy. This Pre-existing Condition Limitation will not apply to newly Insured Persons who were covered for such Pre-existing Conditions, under previous Qualifying Coverage when (a) the preceding Qualifying Coverage was continuous to a date not less than 120 days prior to their effective date under this policy; or (b) newly Insured Persons who apply within 30 days of initial eligibility under this policy and whose previous Qualifying Coverage was terminated due to the involuntary loss of employment and was continuous to a date not more than 150 days prior to their effective date under this policy;

20. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:

- a) Therapeutic devices or appliances, including: hypodermic needles and syringes, except for hypodermic needles or syringes prescribed by a Physician for the purpose of administering medications for medical conditions, provided such medications are covered under the policy, support garments and other non-medical substances;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs except for drugs for the treatment of cancer that have not been approved by the Federal Food and Drug Administration, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following established reference compendia: (1) The U.S. Pharmacopeia Drug Information Guide for the Health Care Professional (USP DI); (2) The American Medical Association's Drug Evaluations (AMA DE); or (3) The American Society of Hospital Pharmacist's American Hospital Formulary Service Drug Information (AHFS-DI);
 - 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.
21. 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, except as specifically provided in the Benefits for Infertility Treatment; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
 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 without charge by the Health Service of the Policyholder;
 24. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except as specifically provided in the Benefits for Treatment of Craniofacial Disorders; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
 25. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
 26. Unless specifically covered under Benefits for Mental or Nervous Conditions, Injury resulting from suicide or attempted suicide while sane or insane (including intentional drug overdose); or intentionally self-inflicted Injury;
 27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the Benefits for Reconstructive Breast Surgery;
 28. Treatment in a Government hospital for which the Insured is not charged, unless there is a legal obligation for the Insured Person to pay for such treatment;
 29. 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
 30. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.