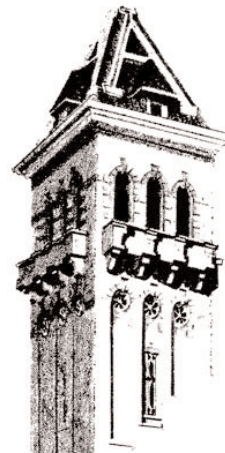


UtahState
UNIVERSITY

2005-2006

*DESIGNED ESPECIALLY FOR THE
UNIVERSITY STUDENTS AND THEIR DEPENDENTS*



***STUDENT INJURY
AND SICKNESS
INSURANCE PLAN***



Dear Utah State University Student,

As the director of the Student Health Center, I want to take this opportunity to welcome you to Utah State University and to introduce the Utah State University Student Health Insurance Plans for the 2005-2006 academic year.

All of the staff of Student Services, and especially the Student Health Center, hope that your year at Utah State University will be rewarding and that it will bring both academic and personal growth. I certainly hope that you enjoy good health and experience no injuries during the coming year. Experience tells me, however, that many of you will experience an unexpected sickness or injury and that growing healthcare costs may interfere with your educational funding. It is these reasons that Utah State University offers a student health insurance policy.

The University strongly believes that students benefit by having health coverage for themselves and their families. The high cost of medical care may force you to delay your education if you are uninsured and even a minor injury or illness occurs. I encourage all students attending the University to obtain health insurance. It should be a top priority for everyone. Our goal is to assure that we don't have any uninsured students at Utah State University. Having insurance coverage for unexpected illnesses or injuries will enhance your ability to stay in school and complete your educational goals.

The enclosed health policy administered by First Underwriters and underwritten by The Chesapeake Life Insurance Company offers you an outstanding balance of benefits, user-friendliness and cost-effectiveness. Please review the 2005-2006 brochure and if you have any questions about the policy, contact First Student toll-free at 1-800-505-4160.

Cordially,

Jim Davis, M.D.
Director, Student Health Center
Utah State University

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PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-505-4160.

ELIGIBILITY

Students

Undergraduate students enrolled in six (6) credit hours or more, attending classes and paying student fees, as well as graduate students taking credits and Study Abroad Students are eligible for coverage under this policy. (Independent Study, Home Study, Challenge program, and House Bill 60 students are not eligible).

Students can continue this insurance for one semester during each contract year (August 20 - August 19) without taking credit hours, or taking less than the minimum number of hours required for eligibility, as long as the student was insured under this Policy during the previous semester. This is called taking a “layout semester.” Under no circumstances can a student take a summer semester as a layout under one Policy year and then take the following Fall semester as the layout for the new Policy year. No back-to-back layouts will be allowed. Graduating students who are insured during the previous semester can purchase one additional semester of coverage after graduation.

International Students are required to purchase this Student Insurance coverage or show proof of qualifying comparable coverage in order to waive per each semester.

Dependents

Eligible dependents may also be enrolled under the policy. Eligible dependents are the student’s spouse, unmarried children (including stepchildren, adopted children and children of whom the insured has court appointed legal guardianship) who are dependents of the student or spouse and are under 26 years of age or, if over 26 years of age are continuously thereafter, in-capable of self sustaining employment by reason of mental retardation or physical handicap and chiefly dependent upon the Insured Person for supporting maintenance.

Eligibility (Continued)

An Insured's newborn child is automatically covered from the moment of birth up to 31 days. Coverage for the newborn will continue after the 31 days only if, within the 31 days the Company receives: 1) notice of the birth; and 2) payment of the full additional dependent premium.

Coverage for adopted children will be provided on the same basis as newly born children beginning from 1) the moment of birth if placement for adoption occurs within 30 days of the child's birth or 2) the date of placement for adoption if placement occurs 30 days or more after the child's birth. Coverage is not subject to Pre-Existing Conditions, including congenital defects and birth abnormalities or prematurity.

CHOICE OF PLAN

Each eligible student/participant has a choice from two coverage levels. Plan I provides a Maximum Benefit of \$50,000 per insured per policy year. Plan II provides a Maximum Benefit of \$250,000 per insured per policy year. You may change plans at the beginning of any semester. If you change to the higher plan maximum, all claims due to medical conditions that existed during the 12 month period immediately preceding the change, will be paid based on the lesser plan maximum. (Example: if you move from the \$50,000 plan to the \$250,000 plan, any conditions that existed prior to or during the \$50,000 coverage will not be covered at the higher maximum until you have been on the \$250,000 plan for 12 continuous months.).

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective August 20, 2005. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates August 19, 2006. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Students who enroll during the first 30 days of the effective date of the Semester will be made effective on that Semester. Students who enroll after the 30 day period will have coverage effective as of the date the enrollment form and premium are received by the Company.

Effective and Termination Dates (Continued)

International students who arrive on campus early may elect to purchase coverage for up to three (3) weeks prior to the Semester effective date for an additional cost (call Company for details). The next full Semester premium payment must be received, along with the early enrollment amount, prior to the effective date of coverage for which the student is applying.

All benefits cease on the insured's Termination Date, except as shown under "Extension of Benefits". Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

You must meet the Eligibility requirements listed herein each time you pay a premium to continue insurance coverage. The Company maintains the right to investigate student enrollment status to verify that the policy Eligibility requirements have been met. If and when the Company discovers that the policy Eligibility requirements have not been met, its only obligation is to terminate coverage and refund premium. Although it is the intent of USU to maintain a student insurance plan, USU reserves the right to terminate the plan at any time.

You may change or terminate coverage during the first three (3) weeks of the semester in which the application for coverage is made, after which no changes will be made or refunds given, except in the event that you enter into the Armed Forces. Otherwise, coverage will remain in force until the end of the period for which premium has been paid and no refunds will be given. The Policy is a Non-Renewable one year Term Policy.

EXTENSION OF BENEFITS

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, under no circumstances will further payments be made.

EXCESS PROVISION

No benefits are payable for any expense incurred for Injury or Sickness which has been paid or payable by other valid and collectible insurance or under a no fault automobile insurance policy.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as a result of the Insured's failure to comply with policy provisions or requirements.

Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover loss.

MATERNITY TESTING

This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: AFP Blood Screening; Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests. are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-505-4160.

BENEFITS FOR INBORN ERRORS OR METABOLISM

Benefits will be paid the same as any other Sickness for Dietary Products used for the treatment of Inborn Errors of Amino Acid or Urea Cycle Metabolism. Inborn errors of amino acid or urea cycle metabolism means a disease caused by an inherited abnormality of body chemistry which is treatable by the dietary restriction of one or more amino acid.

Dietary products means medical food or a low protein modified food product that:

- (a) is specifically formulated to treat Inborn Errors of Amino Acid or Urea Cycle Metabolism;
- (b) is not a natural food that is naturally low in protein;
- (c) is used 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 ADOPTION INDEMNITY

Benefits will be provided for \$4,000.00 payable to the Insured when an adopted child is placed for adoption with the Insured within 90 days of the child's birth. If more than one child from the same birth is placed for adoption with the Insured, only one adoption indemnity benefit is required. The full amount of the benefit shall be refunded to the Company if the postplacement evaluation disapproves the adoption placement and a court rules the adoption may not be finalized because of an act or omission of the adoptive parent or parents that affects the child's health or safety.

BENEFITS FOR DIABETES TREATMENT

Benefits will be paid the same as any other Sickness for treatment, services and supplies for diabetes. "Diabetes" includes:

- (a) complete insulin deficiency or type 1 diabetes;
- (b) insulin resistant with partial insulin deficiency or type 2 diabetes; and
- (c) elevated blood glucose levels induced by pregnancy or gestational diabetes.

Benefits will be paid for the following:

(a) diabetes self-management training and patient management, including medical nutrition therapy as defined by rule, provided by an accredited or certified program and referred by a Physician within the plan and consistent with the health plan provisions for self-management education that is:

- (1) recognized by the federal Health Care Financing Agency; or
- (2) certified by the Department of Health; and;
- (b) the following equipment, supplies, and appliances to treat diabetes when medically necessary:
 - (1) blood glucose monitors, including those for the legally blind;
 - (2) test strips for blood glucose monitors;
 - (3) visual reading urine and ketone strips;
 - (4) lancets and lancet devices;
 - (5) insulin;
 - (6) injection aides, including those adaptable to meet the needs of the legally blind, and infusion delivery systems;
 - (7) syringes;
 - (8) prescriptive oral agents for controlling blood glucose levels; and
 - (9) glucagon kits.

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

BENEFITS FOR BREAST SURGERY, RECONSTRUCTION AND PROSTHESES COVERAGE

Benefits will be paid the same as any other Sickness for an Insured who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy. Benefits will be provided in a manner determined in consultation with the Physician and the Insured for the following:

- a) reconstruction of the breast on which the mastectomy has been performed;
- b) surgery and reconstruction of the breast on which the mastectomy was not performed to produce symmetrical appearance; and
- c) prostheses and physical complications with regards to all stages of mastectomy, including lymphedemas.

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

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:

Beech Street Network and Student Health Network

Please be aware that if an Insured is treated at a Preferred Provider Hospital, it does not mean that all providers at that Hospital are Preferred Providers. In addition, if an Insured is referred by a Preferred Provider to another provider or facility, it does not mean that the provider or facility to which the Insured is referred is also a Preferred Provider.

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 1-800-505-4160 and/or by asking the provider when making an appointment for services. Also, BeechStreet can be accessed via www.beechstreet.com.

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

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

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.

PRE- ADMISSION NOTIFICATION

Avidyn should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:**
The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
2. **NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

Avidyn is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m., C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre- notification is not a guarantee that benefits will be paid.

**SCHEDULE OF MEDICAL EXPENSE BENEFITS
INJURY AND SICKNESS
Up To \$50,000 MAXIMUM BENEFIT (PER INSURED PERSON)(PER POLICY YEAR)**

2005-5856-91 Plan I

All students and Dependents must use the SHC as their primary care provider and obtain a referral for services outside of SHC. Children under 6 months of age are not treated by SHC. If you do not receive the required referral from the SHC, no benefits are payable.

The Preferred Provider is the Beech Street Network of Physicians and Hospitals, and Student Health Network.

For all benefits listed, the Insured is responsible for the co-pay listed plus the coinsurance payment required, up to the Out-of-Pocket maximum, then Covered Medical Expenses are reimbursed at 100% of Usual & Customary Charges. There is an Out-of-Pocket Maximum of \$6,000 (In-Network) and \$8,000 (Out-of-Network) (This does not include co-pays or penalties. Co-payments are required in addition to the coinsurance payment indicated.) If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. In all situations, reduced or lower benefits will be provided when an Out-of-Network provider is used. The policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$50,000 for each Injury or Sickness. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses included:

<u>INPATIENT</u>	<u>Preferred Providers</u>	<u>Out-of-Network</u>
Room & Board/Hospital Miscellaneous daily semi-private room rate; and general nursing care provided by the Hospital. Hospital Miscellaneous expenses such as the cost of the operating room, laboratory test, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services and supplies. In computing the number of day payable under this benefit, the date of admission will be counted, but not the date of discharge.	70% of Preferred Allowance/ \$250 co-pay per visit \$1,000 per day maximum	50% of Usual & Customary Charges/ \$250 co-pay per visit \$1,000 per day maximum
Intensive Care	Paid under Room & Board/Hospital Misc	Paid under Room & Board/Hospital Misc
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness/4 days Hospital Confinement expense maximum	Paid as any other Sickness/4 days Hospital Confinement expense maximum
Physiotherapy	70% of Preferred Allowance	50% of Usual & Customary Charges
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and of all subsequent procedures.	70% of Preferred Allowance	50% of Usual & Customary Charges
Assistant Surgeon	70% of Preferred Allowance	50% of Usual & Customary Charges
Anesthetist , professional services in connection with inpatient surgery.	70% of Preferred Allowance	50% of Usual & Customary Charges
Registered Nurse's Services , private duty nursing care.	Paid under Room & Board/Hospital Misc	Paid under Room & Board/Hospital Misc
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	70% of Preferred Allowance	50% of Usual & Customary Charges
Pre-admission Testing , payable within 3 working days prior to admission.	70% of Preferred Allowance	50% of Usual & Customary Charges
Psychotherapy , benefits are limited to one visit per day.	50% of Preferred Allowance/\$250 co-pay per visit/15 days maximum (Per Policy Year)	50% of Usual & Customary Charges/\$250 co-pay per visit/15 days maximum (Per Policy Year)
<u>OUTPATIENT</u>		
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and of all subsequent procedures.	70% of Preferred Allowance	50% of Usual & Customary Charges
Day Surgery Miscellaneous , related to scheduled surgery performed in a hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	70% of Preferred Allowance/ \$100 co-pay per visit	50% of Usual & Customary Charges/ \$100 co-pay per visit
Assistant Surgeon	70% of Preferred Allowance	50% of Usual & Customary Charges
Anesthetist , professional services administered in connection with outpatient surgery.	70% of Preferred Allowance	50% of Usual & Customary Charges
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	70% of Preferred Allowance/ \$25 co-pay per visit	50% of Usual & Customary Charges/ \$25 co-pay per visit
Physiotherapy , benefits are limited to one visit per day.	70% of Preferred Allowance/ \$50 co-pay per visit	50% of Usual & Customary Charges/ \$50 co-pay per visit
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	70% of Preferred Allowance/ \$50 co-pay per visit	50% of Usual & Customary Charges/ \$50 co-pay per visit
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	70% of Preferred Allowance/ \$250 co-pay per visit	50% of Usual & Customary Charges/ \$250 co-pay per visit
X-Rays & Laboratory	70% of Preferred Allowance/ \$50 co-pay per visit	50% of Usual & Customary Charges/ \$50 co-pay per visit
Injections , when administered in the Physician's office and charged on the Physician's statement.	70% of Preferred Allowance	50% of Usual & Customary Charges
Radiation Therapy/Chemotherapy	70% of Preferred Allowance/ \$100 co-pay per visit	50% of Usual & Customary Charges/ \$100 co-pay per visit
Prescription Drugs , co-pay for each \$15 for generic, \$30 for brand at participating CAREMARK® pharmacies or at the Student Health Center. NO BENEFITS outside of the SHC and / or CAREMARK® ADD medications are covered when medically necessary.	\$15 for Generic/\$30 for Brand \$1000 maximum/ (Per Policy Year)	NO BENEFITS
Psychotherapy , including all related or ancillary charges incurred as a result of a Mental and Nervous Disorder (including Prescription Drugs) Benefits are limited to visit per day.	50% of Preferred Allowance/\$30 co-pay per visit/ \$15 days Maximum (Per Policy Year)	50% of Usual & Customary Charges/\$30 co-pay per visit/15 days Maximum (Per Policy Year)
<u>OTHER</u>		
Ambulance Services ,	70% of Usual & Customary Charges	70% of Usual & Customary Charges
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered	50% of Usual & Customary Charges	50% of Usual & Customary Charges
Dental Treatment , benefits paid on Injury to Sound, Natural Teeth only.	70% of Usual & Customary Charges	70% of Usual & Customary Charges
Alcoholism/Drug Abuse	Paid under Psychotherapy	Paid under Psychotherapy
Maternity/Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Home Health Care	70% of Preferred Allowance	50% of Usual & Customary Charges
Private Duty Nursing Services-	70% of Preferred Allowance/ \$10,000 maximum (Per Policy Year)	50% of Usual & Customary Charges/ \$10,000 maximum (Per Policy Year)
Skilled Nursing Facility	70% of Preferred Allowance	50% of Usual & Customary Charges
Cat Scan/MRI	70% of Preferred Allowance/ \$100 co-pay per visit	50% of Usual & Customary Charges/ \$100 co-pay per visit

**SCHEDULE OF MEDICAL EXPENSE BENEFITS
INJURY AND SICKNESS
UP TO \$250,000 MAXIMUM BENEFIT (PER INSURED PERSON)(PER POLICY YEAR)
2005-5856-92 Plan II**

All students and Dependents must use the SHC as their primary care provider and obtain a referral for services outside of SHC. Children under 6 months of age are not treated by SHC. If you do not receive the required referral from the SHC, no benefits are payable.

The Preferred Provider is the Beech Street Network of Physicians and Hospitals and Student Health Network.

For all benefits listed, the Insured is responsible for the co-pay listed plus the coinsurance payment required, up to the Out-of-Pocket maximum, then Covered Medical Expenses are reimbursed at 100% of Usual & Customary Charges. There is an Out-of-Pocket Maximum of \$6,000 (In-Network) and \$8,000 (Out-of-Network) (This does not include co-pays or penalties. Co-payments are required in addition to the coinsurance payment indicated.)

If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. In all situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

The policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$250,000 for each Injury or Sickness. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses included:

<u>INPATIENT</u>	<u>Preferred Providers</u>	<u>Out-of-Network</u>
Room & Board/Hospital Miscellaneous , daily semi-private room rate; and general nursing care provided by the Hospital. Hospital Miscellaneous Expenses such as the cost of the operating room, laboratory test, 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.	.70% of Preferred Allowance/ \$250 co-pay per visit \$1,000 per day Maximum	.50% of Usual & Customary Charges/ \$.250 co-pay per visit \$1,000 per day Maximum
Intensive Care	Paid under Room & Board/Hospital Misc	Paid under Room & Board/Hospital Misc
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness/4 days Hospital Confinement expense maximum	Paid as any other Sickness/4days Hospital Confinement expense maximum
Physiotherapy	.70% of Preferred Allowance	.50% of Usual & Customary Charges
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and of all subsequent procedures.	.70% of Preferred Allowance	.50% of Usual & Customary Charges
Assistant Surgeon	.70% of Preferred Allowance	.50% of Usual & Customary Charges
Anesthetist , professional services in connection with inpatient surgery.	.70% of Preferred Allowance	.50% of Usual & Customary Charges
Registered Nurse's Services , private duty nursing care.	Paid under Room & Board/Hospital Misc	Paid under Room & Board/Hospital Misc
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	.70% of Preferred Allowance	.50% of Usual & Customary Charges
Pre-admission Testing , payable within 3 working days prior to admission.	.70% of Preferred Allowance	.50% of Usual & Customary Charges
Psychotherapy , benefits are limited to visit per day.	.50% of Preferred Allowance/\$250 co-pay per visit/15 days maximum (Per Policy Year)	.50% of Usual & Customary Charges/\$250 co-pay per visit/15 days maximum (Per Policy Year)
<u>OUTPATIENT</u>		
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and of all subsequent procedures.	.70% of Preferred Allowance	.50% of Usual & Customary Charges
Day Surgery Miscellaneous , related to scheduled surgery performed in a hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	.70% of Preferred Allowance/ \$100 co-pay per visit	.50% of Usual & Customary Charges/ \$.100 co-pay per visit
Assistant Surgeon	.70% of Preferred Allowance	.50% of Usual & Customary Charges
Anesthetist , professional services administered in connection with outpatient surgery.	.70% of Preferred Allowance	.50% of Usual & Customary Charges
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	.70% of Preferred Allowance/ \$25 co-pay per visit	.50% of Usual & Customary Charges/ \$.25 co-pay per visit
Physiotherapy , benefits are limited to one visit per day.	.70% of Preferred Allowance/ \$50 co-pay per visit	.50% of Usual & Customary Charges/ \$.50 co-pay per visit
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	.70% of Preferred Allowance/ \$50 co-pay per visit	.50% of Usual & Customary Charges/ \$.50 co-pay per visit
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	.70% of Preferred Allowance/ \$250 co-pay per visit	.50% of Usual & Customary Charges/ \$.250 co-pay per visit
X-Rays & Laboratory	.70% of Preferred Allowance/ \$50 co-pay per visit	.50% of Usual & Customary Charges/ \$.50 co-pay per visit
Injections , when administered in the Physician's office and charged on the Physician's statement.	.70% of Preferred Allowance	.50% of Usual & Customary Charges
Radiation Therapy/Chemotherapy	.70% of Preferred Allowance/ \$100 co-pay per visit	.50% of Usual & Customary Charges/ \$.100 co-pay per visit
Prescription Drugs , co-pay for each \$15 for generic, \$30 for brand at participating CAREMARK® pharmacies or at the Student Health Center. NO BENEFITS outside of the SHC and /or CAREMARK® ADD medications are covered when medically necessary.	\$15 for generic /\$30 for brand \$1,000 maximum(Per Policy Year)	NO BENEFIT
Psychotherapy , including all related or ancillary charges incurred as a result of a Mental and Nervous Disorder (including Prescription Drugs) Benefits are limited to one visit per day.	.50% of Preferred Allowance/\$30 co-pay per visit/15 days maximum (Per Policy Year)	.50% of Usual & Customary Charges/\$30 co-pay per visit/15 days maximum (Per Policy Year)
<u>OTHER</u>		
Ambulance Services ,	.70% of Usual & Customary Charges	.70% of Usual & Customary Charges
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered	.50% of Usual & Customary Charges	.50% of Usual & Customary Charges
Dental Treatment , benefits paid on Injury to Sound, Natural Teeth only.	.70% of Usual & Customary Charges	.70% of Usual & Customary Charges
Alcoholism/Drug Abuse	Paid under Psychotherapy	Paid under Psychotherapy
Maternity/Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Home Health Care	.70% of Preferred Allowance	.50% of Usual & Customary Charges
Private Duty Nursing Services	.70% of Preferred Allowance \$10,000 maximum (Per Policy Year)	.50% of Usual & Customary Charge/ \$10,000 maximum (Per Policy Year)
Cat Scan/MRI	.70% of Preferred Allowance/ \$100 co-pay per visit	.50% of Usual & Customary Charges/ \$.100 co-pay per visit
Skilled Nursing Facility	.70% of Preferred Allowance	.50% of Usual & Customary Charges

DEFINITIONS

ADOPTED CHILD means the adopted child placed with the Named Insured while that person is covered under this policy. Such child will be covered beginning from the moment of birth if placement for adoption occurs within 30 days of the child's birth; or beginning from the date of placement if placement for adoption occurs 30 days or more after the child's birth. The Pre-existing Conditions limitation will not apply to an adoptive child.

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

INJURY means bodily injury which is: 1) directly 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. 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.

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

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

PRE-EXISTING CONDITION means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 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 6 months immediately prior to the Insured's Effective Date under the policy.

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.

USUAL AND CUSTOMARY CHARGES means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges. The definition of Usual and Customary Charges does not apply to charges made by Preferred Providers.

CAREMARK® PRESCRIPTION DRUG BENEFITS

When you fill your prescription at a participating pharmacy you will be able to get up to a 30 day supply of drugs prescribed for a Covered Injury or Sickness. You will only pay a \$15.00 copayment for each generic drug and a \$30.00 copayment for each brand name drug not to exceed the \$1,000 benefit maximum per person per policy year. Please present your ID card to the pharmacy when the prescription is filled. If you do not use a participating pharmacy, you will be responsible for paying the full cost of the prescription. Please see the schedule of benefits for additional information.

If you do not present the card, you will need to pay for the prescription and then submit a prescription reimbursement claim form along with the paid receipt. As long as the prescription was filled at a participating pharmacy you will be reimbursed the allowable charges. For information about participating pharmacies or to obtain reimbursement forms, please call the Pharmacy Information Call Center at 877-348-0578.

STUDENT HEALTH CENTER (SHC) REFERRAL REQUIRED

The student and Dependents must use the services of the Student Health Center first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Center for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is not necessary only under the following conditions:

1. Medical Emergency. The student must return to SHC for necessary follow-up care;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 30 miles from campus;
5. Maternity; or
6. Psychotherapy.

Dependent children under 6 months of age are not eligible to use the SHC and therefore are exempt from the above limitations and requirements.

CONVERSION PRIVILEGE

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

NURSELINE

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

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;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation;
4. Biofeedback;
5. Circumcision;
6. Congenital conditions; except as specifically provided for Newborn or Adopted Infants;
7. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
8. Custodial Care; care provided in: rest homes, health resorts, homes for the aged, halfway houses or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. Elective abortion;
12. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
13. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
14. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
15. Health spa or similar facilities; strengthening programs;
16. Hirsutism; alopecia;
17. Hypnosis;
18. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
19. 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;
20. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
21. Injury sustained by reason of motor vehicle accident to the extent that the benefits are paid or payable by any other valid or collectable insurance, or under a no-fault automobile insurance policy;
22. Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
23. Investigational Services;
24. Lipectomy;
25. Organ transplants, including organ donation; (except cornea and kidney transplant;)
26. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;

Exclusions and Limitations (Continued)

27. Pre-existing Conditions 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; (Foreign Policies are not considered Prior Creditable Coverage.)
28. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use (except as specifically provided in the Benefits for Diabetes Treatment);
 - b) Birth control and/or contraceptives, oral or other, whether medication or device;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs labeled, "Caution limited by federal law to investigational use" or experimental drugs;
 - e) Products used for cosmetic purposes;
 - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - g) Anorectics - drugs used for the purpose of weight control;
 - h) Fertility agents or sexual enhancement drugs, such as 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;
29. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
30. 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;
31. 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;
32. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury of Sickness;
33. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
34. 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;
35. 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;
36. Sleep disorders;
37. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
38. Supplies, except as specifically provided in the policy;
39. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided in the policy;
40. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
41. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
42. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders

ASSIST AMERICA: GLOBAL ASSISTANCE SERVICES

Through participation in the UTAH STATE UNIVERSITY insurance plan, each Insured* is eligible for global emergency medical assistance services when traveling 100 miles or more from his/her permanent home or campus address or abroad. Services are accessible 24 hours a day, 365 days a year and are provided by Assist America, Inc.

What Makes the Assist America program unique?

1. Exceeds USIA requirements for International student and scholars
2. No maximums or subrogation for any assistance services Assist America provides
3. No pre-existing conditions or territorial exclusions
4. Worldwide network of pre-qualified medical providers
5. Operations Centers with immediate worldwide response capabilities
6. "Out of Area" medical problems alleviated

Key Services include:

Evacuation, Repatriation and Return of Mortal Remains:

Whenever appropriate medical facilities are not available locally, Assist America will utilize whatever mode of transport, equipment, and personnel is necessary to evacuate the participant to the nearest facility capable of providing appropriate care. Once the participant is ready to be released from the hospital, Assist America will arrange and pay to transport the participant to his/her residence or rehabilitation facility, with necessary medical supervision, if necessary.

If a participant should die while traveling, Assist America will render every possible assistance in the return of mortal remains including locating a funeral home to prepare the deceased for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.

Some additional services include:

- Medical Consultation, Evaluation and Medical Referrals
- Foreign Hospital Admission Guarantee
- Critical Care Monitoring
- Prescription Assistance
- Emergency Message Transmission
- Transport to Join Patient (when in-patient for more than 7 days)
- Care for Minor Children (left unattended due to medical incident)
- Emergency Trauma Counseling
- Lost Luggage or Document Assistance
- Legal and Interpreter Referrals

Please refer to www.assistamerica.com for service descriptions.

To access services please call:

(877) 488-9833 Toll-free within the United States

(609) 452-8570 Collect outside the United States

Services are also accessible via e-mail at

medservices@assistamerica.com.

Assist America is not travel or medical insurance, but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by Assist America. Claims for reimbursement of assistance services will not be accepted.

**Insured's spouse and dependent children may also be eligible for services.*

Assist America® is a registered service mark of Assist America,

CLAIM PROCEDURE

In the event of Injury or Sickness (except for medical emergencies), students should report to the SHC for treatment or referral.

- 1) If a referral is given, Student Health Services will submit the completed referral form to First Student for the claim to be processed. No other form is required.
- 2) For other services, mail all medical and hospital bills to the address below along with the patient's name and insured student's name, address, Social Security Number and name of the Institute under which the student is insured. A Company claim form is not required for filing a claim.
- 3) File claim within 30 days of Injury. Bills must be received by the Company within 90 days of service in order for a claim to be considered for payment. Failure to furnish proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to furnish proof.

CLAIMS APPEALS PROCESS

If you believe that your claim was denied in error, or wish to request that additional consideration be given to the circumstances surrounding your claim, you may send First Student a letter of appeal.

Send the appeal for reconsideration, with any additional pertinent information to First Student at the address below.

Your response will be addressed and a determination will be mailed to you. If your appeal is denied and you still believe that additional review is needed, forward your appeal letter to the attention of Technical Claims at the address below.

**The Plan is underwritten by:
The Chesapeake Life Insurance Company**

**Direct all Claims and/or Customer
Service Inquiries to:**

First Student
P. O. Box 809067
Dallas, TX 75380-9067
800-505-4160

Or visit our website at www.firststudent.com

For policy holder questions or special needs or concerns please contact the above.

Online Services: For On-Line Enrollment, as well as Brochures, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services please visit our website at www.firststudent.com

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

This Brochure is based on Policy Number:

**2005-5856-91 -Low Option
2005-5856-92- High Option**

**This is your
Temporary ID Card.**



STUDENT INSURANCE PROGRAM

The Chesapeake Life Insurance Company

Name:

Policy #: **2005-5856-91 or 2005-5856-92**

Group Name: **UTAH STATE UNIVERSITY**

Customer Service #: 1800-505-4160

Rx Vendor Group # UISI07, BIN # 004336

24/7 Nurse Advise: 1-800-883-2951 (toll free)

05-ID1



CLAIM INSTRUCTIONS

Claims should be submitted to the Company within 90 days after date of treatment. Please mail all medical and hospital bills along with the insured student's name and patient's name, ID number, address, and name of the college or university under which the student is insured to the address listed on this card.

Send claims to: Student Insurance, PO Box 809067, Dallas, TX 75380-9067.
WebMD#: 74227

For emergencies while traveling, call Assist America 1-877-488-9833 in the US,
1-609-452-8570 Collect outside the US.
For Hospital pre-admission call Avidyn at 1-877-295-0720.

NOTICE TO ALL HEALTHCARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, co-payment and claim instructions, please call Customer Service at the number listed on the front of this card.