

2006-2007

STUDENT INJURY AND
SICKNESS
INSURANCE



Designed Especially for Students of the
University of Kentucky

StudentResources

a Division of The MEGA Life and Health Insurance Company

03-BR-KY

16-298-1

Getting Started with your Student Health Insurance.

Why The MEGA Life and Health Insurance Company? Cost and benefits. It is the intent of the University of Kentucky to provide the greatest coverage to the majority of students and to keep the premium cost at a level that the students can afford.

Important policy facts

- It is your responsibility to familiarize yourself with this policy brochure. Limitations and exclusions must be applied to the coverage as a means of cost containment.
- This plan is a preferred provider organization (PPO), and UK Hospital and UK College of Medicine physicians (Kentucky Clinic) are the preferred providers. When receiving treatment outside of the PPO, you could experience significantly higher out-of-pocket cost.
- Your policy is an illness and injury plan. It does not provide for preventative care or coverage of treatment in the absence of an illness or injury, except as specifically provided in the policy.

How can I keep my out-of-pocket costs to a minimum?

This plan is designed to complement the services provided to students who pay the Student Health fee. It is to your advantage to utilize University Health Service (Student Health) for treatment when appropriate. UHS personnel give fast, efficient, and high quality clinical service to UK students. There is no charge for visits to UHS for full time students and part-time students (who pay the health fee). Many other services are also without charge, including basic laboratory tests, routine x-rays, and certain pharmaceuticals. If you are enrolled in the Student Insurance policy and incur charges for a sickness or injury at University Health Service, UHS will submit those charges to the insurance company for you. For covered benefits the deductible will be waived.

UHS Location: 1st Floor, Wing C, Kentucky Clinic (see map back cover)

UHS Clinic Hours:

| | |
|--|---------------------------------|
| Fall and Spring when classes are in session | M-F 8:00 a.m. - 6:00 p.m. |
| Follow-up and emergencies | Saturday 9:00 a.m. - 11:00 a.m. |
| Summer and when classes are not in session** | M-F 8:00 a.m. - 4:30 p.m. |

****Summer Session** - The University Health Service is available for health care during the summer. The health fee is voluntary for ALL students in the summer. To use the Health Service, students must pay the summer health fee OR pay on a fee-for-service basis.

You will need an appointment. All visits to University Health Service are by appointment. **Phone 323-APPT (2778).**

The best way to make this coverage work for you is to be informed and proactive. Check the covered benefits before your procedure whenever possible. Know the specifics and communicate with your provider.

See back cover for important numbers and helpful websites.

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SUMMARY
UNIVERSITY OF KENTUCKY
STUDENT HEALTH INSURANCE PLAN FOR 2006-2007

This year-round PPO (see page 11) insurance plan offers inpatient, outpatient, injury, surgical and prescription drug coverage. Read the "exclusions and limitations" of the policy to familiarize yourself with items not covered and the benefit limits listed under the Medical Expense Benefits.

Key Benefits

- \$500,000 Maximum Benefit per Inpatient Injury or Sickness
- \$200 Deductible Per Insured Person, Per Policy Year
- Preferred Provider Benefit Option
- Repatriation / Medical Evacuation
- Prescription Drug Benefit
- \$1,000 Outpatient Miscellaneous Benefit (per Injury or Sickness)
- \$10,000 Outpatient Surgery Benefit (per Injury or Sickness)

The **voluntary** plan may be purchased by all eligible undergraduate and graduate students through University Health Service (Student Health). Eligibility requirements are as follows:

- Undergraduate: Must be registered for 6 or more credit hours
- Graduate: Must be registered for 3 or more credit hours
- Certain 0-credit hour graduate students may qualify. Check with the Insurance Office at University Health Service
- Dependent Coverage available for enrolled students

All INTERNATIONAL STUDENTS are required by the University to have health insurance and are automatically enrolled (see page 2).

Funded graduate students are automatically enrolled in the insurance plan by the Graduate School Funding Office. "Funded graduate student" means you are enrolled, degree-seeking, and you are receiving support from the University in the form of a full-time assistantship (TA, RA, GA) or fellowship, or a combination of these positions (See page 2).

Effective Date: The policy effective date is August 26, 2006. If the premium payment is received from a student enrolling voluntarily after that date, the date upon which the Company or designated University representative receives your payment becomes the effective date. (See page 3).

Payment: Premium for the voluntary insurance plan may be paid annually, semi-annually, or quarterly.

Renewal: Students wishing to continue enrollment will have 14 days from the previous policy expiration date to purchase coverage to insure continuous insurance coverage.

Questions: The MEGA Life and Health Insurance Company - 1-888-344-6118
University Health Service - 1-859-323-5823 Ext. 230
Office of International Affairs (international students only) -1-859-257-4067 Ext. 238
Graduate School Funding Office (funded graduate students only) -1-859-257-3261

IMPORTANT NOTICE FOR INTERNATIONAL STUDENTS AT THE UNIVERSITY OF KENTUCKY

The University of Kentucky requires all international students to have health insurance. If you are on an "F" or "J" visa, you are automatically enrolled in this student insurance plan when you register for classes. The charge for the insurance is applied directly to your student bill. To add your dependents to this policy, you will need to visit room 203 Bradley Hall.

In the event you are covered under an existing health insurance policy, you may be eligible for a waiver from this plan. In order to receive a waiver, your coverage must meet or exceed the following standards:

- Deductible may not exceed \$500
- \$200,000 per accident or illness
- \$10,000 for medical evacuation
- \$7,500 repatriation
- 80% of medical expenses must be paid by the insurance company
- Coverage of pregnancy

If your existing policy meets these criteria, please bring a copy of your policy (in English) and proof of your enrollment to Room 203 Bradley Hall.

Feel free to call 859-257-4067 Ext. 238 should you have any further questions.

IMPORTANT NOTICE FOR FUNDED GRADUATE STUDENTS AT THE UNIVERSITY OF KENTUCKY

If you are a funded graduate student* at the University of Kentucky, you are eligible to have your health insurance premium paid by the University. **No action is needed on your part to sign up for the insurance.** The enrollment process is designed to be completely hassle-free. There is no paperwork or enrollment form for you to complete. You will be enrolled automatically in the plan. An insurance card and plan brochure will be sent to you in care of your department in October or February.

*To receive this insurance, eligibility will be determined electronically each semester. "Funded graduate student" means you are enrolled, degree-seeking, and you are receiving support from the University in the form of a full-time assistantship (TA, RA, GA) or fellowship, or a combination of these positions. (Full-time generally means an assignment of 20 hours a week or a fellowship stipend of \$9,000 or more.)

If you are a domestic student and prefer not to receive this coverage, you may decline it by completing a Health Insurance Declination Form available at the Graduate School home page: www.research.uky.edu/gs/ (click on "Health Insurance Coverage"). You may decline by semester or year by returning the form to the Funding Office, 203 Gillis Building by the first day of class. For more information or for any questions about your insurance eligibility, contact the Graduate School Funding Office, 859-257-3261. **Funded graduate students should carefully review the FAQ beginning on the next page.**

FREQUENTLY ASKED QUESTIONS ABOUT UNIVERSITY OF KENTUCKY STUDENT HEALTH INSURANCE

Because I have student health insurance, are all my health care costs covered?

No. It is your responsibility to review this booklet carefully to learn the benefit structure of this plan. The plan includes benefits for sickness or injury, including both inpatient and outpatient care, as well as a prescription drug benefit. It is important to pay special attention to the deductible, the percentage of covered expenses, and the maximum benefits. *(For example, the maximum benefit for "outpatient miscellaneous" is \$1,000 per sickness or injury per policy year.)* Additionally, your benefits usually will be greater if you choose to use the plan's Preferred Providers *(see page 11)*. It is also important that you review the "Exclusions and Limitations" section of this booklet *(see pages 17-18)*.

Who pays for my insurance premium?

That depends on your student status. Unless you are a graduate student on a full-time assistantship or fellowship *(this is called a "funded" graduate student)*, you are responsible for paying your own health insurance premium. Health insurance for international students at the University of Kentucky is mandatory, and the insurance charge is applied to students' bills. Non-funded domestic students may sign up for health insurance through University Health Service.

Premium payment summary:

| | |
|---|--|
| Non-funded domestic students: | Insurance paid by student |
| Non-funded international students: | Insurance paid by student on student's bill |
| Funded graduate students: | Insurance paid by University |

As a funded graduate student, how do I know if my assistantship or fellowship makes me eligible to have my health insurance paid by the University?

There are three criteria used to determine eligibility for University-funded health insurance for graduate students. Students must be:

- Currently enrolled in the Graduate School
- Degree seeking
- In UK payroll with an assignment as a full-time teaching assistant, research assistant, graduate assistant, or as an institutional fellowship recipient. A full-time combination of these positions also qualifies students for funded insurance. Full-time generally means an assignment of 20 hours a week or a fellowship of \$9000 or more.

What are the insurance coverage periods?

- **For graduate students on assistantships or fellowships:**

In most cases, the terms of the policy are from August 26, 2006 through January 1, 2007 and again from January 2, 2007 through August 25, 2007. See the chart below for further clarification:

| | |
|--|---|
| Assistantship or fellowship term: | Periods of Coverage: |
| August-December | August 26, 2006 through January 1, 2007 |
| August-April or beyond | August 26, 2006 through August 25, 2007 |
| January-April or beyond | January 2, 2007 through August 25, 2007 |

- **For international students:**

| | |
|------------------|---|
| Semester: | Periods of Coverage: |
| Fall | August 26, 2006 through January 1, 2007 |
| Spring | January 2, 2007 through August 25, 2007 |

Note: ESL and J1 scholars should consult the Office of International Affairs for dates of coverage.

- **For domestic students voluntarily enrolled in the plan:**

Please refer to page 7, "Effective and Termination Dates."

I'm an international student and had a student ID number issued to me, but now I have a social security number. What should I do?

If you were assigned a student ID number prior to receiving a social security number, you must transfer all your University records (payroll and academic) to your social security number to avoid an interruption in your health insurance coverage. You may transfer your academic records to your social security number with the Registrar's Office, 10 Funkhouser Building. Your payroll records may be updated at the Payroll Department, 340 Service Building.

I'm a funded graduate student. What happens if my fall semester assistantship or fellowship ends?

If you are graduating in December or otherwise leaving your assistantship or fellowship during the fall semester, **your insurance coverage expires January 1, 2007**. You will have until January 14, 2007 to sign up for a continuation insurance plan. Domestic students may continue their coverage by contacting University Health Service, 323-5823, Ext. 230. International students may continue their coverage by contacting the Office of International Affairs, 257-4067, Ext. 238. If you remain enrolled, degree-seeking, and your full-time assistantship or fellowship continues through spring semester 2007, your health insurance will continue through August 25, 2007. (see page 3)

Will I receive an insurance identification card?

An insurance identification card is included with this booklet. If you know you are a recipient of funded graduate student insurance, or if you will be purchasing insurance yourself as an international or domestic student, you may use this ID card. Please print your name on the card, and show it anytime you receive medical treatment. Your health insurance is valid only during the exact dates for which you or the University purchased coverage. In addition, students enrolled in the plan may generate ID cards via the Web, by visiting the insurance company's home page at www.studentresources.com. All of these ID cards are equally valid.

As a funded graduate or mandatory International student, what happens if I have an illness or injury before the insurance company is notified I am on the student insurance plan?

Occasionally, at the beginning of fall and spring semesters, a delay in your payroll assignment or your enrollment in classes at UK may cause a delay in processing your student insurance enrollment. If this occurs, *the insurance company will not be able to verify your coverage*. If you are eligible for student insurance, and you need coverage verified for a provider, please contact your insurance coordinator at the Graduate School Funding Office, 257-3261, or the Office of International Affairs, 257-4067 ext 238. The coordinator can contact your health provider and verify your enrollment in the plan.

Can dependents be enrolled in the student health insurance plan?

Yes. Contact your insurance coordinator for more information about dependent coverage. Your coordinator will be happy to explain periods of coverage for dependents, as well as give you current premium rates.

When I no longer meet student eligibility, can I continue coverage?

Yes. You may continue coverage for up to 18 months. Contact your insurance coordinator for more information.

What is the difference between the mandatory student health fee and student insurance? All full-time students pay a mandatory *health fee* in the fall and spring semesters that entitles them to most services at University Health Service (Student Health) at no cost. The health fee is voluntary for **all** students in the summer, as well as for all part-time students in the fall and spring semesters. The *student insurance* is a health insurance plan that offers inpatient, outpatient, injury, surgical and prescription coverage. Through a preferred provider contract, students may choose to use the University of Kentucky Hospital and the University of Kentucky College of Medicine physicians (Kentucky Clinic) and receive the highest benefit structure.

How does the prescription drug benefit work?

You must pay for your prescription first, then file a claim with the insurance company (*see page 11*). The plan provides prescription benefits up to \$800 a year when filled at Kentucky Clinic Pharmacy and up to \$250 a year at other pharmacies. Your total prescription benefit may not exceed \$800. There is a \$10 generic drug copay and a \$30 brand-name drug copay at the Kentucky Clinic Pharmacy. The copay at all other Pharmacies is \$15 generic and \$45 brand name. *Note: When purchasing prescriptions at the Kentucky Clinic, always present your insurance identification card in order to receive the reduced prescription rate.*

Is my student insurance valid outside the United States?

Yes. In some instances you may be required to make a payment to the provider and then submit your medical bills directly to the insurance company yourself. Remember, this plan is a PPO (*see page 11*). For additional benefit information, *see page 20*.

How do I file a claim?

Most providers will file your insurance claim for you if you show them your insurance identification card. If you need to file a claim yourself, simply mail your original receipt or statement, along with your name, social security number, and current address to the insurance company (be sure to keep a copy for your records). There are no insurance claim forms to complete (*see page 19*).

What if I have trouble with a claim?

If you have not been able to resolve your insurance claim with the company, contact your insurance coordinator who will be glad to review the claim with you. When speaking with someone from the insurance company, it is always appropriate to ask for the name of the company representative. In turn, this information may help both the insurance company and the University resolve claim issues more efficiently.

I have received forms from the insurance company requesting additional information. What should I do?

It is not unusual for the insurance company to request additional information while they are processing a claim. Carefully read and complete the forms, then send them to the insurance company. If you have questions about completing the forms, contact your insurance coordinator.

Who should I contact when I have questions about my insurance?

Since insurance needs differ depending on your student status, it is best to contact your individual insurance coordinator:

Non-funded domestic students, University Health Service, 859-323-5823, Ext. 230

Non-funded international students, Office of International Affairs, 859-257-4067, Ext. 238

Funded graduate students, Graduate School Funding Office, 859-257-3261

University Health Service:
www.mc.uky.edu/StudentAffairs/UHS

The Graduate School:
www.research.uky.edu/gs/

Office of International Affairs:
www.uky.edu/IntlAffairs

Student Resources / The MEGA Life
and Health Insurance Company:
www.studentresources.com

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 copy of our privacy practices by calling us toll-free at 1-888-344-6118 or by visiting us at www.studentresources.com.

ELIGIBILITY

University of Kentucky students, students taking classes in the University of Kentucky Distance Learning Programs, and students attending BCTC Lexington Campus are eligible to enroll in the plan on a voluntary basis provided they are registered undergraduate students taking 6 or more credit hours or registered graduate students taking 3 or more credit hours. ESL, F-1, J-1, F-2, J- 2, and B-1 International students are eligible to enroll. Dietetic Interns are also eligible to enroll. 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 its right to investigate 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. **All international students are required to have health insurance and will automatically be enrolled and billed for it unless proof of comparable coverage is furnished and a waiver is granted.**

Funded Graduate Students

All degree-seeking students enrolled in the University of Kentucky Graduate School who are full teaching assistants, research assistants, graduate assistants, full institutional fellows, or a combination thereof, are eligible for funded insurance and are automatically enrolled in the insurance plan. Students who do not meet these Eligibility criteria will not have their insurance premiums paid by the University. **Note:** If leaving in December your insurance coverage expires January 1, 2007.

DEPENDENT COVERAGE

Eligible students who enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age who are not self-supporting.

Newborn Infants (any child born of an Insured while that person is insured under this Policy) will be covered under this policy for the first 31 days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent. To continue coverage for a newborn, the Insured must, within 31 days after the child's birth 1) apply to the Company; and 2) pay the required additional premium for the continued coverage. If the Insured does not use this right as stated here, all coverage for that child will terminate at the end of the first 31 days after the child's birth.

Premium rates are not prorated other than as listed on the enrollment card. Dependent Eligibility expires concurrently with that of the Insured student.

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective August 26, 2006. 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 August 25, 2007. 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. You must re-enroll in the 2006-2007 school year plan prior to September 9, 2007 to maintain continuous coverage.

Coverage expires as follows:

| | |
|-----------------|-------------------|
| 1st Semi-Annual | February 26, 2007 |
| 2nd Semi-Annual | August 25, 2007 |
| 1st Quarter | November 26, 2006 |
| 2nd Quarter | February 26, 2007 |
| 3rd Quarter | May 26, 2007 |
| 4th Quarter | August 25, 2007 |
| First Special | October 28, 2006 |
| Second Special | January 1, 2007 |
| Third Special | March 25, 2007 |
| Fourth Special | June 10, 2007 |
| Fifth Special | August 25, 2007 |
| Fall | January 1, 2007 |
| Spring/Summer | August 25, 2007 |

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the premium expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. **Refunds of premiums are allowed only upon entry into the armed forces.**

RENEWAL NOTICES

Please refer to Effective and Termination dates to review payment dates and mark your calendar now to avoid any lapse in coverage.

An effort will be made to send premium renewal notices if paying by installments. **It is the student's responsibility for timely renewal payment whether or not a renewal notice is received.**

Please Note: For voluntary insurance subscribers, renewal notices will not be mailed from one policy year to the next. If you maintain your student status, have pre-registered in the spring at the University and wish to continue your enrollment, you will be sent a new enrollment package before the beginning of each year. **If you do not receive your new package and enrollment card, please call your student insurance coordinator at University Health Service before your termination date, 1-859-323-5823 Ext. 230.**

This 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 Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid 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 90 days after the Termination Date.

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.

CONTINUATION PRIVILEGE

All Insured Persons who have been continuously insured under the school's regular student Policy for at least three (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 eighteen (18) months under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that policy year. Application must be made and premium must be paid directly to Student Insurance and be received within 31 days after the expiration date of your student coverage. For further information on the Continuation privilege, please contact Student Insurance or the Insurance Coordinator at University Health Service, 1-859-323-5823 Ext. 230.

CONVERSION PRIVILEGE

The Company offers a Conversion Plan upon the Insured's Termination Date. The Conversion Plan does not provide the same premium rate and benefits as this Policy. A Conversion Plan enrollment form, as well as a description of benefits provided may be obtained by contacting Student Insurance.

BENEFITS FOR MAMMOGRAPHY

Benefits will be paid the same as any other Sickness for low-dose mammography screening according to the following guidelines:

1. One screening mammogram to women age thirty-five through thirty-nine.
2. One mammogram every 2 years for women age forty through forty-nine.
3. One mammogram per year for women age fifty years of age and over.

Benefits shall also provide coverage for mammograms, performed on dedicated equipment that meets the guidelines established by the American College of Radiology, for any covered person, regardless of age, who has been diagnosed with breast disease upon referral by a health care practitioner acting within the scope of his or her licensure.

"Mammography" means an x-ray examination of the breast using equipment dedicated specifically for mammography, including, but not limited to, the x-ray tube, filter, compression device, screens, film and cassettes, with two views of each breast and with an average radiation exposure at the current recommended level as set forth in guidelines of the American College of Radiology.

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

DIABETES BENEFIT

Benefits will be paid the same as any other Sickness for all medically appropriate and necessary equipment, supplies, medication, and diabetes self-management training and educational services used to treat diabetes, if the Insured's treating Physician or a Physician who specializes in the treatment of diabetes certifies that such services are Medically Necessary. Diabetes self-management training, educational services and nutrition counseling must be provided under the direct supervision of a Physician.

"Diabetes self-management training" means instruction in an inpatient or outpatient setting including medical nutrition therapy relating to diet, caloric intake and diabetes management, excluding programs the primary purposes of which are weight reduction, which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy as a method of avoiding frequent hospitalizations and complications when the instruction is provided in accordance with a program in compliance with the National Standards for Diabetes Self-Management Education Program as developed by the American Diabetes Association.

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

MATERNITY BENEFIT

Benefits will be paid for normal pregnancy and normal childbirth as for any other Sickness. Amounts payable for specific services under this benefit are limited by the Schedule of Benefits.

Covered Medical Expenses include: 1) Physician's visits; 2) Diagnostic services; 3) Obstetrical/surgical procedures; 4) Hospital room and board; 5) Hospital miscellaneous expenses; and 6) Routine Newborn care while Hospital Confined not to exceed a maximum of 48 hours for vaginal delivery or 96 hours for cesarean section delivery.

Coverage is provided for services performed by and facilities used by licensed certified nurse midwives.

CHILD HEALTH SUPERVISION SERVICES

Benefits will be paid 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: Child Health Supervision Services shall include periodic visits which shall include a history, a physical examination (including screening for the detection of hearing loss by a licensed audiologist, a Physician, a hospital or other hearing screening provider for children age range from birth through 12 months), a developmental assessment and anticipatory guidance, and appropriate immunization and laboratory tests. Such services and periodic visits shall be provided in accordance with prevailing medical standards consistent with Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics.

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

Schedule of Medical Expense Benefits
Up to \$500,000 Maximum Benefit Paid As Specified Below (For Each Injury or Sickness)
Deductible \$200 (Per Insured Person) (Per Policy Year)

The Deductible will be waived for Inpatient treatment at the University of Kentucky Hospital and for treatment rendered at the University Student Health Service. **NOTE: All services performed by University of Kentucky College of Medicine Physicians will be covered at 100%.**

The Policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$500,000. If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in your Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expense is incurred due to an outpatient emergency treatment, 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. **Preferred Providers in your local school area are University of Kentucky Hospital and University of Kentucky College of Medicine Physicians.**

Preferred Provider only: When the Insured has paid \$20,000 (including Deductible and coinsurance) for Outpatient Preferred Provider charges, then Covered Medical Expenses will be paid at 100%.

After the Deductible of \$200 has been satisfied, benefits will be paid for 80% of Covered Medical Expenses incurred up to \$5,000. After the Company has paid \$5,000, payment will be increased to 100% of additional Covered Medical Expenses incurred not to exceed the \$500,000 Maximum Benefit. **Exception:** The Room and Board/Hospital Miscellaneous Benefit will be paid at the Preferred PPO/NON-PPO benefits specified below subject to the \$500,000 Maximum. Covered Medical Expenses include:

| <u>INPATIENT</u> | <u>PREFERRED PROVIDER</u> | <u>OUT OF NETWORK</u> |
|---|---|---|
| Room & Board/Hospital Misc. , daily semi-private room rate; 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. | 100% of Preferred Allowance | 80% of Preferred Allowance |
| Routine Newborn Care , while Hospital-Confined; and routine nursery care provided immediately after birth | Paid as any other Sickness/4 days | Paid as any other Sickness/ 4 days |
| Intensive Care | Hospital Confinement Expense maximum | Hospital Confinement Expense maximum |
| Physiotherapy | Paid under Room & Board/Hospital Misc. | Paid under Room & Board/Hospital Misc. |
| Surgeon's Fees , in accordance with data provided by Ingenix. 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 25% of all subsequent procedures. | Paid under Room & Board/Hospital Misc. | Paid under Room & Board/Hospital Misc. |
| Anesthetist , professional services in connection with inpatient surgery | 100% of Preferred Allowance | 80% of Usual and Customary Charges |
| Registered Nurse's Services , private duty nursing care. | 80% of Preferred Allowance | 80% of Usual and Customary Charges |
| Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery. | 100% of Preferred Allowance | 80% of Usual and Customary Charges |
| Pre-Admission Testing , payable within 3 working days prior to admission | Paid under Room & Board/Hospital Misc. | Paid under Room & Board/Hospital Misc. |
| Psychotherapy , benefits will be paid at 100% at UK Hospital. Psychiatric Hospitals are not covered | Paid as any other Sickness/ 30 days maximum (Per Policy Year) | Paid as any other Sickness/ 30 days maximum (Per Policy Year) |
| OUTPATIENT | | |
| Surgeon's Fees , in accordance with data provided by Ingenix. 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 25% of all subsequent procedures. | 100% of Preferred Allowance | 80% of Usual and Customary Charges |
| Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, 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 Preferred Allowance/ \$10,000 maximum (For each Injury or Sickness) | 80% of Usual and Customary Charges/ \$10,000 maximum (For each Injury or Sickness) |
| Anesthetist , professional services administered in connection with inpatient surgery | 100% of Preferred Allowance | 80% of Usual and Customary Charges |
| Outpatient Miscellaneous Benefit , services designated "Paid under Outpatient Miscellaneous", | 80% of Preferred Allowance/ \$1,000 maximum (For each Injury or Sickness) | 80% of Usual and Customary Charges/ \$1,000 maximum (For each Injury or Sickness) |
| except for Physician's Visits. | | |
| * Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery or Physiotherapy. | 100% of Preferred Allowance | Paid under Outpatient Miscellaneous |
| * Physiotherapy , applies when the condition required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; 2) within the 30 days immediately following the attending Physician's release for rehabilitation; or 3) for burns. | Paid under Outpatient Miscellaneous | Paid under Outpatient Miscellaneous |
| * X-ray and Laboratory Services | Paid under Outpatient Miscellaneous | Paid under Outpatient Miscellaneous |
| * Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. | Paid under Outpatient Miscellaneous | Paid under Outpatient Miscellaneous |
| * Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays, and Lab Procedures. Exception: Benefits will be provided as specified in the Child Health Supervision Services Benefit. | Paid under Outpatient Miscellaneous | Paid under Outpatient Miscellaneous |
| * Dermatology Services , includes treatment for acne. | Paid under Outpatient Miscellaneous | Paid under Outpatient Miscellaneous |
| Physiotherapy , applies when there is no Surgery or Hospital Confinement | \$15 copay per visit/10 day maximum | \$15 Deductible/10 day maximum |
| Radiation and Chemotherapy | 80% of Preferred Allowance/ \$10,000 maximum per Sickness | 80% of Usual and Customary Charges/ \$10,000 maximum per Sickness |
| Prescription Drugs , when prescribed by a University Health Service Clinician and filled at the Kentucky Clinic Pharmacy, will be paid after a \$10/generic copay and \$30/brand name copay up to an \$800 maximum (Per Policy Year). Prescription Drugs filled at other pharmacies will be paid after a \$15/generic copay and \$45/brand name copay up to \$250 maximum (Per Policy Year). 30-day prescription limit per copay. Benefits will be paid the same as any other Sickness for contraceptives when medically necessary for treatment | \$800 maximum (Per Policy Year) | \$250 maximum (Per Policy Year) |
| Alergy prescriptions will be covered at the Kentucky Clinic Pharmacy only. | | |
| Psychotherapy , including all related or ancillary charges incurred as a result of a Mental and Nervous Disorder, including Prescription Drugs. (Exception: Services rendered at the University Health Service will be paid at 100% / \$800 maximum for each Sickness.) Benefits are limited to one visit per day. | 50% of Preferred Allowance/ \$500 maximum (Per Policy Year) | 50% of Usual and Customary Charges/ \$500 maximum (Per Policy Year) |
| OTHER | | |
| Ambulance Services | 80% of Usual and Customary Charges | 80% of Usual and Customary Charges |
| Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered. | 80% of Usual and Customary Charges | 80% of Usual and Customary Charges |
| Dental , made necessary by Injury to Sound, Natural Teeth | Paid as any other Injury | Paid as any other Injury |
| Consultant Physician Fees , when requested and approved by the attending Physician. | 100% of Preferred Allowance | 80% of Usual and Customary Charges |
| Maternity & Complications of Pregnancy | Paid as any other Sickness | Paid as any other Sickness |
| Elective Abortion | Paid under Outpatient Miscellaneous | Paid under Outpatient Miscellaneous |
| Alcoholism and Drug Abuse | Paid under Psychotherapy Benefit | Paid under Psychotherapy Benefit |
| CAT Scan/MRI | 80% of Preferred Allowance/ \$2,000 maximum (Per Policy Year) | 80% of Usual and Customary Charges/ \$2,000 maximum (Per Policy Year) |
| Eye & Ear Exams (For children only) | 80% of Preferred Allowance/ \$50 maximum per exam | 80% of Usual and Customary Charges/ \$50 maximum per exam |
| Allergy Testing | 80% of Preferred Allowance/ \$300 maximum | 80% of Usual and Customary Charges/ \$300 maximum |
| Mammography | See "Mammography" Section (Page 8) | See "Mammography" Section (Page 8) |
| Child Health Supervision Services | See Page 9 for details | See Page 9 for details |

PREFERRED PROVIDER INFORMATION

“**Preferred Providers**” are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are University of Kentucky Hospital, and University of Kentucky College of Medicine Physicians.

The availability of specific providers is subject to change without notice. Insureds should always confirm that a Preferred Provider is participating at the time services are required by calling us at 1-888-344-6118 and/or by asking the provider when making an appointment for services.

“**Preferred Allowance**” means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

“**Out of Network**” providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.

“**Network Area**” means the 50 mile radius around the local school campus the Named Insured is attending.

Regardless of the provider, you are responsible for the payment of your Deductible. You must satisfy your Deductible before benefits are paid. We will pay according to the benefit limits in the Schedule of Medical Expense Benefits.

PHARMACY BENEFITS

Benefits for prescription drugs prescribed for illness or injury are included in the Student Insurance Policy. Prescriptions must be paid for in full at the time of purchase. Receipts for covered prescriptions, provided by the Pharmacy, can be submitted to the following address for reimbursement. Please include your name, social security or student identification number, and current mailing address.

Student Insurance
Attn: University of Kentucky Prescription Claims
P.O. Box 809025
Dallas, TX 75380-9025

Reimbursement is as follows:

- Kentucky Clinic Pharmacy - paid after the \$10/generic or \$30/brand name copay up to a maximum of \$800 per policy year.
- All other pharmacies - paid after the \$15/generic or \$45/brand name copay up to a maximum of \$250 per policy year.
- Total annual prescription benefit not to exceed \$800.
- 30-day prescription limit per copay.

Note: Prescriptions for Psychotherapy are covered under the Psychotherapy Benefit.
Allergy prescriptions will be covered at the Kentucky Clinic Pharmacy only.

BLOOD-BORNE PATHOGEN EXPOSURE

If you are a University of Kentucky health science student and have a blood-borne pathogen exposure which requires a full 28-day medical therapy, University of Kentucky Medical Center covers the first three days' cost of medication. Your Student Insurance will then pay 100% of the cost of the medication from Day 4 through Day 28. This is an additional benefit and will not be charged against the pharmacy benefit as currently stated in the master policy.

BENEFITS FOR BONE MARROW TRANSPLANTS FOR TREATMENT OF BREAST CANCER

Benefits will be paid on the basis as any other Sickness for the treatment of breast cancer by high-dose chemotherapy with autologous bone marrow transplantation or stem cell transplantation.

The administration of high-dose chemotherapy with autologous bone marrow transplantation or stem cell transplantation shall only be covered when performed in institutions that comply with the guidelines of the American Society for Blood and Marrow transplantation or the International Society of Hematotherapy and Graft Engineering, whichever has the higher standard.

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

ALCOHOLISM TREATMENT IN ACUTE CARE HOSPITAL BENEFIT

Benefits will be provided for alcoholism in acute care hospitals licensed by the Commonwealth or accredited by the Joint Commission on Accreditation of Hospitals and shall be treated as any other covered sickness.

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

BENEFITS FOR TEMPOROMANDIBULAR JOINT DISORDER AND CRANIOMANDIBULAR DISORDER

Benefits will be paid, the same as for treatment to any other joint in the body, for surgical and non-surgical treatment of temporomandibular joint disorder and craniomandibular jaw disorder. Treatment may be administered or prescribed by a Physician or dentist.

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

PSYCHOTHERAPY

While Hospital Confined, benefits will be paid as for any other Sickness not to exceed 30 days maximum per policy year. **Amounts payable for specific inpatient services are limited by the Schedule of Benefits.**

Benefits for Psychotherapy on an outpatient basis are limited to 50% of the Preferred Allowance when using a Preferred Provider, and 50% of Usual and Customary when using an Out of Network Provider, not to exceed \$500 maximum per policy year. **Psychotherapy rendered at the University Health Service will be paid at 100% up to \$800 maximum for each Sickness.**

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.

NOTE: Non-student dependents are not eligible for psychotherapy services at University Health Service.

EXCESS PROVISION

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

Benefits will be paid on the unpaid balances after your other group 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 group insurance. However, this Excess Provision will not be applied to the first \$100 of Medical Expenses incurred.

Covered Medical Expenses exclude 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 group insurance does not cover the loss.

MYNURSELINE

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-800-883-2951. MyNurseLine is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy.

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. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-888-344-6118.

DEFINITIONS

COVERED MEDICAL EXPENSES means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any.

Covered Medical Expenses will be deemed "incurred" only: 1) while the policy is in force; 2) when the covered services are provided; and 3) when a charge is made to the Insured Person for such services.

DEDUCTIBLE means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply per policy year as specified in the Schedule of Benefits.

Definitions Continued:

DEPENDENT means the spouse (husband or wife) of the Named Insured and their dependent, unmarried children. Children shall cease to be dependent on the first to occur of:

- 1) The end of the month in which they marry; or
- 2) The end of the month in which they attain the age of nineteen (19) years;

The attainment of the limiting age will not operate to terminate the coverage of such child while the child is and continues to be both:

- 1) Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
- 2) Chiefly dependent upon the Insured Person for support and maintenance.

Proof of such incapacity and dependency shall be furnished to the Company:

- 1) by the Named Insured; and
- 2) within 31 days of the child's attainment of the limiting age.

Subsequently, such proof must be given to the Company annually following the child's attainment of the limiting age.

If a claim is denied under the policy because the child has attained the limiting age for dependent children, the burden is on the Insured Person to establish that the child is and continues to be handicapped as defined by subsections (1) and (2).

ELECTIVE SURGERY OR ELECTIVE TREATMENT means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States.

HOSPITAL means a licensed or properly accredited general hospital which: 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises; and 6) is not primarily a clinic, nursing, rest or convalescent home; or 7) an institution specializing in or primarily treating Mental and Nervous Disorder.

HOSPITAL CONFINED/HOSPITAL CONFINEMENT means confined in a Hospital for at least 18 hours by reason of an Injury or Sickness for which benefits are payable.

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.

Definitions Continued:

INSURED PERSON means: 1) the Named Insured; and 2) Dependents of the Named Insured, if: 1) the Dependent is properly enrolled in the program, and 2) the appropriate dependent premium has been paid. The term "Insured" also means Insured Person.

INTENSIVE CARE means: 1) a specifically designated facility of the Hospital that provides the highest level of medical care; and 2) which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. They must be: 1) permanently equipped with special life-saving equipment for the care of the critically ill or injured; and 2) under constant and continuous observation by nursing staff assigned on a full-time basis, exclusively to the Intensive Care Unit. Intensive Care does not mean any of these step-down units:

- 1) Progressive care;
- 2) Sub-acute intensive care;
- 3) Intermediate care units;
- 4) Private monitored rooms;
- 5) Observation units; or
- 6) Other facilities which do not meet the standards for Intensive Care.

MEDICAL EMERGENCY means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in:

- 1) Death;
- 2) Placement of the Insured's health in jeopardy;
- 3) Serious impairment of bodily functions;
- 4) Serious dysfunction of any body organ or part; or
- 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

MEDICAL NECESSITY means those services or supplies provided or prescribed by a Hospital or Physician which are:

- 1) Essential for the symptoms and diagnosis or treatment of the Sickness or Injury;
- 2) Provided for the diagnosis, or the direct care and treatment of the Sickness or Injury;
- 3) In accordance with the standards of good medical practice;
- 4) Not primarily for the convenience of the Insured, or the Insured's Physician; and
- 5) The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being Hospital Confined means that: 1) the Insured requires acute care as a bed patient; and 2) the Insured cannot receive safe and adequate care as an outpatient.

This policy only provides payment for services, procedures and supplies which are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Hospital Confinement.

MENTAL AND NERVOUS DISORDER means a Sickness that is a mental, emotional or behavioral disorder. All diagnoses classified as a "Mental Disorder" according to the (International Classification of Diseases), are considered one Sickness.

Definitions Continued:

NAMED INSURED means an eligible, registered student of the Policyholder, if: 1) the student is properly enrolled in the program; and 2) the appropriate premium for coverage has been paid.

NEGATIVE X-RAY means an X-ray that shows the absence of a fracture; pathology; or disease.

NEWBORN INFANT means any child born of an Insured while that person is insured under this policy. Newborn Infants will be covered under the policy for the first 31 days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent.

The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the child's birth: 1) apply to us; and 2) pay the required additional premium, if any, for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth.

PHYSICIAN means a legally qualified licensed practitioner of the healing arts who provides care within the scope of his/her license, other than a member of the persons immediate family.

The term "member of the immediate family" means any person related to an Insured Person within the third degree by the laws of consanguinity or affinity.

PHYSIOTHERAPY means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Physician.

POSITIVE X-RAY means an X-ray that shows the presence of a fracture, pathology, or disease.

PRE-EXISTING CONDITION means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 months immediately prior to the Insured's Effective Date under the policy; or 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured's Effective Date under the policy.

PRESCRIPTION DRUGS means: 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs which under the applicable state or federal law may be dispensed only upon written prescription of a Physician; and 4) injectable insulin.

PSYCHOTHERAPY means the treatment of a Mental and Nervous Disorder. Psychotherapy includes all related or ancillary charges incurred as a result of a Mental and Nervous Disorder.

SICKNESS means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness.

SOUND, NATURAL TEETH means natural teeth, the major portion of the individual tooth is present, regardless of fillings or caps; and is not carious, abscessed, or defective.

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 loss or expense caused by, contributed to, or resulting from:

1. Acupuncture, allergy; except as specially provided in the policy;
2. Nicotine addiction; except at University Health Services;
3. Assistant Surgeon Fees;
4. Learning disabilities;
5. Biofeedback;
6. Injections;
7. Circumcision;
8. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
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; removal of warts, non-malignant moles and lesions;*
10. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
11. Elective Surgery or Elective Treatment;
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;
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. "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 or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Injury sustained while (a) participating in any interscholastic, 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;
19. Organ transplants, including organ donation; except as specifically provided in the policy;
20. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
21. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 9 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 provided benefits similar to this policy;*
22. 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;
 - 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 Paroled, 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;

Exclusions and Limitations (Continued)

23. 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 procedure;
24. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean section delivery;
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;*
26. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
27. Nasal and sinus surgery;*
28. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, 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. Supplies, except as specifically provided in the policy;
32. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia;
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.

* **Exclusion #9** - benefits will be paid the same as any other Sickness for removal of warts, non-malignant moles and lesions at the Student Health Center only or when referred by the Student Health Center.

* **Exclusion #16** - does not apply to immunizations or vaccines payable under the Benefit for Child Health Supervision Services. See the Schedule of Benefits for details.

* **Exclusion #21** - Pre-existing Condition exclusion will also apply credit for the continuous coverage under a prior health insurance policy if the prior coverage was continuous to a date within 60 days prior to the Insured Person's effective date of coverage under this policy. For international students, prior health insurance includes international health insurance and health coverage.

* **Exclusion #25** - including routine gynecological exams.

* **Exclusion #27** - Nasal and sinus surgery does not apply to surgery made necessary as a result of a covered injury.

ALTERNATIVE COVERAGE

If you do not meet the eligibility requirements of this student policy, please call 1-800-406-2338 for information on alternative coverage. You may also access information on this plan, get premium quotes, and apply on-line at our website: www.SecureNowInsurance.com.

PRE-ADMISSION NOTIFICATION

Avidyn 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.

Avidyn 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.

HOW TO FILE A CLAIM

For services received through University of Kentucky Hospital, Kentucky Clinic or University Health Service, you must present your insurance identification card at the time of service. Your claim will be automatically filed for you.

For services received outside of the University of Kentucky, you should present your insurance identification card at the time of service and request the provider to file the claim with the insurance company. If they are unable to file the claim for you, you should request an original bill showing services rendered, including your name, social security number, date of service, diagnosis, charges, and name and address of provider. Mail to the address below. It is always recommended that you keep a copy of the bill for your information.

Claims should be filed within 30 days of injury or first treatment for a sickness. Bills should be received by the Company within 90 days of service to be considered for payment. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Submit all claims or inquires to: Student Insurance, P.O. Box 809025, Dallas, Texas 75380-9025, Phone 1-888-344-6118 or 1-800-767-0700.

Pharmacy reimbursement, see page 11.

ASSIST AMERICA: 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 Assist America services. The requirements to receive these services are as follows:

International Students, insured spouse and insured minor child(ren): You are eligible to receive Assist America services worldwide, except in your home country.

Domestic Students, insured spouse and insured minor child(ren): You are eligible for Assist America services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program. Assist America services include Emergency Medical Evacuation and Return of Mortal Remains that meet the United States 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 Assist America services must be arranged and provided by Assist America, any services not arranged by Assist America will not be considered for payment.

Key Services include:

Medical Consultation, Evaluation and Referrals, Foreign Hospital Admission Guarantee, Emergency Medical Evacuation, Critical Care Monitoring, Medically Supervised Repatriation, Prescription Assistance, Transportation to Join Patient, Care for Minor Children Left Unattended Due to a Medical Incident, Return of Mortal Remains, Emergency Counseling Services, Lost Luggage or Document Assistance, Interpreter and Legal Referrals.

Please visit your school's insurance coverage page at www.studentresources.com for the Assist America 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 Assist America's 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.

Assist America 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 Assist America. Claims for reimbursement of services not provided by Assist America will not be accepted. Please refer to your Assist America brochure for Program Guidelines as well as limitations and exclusions pertaining to the Assist America program.



UNIVERSITY OF KENTUCKY
CAMPUS MAP

University of Kentucky Important Phone Numbers

| | |
|----------------------------------|-------------------|
| Campus Police | 911 |
| UK Hospital Emergency Department | 323-5901 |
| University Health Service | 323-5823 |
| Appointments | 323-2778 |
| Phone Information Nurse | 323-4636 |
| Insurance | 323-5823 Ext. 230 |
| Office of International Affairs | 257-4067 Ext. 238 |
| Graduate School Funding Office | 257-3261 |

The Plan is Underwritten by:

The MEGA Life and Health Insurance Company

Submit all Claims or Inquiries to:

Student Insurance

P.O. Box 809025

Dallas, Texas 75380-9025

1-888-344-6118

(This number is for access by University of Kentucky students only)

1-469-229-6700 from abroad

or **1-800-767-0700**

customerservice@studentinsurance.net

claims@studentinsurance.net

Sales/Marketing Service:

1-800-237-0903

E-MAIL: info@studentresources.com

For additional information on dental and vision plans that may be available, please call 1-800-237-0903 or visit the Website: www.studentresources.com

ONLINE SERVICES: Please Visit our Website at www.StudentResources.com for Brochures, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services.

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

This Brochure is based on Policy # 2006-298-1