

Plan Highlights

2009-2010 Student Injury & Sickness Insurance Plan



EMBRY-RIDDLE
AERONAUTICAL UNIVERSITY

For students attending

The Student Insurance Plan offers you:

- Year-round coverage available – August 15, 2009 through August 16, 2010
- Access to UnitedHealthcare'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 registered Domestic students taking credit hours are required to purchase the Basic Benefits of this insurance Plan. Insured students may purchase Major Medical Option I or II on an optional basis.
- All International students who are in traditional academic programs are required to purchase the Basic Benefits of this insurance Plan. All insured students may purchase the Optional Catastrophic coverage on an optional basis.
- Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse or Domestic Partner and their children under 25 years of age who are not self-supporting; who live with the Insured or who are a full-time or part-time student. 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.

Highlights of the Coverage:

- Basic Plan covers up to \$15,000 per Injury or Sickness (Domestic Students) or \$50,000 per Injury or Sickness (International Students) with Optional Major Medical Coverage of up to \$250,000 per Policy Year.
- No Plan Deductible if In-Network and a \$200 per Policy Year Deductible Out-of-Network only.
- This plan is Primary to any other insurance and will help cover other insurance plan deductibles and coinsurance.
- Pre-existing Conditions are covered for all students automatically enrolled in this plan. All other voluntary enrollment is subject to the Pre-existing Condition exclusion 6 months waiting period.
- Physician Visits are covered at 100% after a \$25 co-pay per visit with a Preferred Provider or at 60% (75% International plan) of Usual and Customary Out-of-Network. Co-pay waived if referred by the Student Health Center.
- Prescription Drugs covered at a participating UnitedHealthcare Network Pharmacy after a \$15 co-pay per prescription for Tier 1/\$35 co-pay per prescription for Tier 2/\$60 co-pay per prescription for Tier 3/up to a 31-day supply per prescription/\$1,000 maximum (Per Policy Year). Covered medications include allergy, acne and most psychotherapy medications. Prescription Drugs are covered under Major Medical after the \$1,000 maximum Per Policy Year has been met under the Basic Plan, payable at 80% of Usual & Customary Charges (the Insured would need to pay for the prescription in full and submit the receipt to the Company for reimbursement under Optional Major Medical).
- Intercollegiate and Club Sports covered up to \$2,500 per Injury.
- A Continuation Option - All Insured Persons who have been continuously insured under the school's regular student policy for at least 3 consecutive months and who no longer meet the Eligibility requirements under the Policy are eligible to continue their coverage for a period of not more than nine months under the school's policy in effect.

Help Students Stretch their Dollars with UnitedHealth Allies®

Dental and vision services. Sports clothing and equipment. Even textbooks! Students save on these services and products with the UnitedHealth Allies® health discount program, included with this student medical insurance plan. Students will stretch their dollars by reducing the cost of many healthcare products and services that matter to them. Students can save 10-50 percent on many health and wellness products and services that are not covered by their other StudentResources programs.

Health Resources Available 24/7

Information is power, and the more you know before you seek care, the better your healthcare decisions will be. UnitedHealthcare provides several resources both on the phone and on the internet:

- Collegiate Assistance Program: Call any time, day or night, 365 days a year, to talk with Registered Nurses about your health. The same number also gives you access to Master's Level Clinicians that can help with the stresses of everyday life that may become overwhelming. Access to the College Assistance Program (CAP) is included in your student health plan.
- MyStudentHealthZone.com: Developed in partnership with the Nemours DuPont Foundation, the Zone can provide additional information and resources on 80 encyclopedias worth of health content targeted to college students.
- Health Insurance 101: Available from the College Students page at www.UHCSR.com Health Insurance 101 covers the basics of health insurance as well as a glossary of insurance terms. The glossary is available in Spanish, French, Chinese, Korean and Arabic.

How to Waive Out of this Plan?

The university recommends that students and/or their parents who are currently insured contact their plan administrator to ascertain benefits and limitations while enrolled. Prior to completing the waiver request, we encourage students and/or their parents to review the university's basic student plan and major medical options at www.uhcsr.com

You can waive out of the plan for Fall between July 1, 2009 through August 31, 2009. The Waiver Form can now be found in webadvisor (Where Web Registration is).

To get there:

1. Start in ERNIE and click on Insurance Waivers under Student Services.
2. Log into webadvisor and select the STUDENTS box on the right.
3. Click on "Insurance Waivers" under the Financial Information banner.

Please Note: If you are enrolled in the Basic Plan you may choose to purchase additional coverage under the Major Medical Options if you enroll before August 31, 2009. The enrollment form for the Major Medical Options can be found at www.uhcsr.com.

Student Health Center:

Services provided at the Student Health Center (SHC) are covered at 100% with no co-pays or plan Deductible and include labs, prescription drugs, required age appropriate immunizations, travel immunizations, vaccinations for flu and meningitis, routine preventative care.

An Overview of Your Plan Benefits

The Preferred Provider for this plan is UnitedHealthcare Options PPO. 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.

If You Have an Emergency While Traveling: Scholastic Emergency Services

UnitedHealthcare StudentResources policies automatically come with a powerful global assistance plan called Scholastic Emergency Services (SES), an Assist America partner. With SES, anytime you travel more than 100 miles from home or to another country and experience a medical emergency, you can make a single phone call to the Operations Center for help. The call will be answered by one of SES' medically certified crisis managers, who can put in motion a vast number of emergency resources to solve any problem, 24/7.

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 testing;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. 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;
4. Biofeedback;
5. Chronic pain disorders;
6. Congenital conditions, except as specifically provided under Benefits for Newborn or Adopted Infants or Benefits for Cleft Lip and Cleft Palate;
7. 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;
8. 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;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. 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;
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 when due to a disease process; , except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
13. 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; Please note: Exclusion #13 will be waived and benefits will be paid for Ingrown toenails and planters warts.
14. Health spa or similar facilities; strengthening programs;
15. 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; **Please note:** The exclusion will be waived and hearing examinations will be covered if related to a Sickness or symptom and the hearing examination is necessary for a diagnosis.
16. Hypnosis;
17. 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;
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, 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. Investigational services;
21. Lipectomy;
22. Experimental organ transplants; if not experimental in nature, organ transplants will be covered as any other Sickness; organ donation;
23. Marital or family counseling;
24. 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;
25. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
26. 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 nonmedical substances, regardless of intended use; b. Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use; **Please note:** Birth control pills will only be covered at the Prescott Student Health Services (AZ), with a \$5 copay per prescription. The maximum benefits will be \$10 per month or \$30 for 3 months.
27. Pre-existing Conditions, except for individuals who have been continuously insured under the school's policy for at least 6 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provides benefits similar to this policy. **Please note:** Pre-existing Conditions are covered for mandatory enrollment. All other voluntary enrollment is subject to the Pre-existing Condition exclusion 6 month waiting period on Pre-existing Conditions
28. 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;
29. 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;
30. 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;
31. 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; or except as specifically provided under Benefits for Child Health Assurance;
32. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
33. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
34. 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; or chartered aircraft only while participating in a school sponsored activity. **Please Note:** Exclusions and Limitations #34 will be waived and benefits will be paid for covered medical expenses incurred for students while participating in a school sponsored flight program.
35. Sleep disorders;
36. Speech therapy, except as specifically provided under Benefits for Cleft Lip and Cleft Palate; naturopathic services;
37. Supplies, except as specifically provided in the policy;
38. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
39. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any recreational vehicle including but not limiting to: three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; or snowmobile skiing scuba diving, surfing, roller skating, riding in a rodeo according to the policy provisions;
40. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
41. 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
42. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

Questions – Need More Information?

Please contact your Student Health Center: Daytona Beach Student Health Services: 386-226-7917
Prescott Student Health Center: 928-777-6653
UnitedHealthcare Student Resources Customer Service 1-800-767-0700 or 1-800-237-0903 ext. 6240

For a complete copy of the brochure: Website at www.uhcsr.com

This plan is underwritten by United HealthCare Insurance Company and is based on policy 2009-201714-1/2/3/4. 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. The Policy is a Non-Renewable One-Year Term Policy.