



2008-2009

STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the International Students of



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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

All registered International F1 students are automatically enrolled in this insurance Plan at registration, unless proof of comparable coverage is furnished.

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

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home Study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Students can continue this insurance for one term during each policy year without attending classes, as long as the student was insured under this policy during the previous coverage term. Under no circumstances can a student take a summer coverage term off under one policy year and then take the following fall coverage term off for the new policy year and still be eligible for coverage.

Dependent Eligibility expires concurrently with that of the Insured student.

Effective and Termination Dates

The Master Policy on file at the University becomes effective August 15, 2008. 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 14, 2009. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

Coverage Term

Fall	08/15/2008 to 12/14/2008
Spring	12/15/2008 to 04/15/2009
Summer	04/16/2009 to 08/14/2009

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

Refunds of premiums are allowed only upon entry into the armed forces.

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

Extension of Benefits After Termination

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

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

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

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 \$250,000 Maximum Benefit (For Each Injury or Sickness)
Preferred Provider Deductible \$150 (Per Insured Person) (Per Policy Year)
Out-of-Network Deductible \$300 (Per Insured Person) (Per Policy Year)
Preferred Provider Coinsurance 80% (Except where noted below)
Out-of-Network Coinsurance 60% (Except where noted below)

The Preferred Provider for this plan is UnitedHealthcare Options PPO.

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

After the Deductible has been met, the policy will pay 80% of Preferred Provider or 60% of Out-of-Network of Covered Medical Expenses. When an Insured has incurred \$3,000 in Out-of-Pocket expenses for Preferred Providers, or \$6,000 in Out-of-Pocket expenses Out-of-Network, Per Policy Year, payment will increase to 100% of Covered Medical Expenses up to the Maximum Benefit.

NOTE: For Preferred Provider Outpatient Physician visits there is a \$10 copay, and a \$20 copay for a Specialist visit.

In regards to exclusion #21, the following applies:

If an individual: (1) had coverage under a Previous Plan as defined below; and (2) that coverage was continuous to a date not more than 63 days prior to the person's Effective Date under this Policy, the time under the Previous Plan will be credited toward the 6 consecutive months needed to provide benefits for a Pre-existing Condition. A "Previous Plan" means any accident and health insurance policy or certificate, nonprofit hospital or medical service corporation, HMO, MEWA, or plan provided by another benefit arrangement, including a government plan or program providing health benefits or health care. It does not include a Medicare Supplement.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider and Out-of-Network, unless noted below. Covered Medical Expenses include:

PA=PREFERRED ALLOWANCE	U&C=USUAL & CUSTOMARY CHARGES	
INPATIENT	Preferred Providers	Out-of-Network Providers
Hospital Expense , daily semi-private room rate; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	PA	U&C
Intensive Care	Paid under Hospital Expense	
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth. <i>(4 days Hospital Confinement expense maximum)</i>	Paid as any other Sickness	

INPATIENT	Preferred Providers	Out-of-Network Providers
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 50% of all subsequent procedures.	PA	U&C
Assistant Surgeon , only if medically necessary for the medical procedure	PA	U&C
Anesthetist , professional services in connection with inpatient surgery	PA	U&C
Registered Nurse's Services , private duty nursing care	PA	U&C
Physician's Visits , benefits are limited to one visit per day. Benefits do not apply when related to surgery.	PA	U&C
Pre-Admission Testing , when incurred within 7 days of surgery	PA	U&C
Psychotherapy , Psychiatric Hospitals are not covered. Benefits are limited to one visit per day. (\$5,000 maximum Per Policy Year)	PA	U&C
Biologically Based Mental Illness	Paid as any other Sickness/ See Benefits for Biologically Based Mental Illness	
OUTPATIENT	Preferred Providers	Out-of-Network Providers
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 50% of all subsequent procedures.	PA	U&C
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.	PA	U&C
Assistant Surgeon , only if medically necessary for the medical procedure	PA	U&C
Anesthetist , professional services administered in connection with outpatient surgery.	PA	U&C
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Psychotherapy.	PA / \$10 copay per visit / \$20 Specialist copay per visit	U&C
Physiotherapy , including Therapeutic Modalities. Benefits are limited to one visit per day (5 visits maximum)	PA	U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
Tests and Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	PA	U&C
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.	80% of PA \$50 copay per visit (waived if admitted) / \$25 Urgent Care copay per visit	80% of U&C \$50 Deductible per visit (waived if admitted) / \$25 Urgent Care copay per visit
Diagnostic X-ray & Laboratory <i>(\$1,000 maximum)</i>	PA	U&C
Radiation Therapy and Chemotherapy	PA	U&C
Prescription Drugs , <i>(\$1,500 maximum Per Policy Year)</i>	80% of Expenses Incurred	
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. <i>(\$500 maximum Per Policy Year)</i>	PA	U&C
Biologically Based Mental Illness	Paid as any other Sickness/ See Benefits for Biologically Based Mental Illness	
OTHER		
Ambulance Services ,	80% of U&C	80% of U&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	U&C	U&C
Consultant Physician Fees , when requested and approved by the attending physician. <i>(1 visit maximum)</i>	PA	U&C
Dental Treatment , made necessary by Injury to Sound, Natural Teeth only.	80% of U&C	80% of U&C
Maternity / Complications of Pregnancy	Paid as any other Sickness	
Mammography , Mammogram/Cytologic Screening expense for an Insured woman for (1) a baseline mammogram; (2) annual screening mammogram; (3) annual cervical cytologic screening; and (4) Cervical cytological screening upon certification by Physician that test is medically necessary	PA	U&C
Well Child Expense : coverage for preventive and primary care services with unlimited visits up to the age of 12; three visits per year for minor children ages 12-18.	PA	U&C
Home Country Expense : incurred during brief return visits to your home country <i>(60 days coverage maximum Per Policy Year)</i>	80% of U&C	80% of U&C

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:

UnitedHealthcare Options PPO

The availability of specific providers is subject to change without notice. Insureds should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-505-4160 and/or by asking the provider when making an appointment for services. You can also locate a network provider by logging into My Account at www.firststudent.com. See back cover of this brochure for details on creating an online account.

"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. Insureds 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.

Inpatient Hospital Expenses

PREFERRED HOSPITALS - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at the coinsurance percentages specified in the Schedule of Benefits up to any limits specified in the Schedule of Benefits. Call 1-800-505-4160 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 UnitedHealthcare Options PPO will be paid at the coinsurance percentages specified in the Schedule of Benefits 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.

Maternity Testing

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

Accidental Death and Dismemberment

Loss of Life, Limb or Sight

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the policy Maximum Benefit.

For Loss Of:

Life	\$10,000
Two or More Member	\$10,000
One Member	\$ 5,000
Thumb or Index Finger	\$ 1,000

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

Coordination of Benefits Provision

Benefits will be coordinated with any other medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

Mandated Benefits

Benefits for Biologically Based mental Illness

Benefits will be paid the same as any other Sickness for the treatment of Biologically Based Mental Illness if both of the following apply:

- 1) The Biologically Based Mental Illness is clinically diagnosed by a Physician authorized to practice medicine and surgery or osteopathic medicine and surgery, a psychologist, a professional clinical counselor, professional counselor, independent social worker, or a clinical nurse specialist whose nursing specialty is mental health.
- 2) The prescribed treatment is not experimental or investigational, having proven its clinical effectiveness in accordance with generally accepted medical standards.

"Biologically Based Mental Illness" means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder, as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.

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

Definitions

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.

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.

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. Injections;
5. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
6. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
7. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
8. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
9. Elective Surgery or Elective Treatment;
10. Elective abortion;
11. 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;
12. Hirsutism; alopecia;
13. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
14. 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;
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
16. Injury sustained while (a) participating in any 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;
17. Investigational Services;
18. Lipectomy;
19. Organ transplants, including organ donation;
20. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
21. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months; The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;
22. Prescription Drugs, services or supplies as follows:
 - a) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
 - b) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - c) Growth hormones; or
 - d) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
23. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
24. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
25. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;

26. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
27. 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;
28. Sleep disorders;
29. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
30. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia;
31. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
32. 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
33. 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.

Collegiate Assistance Program

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 877-643-5130. The Collegiate Assistance Program 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.

Scholastic Emergency Services: Global Emergency Medical Assistance

Through participation in the Franklin University International student 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 Scholastic Emergency Services (SES).

Key Services include:

Evacuation, Repatriation and Return of Mortal Remains:

Scholastic Emergency Services will utilize whatever mode of transport, equipment, and personnel is necessary to evacuate the participant to a facility capable of providing appropriate care. Once the participant is ready to be released from the hospital, SES 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, SES 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, under the "Student" tab.

To access services please call:

(800) 872-1414 Toll-free within the United States or

(301) 656-4152 Collect outside the United States

Services are also accessible via e-mail at: medservices@assistamerica.com

Scholastic Emergency Services 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 SES. Claims for reimbursement of assistance services will not be accepted.

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

Claim Procedure

In the event of Injury or Sickness, students should:

- 1) Report to their Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, Social Security number or student ID number and name of the University 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 or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

The Plan is Underwritten by:

United Healthcare Insurance Company

Submit all Claims or Inquiries to:

First Student

P. O. Box 809025
Dallas, TX 75380-9025
800-505-4160

Or visit our website at www.firststudent.com

Plan Arranged by:

The Harbour Group of Ohio, L.L.C.
66 Remick Blvd
Springboro, OH 45066
800-252-8160
www.hginsurance.com

Online access to account information:

Insureds have online access to claims status, Explanation of Benefits, correspondence and coverage information via My Account at www.firststudent.com. Insureds can also print a temporary ID card, request a replacement ID card and locate network providers from My Account.

If you don't already have an online account, simply select the "Create an Account" link from the home page at www.firststudent.com. Follow the simple, onscreen directions to establish an online account in minutes. Note that you will need your 7-digit insurance ID number to create an online account. If you already have an online account, just log in from www.firststudent.com to access your account information.

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.