

SERFF Tracking Number: UHLC-126238108 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 43360
Company Tracking Number: COL06ARREV09
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: Blanket Student Accident and Health Policy
Project Name/Number: /COL-06-AR (Rev 09)

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: Blanket Student Accident and Health Policy SERFF Tr Num: UHLC-126238108 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved-Closed State Tr Num: 43360

Sub-TOI: H04.001 Student

Co Tr Num: COL06ARREV09

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Mark Wenshau, Karen Johnson

Disposition Date: 10/29/2009

Date Submitted: 08/28/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number: COL-06-AR (Rev 09)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: State-specific changes to Arkansas.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Blanket

Filing Status Changed: 10/29/2009

Explanation for Other Group Market Type:

State Status Changed: 10/29/2009

Deemer Date:

Created By: Mark Wenshau

Submitted By: Karen Johnson

Corresponding Filing Tracking Number:

PPACA: Pre-PPACA Submission

Filing Description:

Please see my cover letter for further details of this filing. Thank you.

Company and Contact

Filing Contact Information

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Karen Johnson, Compliance Analyst II KJohnson@uhcsr.com
 2301 West Plano Parkway 866-808-8305 [Phone]
 Suite 300 469-229-5515 [FAX]
 Plano, TX 75075

Filing Company Information

UnitedHealthcare Insurance Company CoCode: 79413 State of Domicile: Connecticut
 450 Columbus Boulevard Group Code: 707 Company Type: Life and Health
 PO Box 150450 Group Name: State ID Number:
 Hartford, CT 06115-0450 FEIN Number: 36-2739571
 (860) 702-5000 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 / Form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$50.00	08/28/2009	30182666

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/29/2009	10/29/2009
Approved-Closed	Rosalind Minor	09/22/2009	09/22/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Corrected Page - PPO Schedule Page 9 (3) and Page 19	Note To Reviewer	Karen Johnson	10/28/2009	10/28/2009

SERFF Tracking Number: UHLC-126238108 *State:* Arkansas
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Disposition

Disposition Date: 10/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

The Revised Page 9 (3) and Revised Page 19 has been approved effective on this date.

The remainder of the filing will maintain the original approval date.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Cert of Compliance	Approved-Closed	Yes
Supporting Document	NAIC Transmittal	Approved-Closed	Yes
Form	Injury and Sickness Policy	Approved-Closed	Yes
Form	Mandatory Offer Endorsement	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes

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Disposition

Disposition Date: 09/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Note To Reviewer

Created By:

Karen Johnson on 10/28/2009 09:15 AM

Last Edited By:

Karen Johnson

Submitted On:

10/28/2009 09:16 AM

Subject:

Corrected Page - PPO Schedule Page 9 (3) and Page 19

Comments:

Thank you for reopening this submission. After receiving notice of your approval, we noted two pages that required minor revisions.

PPO Schedule Page 9 (3) has been updated to indicate that Alcoholism/Drug Abuse would be paid as indicated in the Benefits for Mental Illness Treatment Mandate.

Exclusion # 56 on page 19 has been revised to include variable brackets around the text "except as specifically provided in the Benefit for Mental Illness."

In all other respects, the policy remains the same as approved.

SCHEDULE OF BENEFITS (Continued)
[INJURY] [ONLY] AND [SICKNESS] [ONLY] BENEFITS

[Alcoholism/[Drug Abuse]:	<u>[Paid as any other Sickness/See Benefits for Mental Illness Treatment]</u> [No Benefits]	<u>[Paid as any other Sickness/See Benefits for Mental Illness Treatment]</u> [No Benefits]	<u>[Paid as any other Sickness/See Benefits for Mental Illness Treatment]</u> [No Benefits]
[Drug Abuse:	[No Benefits]	[No Benefits]	[No Benefits]
[Maternity:	[Paid as any other Sickness]	[Paid as any other Sickness]	[Paid as any other Sickness]
[Elective Abortion:	[Paid as any other Sickness / \$200 maximum]	[Paid as any other Sickness / \$200 maximum]	[Paid as any other Sickness / \$200 maximum]
[Complications of Pregnancy:	Paid as any other Sickness	Paid as any other Sickness	Paid as any other Sickness
[Repatriation: [\$1000 maximum]	N/A	N/A	N/A
[Medical Evacuation: [\$1000 maximum]	N/A	N/A	N/A
[*AD&D: [\$1000 - \$7500 maximum]	N/A	N/A	N/A
[Supplemental [Injury] Benefit:	[No Benefits]	[No Benefits]	[No Benefits]
[*Intercollegiate Sports:	[No Benefits]	[No Benefits]	[No Benefits]
[Orthopedic Evaluation:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]
[Second Surgical Opinion:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]
[Any routine service generally excluded under the policy (e.g. contraceptives, routine physical exam, pap smear, allergy testing)	[Paid as any other Sickness / \$100 maximum]	[Paid as any other Sickness / \$100 maximum]	[Paid as any other Sickness / \$100 maximum]

**[MEDICAL EXPENSE BENEFITS
MAXIMUM [LIFETIME] BENEFIT**

[The aggregate amount payable by the Company for incurred Covered Medical Expenses for [any one] Injury [or Sickness] will never exceed an amount determined by subtracting from the sum of [\$100,000] [the following: (i) all amounts paid under this policy for any [one] Injury [or Sickness]; (ii) all amounts paid to or in respect of an Insured for any [one] Injury [or Sickness] under any other policy issued to the Policyholder by this Company, regardless of the policy period of such other policy]; (iii) all amounts paid to an Insured [for any one Injury [or Sickness]] under a student health or accident policy issued by another insurer (including the prior insurer) to the Policyholder, regardless of the policy period of such other policy].]

[The Maximum Benefit for all benefit coverage afforded under this policy is [\$100,000] [for any one Injury [or Sickness]]. Covered Medical Expenses shall not include amounts paid by the Insured for coinsurance.]]

MAJOR MEDICAL

Included () Optional ()

Maximum Benefit	[\$10,000]
Total Benefit Basic & Major Medical	[\$10,000]
Deductible	[- 0 -][Per Insured Person]
	[Per Policy Year]
Coinsurance	[80%]
(as described in the Major Medical Benefit endorsement attached)	

[OPTIONAL] CATASTROPHIC MEDICAL

Maximum [Lifetime] Benefit	[\$100,000]
	[Plan pays at 100%]
(as described in the [Optional] Catastrophic Medical Benefit endorsement attached)	

[*SHC Referral Required: Yes () No (X) **[Conversion Permitted:** Yes () No (X)]

[*Pre-Admission Notification: Yes () No (X)]

[() 52 week Benefit Period] [or] [(X) Extension of Benefits]

SCHEDULE OF BENEFITS (Continued)
[INJURY] [ONLY] AND [SICKNESS] [ONLY] BENEFITS

Other Insurance: (X) *[Excess Insurance][Coord. of Benefits] () Excess Motor Vehicle [Only] () Primary Insurance

[*If benefit is designated, see endorsement attached.]

EXCLUSIONS AND LIMITATIONS (Continued)

52. [Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, [or gynecomastia;] [except as specifically provided in the policy];
53. [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);] [jet ski;] [ski cycle;] [or] [snowmobile] [skiing] [scuba diving,] [surfing,] [roller skating,] [riding in a rodeo] [according to the policy provisions];]
54. [Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;]
55. [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
56. [Weight management, weight reduction, nutrition programs, treatment for obesity, [(except [surgery for] morbid obesity)], surgery for removal of excess skin or fat, [and treatment of eating disorders such as bulimia and anorexia], except as specifically provided in the Benefit for Mental Illness], except as specifically provided in the policy. [Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.]]
57. [No benefits will be paid for loss or expense incurred outside the United States and its possessions[, Canada][or][Mexico][, except [for a Medical Emergency] when traveling for [academic study abroad programs] [business] [or] pleasure].

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Form Schedule

Lead Form Number: COL-06-AR (Rev 09)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/22/2009	COL-06-AR (Rev 09)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Injury and Sickness	Initial			COL-06-AR (Rev 09) Clean.pdf COL-06-AR (Rev 09) Mark up.pdf
Approved-Closed 09/22/2009	COL-06MOE- AR-END (8)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Mandatory Offer Endorsement	Initial			COL-06MOE- AR END (8) Hearing Aids.pdf
Approved-Closed 09/22/2009	AOL-06-AR Ap2 (Rev 09)	Application/ Enrollment Form	Application	Initial			COL-06-AR AP2 (Rev 09) Clean.pdf COL-06-AR AP2 (Rev 09) Mark up.pdf

BLANKET STUDENT ACCIDENT [AND SICKNESS] POLICY
UNITEDHEALTHCARE INSURANCE COMPANY
Administrative Office Address: P.O. Box 809025, Dallas, TX 75380-9025

POLICYHOLDER [ANY SCHOOL]	POLICY NUMBER [06-0000]
ADDRESS 123 ANY STREET ANY TOWN, AR	Effective Date [2010-2011] ACADEMIC YEAR Termination Date [2010-2011] ACADEMIC YEAR

PREMIUM FOR EACH INSURED PERSON

SEE APPLICATION ATTACHED

LIST OF ENDORSEMENTS ATTACHED TO AND FORMING A PART OF THIS POLICY

UNITEDHEALTHCARE INSURANCE COMPANY

hereinafter called the Company, agrees, subject to all provisions, conditions, exclusions and limitations of this policy to pay the benefits provided by this policy for loss resulting from a cause covered by this policy. This policy is issued in consideration of the application and payment of the premiums. Premiums as specified above are payable for each Insured Person.

Non-Renewable One Year Term Insurance -- This Policy Will Not Be Renewed



President

Countersigned by _____ Licensed Resident Agent

PREMIUMS AND PREMIUM PAYMENT

The Policyholder agrees to remit the premium for each Insured Person to the Company or its authorized agent within 20 days after the receipt of the premium. The Company will have the right to examine all of the Policyholder's books and records relating to this policy at any time up to the later of 1) two years after the termination of this policy and 2) the date of final adjustment and settlement of all claims under this policy.

TABLE OF CONTENTS

Eligibility and Termination Provisions	[2]
General Provisions	[2]
Definitions	[4]
Schedule of Benefits	[9]
Benefit Provisions	[10]
[Mandated Benefits	[13]]
Exclusions and Limitations	[16]

PART I
ELIGIBILITY AND TERMINATION PROVISIONS

Eligibility: Each person who belongs to one of the "Classes of Persons To Be Insured" as set forth in the application is eligible to be insured under this policy. [[The Named Insured 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 Named Insured actively attend classes.]] The Company maintains its right to investigate [eligibility or] student status and attendance records to verify that the policy eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, its only obligation is refund of premium.]

[The eligibility date for Dependents of the Named Insured (as defined) shall be determined in accordance with the following:

- 1) If a Named Insured has Dependents on the date he or she is eligible for insurance; or
- 2) If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
 - (a) On the date the Named Insured marries the Dependent; or
 - (b) On the date the Named Insured acquires a dependent child who is within the limits of a dependent, unmarried child set forth in the "Definitions" section of this policy.

[Dependent eligibility expires concurrently with that of the Named Insured.]

Eligible persons may be insured under this policy subject to the following:

- 1) Payment of premium as set forth on the policy application; and,
- 2) Application to the Company for such coverage.

Effective Date: Insurance under this policy shall become effective on the later of the following dates:

- 1) The Effective Date of the policy; or
- 2) The date premium is received by the Administrator.

[Dependent coverage will not be effective prior to that of the Named Insured.]

Termination Date: The coverage provided with respect to the Named Insured shall terminate on the earliest of the following dates:

- 1) The last day of the period through which the premium is paid[; or]
- [[2)] The date the policy terminates].

[The coverage provided with respect to any Dependent shall terminate on the earliest of the following dates:

- 1) The last day of the period through which the premium is paid;
- [[2)] The date the policy terminates;] [or]
- [3)] The date the Named Insured's coverage terminates.]

PART II
GENERAL PROVISIONS

ENTIRE CONTRACT CHANGES: This policy, including the endorsements and attached papers, if any, and the application of the Policyholder shall constitute the entire contract between the parties. No agent has authority to change this policy or to waive any of its provisions. No change in the policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. Such an endorsement or attachment shall be effective without the consent of the Insured Person but shall be without prejudice to any claim arising prior to its Effective Date.

GENERAL PROVISIONS (Continued)

PAYMENT OF PREMIUM: All premiums are payable in advance for each policy term in accordance with the Company's premium rates. The full premium must be paid even if the premium is received after the policy Effective Date. There is no pro-rata or reduced premium payment for late enrollees. There will be no refunds to students who cancel coverage under the policy; unless the Insured enters the armed forces. [[Optional coverages may only be purchased simultaneously and in conjunction with the purchase of Basic coverage at the time of initial enrollment.] [The Named Insured may purchase optional coverages for himself or for himself and all Dependent family members.]]

Premium adjustments involving return of unearned premiums to the Policyholder will be limited to a period of 12 months immediately preceding the date of receipt by the Company of evidence that adjustments should be made. Premiums are payable to the Company, [P.O. Box 809026, Dallas, Texas 75380-9026].

NOTICE OF CLAIM: Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, [P.O. Box 809025, Dallas, Texas 75380-9025] with information sufficient to identify the Named Insured shall be deemed notice to the Company.

CLAIM FORMS: [Upon receipt of a notice of claim, the Company will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of written notice the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and extent of the loss for which claim is made.] [Claim forms are not required.]

PROOF OF LOSS: Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to furnish proof. In no event except in the absence of legal capacity shall written proofs of loss be furnished later than one year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIM: Indemnities payable under this policy for loss will be paid immediately upon receipt of due written proof of such loss.

PAYMENT OF CLAIMS: All or a portion of any indemnities provided by this policy may, at the Company's option, and unless the Named Insured requests otherwise in writing not later than the time of filing proofs of such loss, be paid directly to the Hospital or person rendering such service. Otherwise, accrued indemnities will be paid to the Named Insured or the estate of the Named Insured. Any payment so made shall discharge the Company's obligation to the extent of the amount of benefits so paid.

PHYSICAL EXAMINATION: As a part of Proof of Loss, the Company at its own expense shall have the right and opportunity: 1) to examine the person of any Insured Person when and as often as it may reasonably require during the pendency of a claim; and, 2) to have an autopsy made in case of death where it is not forbidden by law. The Company has the right to secure a second opinion regarding treatment or hospitalization. Failure of an Insured to present himself or herself for examination by a Physician when requested shall authorize the Company to: (1) withhold any payment of Covered Medical Expenses until such examination is performed and Physician's report received; and (2) deduct from any amounts otherwise payable hereunder any amount for which the Company has become obligated to pay to a Physician retained by the Company to make an examination for which the Insured failed to appear. Said deduction shall be made with the same force and effect as a Deductible herein defined.

LEGAL ACTIONS: No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proofs of loss have been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of 3 years after the time written proofs of loss are required to be furnished.

SUBROGATION: The Company shall be subrogated to all rights of recovery which any Insured Person has against any person, firm or corporation to the extent of payments for Benefits made by the Company to or for benefit of an Insured Person. The Insured shall execute and deliver such instruments and papers as may be required and do whatever else is necessary to secure such rights to the Company.

In the event that the Insured recovers from the third party, reasonable cost of collection and attorney's fees thereof shall be assessed against the Company and the Insured in the proportion each benefits from the recovery. In the event more than one casualty insurer, health insurer, health maintenance organization, self-funded group, multiple-employer welfare arrangement or hospital or medical services corporation having contractual subrogation rights are entitled to the subrogation benefits, reasonable cost of collection and attorney's fees thereof shall be assessed against the insurers and the Insured in the proportion each benefits from the recovery.

GENERAL PROVISIONS (Continued)

RIGHT OF RECOVERY: Payments made by the Company which exceed the Covered Medical Expenses (after allowance for Deductible and coinsurance clauses, if any) payable hereunder shall be recoverable by the Company from or among any persons, firms, or corporations to or for whom such payments were made or from any insurance organizations who are obligated in respect of any covered Injury [or Sickness] as their liability may appear.

MORE THAN ONE POLICY: Insurance effective at any one time on the Insured Person under a like policy, or policies in this Company is limited to the one such policy elected by the Insured Person, his beneficiary or his estate, as the case may be, and the Company will return all premiums paid for all other such policies.

PART III DEFINITIONS

[COMPLICATION OF PREGNANCY means a condition: 1) caused by pregnancy; 2) requiring medical treatment prior to, or subsequent to termination of pregnancy; 3) the diagnosis of which is distinct from pregnancy; and 4) which constitutes a classifiably distinct complication of pregnancy. A condition simply associated with the management of a difficult pregnancy is not considered a complication of pregnancy. The term "complication of pregnancy" includes non-elective cesarean section; therapeutic abortion; ectopic pregnancy which is terminated; spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible; hyperemesis gravidarum; and, pre-eclampsia.]

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) when the covered services are provided; and 2) 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 or per occurrence (for each Injury [or Sickness]) as specified in the Schedule of Benefits.

[[DEPENDENT means the spouse (husband or wife) [or Domestic Partner] 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[; or [23] years, if a full-time dependent student at an accredited institution of higher learning].

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.

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).

Dependent shall also include any minor under the charge, care and control of the Named Insured that the Insured has filed a petition to adopt. Coverage shall begin:

- 1) On the date of the filing of the petition for adoption, provided the Named Insured applies within sixty (60) days after the filing of the petition for adoption; or
- 2) From the moment of birth, provided the petition for adoption and application for coverage is filed within (60) days after the birth of the minor.

Coverage shall terminate upon the dismissal or denial of a petition for adoption.]

DEFINITIONS (Continued)

[[DOMESTIC PARTNER means a person who is neither married nor related by blood or marriage to the Named Insured but who is: 1) the Named Insured's sole spousal equivalent; 2) lives together with the Named Insured in the same residence and intends to do so indefinitely; and 3) is responsible with the Named Insured for each other's welfare. A domestic partner relationship may be demonstrated by any three of the following types of documentation: 1) a joint mortgage or lease; 2) designation of the domestic partner as beneficiary for life insurance; 3) designation of the domestic partner as primary beneficiary in the Named Insured's will; 4) domestic partnership agreement; 5) powers of attorney for property and/or health care; and 6) joint ownership of either a motor vehicle, checking account or credit account.]

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 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.]

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].

DEFINITIONS (Continued)

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 ILLNESS means those illnesses and disorders listed in the International Classification of Diseases Manual and the Diagnostic and Statistical Manual of Mental Disorders. Mental illness includes substance use disorders. [If not excluded or defined elsewhere in the policy, all diagnoses classified as a "Mental Disorder" according to the International Classification of Diseases Manual and Diagnostic and Statistical Manual of Mental Disorders are considered one Sickness.]]

NAMED INSURED means an eligible, [registered student] [participant] of the Policyholder, if: 1) the [student] [participant] 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 90 days after birth. Coverage for such a child will be for Injury [or Sickness,] including congenital defects, premature birth, and tests for hypothyroidism, phenylketonuria and galactosemia, and, in the case of non-Caucasian Newborn Infants, tests for sickle-cell anemia, as well as any testing of Newborn Infants hereafter mandated by law and shall also include coverage to pay for routine nursery care and pediatric charges for a well Newborn Infant for up to five (5) full days in a hospital nursery, or until the mother is discharged from the hospital following the birth of the child, whichever is less.]

[The Insured will have the right to continue such coverage for the child beyond the first 90 days. To continue the coverage the Insured must, within the 90 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 90 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 person's 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.

DEFINITIONS *(Continued)*

[PSYCHOTHERAPY means the treatment of a Mental Illness.]

REGISTERED NURSE means a professional nurse (R.N.) who is not a member of the Insured Person's immediate family.

[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.] [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.]

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][locality where service is rendered]. 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.]

[

**[PART IV
[COVERED LOSS - TIME LIMITS**

Covered Medical Expenses will be paid under the Schedule of Benefits for loss[:]

- [1)] Due to Injury to an Insured Person provided that treatment by a Physician: a) begins within [30 days] after the date of Injury; and, b) is received within [12 months] after date of Injury[: or,
- 2) Due to Sickness of an Insured Person provided Covered Medical Expenses are incurred within [12 months] after the date of first treatment for such Sickness].]

[EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this 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:

- 1) Under the Basic Plan, not to exceed [30 days] after the Termination Date; or
- 2) Under the Major Medical Plan, not to exceed [12 months] 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.]

[EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this 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 [30 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.]

[EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this policy ceases on the Termination Date. However, if an Insured incurs medical expenses within [30] days of 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:

- 1) When not Hospital Confined on the Termination Date, not to exceed [30 days] after the Termination Date; or
- 2) When Hospital Confined on the Termination Date, not to exceed [12 months] 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.]

If the Insured is also an Insured under the succeeding policy issued to the Policyholder; this "Extension of Benefits" provision will not apply.]

]

SCHEDULE OF BENEFITS(Continued)
[[BASIC] MEDICAL EXPENSE BENEFITS]
[INJURY] [ONLY] AND [SICKNESS] [ONLY] BENEFITS

[Alcoholism/Drug Abuse:	[Paid as any other Sickness/See Benefits for Mental Illness][No Benefits]]
[Drug Abuse:	[No Benefits]]
[Maternity:	[Paid as any other Sickness]]
[Elective Abortion:	[\$ 200 maximum]]
[Complications of Pregnancy:	[Paid as any other Sickness]]
[Repatriation:	[\$1000 maximum]]
[Medical Evacuation:	[\$1000 maximum]]
[Supplemental [Injury] Benefit:	[No Benefits]]
[*AD&D:	[\$1000 - \$7500]]
[*Intercollegiate Sports:	[No Benefits]]
[Orthopedic Evaluation:	[\$ 25 per day / 3 days maximum]]
[Second Surgical Opinion:	[\$ 75 maximum]]
[Any routine service generally	[\$ 100 maximum]]

excluded under the policy (e.g. contraceptives, routine physical exam, pap smear, allergy testing)

**[MEDICAL EXPENSE BENEFITS
MAXIMUM [LIFETIME] BENEFIT**

[The aggregate amount payable by the Company for incurred Covered Medical Expenses for [any one] Injury [or Sickness] will never exceed an amount determined by subtracting from the sum of [\$100,000] [the following: (i) all amounts paid under this policy for any [one] Injury [or Sickness]; (ii) all amounts paid to or in respect of an Insured for any [one] Injury [or Sickness] under any other policy issued to the Policyholder by this Company, regardless of the policy period of such other policy]; (iii) all amounts paid to an Insured [for any one Injury [or Sickness]] under a student health or accident policy issued by another insurer (including the prior insurer) to the Policyholder, regardless of the policy period of such other policy].]

[The Maximum Benefit for all benefit coverage afforded under this policy is [\$100,000] [for any one Injury [or Sickness]]. Covered Medical Expenses shall not include amounts paid by the Insured for coinsurance.]]

**MAJOR MEDICAL
Included () Optional ()**

Maximum Benefit	[\$10,000]
Total Benefit Basic & Major Medical	[\$10,000]
Deductible	[- 0 -][Per Insured Person][Per Policy Year]
Coinsurance	[80%]

(as described in the Major Medical Benefit endorsement attached)

[OPTIONAL] CATASTROPHIC MEDICAL

Maximum [Lifetime] Benefit	[\$100,000]
	[Plan pays at 100%]

(as described in the [Optional] Catastrophic Medical Benefit endorsement attached)

[*SHC Referral Required: Yes () No (X)] **[Conversion Permitted:** Yes () No (X)]

[*Pre-Admission Notification: Yes () No (X)]

[() **52 week Benefit Period**] [or] [(X) **Extension of Benefits**]

Other Insurance: (X) ***[Excess Insurance]** [Coordination of Benefits] () **Excess Motor Vehicle [Only]** () **Primary Insurance**

[*If benefit is designated, see endorsement attached.]

SCHEDULE OF BENEFITS (Continued)
[INJURY] [ONLY] AND [SICKNESS] [ONLY] BENEFITS

Physician's Visits:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]
[Physiotherapy:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
[(Outpatient Physiotherapy benefits are payable only [when referred by the Student Health Center or] 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.)]			
[Outpatient Miscellaneous Benefits:	[No Benefits]	[No Benefits]	[No Benefits]]
Medical Emergency:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]
[[Positive] X-rays:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
[Negative X-rays:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
[Radiation Therapy:]	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
Laboratory:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]
Tests and Procedures:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]
[Injections:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
[Chemotherapy:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
[Psychotherapy:	Paid as any other Sickness/See Benefits for Mental Illness Treatment] [No Benefits]	Paid as any other Sickness/See Benefits for Mental Illness Treatment] [No Benefits]	Paid as any other Sickness/See Benefits for Mental Illness Treatment] [No Benefits]]
[Prescription Drugs:	[* [UnitedHealthcare Network Pharmacy [(UHPS),] [[*\$50 – \$1,000] Deductible (Per Policy Year) [does not apply to policy Deductible]] [[*\$10-\$200] copay per prescription] [[50% -90%] coinsurance per prescription] [tier 1] [tier 2] [tier 3] [tier 4] [in addition to the Policy Deductible,] [plus any Ancillary Charge] / [up to a [31][60] day supply [per prescription] [per Specialty Prescription Drug Product]] /[[*\$250-\$policy max] maximum [[Per Insured Person] Per Policy Year]]		[[*\$50 – \$1,000] Deductible (Per Policy Year) [does not apply to policy Deductible]] [[*\$10-80] Deductible per prescription [generic drug] [brand-name drug] [in addition to the policy Deductible]] [up to a [31]-day supply [per prescription]] [[70%] of [Allowable Charges]] [[*\$250-\$policy max] maximum [[Per Insured Person] Per Policy Year]] [No Benefits]
Other			
Ambulance:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]
[Durable Medical Equipment:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
[Consultant:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
[Dental: [(Injury to Sound, Natural Teeth only)]]	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]

SCHEDULE OF BENEFITS (Continued)
[INJURY] [ONLY] AND [SICKNESS] [ONLY] BENEFITS

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:

[List Preferred Providers in School Area here]]

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by calling [the Company at [1-800-767-0700]] 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.]

["Allowable Charges"] means the Company's allowance for a specified Covered Medical Expense or the provider's charge for the service, whichever is less.]

["Out of Network"] providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

["Network Area"] means the [50 mile radius] around the local school campus the Named Insured is attending.]

[[Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid]. The Company will pay according to the benefit limits in the Schedule of Benefits.]

Inpatient Hospital Expenses

PREFERRED HOSPITALS - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at [100%], up to any limits specified in the Schedule of Benefits. Call [(800) 767-0700] for information about Preferred Hospitals.

OUT-OF-NETWORK HOSPITALS - If care is provided at a Hospital that is not a Preferred Provider, eligible inpatient Hospital expenses will be paid according to the benefit limits in the Schedule of Benefits.

Outpatient Hospital Expenses

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

Professional & Other Expenses

Benefits for Covered Medical Expenses provided by [name of network or Physician groups] will be paid at [100%] of [Allowable Charges] or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.]

[SPECIAL PROVIDER ARRANGEMENTS

[Affiliated Physicians, Inc. and Doctors Walk-In Clinics] [have] agreed to accept special reduced reimbursement rates for treatment rendered to Insureds. Eligible [Physician] services provided by [Affiliated Physicians, Inc. and Doctors Walk-In Clinics] will be paid at [100%] of these negotiated rates for Covered Medical Expenses, up to the Schedule of Benefits limits.

Insureds will be responsible for all out of pocket expenses in excess of the policy limits contained in the Schedule of Benefits.]

PART [VI]
MEDICAL EXPENSE BENEFITS - INJURY [AND SICKNESS]

Benefits are payable for Covered Medical Expenses (see "Definitions") less any Deductible incurred by or for an Insured Person for loss due to Injury [or Sickness] subject to: a) the Maximum Benefit for all services; b) the maximum amount for specific services; both as set forth in the Schedule of Benefits; and c) any coinsurance amount set forth in the Schedule of Benefits or any endorsement hereto. The total payable for all Covered Medical Expenses shall never exceed the Maximum Benefit stated in the Schedule of Benefits. Read the "Definitions" section and the "Exclusions and Limitations" section carefully.

No benefits will be paid for services designated as "No Benefits" in the Schedule of Benefits or for any matter described in "Exclusions and Limitations." If a benefit is designated, Covered Medical Expenses include:

1. **Room and Board Expense:** [1)] daily semi-private room rate when Hospital Confined[; and 2) general nursing care provided and charged by the Hospital.
2. **[Intensive Care:** If provided in the Schedule of Benefits.]
3. **Hospital Miscellaneous Expenses:** 1) while Hospital Confined; or 2) as a precondition for being Hospital Confined. Benefits will be paid for services and supplies 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.
4. **[Routine Newborn Care:** 1) while Hospital Confined; and 2) routine nursery care provided immediately after birth. The benefits and the maximum amounts are specified in the Schedule of Benefits.]
5. **[Physiotherapy (Inpatient):** See Schedule of Benefits.]
6. **Surgery:** Physician's fees for inpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. [Covered Medical Expenses will be paid under this inpatient surgery benefit; or under the outpatient surgery benefit, but not both.] [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 the benefit for the one of such procedures for which the largest benefit is payable.][the maximum amount paid will not exceed [50%] of the second procedure and [25%] of all subsequent procedures.]
7. **[Assistant Surgeon Fees:** in connection with inpatient surgery, if provided in the Schedule of Benefits.]
8. **Anesthetist Services:** professional services administered in connection with inpatient surgery.
9. **Registered Nurse's Services:** [1) private duty nursing care only;] [2)] while Hospital Confined; [3)] ordered by a licensed Physician; and [4)] a Medical Necessity. [General nursing care provided by the Hospital is not covered under this benefit.]
10. **Physician's Visits:** when Hospital Confined. [Benefits are limited to one visit per day.] Benefits do not apply when related to surgery. [Covered Medical Expenses will be paid under the [inpatient] benefit or under the [outpatient] benefit for Physician's Visits, but not both on the same day.]
11. **Pre-admission Testing:** limited to routine tests such as: complete blood count; urinalysis; and chest X-rays. If otherwise payable under the policy, major diagnostic procedures such as: cat-scans; NMR's; and blood chemistries will be paid under the "Hospital Miscellaneous" benefit. [This benefit is payable within [3] working days prior to admission.]
12. **[Psychotherapy (Inpatient):** the benefits and the maximum amounts are specified in the Schedule of Benefits. [Benefits are limited to one visit per day.]

MEDICAL EXPENSE BENEFITS - INJURY [AND SICKNESS] (Continued)

13. **Surgery (Outpatient):** Physician's fees for outpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. [Covered Medical Expenses will be paid under this outpatient surgery benefit; or under the inpatient surgery benefit, but not both.] [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 the benefit for the one of such procedures for which the largest benefit is payable.][the maximum amount paid will not exceed [50%] of the second procedure and [25%] of all subsequent procedures.]]
14. **Day Surgery Miscellaneous (Outpatient):** in connection with outpatient day surgery[; excluding non-scheduled surgery; and surgery performed in a Hospital emergency room; trauma center; Physician's office; or clinic]. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; [therapeutic services;] and supplies.
15. **[Assistant Surgeon Fees (Outpatient):** in connection with outpatient surgery, if provided in the Schedule of Benefits.]
16. **[Anesthetist (Outpatient):** professional services administered in connection with outpatient surgery.]
17. **[Outpatient Miscellaneous Benefit:** outpatient Hospital and Physician services. Outpatient services payable under this benefit will be designated "Paid under Outpatient Miscellaneous Benefit" in the Schedule of Benefits.]
18. **Physician's Visits (Outpatient):** [benefits are limited to one visit per day.] Benefits do not apply when related to surgery or Physiotherapy. [Covered Medical Expenses will be paid under the [outpatient] benefit or under the [inpatient] benefit for Physician's Visits, but not both on the same day.]
19. **[Physiotherapy (Outpatient):** [benefits are limited to one visit per day].]
20. **Medical Emergency Expenses (Outpatient):** only in connection with a Medical Emergency as defined. Benefits will be paid for [the attending Physician's charges,] [X-rays,] [laboratory procedures,] [injections,] the use of the emergency room and supplies. [Treatment must be rendered within [72] hours from time of Injury [or first onset of Sickness].]
21. **Diagnostic X-ray Services (Outpatient):** if so noted in the Schedule of Benefits, separate maximums apply to positive and negative X-rays. [Diagnostic X-rays are only those procedures identified in Physicians' Current Procedural Terminology (CPT) as codes 70000 - 79999 inclusive.]
22. **[Radiation Therapy (Outpatient):** See Schedule of Benefits.]
23. **Laboratory Procedures (Outpatient):** [Laboratory Procedures are only those procedures identified in Physicians' Current Procedural Terminology (CPT) as codes 80000 - 89999 inclusive.]
24. **Tests and Procedures (Outpatient):** 1) diagnostic services and medical procedures; 2) performed by a Physician; 3) excluding Physician's Visits; Physiotherapy; X-Rays; and Laboratory Procedures.
25. **[Injections (Outpatient):** 1) when administered in the Physician's office; and 2) charged on the Physician's statement.]
26. **[Chemotherapy (Outpatient):** See Schedule of Benefits.]
27. **[Prescription Drugs (Outpatient):** See Schedule of Benefits.]
28. **[Psychotherapy (Outpatient):** the benefits and the maximum amounts are specified in the Schedule of Benefits. [Benefits are limited to one visit per day.]]
29. **[Ambulance Services:** See Schedule of Benefits.]

MEDICAL EXPENSE BENEFITS - INJURY [AND SICKNESS] (Continued)

30. **[Durable Medical Equipment:** 1) when prescribed by a Physician; and 2) a written prescription accompanies the claim when submitted. Replacements are never covered. Durable medical equipment includes equipment that: 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury [or Sickness]. No benefits will be paid for rental charges in excess of purchase price.]
31. **[Consultant Physician Fees:** when requested and approved by the attending Physician. [Covered Medical Expenses will be paid under this benefit or under the Physician's Visits benefit, but not both on the same day.]]
32. **[Dental Treatment:** [1)] performed by a Physician[; and, 2) made necessary by Injury to Sound, Natural Teeth]. [Breaking a tooth while eating is not covered.] [Routine dental care and treatment to the gums are not covered.]]
33. **[Alcoholism/Drug Abuse Treatment:** the benefits and the maximum amounts are specified in the Schedule of Benefits and endorsement attached hereto, if so noted in the Schedule of Benefits.]
34. **[Maternity:** Same as any other Sickness.]
35. **[Complications of Pregnancy:** Same as any other Sickness.]
36. **[[Optional] Repatriation [(International) Students Only]:** if the Insured dies while insured under the policy; benefits will be paid for: 1) preparing; and 2) transporting the remains of the deceased's body to his home country. [This benefit is limited to the maximum benefit specified in the Schedule of Benefits. No additional benefits will be paid under Basic or Major Medical coverage.] [This optional benefit is subject to payment of the additional premium as specified on the application.]]
37. **[[Optional] Medical Evacuation [(International) Students Only]:** 1) when Hospital Confined for at least [five] consecutive days; and 2) when recommended and approved by the attending Physician. Benefits will be paid for the evacuation of the Insured to his home country. [This benefit is limited to the maximum benefit specified in the Schedule of Benefits. No additional benefits will be paid under Basic or Major Medical coverage.] [This optional benefit is subject to payment of the additional premium as specified on the application.]]
38. **[Supplemental [Injury] Benefit:** for treatment rendered: 1) on an [inpatient or outpatient] basis; 2) in a Physician's office or Hospital[; and 3) as a result of Injury]. This benefit will be paid prior to all other Basic benefits.]
39. **[Accidental Death and Dismemberment:** the benefits and the maximum amounts are specified in the Schedule of Benefits and endorsement attached hereto, if so noted in the Schedule of Benefits.]
40. **[Intercollegiate Sports:** the benefits and the maximum amounts are specified in the Schedule of Benefits and endorsement attached hereto, if so noted in the Schedule of Benefits.]

**[PART [VII]
MANDATED BENEFITS]**

[BENEFITS FOR MENTAL ILLNESS TREATMENT

Benefits will be paid the same as any other Sickness for the diagnosis and treatment of Mental Illness.

“Mental Illness” means those illnesses and disorders (including substance use disorders) that are listed in the International Classification of Diseases Manual and the Diagnostic and Statistical Manual of Mental Disorders.

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

[BENEFITS FOR DRUGS FOR TREATMENT OF CANCER

If benefits are provided under the policy for Prescription Drugs, benefits will be paid the same as any other Sickness for any drug approved by the United States Food and Drug Administration (F.D.A.) for use in the treatment of cancer subject to the following criteria. Benefits may not be limited or excluded on the basis that the drug has not been approved by the United States FDA for the treatment of the specific type of cancer for which the drug has been prescribed, provided that the drug has been recognized as safe and effective treatment for that specific type of cancer in any of the following standard reference compendia, unless the use is identified as not indicated in one or more such compedia:

1. The American Hospital Formulary Service Drug Information;
2. The National Comprehensive Cancer Network Drugs and Biologics Compendium;
3. The Elsevier Gold Standard’s Clinical Pharmacology;

or the drug has been recognized as safe and effective treatment for that specific type of cancer in two articles from major peer-review professional medical journals that have not had their recognition of the drug’s safety and effectiveness contradicted by clear and convincing evidence presented in another article from a major peer-reviewed professional medical journal, or other authoritative compendia as identified by the Secretary of the United States Department of Health and Human Services or the Commissioner.

Coverage of such drugs includes all services that are a Medical Necessity associated with the administration of the drug, provided such services are covered by the policy.

This provision shall not be construed to do any of the following:

1. Require coverage for any drug if the United States FDA has determined its use to be contraindicated for the treatment of the specific type of cancer for which the drug has been prescribed;
2. Require coverage for any experimental or investigational drug as defined by the policy;
3. Require coverage for any experimental or investigational dosage or application of a drug as defined by the policy;
4. Alter any law with regard to provisions limiting the coverage of drugs that have not been approved by the United States FDA; or
5. Create, impair, alter, limit, modify, enlarge, abrogate, or prohibit reimbursement for drugs used in the treatment of any other disease or condition.

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

[BENEFITS FOR DIABETES

Benefits will be paid the same as any other Sickness for the treatment of diabetes mellitus, including but not limited to Type I, Type II, and gestational diabetes, for medically appropriate and necessary equipment and supplies, including podiatric appliances when prescribed by a Physician. Benefits will include one (1) per lifetime training program for 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.

MANDATED BENEFITS *(Continued)*

"Diabetes self-management training" means instruction in an inpatient or outpatient setting. This includes 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.]

[BENEFITS FOR MASTECTOMY AND RECONSTRUCTIVE BREAST SURGERY

Benefits will be paid the same as any other Sickness for mastectomy and reconstructive breast surgery following a mastectomy on one or both breasts to produce a symmetrical appearance including coverage of prostheses and physical complications of mastectomy, including lymphedemas.

Mastectomy benefits shall provide for medical and surgical benefits for any hospital stay in connection with a mastectomy for not less than forty-eight hours unless the decision to discharge the patient before the expiration of the minimum length of stay is made by an attending physician in consultation with the Insured Person.

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

[BENEFITS FOR IN VITRO FERTILIZATION

Benefits will be paid the same as any other Sickness for in vitro fertilization procedures performed at medical facilities licensed or certified by the Arkansas Department of Health as an in vitro fertilization clinic. If no such facility is licensed or certified in this State or no such licensing program is operational, then coverage shall be extended for any procedures performed at a facility that conforms to the American College of Obstetricians and Gynecologists guidelines for in vitro fertilization clinics or to the American Fertility Society minimal standards for programs of in vitro fertilization.

Benefits will be paid for in vitro fertilization services to the same extent as the benefits provided for other pregnancy-related procedures not to exceed a \$15,000 Maximum Lifetime Benefit provided that:

1. The patient is the Named Insured or the spouse of the Named Insured and a covered Dependent under this policy;
2. The patient's oocytes are fertilized with the sperm of the patient's spouse;
3. The patient and the patient's spouse have a history of unexplained infertility of at least (2) two years duration; or
4. The infertility is associated with one or more of the following medical conditions:
 - a. Endometriosis;
 - b. Exposure in utero to Diethylstilbestrol, commonly known as DES; or
 - c. Blockage of, or surgical removal of, one or both fallopian tubes (lateral or bilateral salpingectomy);
5. The patient has been unable to obtain a successful pregnancy through any less costly applicable infertility treatments for which coverage is available under the policy.

Cryopreservation, the procedure whereby embryos are frozen for later implantation, shall be included as an in vitro fertilization procedure.

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

[BENEFITS FOR CHILDREN'S PREVENTIVE HEALTH CARE SERVICES

Benefits will be provided for Periodic Preventive Care Visits for covered Dependent children from the moment of birth through the age of eighteen (18) as specified below.

Benefits for Children's Preventive Health Care Services will include twenty (20) visits at approximately the following age intervals: birth, two (2) weeks, two (2) months, four (4) months, six (6) months, nine (9) months, twelve (12) months, fifteen (15) months, eighteen (18) months, two (2) years, three (3) years, four (4) years, five (5) years, six (6) years, eight (8) years, ten (10) years, twelve (12) years, fourteen (14) years, sixteen (16) years, and eighteen (18) years. Benefits will be provided only to the extent that these services are provided by or under the supervision of a single Physician during the course of one (1) visit.

Benefits will be reimbursed at levels established by the Arkansas Insurance Commissioner and shall not exceed those established for the same services under the Medicaid program in the State of Arkansas.

MANDATED BENEFITS (Continued)

"Children's preventive health care services" means Physician-delivered or Physician-supervised services for covered Dependents from birth through age eighteen (18) for Periodic Preventive Care Visits including medical history, physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards.

"Periodic preventive care visits" means the routine tests and procedures for the purpose of detection of abnormalities or malfunctions of bodily systems and parts according to accepted medical practice.

Benefits for the recommended immunization services will be exempt from any copayment, coinsurance, Deductible or dollar limitation provisions in the policy. All other Children's Preventive Health Care Services will be subject to all copayment, coinsurance, and Deductible or dollar limitation provisions in the policy.]

[BENEFITS FOR PHENYLKETONURIA TREATMENT

Benefits will be paid the same as any other Sickness for amino acid modified preparations, low protein modified food products and any other special dietary products and formulas prescribed under the direction of a Physician for the therapeutic treatment of phenylketonuria or other inherited metabolic disease.

Benefits will be payable after the cost of the Medical Food or low protein modified food products for an individual or a family with a Dependent child or children exceeds the two thousand four hundred dollars (\$2,400) per year per child income tax credit allowed under Arkansas Code, s 23-79-702.

"Inherited metabolic disease" means a disease caused by an inherited abnormality of body chemistry; (4) "Low protein modified food product" means a food product that is specifically formulated to have less than one (1) gram of protein per serving and intended to be used under the direction of a Physician for the dietary treatment of an inherited metabolic disease.

"Medical food" means a food that is intended for the dietary treatment of a disease or condition for which nutritional requirements are established by recognized scientific principles and formulated to be consumed or administered enterally under the direction of a Physician.

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

[BENEFITS FOR TREATMENT OF SPEECH AND HEARING DISORDERS

Benefits will be paid the same as any other Sickness for the necessary care and treatment of Loss or Impairment of Speech or hearing subject to all terms and conditions of the policy.

The phrase "loss or impairment of speech or hearing" shall include those communicative disorders generally treated by a speech pathologist or audiologist licensed by the State Board of Examiners in Speech Pathology and Audiology, and which fall within the scope of his or her area of certification.

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

[BENEFITS FOR ANESTHESIA AND HOSPITALIZATION FOR DENTAL PROCEDURES

Benefits will be paid the same as any other Sickness for anesthesia and Hospital or ambulatory surgical facility charges for services performed in connection with dental procedures in a Hospital or ambulatory surgical facility, if the Physician treating the patient certifies that, because of the Insured's age or condition or problem, hospitalization or general anesthesia is required in order to safely and effectively perform the procedures and the Insured is:

1. A child under seven years of age who is determined by two dentists licensed under the Arkansas Dental Practice Act to require, without delay, necessary dental treatment in a Hospital or ambulatory surgical center for a significantly complex dental condition;
2. A person with a diagnosed serious mental or physical condition; or
3. A person with a significant behavioral problem as determined by the covered person's physician as licensed under the Arkansas Medical Practices Act.

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

MANDATED BENEFITS (Continued)

[BENEFITS FOR PROSTATE CANCER SCREENING

Benefits will be paid the same as any other Sickness for Prostate Cancer Screening performed by a qualified medical professional.

Benefits include at least one screening per policy year for any male Insured Person forty (40) years of age or older in accordance with the National Comprehensive Cancer Network guidelines.

If a Physician recommends that an Insured Person undergo a Prostate Specific Antigen (PSA) blood test, benefits may not be denied on the ground that the Insured Person has already had a digital rectal examination and the examination was negative.

This benefit is not subject to the policy Deductible and will not reduce or limit any other diagnostic benefits otherwise payable under this policy, This benefit shall be subject to all other copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR ORTHOTIC AND PROSTHETIC DEVICES AND SERVICES

Benefits will be paid for Orthotic and Prosthetic Devices and Services when such devices and services are: (1) prescribed by a licensed doctor of medicine, doctor of osteopathy, doctor of podiatric medicine; and (2) provided by a doctor of medicine, a doctor of osteopathy, a doctor of podiatric medicine, an orthotist, or a prosthetist licensed by the State of Arkansas.

Benefits include replacement of an Orthotic or Prosthetic device and related services, but not more frequently than one (1) time every three (3) years, unless medically necessary or necessitated by anatomical change or normal use.

"Orthotic device" means an external device that is: a.) Intended to restore physiological function or cosmesis to a patient; and b) custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with the delivery of the device to the patient.

"Orthotic device" does not include a cane, a crutch, a corset, a dental appliance, an elastic hose, an elastic support, a fabric support, a generic arch support, a low-temperature plastic splint, a soft cervical collar, a truss, or other similar device that: a) is carried in stock and sold without therapeutic modification by a corset shop, department store, drug store, surgical supply facility, or similar retail entity; and b) has no significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body;

"Orthotic service" means the evaluation and treatment of a condition that requires the use of an orthotic device;

"Prosthetic device" means an external device that is: a) intended to replace an absent external body part for the purpose of restoring physiological function or cosmesis to a patient; and b) custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with being delivered to the patient.

"Prosthetic device" does not include an artificial eye, an artificial ear, a dental appliance, a cosmetic device such as artificial eyelashes or wigs, a device used exclusively for athletic purposes, an artificial facial device, or other device that does not have a significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body;

"Prosthetic service" means the evaluation and treatment of a condition that requires the use of a prosthetic device;

The benefit amount shall be no less than [eighty] percent [(80%)] of the Medicare allowable amount.

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

PART [VIII]
EXCLUSIONS AND LIMITATIONS

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

1. [Acne;] [acupuncture;] [[allergy,] [including] [allergy testing;]] [except as specifically provided in the policy;]
2. [Addiction, such as: [nicotine addiction] [and] [caffeine addiction]; [non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious;] [codependency;]
3. [Assistant Surgeon Fees;]
4. [[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,] [except as specifically provided in the policy];]
5. [Biofeedback;]
6. [Durable Medical Equipment;]
7. [Chemotherapy;] [Radiation Therapy;] [Injections;]
8. [Chronic pain disorders;]
9. [Circumcision;]
10. [Congenital conditions[, except as specifically provided for Newborn or adopted Infants;]]
11. [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;]]
12. [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;]
13. [Dental treatment, except [for accidental Injury to [Sound,] Natural Teeth] [as specifically provided in the Schedule of Benefits;]]
14. [Elective Surgery or Elective Treatment;]
15. [Elective abortion;]
16. [[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];]
17. [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];]
18. [Health spa or similar facilities; strengthening programs;]
19. [Hearing examinations or hearing aids[, except as specifically provided in the Benefits for Hearing Aids, if elected by the Policyholder]; [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] except as specifically provided in the Benefits for Treatment of Speech and Hearing Disorders.]
20. [Hirsutism;] [alopecia;]

EXCLUSIONS AND LIMITATIONS (Continued)

21. [Hypnosis;]
22. [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];]
23. [Injury caused by, contributed to, or resulting from the [addiction to or] use of [alcohol,] [intoxicants,] [hallucinogenics,] [illegal drugs][, or] any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;]
24. [Injury [or Sickness] for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;]
25. [Injury [or Sickness] outside the United States and its possessions[, Canada] [or] [Mexico][, except [for a Medical Emergency] when traveling for [academic study abroad programs] [business] [or] pleasure;]
26. [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 [in excess of [\$5,000];]
27. [[Except for [football, etc.],] Injury sustained while (a) participating in any [interscholastic,] [high school,] [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, [in excess of [\$5,000];] [unless the additional premium for Intercollegiate Sports Coverage has been paid;]]
28. [[Except for [football, etc.],] Injury of a Dependent sustained while (a) participating in any sport or sport-related contest or competition of intramural football, etc. or intercollegiate football, etc.; (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; [in excess of [\$5,000];]]
29. [Injury sustained while (a) participating in any contest or competition of [intramural football, etc.] [or] [intercollegiate football, etc.]; (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; [in excess of [\$5,000];] [unless the additional premium for Intercollegiate Sports Coverage has been paid;]]
30. [Investigational services;]
31. [Lipectomy;]
32. [Motor vehicle Injury [in excess of [\$2,000];]
33. [Organ transplants[, including organ donation];]
34. [[Outpatient] Physiotherapy[; except for a condition that required surgery or Hospital Confinement[: 1) within the [30] days immediately preceding such Physiotherapy; or 2) within the [30] days immediately following the attending Physician's release for rehabilitation];] [or when referred by the Student Health Center;]]
35. [Participation in a riot or civil disorder; commission of or attempt to commit a felony; [or fighting];]
36. [Psychotherapy and Alcoholism/Drug Abuse;]
37. [Pre-existing Conditions [in excess of \$3,000][, except for individuals who have been continuously insured under the school's [student insurance] policy for at least [12] 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];]

EXCLUSIONS AND LIMITATIONS (Continued)

38. [Prescription Drugs dispensed or purchased while not Hospital Confined[; except when dispensed at the Student Health Center];]
39. [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;][(except as specifically provided in Benefits for Diabetes)]
 - b) [Birth control and/or contraceptives, oral or other, whether medication or device][, regardless of intended use;][except as specifically provided in the policy;]
 - c) [Immunization agents,] [biological sera,] [blood or blood products administered on an outpatient basis];]
 - d) [Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;]
 - e) [Products used for cosmetic purposes;]
 - f) [Drugs used to treat or cure baldness;][anabolic steroids used for body building;]
 - g) [Anorectics - drugs used for the purpose of weight control;]
 - h) [Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;]
 - i) [Growth hormones;]or
 - j) [Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.]
40. [Reproductive/Infertility services including but not limited to: [family planning;] [fertility tests;] [infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except as specifically provided in the Benefits for In Vitro Fertilization] [premarital examinations;] [impotence, organic or otherwise;] [tubal ligation;] [vasectomy;] [sexual reassignment surgery;] [reversal of sterilization procedures;]
41. [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;]
42. [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 in the policy;]]
43. [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;]]
44. [Services provided [normally without charge] by the Health Service of the Policyholder;] [or] [services covered or provided by the student health fee;]]
45. [Sickness or disease in any form; [over-exertion;] [fainting;] [or hernia, regardless of how caused;]]
46. [Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia;] [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];]
47. [[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 [intercollegiate sport][activity]];]
48. [Sleep disorders;]
49. [Speech therapy[, except as specifically provided in the Benefits for Treatment of Speech and Hearing Disorders;] [naturopathic services;]
50. [Suicide or attempted suicide while sane or insane [(including drug overdose)]; or] [intentionally self-inflicted Injury];]
51. [Supplies, except as specifically provided in the policy;]

EXCLUSIONS AND LIMITATIONS (Continued)

52. [Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, [or gynecomastia;] [except as specifically provided in the policy];
53. [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);] [jet ski;] [ski cycle;] [or] [snowmobile] [skiing] [scuba diving,] [surfing,] [roller skating,] [riding in a rodeo] [according to the policy provisions];]
54. [Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;]
55. [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
56. [Weight management, weight reduction, nutrition programs, treatment for obesity, [(except [surgery for] morbid obesity)], surgery for removal of excess skin or fat, [and treatment of eating disorders such as bulimia and anorexia, except as specifically provided in the Benefit for Mental Illness][, except as specifically provided in the policy]. [Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.]]
57. [No benefits will be paid for loss or expense incurred outside the United States and its possessions[, Canada][or][Mexico][, except [for a Medical Emergency] when traveling for [academic study abroad programs] [business] [or] pleasure].

BLANKET STUDENT ACCIDENT [AND SICKNESS] POLICY
UNITEDHEALTHCARE INSURANCE COMPANY
Administrative Office Address: P.O. Box 809025, Dallas, TX 75380-9025

POLICYHOLDER [ANY SCHOOL]	POLICY NUMBER [06-0000]
ADDRESS 123 ANY STREET ANY TOWN, AR	Effective Date [2007 2010- 2008 2011] ACADEMIC YEAR Termination Date [2007 2010- 2008 2011] ACADEMIC YEAR

PREMIUM FOR EACH INSURED PERSON

SEE APPLICATION ATTACHED

LIST OF ENDORSEMENTS ATTACHED TO AND FORMING A PART OF THIS POLICY

UNITEDHEALTHCARE INSURANCE COMPANY

hereinafter called the Company, agrees, subject to all provisions, conditions, exclusions and limitations of this policy to pay the benefits provided by this policy for loss resulting from a cause covered by this policy. This policy is issued in consideration of the application and payment of the premiums. Premiums as specified above are payable for each Insured Person.

Non-Renewable One Year Term Insurance -- This Policy Will Not Be Renewed


President

Countersigned by _____ Licensed Resident Agent

PREMIUMS AND PREMIUM PAYMENT

The Policyholder agrees to remit the premium for each Insured Person to the Company or its authorized agent within 20 days after the receipt of the premium. The Company will have the right to examine all of the Policyholder's books and records relating to this policy at any time up to the later of 1) two years after the termination of this policy and 2) the date of final adjustment and settlement of all claims under this policy.

TABLE OF CONTENTS

Eligibility and Termination Provisions	[2]
General Provisions	[2]
Definitions	[4]
Schedule of Benefits	[9]
Benefit Provisions	[10]
[Mandated Benefits	[13]]
Exclusions and Limitations	[16]

PART I
ELIGIBILITY AND TERMINATION PROVISIONS

Eligibility: Each person who belongs to one of the "Classes of Persons To Be Insured" as set forth in the application is eligible to be insured under this policy. [[The Named Insured 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 Named Insured actively attend classes.]] The Company maintains its right to investigate [eligibility or] student status and attendance records to verify that the policy eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, its only obligation is refund of premium.]

[The eligibility date for Dependents of the Named Insured (as defined) shall be determined in accordance with the following:

- 1) If a Named Insured has Dependents on the date he or she is eligible for insurance; or
- 2) If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
 - (a) On the date the Named Insured marries the Dependent; or
 - (b) On the date the Named Insured acquires a dependent child who is within the limits of a dependent, unmarried child set forth in the "Definitions" section of this policy.

[Dependent eligibility expires concurrently with that of the Named Insured.]

Eligible persons may be insured under this policy subject to the following:

- 1) Payment of premium as set forth on the policy application; and,
- 2) Application to the Company for such coverage.

Effective Date: Insurance under this policy shall become effective on the later of the following dates:

- 1) The Effective Date of the policy; or
- 2) The date premium is received by the Administrator.

[Dependent coverage will not be effective prior to that of the Named Insured.]

Termination Date: The coverage provided with respect to the Named Insured shall terminate on the earliest of the following dates:

- 1) The last day of the period through which the premium is paid[; or]
- [[2)] The date the policy terminates].

[The coverage provided with respect to any Dependent shall terminate on the earliest of the following dates:

- 1) The last day of the period through which the premium is paid;
- [[2)] The date the policy terminates;] [or]
- [3)] The date the Named Insured's coverage terminates.]

PART II
GENERAL PROVISIONS

ENTIRE CONTRACT CHANGES: This policy, including the endorsements and attached papers, if any, and the application of the Policyholder shall constitute the entire contract between the parties. No agent has authority to change this policy or to waive any of its provisions. No change in the policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. Such an endorsement or attachment shall be effective without the consent of the Insured Person but shall be without prejudice to any claim arising prior to its Effective Date.

GENERAL PROVISIONS (Continued)

PAYMENT OF PREMIUM: All premiums are payable in advance for each policy term in accordance with the Company's premium rates. The full premium must be paid even if the premium is received after the policy Effective Date. There is no pro-rata or reduced premium payment for late enrollees. There will be no refunds to students who cancel coverage under the policy; unless the Insured enters the armed forces. [[Optional coverages may only be purchased simultaneously and in conjunction with the purchase of Basic coverage at the time of initial enrollment.] [The Named Insured may purchase optional coverages for himself or for himself and all Dependent family members.]]

Premium adjustments involving return of unearned premiums to the Policyholder will be limited to a period of 12 months immediately preceding the date of receipt by the Company of evidence that adjustments should be made. Premiums are payable to the Company, [P.O. Box 809026, Dallas, Texas 75380-9026].

NOTICE OF CLAIM: Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, [P.O. Box 809025, Dallas, Texas 75380-9025] with information sufficient to identify the Named Insured shall be deemed notice to the Company.

CLAIM FORMS: [Upon receipt of a notice of claim, the Company will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of written notice the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and extent of the loss for which claim is made.] [Claim forms are not required.]

PROOF OF LOSS: Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to furnish proof. In no event except in the absence of legal capacity shall written proofs of loss be furnished later than one year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIM: Indemnities payable under this policy for loss will be paid immediately upon receipt of due written proof of such loss.

PAYMENT OF CLAIMS: All or a portion of any indemnities provided by this policy may, at the Company's option, and unless the Named Insured requests otherwise in writing not later than the time of filing proofs of such loss, be paid directly to the Hospital or person rendering such service. Otherwise, accrued indemnities will be paid to the Named Insured or the estate of the Named Insured. Any payment so made shall discharge the Company's obligation to the extent of the amount of benefits so paid.

PHYSICAL EXAMINATION: As a part of Proof of Loss, the Company at its own expense shall have the right and opportunity: 1) to examine the person of any Insured Person when and as often as it may reasonably require during the pendency of a claim; and, 2) to have an autopsy made in case of death where it is not forbidden by law. The Company has the right to secure a second opinion regarding treatment or hospitalization. Failure of an Insured to present himself or herself for examination by a Physician when requested shall authorize the Company to: (1) withhold any payment of Covered Medical Expenses until such examination is performed and Physician's report received; and (2) deduct from any amounts otherwise payable hereunder any amount for which the Company has become obligated to pay to a Physician retained by the Company to make an examination for which the Insured failed to appear. Said deduction shall be made with the same force and effect as a Deductible herein defined.

LEGAL ACTIONS: No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proofs of loss have been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of 3 years after the time written proofs of loss are required to be furnished.

SUBROGATION: The Company shall be subrogated to all rights of recovery which any Insured Person has against any person, firm or corporation to the extent of payments for Benefits made by the Company to or for benefit of an Insured Person. The Insured shall execute and deliver such instruments and papers as may be required and do whatever else is necessary to secure such rights to the Company.

In the event that the Insured recovers from the third party, reasonable cost of collection and attorney's fees thereof shall be assessed against the Company and the Insured in the proportion each benefits from the recovery. In the event more than one casualty insurer, health insurer, health maintenance organization, self-funded group, multiple-employer welfare arrangement or hospital or medical services corporation having contractual subrogation rights are entitled to the subrogation benefits, reasonable cost of collection and attorney's fees thereof shall be assessed against the insurers and the Insured in the proportion each benefits from the recovery.

GENERAL PROVISIONS (Continued)

RIGHT OF RECOVERY: Payments made by the Company which exceed the Covered Medical Expenses (after allowance for Deductible and coinsurance clauses, if any) payable hereunder shall be recoverable by the Company from or among any persons, firms, or corporations to or for whom such payments were made or from any insurance organizations who are obligated in respect of any covered Injury [or Sickness] as their liability may appear.

MORE THAN ONE POLICY: Insurance effective at any one time on the Insured Person under a like policy, or policies in this Company is limited to the one such policy elected by the Insured Person, his beneficiary or his estate, as the case may be, and the Company will return all premiums paid for all other such policies.

PART III DEFINITIONS

[COMPLICATION OF PREGNANCY means a condition: 1) caused by pregnancy; 2) requiring medical treatment prior to, or subsequent to termination of pregnancy; 3) the diagnosis of which is distinct from pregnancy; and 4) which constitutes a classifiably distinct complication of pregnancy. A condition simply associated with the management of a difficult pregnancy is not considered a complication of pregnancy. The term "complication of pregnancy" includes non-elective cesarean section; therapeutic abortion; ectopic pregnancy which is terminated; spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible; hyperemesis gravidarum; and, pre-eclampsia.]

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) when the covered services are provided; and 2) 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 or per occurrence (for each Injury [or Sickness]) as specified in the Schedule of Benefits.

[[DEPENDENT means the spouse (husband or wife) [or Domestic Partner] 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[; or [23] years, if a full-time dependent student at an accredited institution of higher learning].

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.

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).

Dependent shall also include any minor under the charge, care and control of the Named Insured that the Insured has filed a petition to adopt. Coverage shall begin:

- 1) On the date of the filing of the petition for adoption, provided the Named Insured applies within sixty (60) days after the filing of the petition for adoption; or
- 2) From the moment of birth, provided the petition for adoption and application for coverage is filed within (60) days after the birth of the minor.

Coverage shall terminate upon the dismissal or denial of a petition for adoption.]

DEFINITIONS (Continued)

[[DOMESTIC PARTNER means a person who is neither married nor related by blood or marriage to the Named Insured but who is: 1) the Named Insured's sole spousal equivalent; 2) lives together with the Named Insured in the same residence and intends to do so indefinitely; and 3) is responsible with the Named Insured for each other's welfare. A domestic partner relationship may be demonstrated by any three of the following types of documentation: 1) a joint mortgage or lease; 2) designation of the domestic partner as beneficiary for life insurance; 3) designation of the domestic partner as primary beneficiary in the Named Insured's will; 4) domestic partnership agreement; 5) powers of attorney for property and/or health care; and 6) joint ownership of either a motor vehicle, checking account or credit account.]

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 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.]

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].

DEFINITIONS (Continued)

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 ILLNESS~~ means those illnesses and disorders listed in the International Classification of Diseases Manual and the Diagnostic and Statistical Manual of Mental Disorders. Mental illness includes substance use disorders, a Sickness that is a mental, emotional or behavioral disorder. [If not excluded or defined elsewhere in the policy, all diagnoses classified as a "Mental Disorder" according to the ~~(International Classification of Diseases)~~ Manual and Diagnostic and Statistical Manual of Mental Disorders are considered one Sickness.]]

NAMED INSURED means an eligible, [registered student] [participant] of the Policyholder, if: 1) the [student] [participant] 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 90 days after birth. Coverage for such a child will be for Injury [or Sickness,] including congenital defects, premature birth, and tests for hypothyroidism, phenylketonuria and galactosemia, and, in the case of non-Caucasian Newborn Infants, tests for sickle-cell anemia, as well as any testing of Newborn Infants hereafter mandated by law and shall also include coverage to pay for routine nursery care and pediatric charges for a well Newborn Infant for up to five (5) full days in a hospital nursery, or until the mother is discharged from the hospital following the birth of the child, whichever is less.]

[The Insured will have the right to continue such coverage for the child beyond the first 90 days. To continue the coverage the Insured must, within the 90 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 90 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 person's 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.

DEFINITIONS (Continued)

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

REGISTERED NURSE means a professional nurse (R.N.) who is not a member of the Insured Person's immediate family.

[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.] [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.]]

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][locality where service is rendered]. 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.]

[

**[PART IV
[COVERED LOSS - TIME LIMITS**

Covered Medical Expenses will be paid under the Schedule of Benefits for loss[:]

- [1)] Due to Injury to an Insured Person provided that treatment by a Physician: a) begins within [30 days] after the date of Injury; and, b) is received within [12 months] after date of Injury[: or,
- 2) Due to Sickness of an Insured Person provided Covered Medical Expenses are incurred within [12 months] after the date of first treatment for such Sickness].]

[EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this 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:

- 1) Under the Basic Plan, not to exceed [30 days] after the Termination Date; or
- 2) Under the Major Medical Plan, not to exceed [12 months] 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.]

[EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this 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 [30 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.]

[EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this policy ceases on the Termination Date. However, if an Insured incurs medical expenses within [30] days of 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:

- 1) When not Hospital Confined on the Termination Date, not to exceed [30 days] after the Termination Date; or
- 2) When Hospital Confined on the Termination Date, not to exceed [12 months] 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.

If the Insured is also an Insured under the succeeding policy issued to the Policyholder; this "Extension of Benefits" provision will not apply.]

]

**PART [V]
SCHEDULE OF BENEFITS
[BASIC] MEDICAL EXPENSE BENEFITS
[INJURY] [ONLY] AND [SICKNESS] [ONLY] BENEFITS**

[Basic] Maximum Benefit **[\$ 1,000]**
Deductible **[- 0 -][Per Insured Person][Per Policy Year]**
[The Deductible will be waived when treatment is rendered at the Student Health Center.]
Coinsurance **[None]**

The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto.

Inpatient

Room & Board: [\$150 per day]
[Intensive Care: [Paid under Room & Board]]
Hospital Miscellaneous: [\$220 per day]
[Routine Newborn Care: [Paid as any other Sickness / [3] days Hospital Confinement expense maximum]]
[Physiotherapy: [Paid under Hospital Miscellaneous]]
Surgery: [Specified surgery based on [data provided by Ingenix,] using a [\$40] coefficient value / [\$500] maximum]
[Assistant Surgeon: [25% of Surgery Allowance]]
Anesthetist: [25% of Surgery Allowance]
Registered Nurse: [\$75 per day / 5 days maximum]
Physician's Visits: [\$25 per day / \$150 maximum]
Pre-admission Testing: [Paid under Hospital Miscellaneous]
[Psychotherapy: [Paid as any other Sickness/See Benefits for Mental ~~Health~~Illness Treatment ~~for~~ ~~Additional Benefits~~][No Benefits]]

Outpatient

Surgery: [Specified surgery based on [data provided by Ingenix] using a [\$40] coefficient value / [\$500] maximum]
Day Surgery Miscellaneous: [\$375 maximum]
(Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.)
[Assistant Surgeon: [25% of Surgery Allowance]]
[Anesthetist: [25% of Surgery Allowance]]
[Outpatient Misc. Benefit: [No Benefits]]
Physician's Visits: [\$25 per day / \$150 maximum]
[Physiotherapy: [Paid under Physician's Visits]]
[(Outpatient Physiotherapy benefits are payable only [when referred by the Student Health Center or] 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.)]
Medical Emergency: [\$50 maximum]
[Positive] X-Rays: [\$100 maximum]
[[Negative] X-Rays: [\$50 maximum]]
[Radiation Therapy: [Paid under Positive X-rays]]
Laboratory: [\$50 maximum]
Tests & Procedures: [Paid under Laboratory]
[Injections: [\$ 20 maximum]]
[Chemotherapy: [Paid under Injections]]
[Prescription Drugs: [\$ 20 maximum]]
[See Below]

[*[UnitedHealthcare Network Pharmacy [(UHPS)],] [[50 – \$1,000] Deductible (Per Policy Year) [does not apply to policy Deductible]] [[[\$10-\$200] copay per prescription]] [[50% -90%] coinsurance per prescription] [tier 1] [tier 2] [tier 3] [tier 4] [in addition to the Policy Deductible,] [plus any Ancillary Charge] / [up to a [31][60] day supply [per prescription] [per Specialty Prescription Drug Product]] / [[250-\$policy max] maximum [[Per Insured Person] Per Policy Year]]

[*Mail order [through UHPS] [at [2.5] times the retail copay] [[50 – \$1,000] Deductible (Per Policy Year) [does not apply to policy Deductible]] [[[\$25-\$500] copay per prescription] [[50% -90%] coinsurance per prescription] [tier 1] [tier 2] [tier 3] [tier 4]] [in addition to the Policy Deductible] [plus any Ancillary Charge] [up to a [90] day supply] [subject to the Prescription Drug [Network] maximum benefit]

[Out-of-Network Pharmacy [[50 – \$1,000] Deductible (Per Policy Year) [does not apply to policy Deductible]] [[[\$10-80] Deductible per prescription [generic drug] [brand-name drug] [in addition to the policy Deductible]] [up to a [31] day supply [per prescription]] [[70%] [of] [Usual and Customary Charges]] / [[250-\$policy max] maximum [[Per Insured Person] Per Policy Year]] [No Benefits]]

[Psychotherapy: [Paid as any other Sickness/See Benefits for Mental ~~Health~~Illness Treatment ~~for~~ ~~Additional Benefits~~][No Benefits]]

Other

[Ambulance: [\$ 100 maximum]
[Durable Medical Equipment: [\$ 100 maximum]]
[Consultant: [\$ 100 maximum]]
[Dental: [\$ 100 per tooth / \$ 500 maximum]]
[(Benefits paid on Injury to Sound, Natural Teeth only.)]

SCHEDULE OF BENEFITS(Continued)
[[BASIC] MEDICAL EXPENSE BENEFITS]
[INJURY] [ONLY] AND [SICKNESS] [ONLY] BENEFITS

[Alcoholism/Drug Abuse]:	[Paid as any other Sickness/See Benefits for Mental Illness] [No Benefits]]
[Drug Abuse]:	[No Benefits]]
[Maternity]:	[Paid as any other Sickness]]
[Elective Abortion]:	[\$ 200 maximum]]
[Complications of Pregnancy]:	[Paid as any other Sickness]]
[Repatriation]:	[\$1000 maximum]]
[Medical Evacuation]:	[\$1000 maximum]]
[Supplemental [Injury] Benefit]:	[No Benefits]]
[*AD&D]:	[\$1000 - \$7500]]
[*Intercollegiate Sports]:	[No Benefits]]
[Orthopedic Evaluation]:	[\$ 25 per day / 3 days maximum]]
[Second Surgical Opinion]:	[\$ 75 maximum]]
[Any routine service generally	[\$ 100 maximum]]

excluded under the policy (e.g. contraceptives, routine physical exam, pap smear, allergy testing)

**[MEDICAL EXPENSE BENEFITS
MAXIMUM [LIFETIME] BENEFIT**

[The aggregate amount payable by the Company for incurred Covered Medical Expenses for [any one] Injury [or Sickness] will never exceed an amount determined by subtracting from the sum of [\$100,000] [the following: (i) all amounts paid under this policy for any [one] Injury [or Sickness]]; (ii) all amounts paid to or in respect of an Insured for any [one] Injury [or Sickness] under any other policy issued to the Policyholder by this Company, regardless of the policy period of such other policy]; (iii) all amounts paid to an Insured [for any one Injury [or Sickness]] under a student health or accident policy issued by another insurer (including the prior insurer) to the Policyholder, regardless of the policy period of such other policy].]

[The Maximum Benefit for all benefit coverage afforded under this policy is [\$100,000] [for any one Injury [or Sickness]]. Covered Medical Expenses shall not include amounts paid by the Insured for coinsurance.]]

**MAJOR MEDICAL
Included () Optional ()**

Maximum Benefit	[\$10,000]
Total Benefit Basic & Major Medical	[\$10,000]
Deductible	[- 0 -][Per Insured Person][Per Policy Year]
Coinsurance	[80%]

(as described in the Major Medical Benefit endorsement attached)

[OPTIONAL] CATASTROPHIC MEDICAL

Maximum [Lifetime] Benefit	[\$100,000]
	[Plan pays at 100%]

(as described in the [Optional] Catastrophic Medical Benefit endorsement attached)

[*SHC Referral Required: Yes () No (X)] **[Conversion Permitted: Yes () No (X)]**

[*Pre-Admission Notification: Yes () No (X)]

[() 52 week Benefit Period] [or] [(X) Extension of Benefits]

Other Insurance: (X) *[Excess Insurance] [Coordination of Benefits] () Excess Motor Vehicle [Only] () Primary Insurance

[*If benefit is designated, see endorsement attached.]

SCHEDULE OF BENEFITS (Continued)
[INJURY] [ONLY] AND [SICKNESS] [ONLY] BENEFITS

Physician's Visits:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]
[Physiotherapy:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
[(Outpatient Physiotherapy benefits are payable only [when referred by the Student Health Center or] 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.)]			
[Outpatient Miscellaneous Benefits:	[No Benefits]	[No Benefits]	[No Benefits]]
Medical Emergency:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]
[[Positive] X-rays:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
[Negative X-rays:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
[Radiation Therapy:]	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
Laboratory:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]
Tests and Procedures:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]
[Injections:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
[Chemotherapy:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
[Psychotherapy:	Paid as any other Sickness/See Benefits for Mental Illness Health-Treatment-for-Additional-Benefits] [No Benefits]	Paid as any other Sickness/See Benefits for Mental Illness Health-Treatment-for-Additional-Benefits] [No Benefits]	Paid as any other Sickness/See Benefits for Mental Illness Health-Treatment-for-Additional-Benefits] [No Benefits]
[Prescription Drugs:	[* [UnitedHealthcare Network Pharmacy [(UHPS),]] [[\$50 – \$1,000] Deductible (Per Policy Year) [does not apply to policy Deductible]] [[\$10-\$200] copay per prescription] [[50% -90%] coinsurance per prescription] [tier 1] [tier 2] [tier 3] [tier 4] [in addition to the Policy Deductible,] [plus any Ancillary Charge] / [up to a [31][60] day supply [per prescription] [per Specialty Prescription Drug Product]] / [[\$250-\$policy max] maximum [[Per Insured Person] Per Policy Year]]		[[[\$50 – \$1,000] Deductible (Per Policy Year) [does not apply to policy Deductible]] [[\$10-80] Deductible per prescription [generic drug] [brand-name drug] [in addition to the policy Deductible]] [up to a [31]-day supply [per prescription]] [[70%] of [Allowable Charges]] [[\$250-\$policy max] maximum [[Per Insured Person] Per Policy Year]] [No Benefits]
Other			

Ambulance:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]
[Durable Medical Equipment:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
[Consultant:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]]
[Dental: [(Injury to Sound, Natural Teeth	[100%] [of Preferred	[90%] [of Preferred	[70%] [of Allowable

SCHEDULE OF BENEFITS (*Continued*)
[INJURY] [ONLY] AND [SICKNESS] [ONLY] BENEFITS

only)]

Allowance]

Allowance]

Charges]]

SCHEDULE OF BENEFITS (Continued)
[INJURY] [ONLY] AND [SICKNESS] [ONLY] BENEFITS

[Alcoholism/[Drug Abuse]:	[No Benefits]	[No Benefits]	[No Benefits]
[Drug Abuse:	[No Benefits]	[No Benefits]	[No Benefits]
[Maternity:	[Paid as any other Sickness]	[Paid as any other Sickness]	[Paid as any other Sickness]
[Elective Abortion:	[Paid as any other Sickness / \$200 maximum]	[Paid as any other Sickness / \$200 maximum]	[Paid as any other Sickness / \$200 maximum]
[Complications of Pregnancy:	Paid as any other Sickness	Paid as any other Sickness	Paid as any other Sickness
[Repatriation: [\$1000 maximum]	N/A	N/A	N/A
[Medical Evacuation: [\$1000 maximum]	N/A	N/A	N/A
[*AD&D: [\$1000 - \$7500 maximum]	N/A	N/A	N/A
[Supplemental [Injury] Benefit:	[No Benefits]	[No Benefits]	[No Benefits]
[*Intercollegiate Sports:	[No Benefits]	[No Benefits]	[No Benefits]
[Orthopedic Evaluation:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]
[Second Surgical Opinion:	[100%] [of Preferred Allowance]	[90%] [of Preferred Allowance]	[70%] [of Allowable Charges]
[Any routine service generally excluded under the policy (e.g. contraceptives, routine physical exam, pap smear, allergy testing)	[Paid as any other Sickness / \$100 maximum]	[Paid as any other Sickness / \$100 maximum]	[Paid as any other Sickness / \$100 maximum]

[MEDICAL EXPENSE BENEFITS]
MAXIMUM [LIFETIME] BENEFIT

[The aggregate amount payable by the Company for incurred Covered Medical Expenses for [any one] Injury [or Sickness] will never exceed an amount determined by subtracting from the sum of [\$100,000] [the following: (i) all amounts paid under this policy for any [one] Injury [or Sickness]; (ii) all amounts paid to or in respect of an Insured for any [one] Injury [or Sickness] under any other policy issued to the Policyholder by this Company, regardless of the policy period of such other policy]; (iii) all amounts paid to an Insured [for any one Injury [or Sickness]] under a student health or accident policy issued by another insurer (including the prior insurer) to the Policyholder, regardless of the policy period of such other policy].]

[The Maximum Benefit for all benefit coverage afforded under this policy is [\$100,000] [for any one Injury [or Sickness]]. Covered Medical Expenses shall not include amounts paid by the Insured for coinsurance.]]

MAJOR MEDICAL
Included () Optional ()

Maximum Benefit	[\$10,000]
Total Benefit Basic & Major Medical	[\$10,000]
Deductible	[- 0 -][Per Insured Person]
	[Per Policy Year]
Coinsurance	[80%]
(as described in the Major Medical Benefit endorsement attached)	

[OPTIONAL] CATASTROPHIC MEDICAL

Maximum [Lifetime] Benefit	[\$100,000]
	[Plan pays at 100%]
(as described in the [Optional] Catastrophic Medical Benefit endorsement attached)	

[*SHC Referral Required: Yes () No (X)] **[Conversion Permitted: Yes () No (X)]**

[*Pre-Admission Notification: Yes () No (X)]

[() 52 week Benefit Period] [or] [(X) Extension of Benefits]

Other Insurance: (X) *[[Excess Insurance][Coord. of Benefits] () Excess Motor Vehicle [Only] () Primary Insurance

[*If benefit is designated, see endorsement attached.]

SCHEDULE OF BENEFITS (Continued)
[INJURY] [ONLY] AND [SICKNESS] [ONLY] BENEFITS

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:

[List Preferred Providers in School Area here]]

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by calling [the Company at [1-800-767-0700]] 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.]

["Allowable Charges"] means the Company's allowance for a specified Covered Medical Expense or the provider's charge for the service, whichever is less.]

["Out of Network"] providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

["Network Area"] means the [50 mile radius] around the local school campus the Named Insured is attending.]

[[Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid]. The Company will pay according to the benefit limits in the Schedule of Benefits.]

Inpatient Hospital Expenses

PREFERRED HOSPITALS - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at [100%], up to any limits specified in the Schedule of Benefits. Call [(800) 767-0700] for information about Preferred Hospitals.

OUT-OF-NETWORK HOSPITALS - If care is provided at a Hospital that is not a Preferred Provider, eligible inpatient Hospital expenses will be paid according to the benefit limits in the Schedule of Benefits.

Outpatient Hospital Expenses

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

Professional & Other Expenses

Benefits for Covered Medical Expenses provided by [name of network or Physician groups] will be paid at [100%] of [Allowable Charges] or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.]

[SPECIAL PROVIDER ARRANGEMENTS

[Affiliated Physicians, Inc. and Doctors Walk-In Clinics] [have] agreed to accept special reduced reimbursement rates for treatment rendered to Insureds. Eligible [Physician] services provided by [Affiliated Physicians, Inc. and Doctors Walk-In Clinics] will be paid at [100%] of these negotiated rates for Covered Medical Expenses, up to the Schedule of Benefits limits.

Insureds will be responsible for all out of pocket expenses in excess of the policy limits contained in the Schedule of Benefits.]

PART [VI]
MEDICAL EXPENSE BENEFITS - INJURY [AND SICKNESS]

Benefits are payable for Covered Medical Expenses (see "Definitions") less any Deductible incurred by or for an Insured Person for loss due to Injury [or Sickness] subject to: a) the Maximum Benefit for all services; b) the maximum amount for specific services; both as set forth in the Schedule of Benefits; and c) any coinsurance amount set forth in the Schedule of Benefits or any endorsement hereto. The total payable for all Covered Medical Expenses shall never exceed the Maximum Benefit stated in the Schedule of Benefits. Read the "Definitions" section and the "Exclusions and Limitations" section carefully.

No benefits will be paid for services designated as "No Benefits" in the Schedule of Benefits or for any matter described in "Exclusions and Limitations." If a benefit is designated, Covered Medical Expenses include:

1. **Room and Board Expense:** [1)] daily semi-private room rate when Hospital Confined[; and 2) general nursing care provided and charged by the Hospital.
2. **[Intensive Care:** If provided in the Schedule of Benefits.]
3. **Hospital Miscellaneous Expenses:** 1) while Hospital Confined; or 2) as a precondition for being Hospital Confined. Benefits will be paid for services and supplies 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.
4. **[Routine Newborn Care:** 1) while Hospital Confined; and 2) routine nursery care provided immediately after birth. The benefits and the maximum amounts are specified in the Schedule of Benefits.]
5. **[Physiotherapy (Inpatient):** See Schedule of Benefits.]
6. **Surgery:** Physician's fees for inpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. [Covered Medical Expenses will be paid under this inpatient surgery benefit; or under the outpatient surgery benefit, but not both.] [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 the benefit for the one of such procedures for which the largest benefit is payable.][the maximum amount paid will not exceed [50%] of the second procedure and [25%] of all subsequent procedures.]
7. **[Assistant Surgeon Fees:** in connection with inpatient surgery, if provided in the Schedule of Benefits.]
8. **Anesthetist Services:** professional services administered in connection with inpatient surgery.
9. **Registered Nurse's Services:** [1) private duty nursing care only;] [2)] while Hospital Confined; [3)] ordered by a licensed Physician; and [4)] a Medical Necessity. [General nursing care provided by the Hospital is not covered under this benefit.]
10. **Physician's Visits:** when Hospital Confined. [Benefits are limited to one visit per day.] Benefits do not apply when related to surgery. [Covered Medical Expenses will be paid under the [inpatient] benefit or under the [outpatient] benefit for Physician's Visits, but not both on the same day.]
11. **Pre-admission Testing:** limited to routine tests such as: complete blood count; urinalysis; and chest X-rays. If otherwise payable under the policy, major diagnostic procedures such as: cat-scans; NMR's; and blood chemistries will be paid under the "Hospital Miscellaneous" benefit. [This benefit is payable within [3] working days prior to admission.]
12. **[Psychotherapy (Inpatient):** the benefits and the maximum amounts are specified in the Schedule of Benefits. [Benefits are limited to one visit per day.]]

MEDICAL EXPENSE BENEFITS - INJURY [AND SICKNESS] (Continued)

13. **Surgery (Outpatient):** Physician's fees for outpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. [Covered Medical Expenses will be paid under this outpatient surgery benefit; or under the inpatient surgery benefit, but not both.] [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 the benefit for the one of such procedures for which the largest benefit is payable.][the maximum amount paid will not exceed [50%] of the second procedure and [25%] of all subsequent procedures.]]
14. **Day Surgery Miscellaneous (Outpatient):** in connection with outpatient day surgery[; excluding non-scheduled surgery; and surgery performed in a Hospital emergency room; trauma center; Physician's office; or clinic]. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; [therapeutic services;] and supplies.
15. **[Assistant Surgeon Fees (Outpatient):** in connection with outpatient surgery, if provided in the Schedule of Benefits.]
16. **[Anesthetist (Outpatient):** professional services administered in connection with outpatient surgery.]
17. **[Outpatient Miscellaneous Benefit:** outpatient Hospital and Physician services. Outpatient services payable under this benefit will be designated "Paid under Outpatient Miscellaneous Benefit" in the Schedule of Benefits.]
18. **Physician's Visits (Outpatient):** [benefits are limited to one visit per day.] Benefits do not apply when related to surgery or Physiotherapy. [Covered Medical Expenses will be paid under the [outpatient] benefit or under the [inpatient] benefit for Physician's Visits, but not both on the same day.]
19. **[Physiotherapy (Outpatient):** [benefits are limited to one visit per day].]
20. **Medical Emergency Expenses (Outpatient):** only in connection with a Medical Emergency as defined. Benefits will be paid for [the attending Physician's charges,] [X-rays,] [laboratory procedures,] [injections,] the use of the emergency room and supplies. [Treatment must be rendered within [72] hours from time of Injury [or first onset of Sickness].]
21. **Diagnostic X-ray Services (Outpatient):** if so noted in the Schedule of Benefits, separate maximums apply to positive and negative X-rays. [Diagnostic X-rays are only those procedures identified in Physicians' Current Procedural Terminology (CPT) as codes 70000 - 79999 inclusive.]
22. **[Radiation Therapy (Outpatient):** See Schedule of Benefits.]
23. **Laboratory Procedures (Outpatient):** [Laboratory Procedures are only those procedures identified in Physicians' Current Procedural Terminology (CPT) as codes 80000 - 89999 inclusive.]
24. **Tests and Procedures (Outpatient):** 1) diagnostic services and medical procedures; 2) performed by a Physician; 3) excluding Physician's Visits; Physiotherapy; X-Rays; and Laboratory Procedures.
25. **[Injections (Outpatient):** 1) when administered in the Physician's office; and 2) charged on the Physician's statement.]
26. **[Chemotherapy (Outpatient):** See Schedule of Benefits.]
27. **[Prescription Drugs (Outpatient):** See Schedule of Benefits.]
28. **[Psychotherapy (Outpatient):** the benefits and the maximum amounts are specified in the Schedule of Benefits. [Benefits are limited to one visit per day.]]
29. **[Ambulance Services:** See Schedule of Benefits.]

MEDICAL EXPENSE BENEFITS - INJURY [AND SICKNESS] (Continued)

30. **[Durable Medical Equipment:** 1) when prescribed by a Physician; and 2) a written prescription accompanies the claim when submitted. Replacements are never covered. Durable medical equipment includes equipment that: 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury [or Sickness]. No benefits will be paid for rental charges in excess of purchase price.]
31. **[Consultant Physician Fees:** when requested and approved by the attending Physician. [Covered Medical Expenses will be paid under this benefit or under the Physician's Visits benefit, but not both on the same day.]]
32. **[Dental Treatment:** [1)] performed by a Physician[; and, 2) made necessary by Injury to Sound, Natural Teeth]. [Breaking a tooth while eating is not covered.] [Routine dental care and treatment to the gums are not covered.]]
33. **[Alcoholism/Drug Abuse Treatment:** the benefits and the maximum amounts are specified in the Schedule of Benefits and endorsement attached hereto, if so noted in the Schedule of Benefits.]
34. **[Maternity:** Same as any other Sickness.]
35. **[Complications of Pregnancy:** Same as any other Sickness.]
36. **[[Optional] Repatriation [([International] Students Only):** if the Insured dies while insured under the policy; benefits will be paid for: 1) preparing; and 2) transporting the remains of the deceased's body to his home country. [This benefit is limited to the maximum benefit specified in the Schedule of Benefits. No additional benefits will be paid under Basic or Major Medical coverage.] [This optional benefit is subject to payment of the additional premium as specified on the application.]]
37. **[[Optional] Medical Evacuation [([International] Students Only):** 1) when Hospital Confined for at least [five] consecutive days; and 2) when recommended and approved by the attending Physician. Benefits will be paid for the evacuation of the Insured to his home country. [This benefit is limited to the maximum benefit specified in the Schedule of Benefits. No additional benefits will be paid under Basic or Major Medical coverage.] [This optional benefit is subject to payment of the additional premium as specified on the application.]]
38. **[Supplemental [Injury] Benefit:** for treatment rendered: 1) on an [inpatient or outpatient] basis; 2) in a Physician's office or Hospital[; and 3) as a result of Injury]. This benefit will be paid prior to all other Basic benefits.]
39. **[Accidental Death and Dismemberment:** the benefits and the maximum amounts are specified in the Schedule of Benefits and endorsement attached hereto, if so noted in the Schedule of Benefits.]
40. **[Intercollegiate Sports:** the benefits and the maximum amounts are specified in the Schedule of Benefits and endorsement attached hereto, if so noted in the Schedule of Benefits.]

**[PART [VII]
MANDATED BENEFITS]**

[BENEFITS FOR MENTAL ~~HEALTH ILLNESS~~ TREATMENT

Benefits will be paid the same as any other Sickness for the diagnosis and ~~mental health~~ treatment of Mental ~~Illness and Nervous Disorders and developmental disorders~~.

“Mental Illness” means those illnesses and disorders (including substance use disorders) that are listed in the International Classification of Diseases Manual and the Diagnostic and Statistical Manual of Mental Disorders.

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

[BENEFITS FOR DRUGS FOR TREATMENT OF CANCER

If benefits are provided under the policy for Prescription Drugs, benefits will be paid the same as any other Sickness for any drug approved by the United States Food and Drug Administration (F.D.A.) for use in the treatment of cancer subject to the following criteria. Benefits may not be limited or excluded on the basis that the drug has not been approved by the United States FDA for the treatment of the specific type of cancer for which the drug has been prescribed, provided that the drug has been recognized as safe and effective treatment for that specific type of cancer in any of the following standard reference compendia, unless the use is identified as not indicated in one or more such compedia:

1. ~~The American Hospital Formulary Service Drug Information~~The American Medical Association drug evaluations;
2. ~~The American Hospital Formulary Service drug information~~The National Comprehensive Cancer Network Drugs and Biologics Compendium;
3. ~~The United States Pharmacopoeia dispensing information~~The Elsevier Gold Standard’s Clinical Pharmacology;

or the drug has been recognized as safe and effective treatment for that specific type of cancer in two articles from major peer-review professional medical journals that have not had their recognition of the drug's safety and effectiveness contradicted by clear and convincing evidence presented in another article from a major peer-reviewed professional medical journal, or other authoritative compendia as identified by the Secretary of the United States Department of Health and Human Services or the Commissioner.

Coverage of such drugs includes all services that are a Medical Necessity associated with the administration of the drug, provided such services are covered by the policy.

This provision shall not be construed to do any of the following:

1. Require coverage for any drug if the United States FDA has determined its use to be contraindicated for the treatment of the specific type of cancer for which the drug has been prescribed;
2. Require coverage for any experimental or investigational drug as defined by the policy;
3. Require coverage for any experimental or investigational dosage or application of a drug as defined by the policy;
4. Alter any law with regard to provisions limiting the coverage of drugs that have not been approved by the United States FDA; or
5. Create, impair, alter, limit, modify, enlarge, abrogate, or prohibit reimbursement for drugs used in the treatment of any other disease or condition.

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

[BENEFITS FOR DIABETES

Benefits will be paid the same as any other Sickness for the treatment of diabetes mellitus, including but not limited to Type I, Type II, and gestational diabetes, for medically appropriate and necessary equipment and supplies, including podiatric appliances when prescribed by a Physician. Benefits will include one (1) per lifetime training program for 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.

MANDATED BENEFITS (Continued)

"Diabetes self-management training" means instruction in an inpatient or outpatient setting. This includes 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.]

[BENEFITS FOR MASTECTOMY AND RECONSTRUCTIVE BREAST SURGERY

Benefits will be paid the same as any other Sickness for mastectomy and reconstructive breast surgery following a mastectomy on one or both breasts to produce a symmetrical appearance including coverage of prostheses and physical complications of mastectomy, including lymphedemas.

Mastectomy benefits shall provide for medical and surgical benefits for any hospital stay in connection with a mastectomy for not less than forty-eight hours unless the decision to discharge the patient before the expiration of the minimum length of stay is made by an attending physician in consultation with the Insured Person.

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

[BENEFITS FOR IN VITRO FERTILIZATION

Benefits will be paid the same as any other Sickness for in vitro fertilization procedures performed at medical facilities licensed or certified by the Arkansas Department of Health as an in vitro fertilization clinic. If no such facility is licensed or certified in this State or no such licensing program is operational, then coverage shall be extended for any procedures performed at a facility that conforms to the American College of Obstetricians and Gynecologists guidelines for in vitro fertilization clinics or to the American Fertility Society minimal standards for programs of in vitro fertilization.

Benefits will be paid for in vitro fertilization services to the same extent as the benefits provided for other pregnancy-related procedures not to exceed a \$15,000 Maximum Lifetime Benefit provided that:

1. The patient is the Named Insured or the spouse of the Named Insured and a covered Dependent under this policy;
2. The patient's oocytes are fertilized with the sperm of the patient's spouse;
3. The patient and the patient's spouse have a history of unexplained infertility of at least (2) two years duration; or
4. The infertility is associated with one or more of the following medical conditions:
 - a. Endometriosis;
 - b. Exposure in utero to Diethylstilbestrol, commonly known as DES; or
 - c. Blockage of, or surgical removal of, one or both fallopian tubes (lateral or bilateral salpingectomy);
5. The patient has been unable to obtain a successful pregnancy through any less costly applicable infertility treatments for which coverage is available under the policy.

Cryopreservation, the procedure whereby embryos are frozen for later implantation, shall be included as an in vitro fertilization procedure.

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

[BENEFITS FOR CHILDREN'S PREVENTIVE HEALTH CARE SERVICES

Benefits will be provided for Periodic Preventive Care Visits for covered Dependent children from the moment of birth through the age of eighteen (18) as specified below.

Benefits for Children's Preventive Health Care Services will include twenty (20) visits at approximately the following age intervals: birth, two (2) weeks, two (2) months, four (4) months, six (6) months, nine (9) months, twelve (12) months, fifteen (15) months, eighteen (18) months, two (2) years, three (3) years, four (4) years, five (5) years, six (6) years, eight (8) years, ten (10) years, twelve (12) years, fourteen (14) years, sixteen (16) years, and eighteen (18) years. Benefits will be provided only to the extent that these services are provided by or under the supervision of a single Physician during the course of one (1) visit.

Benefits will be reimbursed at levels established by the Arkansas Insurance Commissioner and shall not exceed those established for the same services under the Medicaid program in the State of Arkansas.

MANDATED BENEFITS (Continued)

"Children's preventive health care services" means Physician-delivered or Physician-supervised services for covered Dependents from birth through age eighteen (18) for Periodic Preventive Care Visits including medical history, physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards.

"Periodic preventive care visits" means the routine tests and procedures for the purpose of detection of abnormalities or malfunctions of bodily systems and parts according to accepted medical practice.

Benefits for the recommended immunization services will be exempt from any copayment, coinsurance, Deductible or dollar limitation provisions in the policy. All other Children's Preventive Health Care Services will be subject to all copayment, coinsurance, and Deductible or dollar limitation provisions in the policy.]

[BENEFITS FOR PHENYLKETONURIA TREATMENT

Benefits will be paid the same as any other Sickness for amino acid modified preparations, low protein modified food products and any other special dietary products and formulas prescribed under the direction of a Physician for the therapeutic treatment of phenylketonuria or other inherited metabolic disease.

Benefits will be payable after the cost of the Medical Food or low protein modified food products for an individual or a family with a Dependent child or children exceeds the two thousand four hundred dollars (\$2,400) per year per child income tax credit allowed under Arkansas Code, s 23-79-702.

"Inherited metabolic disease" means a disease caused by an inherited abnormality of body chemistry; (4) "Low protein modified food product" means a food product that is specifically formulated to have less than one (1) gram of protein per serving and intended to be used under the direction of a Physician for the dietary treatment of an inherited metabolic disease.

"Medical food" means a food that is intended for the dietary treatment of a disease or condition for which nutritional requirements are established by recognized scientific principles and formulated to be consumed or administered enterally under the direction of a Physician.

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

[BENEFITS FOR TREATMENT OF SPEECH AND HEARING DISORDERS

Benefits will be paid the same as any other Sickness for the necessary care and treatment of Loss or Impairment of Speech or hearing subject to all terms and conditions of the policy.

The phrase "loss or impairment of speech or hearing" shall include those communicative disorders generally treated by a speech pathologist or audiologist licensed by the State Board of Examiners in Speech Pathology and Audiology, and which fall within the scope of his or her area of certification.

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

[BENEFITS FOR ANESTHESIA AND HOSPITALIZATION FOR DENTAL PROCEDURES

Benefits will be paid the same as any other Sickness for anesthesia and Hospital or ambulatory surgical facility charges for services performed in connection with dental procedures in a Hospital or ambulatory surgical facility, if the Physician treating the patient certifies that, because of the Insured's age or condition or problem, hospitalization or general anesthesia is required in order to safely and effectively perform the procedures and the Insured is:

1. A child under seven years of age who is determined by two dentists licensed under the Arkansas Dental Practice Act to require, without delay, necessary dental treatment in a Hospital or ambulatory surgical center for a significantly complex dental condition;
2. A person with a diagnosed serious mental or physical condition; or
3. A person with a significant behavioral problem as determined by the covered person's physician as licensed under the Arkansas Medical Practices Act.

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

MANDATED BENEFITS (Continued)

BENEFITS FOR PROSTATE CANCER SCREENING

Benefits will be paid the same as any other Sickness for Prostate Cancer Screening performed by a qualified medical professional.

Benefits include at least one screening per policy year for any male Insured Person forty (40) years of age or older in accordance with the National Comprehensive Cancer Network guidelines.

If a Physician recommends that an Insured Person undergo a Prostate Specific Antigen (PSA) blood test, benefits may not be denied on the ground that the Insured Person has already had a digital rectal examination and the examination was negative.

This benefit is not subject to the policy Deductible and will not reduce or limit any other diagnostic benefits otherwise payable under this policy. This benefit shall be subject to all other copayment, coinsurance, limitations, or any other provisions of the policy.]

BENEFITS FOR ORTHOTIC AND PROSTHETIC DEVICES AND SERVICES

Benefits will be paid for Orthotic and Prosthetic Devices and Services when such devices and services are: (1) prescribed by a licensed doctor of medicine, doctor of osteopathy, doctor of podiatric medicine; and (2) provided by a doctor of medicine, a doctor of osteopathy, a doctor of podiatric medicine, an orthotist, or a prosthetist licensed by the State of Arkansas.

Benefits include replacement of an Orthotic or Prosthetic device and related services, but not more frequently than one (1) time every three (3) years, unless medically necessary or necessitated by anatomical change or normal use.

"Orthotic device" means an external device that is: a.) Intended to restore physiological function or cosmesis to a patient; and b) custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with the delivery of the device to the patient.

"Orthotic device" does not include a cane, a crutch, a corset, a dental appliance, an elastic hose, an elastic support, a fabric support, a generic arch support, a low-temperature plastic splint, a soft cervical collar, a truss, or other similar device that: a) is carried in stock and sold without therapeutic modification by a corset shop, department store, drug store, surgical supply facility, or similar retail entity; and b) has no significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body;

"Orthotic service" means the evaluation and treatment of a condition that requires the use of an orthotic device;

"Prosthetic device" means an external device that is: a) intended to replace an absent external body part for the purpose of restoring physiological function or cosmesis to a patient; and b) custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with being delivered to the patient.

"Prosthetic device" does not include an artificial eye, an artificial ear, a dental appliance, a cosmetic device such as artificial eyelashes or wigs, a device used exclusively for athletic purposes, an artificial facial device, or other device that does not have a significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body;

"Prosthetic service" means the evaluation and treatment of a condition that requires the use of a prosthetic device;

The benefit amount shall be no less than [eighty] percent [(80%)] of the Medicare allowable amount.

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

PART [VIII]
EXCLUSIONS AND LIMITATIONS

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

1. [Acne;] [acupuncture;] [[allergy,] [including] [allergy testing;]] [except as specifically provided in the policy;]
2. [Addiction, such as: [nicotine addiction] [and] [caffeine addiction]; [non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious;] [codependency;]
3. [Assistant Surgeon Fees;]
4. ~~[[Autistic disease of childhood,] [hyperkinetic syndromes,] [milieu therapy,] [learning disabilities,] [behavioral problems,] [parent-child problems,] [attention deficit disorder,] [conceptual handicap,] [developmental delay or disorder~~ ~~[(except as specifically provided in the Benefits for Mental Health Treatment)]~~ or mental retardation,] [except as specifically provided in the policy];]
5. [Biofeedback;]
6. [Durable Medical Equipment;]
7. [Chemotherapy;] [Radiation Therapy;] [Injections;]
8. [Chronic pain disorders;]
9. [Circumcision;]
10. [Congenital conditions[, except as specifically provided for Newborn or adopted Infants;]]
11. [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;]]
12. [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;]
13. [Dental treatment, except [for accidental Injury to [Sound,] Natural Teeth] [as specifically provided in the Schedule of Benefits;]
14. [Elective Surgery or Elective Treatment;]
15. [Elective abortion;]
16. [[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;]
17. [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];]
18. [Health spa or similar facilities; strengthening programs;]
19. [Hearing examinations or hearing aids~~], except as specifically provided in the Benefits for Hearing Aids, if elected by the Policyholder~~; [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] except as specifically provided in the Benefits for Treatment of Speech and Hearing Disorders.]

20. [Hirsutism;] [alopecia;]

EXCLUSIONS AND LIMITATIONS (Continued)

21. [Hypnosis;]
22. [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];]
23. [Injury caused by, contributed to, or resulting from] the [addiction to or] use of [alcohol,] [intoxicants,] [hallucinogenics,] [illegal drugs][, or] any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;]
24. [Injury [or Sickness] for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;]
25. [Injury [or Sickness] outside the United States and its possessions[, Canada] [or] [Mexico][, except [for a Medical Emergency] when traveling for [academic study abroad programs] [business] [or] pleasure;]
26. [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 [in excess of [\$5,000];]
27. [[Except for [football, etc.],] Injury sustained while (a) participating in any [interscholastic,] [high school,] [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, [in excess of [\$5,000];] [unless the additional premium for Intercollegiate Sports Coverage has been paid;]]
28. [[Except for [football, etc.],] Injury of a Dependent sustained while (a) participating in any sport or sport-related contest or competition of intramural football, etc. or intercollegiate football, etc.; (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; [in excess of [\$5,000];]]
29. [Injury sustained while (a) participating in any contest or competition of [intramural football, etc.] [or] [intercollegiate football, etc.]; (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; [in excess of [\$5,000];] [unless the additional premium for Intercollegiate Sports Coverage has been paid;]]
30. [Investigational services;]
31. [Lipectomy;]
32. [Motor vehicle Injury [in excess of [\$2,000];]
33. [Organ transplants[, including organ donation];]
34. [[Outpatient] Physiotherapy[; except for a condition that required surgery or Hospital Confinement[: 1) within the [30] days immediately preceding such Physiotherapy; or 2) within the [30] days immediately following the attending Physician's release for rehabilitation];] [or when referred by the Student Health Center;]]
35. [Participation in a riot or civil disorder; commission of or attempt to commit a felony; [or fighting;]]
- 35-36. [Psychotherapy and Alcoholism/Drug Abuse:]
- 36-37. [Pre-existing Conditions [in excess of \$3,000][, except for individuals who have been continuously insured under the school's [student insurance] policy for at least [12] 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];]

EXCLUSIONS AND LIMITATIONS (Continued)

- ~~37-38.~~ [Prescription Drugs dispensed or purchased while not Hospital Confined[; except when dispensed at the Student Health Center];]
- ~~38-39.~~ [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;][(except as specifically provided in Benefits for Diabetes)]
 - b) [Birth control and/or contraceptives, oral or other, whether medication or device][, regardless of intended use;][except as specifically provided in the policy;]
 - c) [Immunization agents,] [biological sera,] [blood or blood products administered on an outpatient basis];]
 - d) [Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;]
 - e) [Products used for cosmetic purposes;]
 - f) [Drugs used to treat or cure baldness;][anabolic steroids used for body building;]
 - g) [Anorectics - drugs used for the purpose of weight control;]
 - h) [Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;]
 - i) [Growth hormones;]or
 - j) [Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.]
- ~~39-40.~~ [Reproductive/Infertility services including but not limited to: [family planning;] [fertility tests;] [infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except as specifically provided in the Benefits for In Vitro Fertilization] [premarital examinations;] [impotence, organic or otherwise;] [tubal ligation;] [vasectomy;] [sexual reassignment surgery;] [reversal of sterilization procedures;]
- ~~40-41.~~ [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;]
- ~~41-42.~~ [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 in the policy;]
- ~~42-43.~~ [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;]
- ~~43-44.~~ [Services provided [normally without charge] by the Health Service of the Policyholder;] [or] [services covered or provided by the student health fee;]
- ~~44-45.~~ [Sickness or disease in any form; [over-exertion;] [fainting;] [or hernia, regardless of how caused;]
- ~~45-46.~~ [Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia;] [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];]
- ~~46-47.~~ [[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 [intercollegiate sport][activity]]];]
- ~~47-48.~~ [Sleep disorders;]
- ~~48-49.~~ [Speech therapy[, [except as specifically provided in the Benefits for Treatment of Speech and Hearing Disorders](#)];] [naturopathic services;]
- ~~49-50.~~ [Suicide or attempted suicide while sane or insane [(including drug overdose)]; or] [intentionally self-inflicted Injury];]
- ~~50-51.~~ [Supplies, except as specifically provided in the policy;]

EXCLUSIONS AND LIMITATIONS (*Continued*)

- ~~51~~.~~52~~. [Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, [or gynecomastia;]
[except as specifically provided in the policy];
- ~~52~~.~~53~~. [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);] [jet ski;] [ski cycle;] [or] [snowmobile] [skiing] [scuba diving,] [surfing,] [roller skating,] [riding in a rodeo] [according to the policy provisions];]
- ~~53~~.~~54~~. [Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;]
- ~~54~~.~~55~~. [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
- ~~55~~.~~56~~. [Weight management, weight reduction, nutrition programs, treatment for obesity, [(except [surgery for] morbid obesity)], surgery for removal of excess skin or fat, [and treatment of eating disorders such as bulimia and anorexia, except as specifically provided in the Benefit for Mental Illness], except as specifically provided in the policy]. [Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.]]
- ~~56~~.~~57~~. [No benefits will be paid for loss or expense incurred outside the United States and its possessions[, Canada][or][Mexico][, except [for a Medical Emergency] when traveling for [academic study abroad programs] [business] [or] pleasure].

POLICY ENDORSEMENT

In consideration of the premium charged, it is hereby understood and agreed that the policy to which this endorsement is attached is amended as follows:

BENEFITS FOR HEARING AIDS

[If elected by the Policyholder,]benefits will be paid for Hearing Aids or hearing instruments sold by a professional licensed by the state to dispense Hearing Aids or hearing instruments. Benefits begin on the first day of coverage and will not exceed [\$1,400] maximum per ear for each three year period.

“Hearing Aid” means an instrument or device, including repair and replacement parts, that: a) is designed and offered for the purpose of aiding Insured Persons with or compensating for impaired hearing; b) is worn in or on the body; and c) is generally not useful to an Insured Person in the absence of a hearing impairment.

Benefits shall not be subject to the Deductible and copayments. All other coinsurance, limitations, or any other provisions of the policy shall apply.

This endorsement takes effect and expires concurrently with the policy to which it is attached, and is subject to all of the terms and conditions of the policy not inconsistent therewith.

Policyholder Application (Continued)
Student Insurance Division
United HealthCare Insurance Company

Arkansas Mandatory Offers of Coverage

I hereby _____ elect _____ decline the Hearing Aid coverage as offered according to Arkansas Insurance Code.

I hereby _____ elect _____ decline the Mammography coverage as offered according to the Arkansas Insurance Code.

I hereby _____ elect _____ decline the Temporomandibular Joint Disorder Treatment Benefit coverage as offered according to Arkansas Insurance Code.

I hereby _____ elect _____ decline the Hospice Care Benefit coverage as offered according to Arkansas Insurance Code.

I hereby _____ elect _____ decline the Additional Diabetes Self Management Training Benefit as offered according to the Arkansas Insurance Code.

I hereby elect or decline that identical coverage be provided on an Outpatient basis if such coverage is provided on an Inpatient basis for any of the following services as offered according to the Arkansas Insurance Code.

Elect	Decline	
_____	_____	Laboratory & Pathological Tests
_____	_____	X-Rays
_____	_____	Chemotherapy
_____	_____	Radiation Therapy
_____	_____	Renal Dialysis

Signature of School Official _____

Title _____

Date _____

Policyholder Application (Continued)
Student Insurance Division
United HealthCare Insurance Company

Arkansas Mandatory Offers of Coverage

I hereby _____ elect _____ decline the ~~Alcoholism / Drug Abuse Treatment~~ Hearing Aid coverage as offered according to Arkansas Insurance Code.

I hereby _____ elect _____ decline the Mammography coverage as offered according to the Arkansas Insurance Code.

I hereby _____ elect _____ decline the Temporomandibular Joint Disorder Treatment Benefit coverage as offered according to Arkansas Insurance Code.

I hereby _____ elect _____ decline the Hospice Care Benefit coverage as offered according to Arkansas Insurance Code.

I hereby _____ elect _____ decline the Additional Diabetes Self Management Training Benefit as offered according to the Arkansas Insurance Code.

I hereby elect or decline that identical coverage be provided on an Outpatient basis if such coverage is provided on an Inpatient basis for any of the following services as offered according to the Arkansas Insurance Code.

Elect	Decline	
_____	_____	Laboratory & Pathological Tests
_____	_____	X-Rays
_____	_____	Chemotherapy
_____	_____	Radiation Therapy
_____	_____	Renal Dialysis

Signature of School Official _____

Title _____

Date _____

SERFF Tracking Number: UHLC-126238108 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 43360
 Company Tracking Number: COL06ARREV09
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: Blanket Student Accident and Health Policy
 Project Name/Number: /COL-06-AR (Rev 09)

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/22/2009
Comments:			
Attachment:			
	Cert. of Read.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	09/22/2009
Comments:			
	Application form COL-06-AR AP1 was previously approved by your department on November 17, 2006, in conjunction with our COL-06-AR policy filing. A copy of this previously approved application is attached for your convenience.		

COL-06-AR AP1 will be used in conjunction with new application COL-06-AR AP2 which is attached in the form schedule for your review and approval.

Attachment:
COL-06-AR AP1.pdf

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	09/22/2009
Comments:			
Attachment:			
	Coverletter AR.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Cert of Compliance	Approved-Closed	09/22/2009
Comments:			
Attachment:			
	AR_AR Certif of Compliance with Rule 19MG.pdf		

SERFF Tracking Number: UHLC-126238108 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 43360
Company Tracking Number: COL06ARREV09
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: Blanket Student Accident and Health Policy
Project Name/Number: /COL-06-AR (Rev 09)

	Item Status:	Status
Satisfied - Item: NAIC Transmittal	Approved-Closed	09/22/2009
Comments:		
Attachment:		
NAIC Transmittal Form.pdf		

**UNITED HEALTHCARE INSURANCE COMPANY
STATE OF ARKANSAS
CERTIFICATE OF READABILITY**

RE: Policy Form No. COL-06-AR (Rev 09)

1. We hereby certify that we have carefully scored the forms listed above and obtained a Flesch score of 46.4
2. The policy was printed in 10 point type, one point leaded.
3. The number of words contained in the policy text are 8516.
4. The entire form was analyzed excluding the name and address of the Insurer, the name, number and title of the form, the table of contents, captions and subscriptions, the specification page, medical terminology, and any schedules and tables.
5. To the best of our knowledge and belief, we find that the said form complies to the standards of Arkansas Code Ann. 23-80-206.


By _____
Allen Sorbo
President

Date: September 27, 2009 _____

Policyholder Application Student Insurance Division

United HealthCare Insurance Company P.O. Box 809025 Dallas, TX 75380-9025

Policyholder [Any School]
Mailing Address [Any Town,] Arkansas

Date [00-00-00]
Policy Number [00-0000-00]
Effective 2007 / 2008
Academic Year

Telephone Number (555) 555-5555

Class of Persons to be Insured

Any Student

Rates

Annual
Student [\$300.00]

Effective / Expiration Dates

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

(Information continues on attached sheets.)

Signature of _____ Title _____ Date _____
School Official

Please Print Name of above Official _____

Signature of Agent _____ Date _____

Signature of _____ Title _____ Date _____
Company Representative

September 27, 2009

Jay Bradford,
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street.
Little Rock, Arkansas 72201-1904

RE: UnitedHealthcare Insurance Company NAIC 79413

Form No: COL-06-AR (Rev 09), et al - Blanket Student Accident and Sickness Policy Form
COL-06MOE-AR END (8) – Mandatory Offer Endorsement Hearing Aids
COL-06-AR AP2 (Rev 09) – Application – Arkansas Mandatory Offers of Coverage
SERFF filing # - UHLC-126238108

Dear Mr. Bradford:

Enclosed for your consideration and approval is our original submission of the above referenced blanket student accident and health forms. Policy form COL-06-AR (Rev 09) is a revision of and once approved will replace policy form COL-06-AR which was approved by your department on November 17, 2006.

The revisions to the forms were required due to regulatory and technical changes, as described below. We have:

- Administratively replaced the schedule of benefits pages contained in the policy and incorporated the more current schedule that was approved on September 24, 2007 under form number COL-06-AR (Rev 07-07). The form number of the schedule pages has changed to match our policy COL-06-AR (Rev 09).
- Added exception text to the Speech Therapy Exclusion (#48) of the policy due to existing mandate “Benefits for Treatment of Speech and Hearing Disorders”. This was inadvertently left off of our previous filings.
- Revised the Benefits for Mental Illness Treatment in accordance with the updates to law 23-99-506. Also updated the definitions of Mental Illness and Psychotherapy to bring these definitions into compliance with the new law.
- Revised the Benefits for Drugs for Treatment of Cancer in accordance with the updates to law 23-79-147.
- Added the new mandated Benefits for Prostate Cancer Screening to the policy in accordance with law 23-79-1303.
- Added the new mandated Benefits for Orthotic and Prosthetic Devices and Services to the policy in accordance with law 23-99-417.
- Added a new mandated offer endorsement entitled, “Benefits for Hearing Aids” in accordance with law 23-79-1302. The form number for the benefit is COL-06MOE-AR END (8).

- Revised previously approved application form COL-06-AR AP2. We have removed the offer for Alcoholism/Drug Abuse Treatment. We have added the new offer for Hearing Aids. The application form number has been revised as well: COL-06-AR AP2 (Rev 09).
- Revised several of the exclusions and limitations in order to match the updates to the mandated benefits.

In addition, we would like to withdraw our previously approved endorsement for Alcohol and Drug Dependency Treatment. The form number we would like to withdraw is: COL-06MOE-AR END (1).

These changes do not impact the rates as previously filed. Also enclosed are the required certifications and transmittal form. The filing fee is being sent via EFT with this SERFF filing.

We have included a marked up copy of the policy and the application showing the revisions that were made. We have also included clean copies of the final forms for your records.

We appreciate your consideration in review and approval of this form. If you have any questions or if you require additional information, please feel to contact me. You may call me toll-free at (866) 808-8305, extension 6351, or via e-mail at kjohnson@uhcsr.com.

Sincerely,
Karen Johnson, AIRC, ACS, CCP, HCAFA, HIA
Senior Compliance Analyst
UnitedHealthcare **Student**Resources

Enc.

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: UnitedHealthcare Insurance Company

Form Number(s): COL-06-AR (Rev 09), et al.

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Allen Sorbo
Name

President
Title

September 27, 2009
Date

Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/06)

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #
	UnitedHealthcare Insurance Company 2301 West Plano Pkwy, Suite 300 Plano, TX 75075	Connecticut	LAH	707	79413	36-2739571

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Karen Johnson	866-808-8305, ext 6351	469-229-5515	kjohnson@uhcsr.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	COL-06-AR (Rev 09)
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	Blanket Student Accident and Sickness
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10.	Product Coding Matrix Filing Code	H04.001
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11.	Submitted Documents	<p>X FORMS</p> <p>X Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate X Application/Enrollment X Rider/Endorsement <input type="checkbox"/> Advertising Schedule of Benefits <input type="checkbox"/> Other</p> <p>Rates</p> <p><input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate</p> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p>SUPPORTING DOCUMENTATION</p> <p><input type="checkbox"/> Articles of Incorporation Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability X Certifications <input type="checkbox"/> Actuarial Memorandum X Other <u>Cover Letter</u></p>
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12.	Filing Submission Date	September 27, 2009	
13	Filing Fee (If required)	Amount <u>50.00</u>	Check Date <u>N/A</u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>Sent via EFT</u>
14.	Date of Domiciliary Approval	Concurrent Filing	
15.	Filing Description:		
<p>Please refer to the filing cover letter submitted with this SERFF filing.</p>			

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>	
Print Name	<u>Karen Johnson</u> Title <u>Senior Compliance Analyst</u>
Signature	<u></u> Date: <u>September 27, 2009</u>

17.	Form Filing Attachment		
This filing transmittal is part of company tracking number		COL-06-AR (Rev 09)	
This filing corresponds to rate filing company tracking number			

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Policy	COL-06-AR (Rev 09)	X Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Mandated Offer Endorsement	COL-06MOE-AR END (8)	X Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Mandatory Offer Application	COL-06-AR AP2 (Rev 09)	X Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04				
05				
06				
07				
08				
09				
10				

LH FFA-1