This plan is underwritten by UnitedHealthcare Insurance Company of New York and is based on policy 2012-2101-31. * Policy terms and conditions subject to regulatory approval. Please read the certificate to determine whether this plan is right for you before you enroll. The certificate provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Copies of the brochure are available from the ACSA, or may be viewed and downloaded at www.UHCSR.com.

If you have any questions, please contact Customer Service at 800-505-5450 or customerservice@uhcsr.com.

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

### Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- Up to $1,250,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- $5,000 Deductible Per Insured Person Per Policy Year. Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 50% of Usual and Customary charges, up to $1,000 before the Insured Person is responsible for the Policy Deductible. Once the Policy Deductible of $5,000 Per Insured Person, Per Policy Year has been satisfied, the covered Medical Expenses are again payable at 80% of Preferred Allowance for Preferred Providers and Out of Network benefits are payable at 50% 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).
- Prescription Drug Benefits: $25 Copay for Tier 1 / $45 Copay for Tier 2 / $60 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Network Pharmacy (UHPS). Prescriptions must be filled at a UHPS network pharmacy.
- Coverage available for eligible Dependents.
- The Preferred Provider Network for this plan is: UnitedHealthcare Options PPO. Preferred Providers can be found using the following link, http://www.uhcsr.com/lookupredirect.aspx?delsys=01
- 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>
<thead>
<tr>
<th>Rates*</th>
<th>Three Months</th>
<th>Six Months</th>
<th>Nine Months</th>
<th>Twelve Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student - Under Age 24</td>
<td>$243</td>
<td>$486</td>
<td>$729</td>
<td>$948</td>
</tr>
<tr>
<td>Student - Age 24 to 29</td>
<td>$315</td>
<td>$630</td>
<td>$945</td>
<td>$1,232</td>
</tr>
<tr>
<td>Student - Age 30 and older</td>
<td>$447</td>
<td>$894</td>
<td>$1,341</td>
<td>$1,751</td>
</tr>
<tr>
<td>Spouse</td>
<td>$735</td>
<td>$1,470</td>
<td>$2,205</td>
<td>$2,879</td>
</tr>
<tr>
<td>Each Child</td>
<td>$519</td>
<td>$1,038</td>
<td>$1,557</td>
<td>$2,027</td>
</tr>
</tbody>
</table>

*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 6 months immediately prior to the Insured's Effective date under the policy. “Pre-existing condition” does not include pregnancy.

**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;
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 Parlodel, 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; and
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).