ACSA is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company of New York to its members. All registered domestic undergraduate students taking 6 or more hours (3 hours during summer sessions); all graduate students taking 3 or more hours and/or registered for thesis or dissertation (maximum for one year if not taking credit hours); all registered students taking classes via the internet are eligible to enroll in the plan on a voluntary basis. The student would have to be registered for and taking classes on campus in order for internet classes to qualify toward meeting the eligibility requirements. Eligible Dependents and Domestic Partners of students enrolled in the plan may participate in the plan on a voluntary basis. All students enrolled in a college, university, community college or technical school may purchase this plan as long as they meet the eligibility requirements. International students, scholars, exchange program participants, participating in Optional Practical Training, internships, research and teaching, with a valid passport and all types of visas that allow for study who have not applied for permanent residency in the U.S. are eligible to enroll in the plan on a voluntary basis. Eligible dependents, as defined in the policy, who accompany the student and have a similar visa or passport, are eligible to enroll in the plan on a voluntary basis.

**Highlights of the Coverage and Services offered by UnitedHealthcare Student Resources are:**

- **Plan 2101-32:**
  - $500 Deductible for Preferred Providers Per Insured Person Per Policy Year, $1,250 Deductible Per Insured Person Per Policy Year for Out of Network Providers.
  - $350 Deductible for Preferred Providers Per Insured Person Per Policy Year, $700 Deductible Per Insured Person Per Policy Year for Out of Network Providers.

- **Plan 2101-33:**
  - Covered Medical Expenses for Preferred Providers are payable at 70% for Preferred Allowance and Out of Network benefits are payable at 50% of Usual and Customary charges.

- **Plan 2101-33:**
  - Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 60% of Usual and Customary charges.

(All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and copays as described in the policy).

- **Plan 2101-32:**
  - Preferred Provider Services: Out-of-Pocket Maximum of $7,500 Per Insured Person, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any applicable benefit maximums. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.

- **Plan 2101-33:**
  - Preferred Provider Services: Out-of-Pocket Maximum of $7,500 Per Insured Person, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any applicable benefit maximums. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.

- **Plan 2101-33:**
  - Out of Network Services: After the $1,250 Deductible has been satisfied, Covered Medical Expenses will be paid at 50% of Usual and Customary Charges until the Insured Person has paid $12,000 in out of pocket expenses. Once the Insured Person has paid $12,000 in out of pocket expenses, the Company will pay 80% of Usual & Customary Charges for additional Covered Medical Expenses up to the $1,250,000 Maximum Benefit.

- **Plan 2101-32:**
  - Prescription Drug Benefits: $25 Copay for Tier 1 / $40 Copay for Tier 2 / $60 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Network Pharmacy (UHPS).

- **Plan 2101-33:**
  - Prescription Drug Benefits: $15 Copay for Tier 1 / $25 Copay for Tier 2 / $50 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Network Pharmacy (UHPS).

- Coverage available for eligible Dependents.
- The Preferred Provider Network for this plan is: UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: http://www.uhcsr.com/lookuppredirect.aspx?delsys=52
- Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no copay or deductible only when the services are received from a Preferred Provider. Please see www.healthcare.gov for complete details of the services provided for specific age and risk groups.

<table>
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<th>Plan 2101-32*</th>
<th>Three Months</th>
<th>Six Months</th>
<th>Nine Months</th>
<th>Twelve Months</th>
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<tr>
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<td>Student - Under Age 24</td>
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*This plan is effective from 8/1/12 - 10/31/13 and the Annual enrollment is for 12 months during this time.
Pre-Existing Condition: means any condition for which medical advice, diagnosis, care or treatment was recommended or received within the 12 (or less) months immediately prior to the Insured's enrollment date under the policy.

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. Chemical Dependence (Alcoholism/Drug Abuse), except as specifically provided in Benefits for Chemical Dependence (Alcoholism/Drug Abuse);
2. Cosmetic procedures, except that cosmetic procedures does not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect. It also does not include breast reconstructive surgery after a mastectomy;
3. 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;
4. Dental treatment, except for accidental Injury to Sound, Natural Teeth or due to congenital disease or anomaly;
5. Elective Surgery or Elective Treatment;
6. Elective abortion;
7. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses. Vision correction, or other treatment for visual defects and problems; except when due to a disease process or a Medical Necessity;
8. Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet;
9. 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;
10. The Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;
11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
12. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs business or pleasure;
13. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by mandatory automobile no-fault benefits;
14. Injury sustained while (a) participating in any interscholastic 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;
15. Investigational services or experimental treatment, except for experimental or investigational treatment approved by an External Appeal Agent in accordance with Insured Persons Right to an External Appeal. If the External Appeal Agent approves benefits of an experimental or investigational treatment that is part of a clinical trial, this policy will only cover the costs of services required to provide treatment to the Insured according to the design of the trial. The Company shall not be responsible for the cost of investigational drugs or devices, the costs of non-health cares services, the cost of managing research, or costs which would not be covered under this policy for non-experimental or non-investigational treatments provided in such clinical trial;
16. 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;
17. Marital or family counseling;
18. Participation in a felony, riot or insurrection;
19. 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 was covered under Creditable Coverage which was continuous to a date not more than 63 days prior to the Insured's enrollment date under this policy. (This exclusion will not be applied to an Insured Person under age 19.)
20. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
   a. Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Benefits for Diabetes Expense;
   b. Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs;
   c. Fertility agents or sexual enhancement drugs, such as Parlodol, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra, except when a Medical Necessity;
   d. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
21. Preventive medicines, serums, vaccines or immunizations; except as specifically provided in the policy;
22. Routine Newborn Infant Care, well-baby nursery and related Physician charges, except as specifically provided in the Benefits for Maternity Expense;
23. 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;
24. Services provided normally without charge by the Student Health Center of the Policyholder; or services covered or provided by the student health fee;
25. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
26. Suicide or attempted suicide or intentionally self-inflicted Injury;
27. Supplies, except as specifically provided in the policy;
28. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
29. Treatment, service or supply which is not a Medical Necessity, subject to Article 49 of N.Y. Insurance Law;
30. 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).