

2008-2009

STUDENT INJURY AND SICKNESS INSURANCE PLAN

*Designed Specifically for Students of
University of Rhode Island*



UNIVERSITY OF
Rhode Island



Table of Contents

Privacy Policy	1
Eligibility	1
Effective and Termination Dates	1
Extension of Benefits After Termination	1
Student Health Center Referral Required	2
Pre-Admission Notification	2
Schedule of Medical Benefits	3
Preferred Provider Information	6
Maternity Testing	6
Coordination of Benefits Provision	7
Mandated Benefits	7
Benefits for Treatment of Mental Illness and Substance Abuse	7
Benefits for Mammography and Pap Smear	7
Benefits for Prostate and Colorectal Cancer Screening	7
Benefits for the Treatment of Infertility	8
Benefits for Mastectomy Treatment	8
Benefits for Postpartum Care	8
Benefits for Treatment of Lyme Disease	8
Benefits for Hearing Aids	9
Benefits for Diabetes Treatment	9
Benefits for Off-Labeled Drug Use for Cancer Treatment	9
Benefits for Tobacco Cessation	10
Benefits for Human Leukocyte Antigen or Histocompatibility Locus Antigen Testing	10
Benefits for New Cancer Therapies	10
Benefits for Pediatric Preventive Care	11
Benefits for Home Health Care	11
Benefits for Early Intervention Services	11
Benefits for Orthotic and Prosthetic Services for the Aged and Disabled	12
Benefits for Screening for Lead Poisoning	12
Benefits for Scalp Hair Prosthesis	12
Benefits for Contraceptives	12
Definitions	13
Exclusions and Limitations	13
Collegiate Assistance Program	14
Scholastic Emergency Services Global Emergency Medical Assistance	15
Online Access to Account Information	16
Claim Procedure	16
Calendar	Back Cover

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 888-302-6182 or by visiting us at www.uhcsr.com.

Eligibility

All full time undergraduate students who are enrolled in 12 or more hours and all graduate students taking 9 or more hours are automatically enrolled in this insurance plan unless proof of comparable coverage is furnished within the deadline. All International students are automatically enrolled in this insurance plan unless proof of comparable coverage is provided within the deadline.

All part time matriculating students are eligible to enroll in this insurance plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased, except for medical withdrawal due to a covered Injury or Sickness any student withdrawing from school during the first 31 days if the period for which coverage is purchased shall not be covered under the policy and a full refund of the premium will be made. 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.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse or unmarried children under 19 years of age, or 25 years if a full-time student at an accredited institution of higher learning who is financially dependent on the parent.

Dependent Eligibility expires concurrently with that of the Insured student.

Effective and Termination Dates

The Master Policy becomes effective on September 1, 2008 for Domestic students, and on August 15, 2008 for International Students. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates on September 1, 2009 for Domestic students, and on August 15, 2009 for International students. 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.

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 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 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.

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

Student Health Center Referral Required

The student and Covered Spouses must use the services of the 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 40 miles from campus;
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status;
6. Maternity;
7. Psychotherapy.

Only one referral needed per accident/sickness.

No referral is required for Vision or Dental care.

Dependent children are not eligible to use the SHC; and therefore, are exempt from the above limitations and requirements.

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 & Sickness
Up To \$75,000 Maximum Benefit Paid as Specified Below (For each Injury or Sickness)
Deductible (Preferred Provider) \$0
Deductible (Out-of-Network) \$200 (Per Insured Person) (Per Policy Year)

The Policy provides benefits for the Usual & Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$75,000 for each Injury or Sickness.

The Preferred Provider for this plan is United Healthcare Options PPO.

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

Covered Medical Expenses at the Student Health Center are paid at 100%. All Vaccines/Titers covered at the Student Health Center only.

Student Health Center referrals are required for students and Covered Spouses. Dependent Children are not required to obtain a referral from the Student Health Center. Deductible / Copayments waived at the SHC.

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 otherwise noted below. Covered Medical Expenses include:

INPATIENT	Preferred Providers	Out-of-Network Providers
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 tests and 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.	90% of PA	60% of U&C
Intensive Care	90% of PA	60% of U&C
Routine Newborn Care , 48hours vaginal/ 96 hours cesarean. Hospital Confinement expense maximum, while Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness	
Physiotherapy	90% of PA	60% of U&C
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.	90% of PA	60% of U&C
Assistant Surgeon	20% of Surgery Allowance	
Anesthetist , Professional services in connection with inpatient surgery.	75% of PA	75% of U&C
Registered Nurse , private duty nursing care.	80% of PA	60% of U&C

INPATIENT CONTINUED	Preferred Providers	Out-of-Network Providers
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	90% of PA	60% of U&C
Pre-Admission Testing , payable within 7 days week prior to admission.	90% of PA	60% of U&C
Mental Illness and Substance Abuse benefits are limited to one visit per day.	See Benefits for Mental Illness and Substance Abuse	
OUTPATIENT		
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	60% of 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.	90% of PA	60% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	75% of PA	75% of U&C
Assistant Surgeon	20% of Surgery Allowance	
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. <i>The copay/Deductible is in addition to the Policy Deductible.</i>	90% of PA / \$20 copay per visit	60% of U&C / \$30 Deductible per visit
Physiotherapy , benefits are limited to one visit per day. 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. Includes Occupational Therapy.	90% of PA	60% of 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. <i>This copay/Deductible is in addition to the Policy Deductible and is waived if admitted within 24 hours.</i>	90% of PA / \$50 copay per visit	90% of U&C / \$50 Deductible per visit
Diagnostic X-ray Services	90% of PA	60% of U&C

OUTPATIENT CONTINUED	Preferred Providers	Out-of-Network Providers
Radiation Therapy & Chemotherapy	90% of PA	60% of U&C
Laboratory Services	90% of PA	60% of U&C
Prescription Drugs	No Benefits	
Injections , when administered in the Physician's office and charged on the Physician's statement.	90% of PA	60% of U&C
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	90% of PA	60% of U&C
Mental Illness and Substance Abuse , Benefits are limited to one visit per day.	See Benefits for Mental Illness and Substance Abuse	
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.	80% of U&C	80% of U&C
Consultant Physician Fees , when requested and approved by the attending physician.	90% of PA	60% of U&C
Dental Treatment , Benefits paid for Injury to Sound, Natural Teeth and removal of impacted wisdom teeth only. <i>\$125 per tooth for simple extraction, \$200 per tooth for complicated extraction, \$250 per tooth for repair of an accidental Injury.</i>	80% of U&C	80% of U&C
Alcoholism/ Drug Abuse	See Benefits for Mental Illness and Substance Abuse	
Maternity & Complications of Pregnancy	Paid as any other Sickness	
Elective Abortion , \$400 maximum. <i>No referral required.</i>	100% of PA	60% of U&C
Hospice Care	90% of PA	60% of U&C
Preventative Care , includes one physical Per Policy Year. Benefits covered only at UHS unless referred elsewhere due to special circumstances. <i>Copay/Deductible is in addition to Policy Deductible.</i>	90% of PA / \$20 copay per visit	60% of U&C / \$30 Deductible per visit
Vision , one routine exam annually.	90% of PA / \$20 copay	60% of U&C / \$30 Deductible
Motor Vehicle Injury	90% of PA	60% 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. 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.

“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.

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 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 UnitedHealthcare Options PPO will be paid at the coinsurance percentages specified in the Schedule of Benefits 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 1-800-767-0700.

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 Treatment of Mental Illness and Substance Abuse

Benefits will be paid the same as any other Sickness for the treatment of Mental Illness and Substance Abuse. Benefits will include inpatient hospitalization, partial hospitalization provided in a Hospital or any other licensed facility, intensive outpatient services, Outpatient Services and Community Residential Care Services for Substance Abuse treatment. Benefits will not include methadone maintenance services or Community Residential Care Services for Mental Illnesses other than Substance Abuse disorders.

Outpatient Services, except outpatient medication visits, will be paid for up to thirty (30) visits in any policy year. Outpatient Services for Substance Abuse treatment will be paid for up to thirty (30) hours in any policy year. Community Residential Care Services for Substance Abuse treatment will be paid for up to thirty (30) days in any policy year and detoxification benefits will be paid for up to five (5) detoxification occurrences or thirty (30) days in any policy year whichever comes first.

“Outpatient services” means office visits that provide for the treatment of Mental Illness and Substance Abuse.

“Community residential care services” means those facilities as defined and licensed in accordance with Rhode Island Title 40.1, Chapter 24.

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

Benefits for Mammography and Pap Smear

Benefits will be paid the same as any other Sickness for mammograms and pap smears in accordance with the guidelines established by the American Cancer Society. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under this policy.

Benefits will be paid for two (2) screening mammograms per year when recommended by a Physician for Insured Persons who have been treated for breast cancer within the last five (5) years or are at high risk of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple first degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical ductal hyperplasia.

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

Benefits for Prostate and Colorectal Cancer Screening

Benefits will be paid the same as any other Sickness for prostate and colorectal examinations and laboratory tests for cancer for any nonsymptomatic Insured in accordance with the current American Cancer Society guidelines.

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

Benefits for the Treatment of Infertility

Benefits will be paid the same as any other Sickness for the diagnosis and treatment of Infertility for women between the ages of twenty-five (25) and forty-two (42) years. The Insured will be responsible for a copayment of 20% of Covered Medical Expenses for those programs and/or procedures the sole purpose of which is the treatment of Infertility. Benefits will be paid to a lifetime maximum of \$100,000.

“Infertility” means the condition of an otherwise presumably healthy married individual who is unable to conceive or produce conception during a period of one (1) year.

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

Benefits for Mastectomy Treatment

Benefits will be paid the same as any other Sickness for medically appropriate care as determined by the attending Physician in consultation with the Insured for an axillary node dissection or a Mastectomy for the treatment of breast cancer. Benefits will be paid for a minimum of 48 hours of inpatient care following a Mastectomy and a minimum of 24 hours after an axillary node dissection. If the Insured in consultation with the Physician chooses to be discharged earlier than the time period stated for the applicable procedure, benefits will be paid for a minimum of one home visit conducted by a Physician or Registered Nurse.

Benefits will be paid the same as any other Sickness for reconstructive surgery performed after a Mastectomy. Benefits will be paid for Prosthetic Devices and reconstruction to produce a symmetrical appearance. Benefits will be paid for prostheses and treatment of physical complications, including lymphademas, at all stages of Mastectomy, in consultation with the attending Physician and the patient.

“Mastectomy” means the removal of all or part of the breast to treat breast cancer, tumor, or mass.

“Prosthetic devices” means and includes the provision of initial and subsequent prosthetic devices ordered by the Insured’s Physician.

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

Benefits for Postpartum Care

Benefits will be paid the same as any other Sickness for the expense of postpartum care. Benefits will be provided for a minimum of forty-eight (48) hours of in-patient care following a vaginal delivery and a minimum of ninety-six (96) hours of in-patient care following a caesarean section for a mother and her newly born child including routine well-baby care. Any decision to shorten such minimum stay will be made by the attending Physician in consultation with the mother and will be made in accordance with the standards for guidelines for perinatal care published by the American College of Obstetrics and Gynecology and the American Academy of Pediatrics. If the stay is less than the minimum, post-delivery care shall include home visits, parent education, assistance and training in breast or bottle feeding and the performance of any necessary and appropriate clinical tests, or any other tests or services consistent with the guidelines.

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

Benefits for Treatment of Lyme Disease

Benefits will be paid the same as any other Sickness for diagnostic testing and long-term antibiotic treatment recommended by a Physician for treatment of chronic Lyme disease. Benefits will not be denied solely because treatment may be characterized as unproven, experimental or investigational in nature. Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Hearing Aids

Benefits will be paid the same as any other Sickness not to exceed \$1,500 maximum for each individual Hearing Aid, per ear, every three (3) years for Insured Persons under 19 years of age. Benefits will be paid the same as any other Sickness not to exceed \$700 maximum for each individual Hearing Aid per ear, every three (3) years for Insured Persons 19 years of age or older

“Hearing aid” means any nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but excluding batteries, cords, and other assistive listening devices, including, but not limited to FM systems.

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

Benefits for Diabetes Treatment

Benefits will be paid the same as any other Sickness for the following equipment and supplies for the treatment of all types of diabetes, if recommended or prescribed by a Physician. Benefits shall include coverage for the following equipment and supplies for the treatment of diabetes: blood glucose monitors and blood glucose monitors for the legally blind, test-strips for glucose monitors and/or visual reading, insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances thereto, insulin infusion devices, and oral agents for controlling blood sugar and therapeutic/molded shoes for the prevention of amputation.

Benefits will also be provided for the expense incurred for the education as to the proper self-management and treatment of the diabetic condition, including information on proper diet. Benefits shall be limited to visits Medically Necessary upon diagnosis of diabetes by a Physician or a significant change in the Insured Person’s symptoms or conditions which necessitate changes in the Insured Person’s self management; and upon determination of a Physician the re-education or refresher education is necessary. Diabetes self-management education shall be provided by a Physician.

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

Benefits for Off-Label Drug Use for Cancer Treatment

If benefits are payable for Prescription Drugs under this policy, benefits will be paid the same as any other Prescription Drug for any Drug prescribed to treat an Insured for cancer if the Drug is recognized for treatment of such indication in one of the Standard Reference Compendia or in Medical Literature. Benefits will not be paid for (a) any Drug not fully licensed or approved by the FDA, (b) the use of any Drug when the FDA has determined that use to be contraindicated, or (c) any experimental Drug not otherwise approved for any indication by the FDA. Benefits will include services associated with the administration of such Drugs.

“Standard reference compendia” means (a) the United States Pharmacopeia Drug Information; (b) the American Medical Association Drug Evaluations; or (c) the American Hospital Formulary Service Drug Information.

“Medical literature” means published scientific studies published in at least two (2) articles from major peer-reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is clear and convincing contradictory evidence presented in a major peer reviewed medical journal.

“Drug” means the primary anti-cancer or antineoplastic agent or agents.

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

Benefits for Tobacco Cessation

Benefits shall be paid as any other Sickness for Smoking Cessation Treatment.

“Smoking Cessation Treatment” includes the use of OTC or prescription FDA-approved nicotine replacement therapy when recommended and prescribed by a licensed Physician and used in combination with a per Policy year outpatient benefit of 8.5 hour smoking cessation counseling sessions provided by a qualified practitioner for each Insured Person.

If the policy does not provide Prescription Drug benefits, benefits will not be paid for prescription nicotine replacement therapy.

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

Benefits for Human Leukocyte Antigen or Histocompatibility Locus Antigen Testing

Benefits will be paid the same as any other Sickness for human leukocyte antigen testing or histocompatibility locus antigen testing that is necessary to establish bone marrow transplant donor suitability. Benefits shall include the costs of testing for A, B or DR antigens. Benefits will be limited to one test per Insured per lifetime. The Insured must complete and sign an informed consent form which also authorizes the results of the test to be used for participation in the National Marrow Donor Program.

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

Benefits for New Cancer Therapies

Benefits will be paid the same as any other Sickness for new cancer therapies still under investigation when the following circumstances are present:

1. Treatment is being provided pursuant to a phase II, III or IV clinical trial which has been approved by the National Institutes of Health (NIH) in cooperation with the National Cancer Institute (NCI) Community clinical oncology programs; the Food and Drug Administration (FDA) in the form of an Investigational New Drug (IND) exemption; the Department of Veterans’ Affairs; or a qualified nongovernmental research entity as identified in the guidelines for NCI cancer center support grants;
2. The proposed therapy has been reviewed and approved by a qualified institutional review board (IRB);
3. The facility and personnel providing the treatment are capable of doing so by virtue of their experience, training, and volume of patients treated to maintain expertise;
4. The patients receiving the investigational treatment meet all protocol requirements;
5. There is no clearly superior, noninvestigational alternative to the protocol treatment;
6. ^{and} The available clinical or preclinical data provide a reasonable expectation that the protocol treatment will be at least as successful as the noninvestigational alternative.

Benefits will not be paid for new cancer therapy treatment under this provision for that portion of the treatment in connection with a Phase II clinical trial that is funded by a national agency or by commercial organizations.

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

Benefits for Pediatric Preventive Care

Benefits will be paid the same as any other Sickness exclusive of any Deductible provision in this policy for the cost of Pediatric Preventive Care Services provided for the ages specified below.

"Pediatric preventive care services" are those services recommended by the committee on practice and ambulatory medicine of the American Academy of Pediatrics when delivered, supervised, prescribed or recommended by a Physician and rendered to a child from birth through age nineteen (19). All such services must be in keeping with the prevailing medical standards.

Benefits are payable on a per visit basis to one health care provider per visit. Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Home Health Care

Home health care services will be provided for the care and treatment of a covered Injury or Sickness provided that the following definition applies and the following limitations are observed. Home health care is defined as a Medically Necessary program to reduce the length of a Hospital stay or to delay or eliminate an otherwise Medically Necessary Hospital admission. The Home Health Care program must be formulated and supervised by the Insured Person's Physician, and must not exceed six home or Physician's office visits per month, three (3) nursing visits per week, and twenty (20) hours of home health aide visits per week.

Benefits include the following services as needed: physical or occupational therapy as a rehabilitative service, respiratory service, speech therapy, medical social work, nutrition counseling, prescription drugs and medication, medical and surgical supplies, such as dressings, bandages, and casts, minor equipment such as commodes and walkers, laboratory testing, x-rays and E.E.G. and E.K.G. evaluations.

Communicable diseases and Mental Illness are excluded from Home Health Care coverage.

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

Benefits for Early Intervention Services

Benefits will be paid as designated below, exclusive of any Deductibles or coinsurance, for Early Intervention Services up to \$5,000 maximum per Dependent child, per policy year. Any amount paid under this benefit shall not be applied to any annual or maximum lifetime benefit contained in the policy.

The Company shall reimburse certified early intervention providers, who are designated as such by the Department of Human Services, for Early Intervention Services at rates of reimbursement equal to or greater than the prevailing integrated state/Medicaid rate for Early Intervention Services as established by the Department of Human Services.

"Early intervention services" means, but is not limited to, speech language therapy, occupational therapy, physical therapy, evaluation, case management, nutrition, service plan development and review, nursing services, and assistive technology services and devices for Dependents from birth to age three (3) who are certified by the Department of Human Services as eligible for services under part C of the individuals with disabilities education act (20 U.S.C. sec. 1471 et seq.).

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

Benefits for Orthotic and Prosthetic Services for the Aged and Disabled

Benefits will be paid for orthotic and prosthetic devices for the aged and disabled as specified below.

1. Benefits will equal those benefits provided for under federal laws for health insurance for the aged and disabled pursuant to 42 U.S.C. sections 1395K, 1395I, 1395M and CFR 414.202, 414.210, 414.228, and 410.00 as applicable.
2. Benefits will be limited to the most appropriate model that adequately meets the medical needs of the Insured Person as determined by the Insured Person's Physician.
3. Benefits will be paid for repair and replacement costs, unless necessitated by misuse or loss.
4. Benefits will be paid for treatment by any Orthotist or Prosthetist licensed to practice orthotics or prosthetics in Rhode Island.

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

Benefits for Screening for Lead Poisoning

Benefits will be paid the same as any other Sickness for screening tests for lead poisoning for children under six (6) years of age, including but not limited to confirmatory blood lead testing.

Benefits are not payable where the child is eligible for benefits from the Department of Human Services.

Benefits shall be subject to all Deductibles, copayments, coinsurance, limitations and any other provisions of the policy.

Benefits for Scalp Hair Prosthesis

Benefits will be paid the same as any other Sickness up to \$350 per Policy year, per Insured Person, for a scalp hair prosthesis as a result of treatment of cancer or leukemia.

The Policy deductibles shall not apply to this benefit.

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

Benefits for Contraceptives

Benefits will be paid the same as any other outpatient Prescription Drug for prescription contraceptive drugs and devices approved by the Food and Drug Administration (FDA). Benefits will not be provided for the Prescription Drug RU 486.

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: 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. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
2. 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;
3. Dental treatment, except as specifically provided in the Schedule of Benefits;
4. Elective Surgery or Elective Treatment;
5. 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;
6. Hearing examinations or hearing aids except as specifically provided in the Benefits for 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;
7. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
8. 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.
9. 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;
10. Investigational services;

11. 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;
12. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
13. 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.
14. Prescription Drugs dispensed or purchased while not Hospital Confined;
15. 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;
16. Deviated nasal septum, including submucous resection and/or other surgical correction thereof;
17. 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;
18. Supplies, except as specifically provided in the policy;
19. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
20. 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).

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

If you are a student insured with this insurance plan, you and your insured spouse and minor child(ren) are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows:

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

Domestic Students, insured spouse and insured minor child(ren): You are eligible for SES when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

SES includes Emergency Medical Evacuation and Return of Mortal Remains that meet the United States State Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES, any services not arranged by SES will not be considered for payment.

Key Services include:

- * Medical Consultation, Evaluation and Referrals
- * Foreign Hospital Admission Guarantee
- * Emergency Medical Evacuation
- * Critical Care Monitoring
- * Medically Supervised Repatriation
- * Prescription Assistance
- * Transportation to Join Patient
- * Emergency Counseling Services
- * Lost Luggage or Document Assistance
- * Interpreter and Legal Referrals

Please visit your school's insurance coverage page at www.uhcsr.com for the Scholastic Emergency Services Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

(877) 488-9833 Toll-free within the United States or (609) 452-8570 Collect outside the United States

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

When calling Scholastic Emergency Services' Operations Center, please be prepared to provide:

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient;
2. Patient's name, age, sex, and Reference Number;
3. Description of the patient's condition;
4. Name, location, and telephone number of hospital, if applicable;
5. Name and telephone number of the attending physician; and
6. Information of where the physician can be immediately reached.

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

Online Access to Account Information

UnitedHealthcare **StudentResources** insured have online access to claims status, EOBs, correspondence and coverage information via My Account at UHCSR.com. Insured can also print a temporary ID card, request replacement ID card and locate network provider from My Account.

If you don't already have an online account, simply select the "Create an Account" link from the home page at UHCSR.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 UHCSR.com to access your account information.

Claim Procedure

In the event of Injury or Sickness, students should:

- 1) Report to the Student Health Service for treatment or referral, or when not in school, 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 and name of the college or 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:
UnitedHealthcare **StudentResources**

P.O. Box 809025
Dallas, Texas 75380-9025
1-800-767-0700

customerservice@uhcsr.com
claims@uhcsr.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.

**UNIVERSITY OF RHODE ISLAND
DR. PAULINE B. WOOD HEALTH SERVICES CALENDAR
2008/2009**

FALL SEMESTER 2008

Aug. 31	Sunday	H.S. Open 10 a.m. to 4 p.m.	* Nursing Coverage; Physician on-call.
Sept. 1	Monday	LABOR DAY H.S. Open 10 a.m. to 4 p.m.	* Holiday Schedule, Physician Clinic
Sept. 2	Tuesday	H.S. Open 8 a.m. to 8 p.m.	** Full Clinical Services Begin
Oct. 13	Monday	COLUMBUS DAY H.S. Open 10 a.m. to 4 p.m.	* Holiday Schedule, Physician Clinic
Nov. 4	Tuesday	ELECTION DAY H.S. Open 10 a.m. to 4 p.m.	* Holiday Schedule, Physicians Clinic
Nov. 11	Tuesday	VETERAN'S HOLIDAY H.S. Open 10 a.m. to 4 p.m.	* Holiday Schedule, Physician Clinic
Nov. 26	Wednesday	H. S. Open 8 a.m. to 4 p.m.	H.S. Closes at 4 p.m. Reduced Staff
Nov. 27	Thursday	THANKSGIVING DAY	H.S. Closed.
Nov. 30	Sunday	H. S. Open 10 a.m. to 4 p.m.	Nursing Coverage; Physician on-call.
Dec. 1	Monday	H. S. Open 8 a.m. to 8 p.m.	Full Clinical Services Resume
Dec. 19	Friday	H. S. Open 8 a.m. to 4 p.m.	H.S. Closes at 4 p.m.
Dec. 20 – Jan. 18	Saturday Sunday	Administrative Services only 8 a.m. to 4 p.m. Monday-Friday Closed Christmas and New Year's Day	

SPRING SEMESTER 2009

Jan. 19	Monday	Martin Luther King Day H. S. Open 10 a.m. to 4p.m.	* Holiday Schedule, Physician Clinic
Jan. 20	Tuesday	H. S. Open 8 a.m. to 8 p.m.	** Full Clinical Services Begin
Mar. 13	Friday	H. S. Open 8 a.m. to 4 p.m.	H. S. Closes 4 p.m.
Mar. 14 through Mar. 21	Saturday Saturday	SPRING BREAK Administrative Services only. 8 a.m. to 4 p.m. Monday-Friday	H. S. Closed H. S. Closed
Mar. 22	Sunday	H. S. Open 10 a.m. to 4p.m.	Nursing Coverage; Physician On-call.
Mar. 23	Monday	H. S. Open 8 a.m. to 8 p.m.	Full Clinical Services Resume
May 12	Tuesday	END OF ACADEMIC YEAR H. S. Open 8 a.m. to 8 p.m.	H. S. Closes at 8 p.m.

Please check our website www.uri.edu/health for updates as this calendar may change

*** Holiday Schedule**

- ◆ Nursing coverage; Physician on-call
- ◆ Four-hour Physician Clinic
- ◆ Pharmacy open 12:30 p.m. to 4 p.m.
- ◆ Medical Records coverage

**** Full Clinical Services**

- ◆ Open 8 a.m. to 8 p.m.
- ◆ Appointments 9 a.m. to 7:15p.m.
- ◆ Pharmacy & Lab open 9 a.m. to 7:30 p.m.
- ◆ X-Ray usually available on a daily basis