Student Injury and Sickness Insurance Plan for ACSA - Plan C

2012-2013

PSI on behalf of ACSA is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. Eligibility Statement: International students with F-1 visas who are enrolled in a full time associate, bachelor, master or Ph.D. degree program, or formal ESL program at a university, who are currently registered with no less than 6 credits hours (unless such school's full time status requires less credited hours), and International Visiting Scholars with J-1 visas are eligible to enroll in this insurance plan. The six credit hours requirement is waived for summer, if applicant was enrolled in this plan as a full-time student in the immediately preceding spring term. Eligible Dependents of the enrolled may participate in this plan on a voluntary basis.

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

- Up to $1,250,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- Option 2012-202565-1: $0 Deductible for Preferred Providers, $150 Deductible for each Injury or Sickness for Out of Network Providers.
- Option 2012-202565-2: $250 Deductible for Preferred Providers for each Injury or Sickness, $500 Deductible for each Injury or Sickness for Out of Network Providers.
- Option 2012-202565-3: $500 Deductible for Preferred Providers for each Injury or Sickness, $750 Deductible for each Injury or Sickness for Out of Network Providers.
- Covered Medical Expenses for Preferred Providers are payable at 100% of Preferred Allowance and Out of Network benefits are payable at 70% of Usual and Customary charges (all benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and copays as described in the policy).
- Prescription Drug Benefits: 70% of Usual and Customary Charges.
- The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link, www.firststudent.com
- Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no copay or deductible only when the services are received from a Preferred Provider. Please see www.healthcare.gov for complete details of the services provided for specific age and risk groups.
- The Master Policy on file at the association becomes effective on July 01, 2012. 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 on September 30, 2013. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Twelve (12) months is the maximum time coverage can be effective under any policy year for any Insured Person.
- Scholastic Emergency Services – International Students are covered worldwide except in their home country.
- MyAccount, available through www.firststudent.com, allows insured students access 24/7 to check their claim status, search for network providers, print ID cards, enter accident details, view EOBS and enter additional insurance information online.
- 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 policy 2012-202565-1/2/3.*Policy terms and conditions subject to regulatory approval. Benefits may vary by state and coverage is not available in Massachusetts, Montana, New Hampshire, New Jersey, New York, North Carolina, Oregon, Puerto Rico, Vermont and Washington.

Please read the plan brochure to determine whether this plan is right for you before you enroll. The plan brochure provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Copies of the brochure may be viewed and downloaded at www.psIService.com.

If you have any questions, please contact Customer Service at 1-888-789-4488 or psi@psIService.com.

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

How do I Enroll?

For online enrollment visit our website at www.psIService.com, select your school to find the right plan that meets your university insurance requirements, and follow instructions.

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<tr>
<th>Option 1 Rates</th>
<th>May only purchase 12 months of coverage Maximum</th>
<th>Monthly</th>
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<tbody>
<tr>
<td>Student 24 and Under</td>
<td>$49</td>
<td></td>
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<tr>
<td>Student 25-29</td>
<td>$77</td>
<td></td>
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<tr>
<td>Student 30+</td>
<td>$215</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>$554</td>
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<tr>
<td>Each Child</td>
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<th>Option 2 Rates</th>
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<tr>
<td>Student 24 and Under</td>
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<tr>
<td>Student 25-29</td>
<td>$73</td>
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<tr>
<td>Student 30+</td>
<td>$202</td>
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<tr>
<td>Spouse</td>
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<td>Each Child</td>
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<tr>
<th>Option 3 Rates</th>
<th>May only purchase 12 months of coverage Maximum</th>
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<tbody>
<tr>
<td>Student 24 and Under</td>
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<tr>
<td>Student 25-29</td>
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<tr>
<td>Student 30+</td>
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<tr>
<td>Spouse</td>
<td>$498</td>
<td></td>
</tr>
<tr>
<td>Each Child</td>
<td>$111</td>
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Pre-Existing Condition means any condition 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 the policy. “Pre-existing condition” does not include pregnancy.

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, acnepuncture; allergy, including allergy testing;
2. Chronic and recurrent therapy; learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation; except as specifically provided in the policy under Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency; and under Benefits for Habilitative Services for the Treatment of Congenital or Genetic Birth Defects;
3. Assistant Surgeon;
4. Injections;
5. Congenital conditions, except as specifically provided for Newborn or adopted Infants; and under Benefits for Habilitative Services for the Treatment of Congenital or Genetic Birth Defects;
6. 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;
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 for accidental Injury to Sound, Natural Teeth;
9. Elective Surgery or Elective Treatment;
10. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
11. Health spa or similar facilities; strengthening programs;
12. Hearing examinations or hearing aids or other treatment for hearing defects and problems except as specifically provided in the Benefits for Child Health Screening Services or except when due to an Injury. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
13. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
14. The voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; intentional misuse of Prescription Drugs;
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. Injury sustained while (a) participating in any interscholastic, intramural, club or 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;
18. Investigational services;
19. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
20. Pre-existing Conditions in excess of $2,500, except for individuals who have been continuously insured under the association’s student insurance (202565) policy for at least 6 consecutive months; if an individual: (1) had coverage under a Previous Plan as defined below; and (2) that coverage was continuous to a date not more than 63 days prior to the person’s Effective Date under this Policy, the time under the Previous Plan will be credited toward the 6 consecutive months needed to provide benefits for a Pre-existing Condition. A “Previous Plan” means any accident and health insurance policy or certificate, nonprofit hospital or medical service corporation, HMO, MEWA, or plan provided by another benefit arrangement, including a government plan or program providing health benefits or health care. It does not include a Medicare Supplement; (This exclusion will not be applied to an Insured Person under age 19.)
21. Prescription Drugs, services or supplies as follows:
   a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; except as specifically provided under the Benefits for Diabetes;
   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;
   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;
22. 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;
23. Research or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except for Covered Medical Expenses incurred in connection with participation in approved clinical trials;
24. Routine Newborn Infant Care, well-baby nursery and related Physician charges; except as specifically provided in the policy;
25. 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 Screening Services;
26. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
27. 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;
28. 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;
29. Sleep disorders;
30. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
31. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
32. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two or three-wheeled motor vehicle; four-wheeled all-terrain vehicle (ATV); snowmobile; skiing; or scuba diving;
33. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
34. 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
35. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.