



2006-2007

STUDENT INJURY AND SICKNESS
INSURANCE PLAN

Designed Especially for the Students of



CENTRAL WASHINGTON UNIVERSITY

Your future is Central.

LYNNWOOD, MOSES LAKE, DES MOINES, PIERCE COUNTY,
WENATCHEE AND YAKIMA CAMPUSES

ELLENSBURG, WASHINGTON

UNDERWRITTEN BY
THE MEGA LIFE AND HEALTH INSURANCE COMPANY

StudentResources

98-BR-WA

a Division of The MEGA Life and Health Insurance Company

46-686-1& 2

TABLE OF CONTENTS

Privacy Policy	1
Eligibility	1
Effective and Termination Dates	1-2
Choice of Plan	2
Alternative Coverage	2
Extension of Benefits after Termination	2
Pre-Admission Notification	2
Mandated Benefits	
Benefit for Reconstructive Surgery	3
Benefit for Diabetes	3
Benefit for Mammography	3
Benefit for Phenylketonuria Treatment	3
Subrogation	3
Maternity Testing	4
Student Health and Counseling Center Referral Required	4
Coordination of Benefits Provision	4
Continuation Privilege	4
Schedule of Medical Expense Benefits (Plan I-Standard Plan)	5
Schedule of Medical Expense Benefits (Plan II-Enhanced Plan)	6
Definitions	7
Exclusions and Limitations	7-9
MyNurseLine	9
Assist America	10
Claim Procedure	11

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 detailed copy of our privacy practices by calling us toll-free at 1-800-767-0700 or visiting us at www.studentresources.com.

ELIGIBILITY

All registered undergraduate students taking 6 or more credit hours, graduate students taking 3 or more credit hours, post-graduate students taking one or more credit hours, pre-doctoral interns, visiting scholars, research scholars and international students are eligible to enroll in Plan I - Standard Plan (2006-686-1) or Plan II - Enhanced Plan (2006-686-2).

All registered Graduate Assistants taking credit hours are automatically enrolled in Plan I - Standard Plan and the premium is paid directly by the University. All registered Graduate Assistants taking credit hours who wish to be enrolled in Plan II - Enhanced Plan rather than Plan I - Standard Plan, must notify the University and pay the difference in premium to the University to upgrade their coverage. Registered Graduate Assistants who are not taking credit hours during summer quarter will not be enrolled in Plan I - Standard Plan (or Plan II - Enhanced Plan if applicable) by the University for the summer quarter. Graduate Assistants may enroll directly with the Company for the summer quarter by paying the appropriate premium, provided that the Graduate Assistant was enrolled in Plan I - Standard Plan or Plan II - Enhanced Plan for the spring quarter and enrolls in the same plan option for the summer quarter.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, 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 enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age. Dependent Eligibility expires concurrently with that of the Insured student.

Students who receive financial aid may guarantee their coverage by completing their application prior to the receipt of their financial aid refunds. Enrollment forms may be completed at the Central Washington University Cashier's Office. It is the student's responsibility to guarantee the insurance payment on the Financial Aid Refund Day.

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective September 20, 2006. 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 September 19, 2007. 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.

If paying premium by sessions coverage expires as follows:

Annual:	09/20/06 – 09/19/07
Fall:	09/20/06 – 01/03/07
Winter	01/03/07 – 03/27/07
Spring	03/27/07 – 06/13/07
Summer	06/13/07 – 09/19/07

Effective and Termination Dates Continued

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/participant's responsibility to make timely renewal payments to avoid a lapse in coverage.

Refund of premiums will be considered only as specifically provided in the case of withdrawal from school during the first 31 days following the effective date, or due to a medical condition, after such 31 day period.

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

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

CHOICE OF PLAN

Each eligible student has a choice of one of the benefit Plans. Plan II has higher benefits than Plan I and it has a higher premium. Make your selection carefully, you cannot upgrade or downgrade coverage after the initial purchase of the Plan for the policy year.

ALTERNATIVE COVERAGE

If you do not meet the eligibility requirements of this student policy, please call 1-800-406-2338 for information on alternative coverage. You may also access information on this plan, get premium quotes, and apply on-line at our website: www.SecureNowInsurance.com.

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 as long as the condition continues but not to exceed 365 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 After Termination" 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 notification of any admission due to Medical Emergency.

IMPORTANT: Pre-notification is not a guarantee that benefits will be paid.

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.

MANDATED BENEFITS

RECONSTRUCTIVE SURGERY BENEFIT

Benefits will be paid for reconstructive breast surgery (including prosthesis) resulting from a mastectomy which resulted from disease, illness, or Injury; regardless of when the mastectomy or the condition which made the mastectomy necessary was covered by this policy. Benefits will be paid for all stages of one reconstructive breast reduction on the nondiseased breast to make it equal in size to the diseased breast after definitive reconstructive surgery on the diseased breast has been performed. Benefits for Reconstructive Breast Surgery shall be commensurate with the Hospital and surgical benefits otherwise provided by this policy. Benefits shall be limited by any maximum amounts specified in the Schedule of Benefits, any Deductible and any coinsurance provision.

DIABETES BENEFIT

Benefits will be paid in the same basis as any other Sickness for the following services and supplies for persons with diabetes:

- (1) Medically Necessary equipment and supplies, as prescribed by a Physician, including but not limited to insulin, syringes, injection aids, blood glucose monitors, test strips for blood glucose monitors, visual reading and urine test strips, insulin pumps and accessories to the pumps, insulin infusion devices, prescriptive oral agents for controlling blood sugar levels, foot care appliances for prevention of complications associated with diabetes, and glucagon emergency kits; and
- (2) Outpatient self-management training and education, including medical nutrition therapy, as ordered by the Physician. Diabetes outpatient self-management training and education must be provided by Physicians with expertise in diabetes.

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

MAMMOGRAPHY BENEFIT

Benefits will be paid on the same basis as any other Sickness for screening or diagnostic mammography when recommended by a Physician.

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

PHENYLKETONURIA TREATMENT BENEFIT

Benefits shall be provided on the same basis as any other Sickness for the mineral and vitamin-enriched formulas necessary for the treatment of phenylketonuria for the Insured.

Benefits shall be subject to all Deductible, coinsurance, benefit maximums, limitations and all other provisions of the Policy.

SUBROGATION

The Company shall be subrogated to all rights of recovery which any Insured Person has against any person, firm or corporation to the extent of payments for Benefits made by the Company to or for benefit of an Insured Person. The Insured shall execute and deliver such instruments and papers as may be required and do whatever else is necessary to secure such rights to the Company. The Company shall recover only that portion paid by the Company which is in excess of the amount necessary to fully compensate the Insured for all expenses incurred as a result of his loss. The Insured shall be permitted to recoup his general damages, which is not limited to medical expenses, from the tort-feasor before subrogation provided that in so doing, the Insured does not prejudice the rights of the Company.

MATERNITY TESTING

This policy does not cover routine, preventative 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.

STUDENT HEALTH AND COUNSELING CENTER (SHC) REFERRAL REQUIRED - STUDENT ONLY

The student must use the resources of the Student Health and Counseling Center first where treatment will be administered, or referral issued. Expenses incurred for medical treatment rendered outside of the SHC 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 the SHC for necessary follow-up care;
2. When the SHC 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 50 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; or
7. Psychotherapy

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

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.

CONTINUATION PRIVILEGE

All Insured Persons who have been continuously insured under the school's regular student Policy for at least 6 consecutive months and who no longer meet the Eligibility requirements under that Policy are eligible to continue their coverage for a period of not more than 6 months under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that policy year.

Application must be made and premium must be paid directly to Student Insurance and be received within 14 days after the expiration date of your student coverage. For further information on the continuation privilege, please contact Student Insurance.

SCHEDULE OF MEDICAL EXPENSE BENEFITS - PLAN I - STANDARD PLAN
UP TO \$50,000 MAXIMUM BENEFIT PAID AS SPECIFIED BELOW (FOR EACH INJURY OR SICKNESS)
DEDUCTIBLE \$150 (PER INSURED PERSON) (PER POLICY YEAR)
THE DEDUCTIBLE IS WAIVED WHEN TREATMENT IS RENDERED AT THE STUDENT HEALTH AND COUNSELING CENTER

The Policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$50,000 for each Injury or Sickness.

Multiplan has agreed to accept special reimbursement rates for treatment rendered to Insureds; therefore, use of the Multiplan Network may result in lower out of pocket expenses. All benefits payable for Covered Medical Expenses are subject to the coinsurance and the maximum benefits for each service specified below in the Schedule of Benefits. To locate a Multiplan Provider go to www.multiplan.com.

The student must use the resources of the Student Health and Counseling Center first where treatment will be administered, or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health and Counseling Center for which no prior approval or referral is obtained are excluded from coverage, unless you meet the requirements outlined under "Student Health and Counseling Center (SHC) Referral Required - Student Only" (see page 4). The exclusion will be waived and benefits will be paid for: 1) allergy injections up to \$8 per injection 2) routine Pap Smears not to exceed \$18 maximum and 3) removal of suspicious warts, moles and lesions when treatment is rendered at the Student Health and Counseling Center. Additional Benefits: One routine physical (Per Policy Year) up to \$35 maximum and Hepatitis Injections with a \$30 maximum at the Student Health and Counseling Center only.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

INPATIENT

Hospital Expense , daily semi-private room rate; and general nursing care provided by the Hospital;	100% of Usual and Customary Charges / \$2,500 aggregate maximum per day
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.	
Routine Well-Baby Care , while Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness / 21 days Hospital Confinement expense maximum
Intensive Care	Paid under Hospital Expense
Physiotherapy	Paid under Hospital Expense
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 25% of all subsequent procedures.	100% of Usual and Customary Charges
Anesthetist , professional services in connection with inpatient surgery.	25% of Surgery Allowance
Registered Nurse's Services , private duty nursing care.	No Benefits
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	100% of Usual and Customary Charges / 10 days maximum
Pre-Admission Testing , payable within 7 working days prior to admission.	Paid under Hospital Expense
Psychotherapy , Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	100% of Usual and Customary Charges / \$250 per day maximum / \$3,000 maximum (Per Policy Year)

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 25% of all subsequent procedures.	100% of Usual and Customary Charges
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	100% of Usual and Customary Charges/\$3,000 maximum
Anesthetist , professional services administered in connection with outpatient surgery.	25% of Surgery Allowance
Outpatient Miscellaneous Benefit , includes benefits designated as paid under Outpatient Miscellaneous Benefit.	100% of Usual and Customary Charges/\$2,000 maximum
Physician's Visits , benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	Paid under Outpatient Miscellaneous Benefit
Physiotherapy , benefits are limited to one visit per day.	Paid under Outpatient Miscellaneous Benefit
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.	Paid under Outpatient Miscellaneous Benefit
Diagnostic X-Ray Services and Laboratory Services	Paid under Outpatient Miscellaneous Benefit
Radiation Therapy and Chemotherapy	Paid under Outpatient Miscellaneous Benefit
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's visits, Physiotherapy, x-ray and lab procedures.	Paid under Outpatient Miscellaneous Benefit
Injections , when administered in the Physician's office and charged on the Physician's statement. Injection benefits are payable for MMR and DPT booster and Allergy injections only at the Student Health and Counseling Center to a maximum of \$8 per shot and for Hepatitis Injections only at the Student Health and Counseling Center to a \$30 maximum.	Paid under Outpatient Miscellaneous Benefit
Prescription Drugs , Includes contraceptive medication.	100% of Usual and Customary Charges / \$10 Deductible per prescription for generic drugs / \$20 Deductible per prescription for brand name drugs/\$500 maximum (Per Policy Year)
<i>The Prescription Drug Deductible is in addition to any policy Deductible.</i>	
Psychotherapy , including all related or ancillary charges incurred as a result of a Mental and Nervous Disorder. (Excluding Prescription Drugs). Benefits are limited to one visit per day.	100% of Usual and Customary Charges/\$600 maximum (Per Policy Year)

OTHER

Ambulance Services	100% of Usual and Customary Charges/\$200 maximum
Braces and Appliances , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	100% of Usual and Customary Charges
Consultant Physician Fees , when requested and approved by the attending Physician.	100% of Usual and Customary Charges/\$100 maximum
Dental Treatment , made necessary by Injury to Sound, Natural Teeth.	100% of Usual and Customary Charges/\$100 per tooth
Alcoholism/Chemical Dependency	Paid as any other Sickness/\$13,000 maximum per any consecutive 24 month period
Maternity/Complications of Pregnancy	Paid as any other Sickness
Elective Abortion	No Benefits
CAT Scan/MRI	100% of Usual and Customary Charges/\$1,500 maximum

SCHEDULE OF MEDICAL EXPENSE BENEFITS - PLAN II - ENHANCED PLAN
UP TO \$100,000 MAXIMUM BENEFIT PAID AS SPECIFIED BELOW (FOR EACH INJURY OR SICKNESS)
DEDUCTIBLE \$150 (PER INSURED PERSON) (PER POLICY YEAR)
THE DEDUCTIBLE IS WAIVED WHEN TREATMENT IS RENDERED AT THE STUDENT HEALTH AND COUNSELING CENTER

The Policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$100,000 for each Injury or Sickness.

Multiplan has agreed to accept special reimbursement rates for treatment rendered to Insureds; therefore, use of the Multiplan Network may result in lower out of pocket expenses. All benefits payable for Covered Medical Expenses are subject to the coinsurance and the maximum benefits for each service specified below in the Schedule of Benefits. To locate a Multiplan Provider go to www.multiplan.com.

The student must use the resources of the Student Health and Counseling Center first where treatment will be administered, or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health and Counseling Center for which no prior approval or referral is obtained are excluded from coverage, unless you meet the requirements outlined under "Student Health and Counseling Center (SHC) Referral Required - Student Only" (see page 4). The exclusion will be waived and benefits will be paid for: 1) allergy injections up to \$8 per injection 2) routine Pap Smears not to exceed \$18 maximum and 3) removal of suspicious warts, moles and lesions when treatment is rendered at the Student Health and Counseling Center. Additional Benefits: One routine physical (Per Policy Year) up to \$35 maximum and Hepatitis Injections with a \$30 maximum at the Student Health and Counseling Center only.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

INPATIENT

Hospital Expense , daily semi-private room rate; and general nursing care provided by the Hospital;	100% of Usual and Customary Charges / \$4,000 aggregate maximum per day
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.	
Routine Well-Baby Care , while Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness / 21 days Hospital Confinement expense maximum
Intensive Care	Paid under Hospital Expense
Physiotherapy	Paid under Hospital Expense
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 25% of all subsequent procedures.	100% of Usual and Customary Charges
Anesthetist , professional services in connection with inpatient surgery.	50% of Surgery Allowance
Registered Nurse's Services , private duty nursing care.	No Benefits
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	100% of Usual and Customary Charges / 10 days maximum
Pre-Admission Testing , payable within 7 working days prior to admission.	Paid under Hospital Expense
Psychotherapy , Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	100% of Usual and Customary Charges / \$250 per day maximum / \$3,000 maximum (Per Policy Year)

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 25% of all subsequent procedures.	100% of Usual and Customary Charges
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	100% of Usual and Customary Charges/\$3,000 maximum
Anesthetist , professional services administered in connection with outpatient surgery.	50% of Surgery Allowance
Outpatient Miscellaneous Benefit , includes benefits designated as paid under Outpatient Miscellaneous Benefit.	100% of Usual and Customary Charges/\$4,000 maximum
Physician's Visits , benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	Paid under Outpatient Miscellaneous Benefit
Physiotherapy , benefits are limited to one visit per day.	Paid under Outpatient Miscellaneous Benefit
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.	Paid under Outpatient Miscellaneous Benefit
Diagnostic X-Ray Services and Laboratory Services	Paid under Outpatient Miscellaneous Benefit
Radiation Therapy and Chemotherapy	Paid under Outpatient Miscellaneous Benefit
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's visits, Physiotherapy, x-ray and lab procedures.	Paid under Outpatient Miscellaneous Benefit
Injections , when administered in the Physician's office and charged on the Physician's statement. Injection benefits are payable for MMR and DPT booster and Allergy injections only at the Student Health and Counseling Center to a maximum of \$8 per shot and for Hepatitis Injections only at the Student Health and Counseling Center to a \$30 maximum.	Paid under Outpatient Miscellaneous Benefit
Prescription Drugs , Includes contraceptive medication.	100% of Usual and Customary Charges / \$10 Deductible per prescription for generic drugs / \$20 Deductible per prescription for brand name drugs/\$2,000 maximum (Per Policy Year)
<i>The Prescription Drug Deductible is in addition to any policy Deductible.</i>	
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.	100% of Usual and Customary Charges/\$600 maximum (Per Policy Year)

OTHER

Ambulance Services	100% of Usual and Customary Charges/\$400 maximum
Braces and Appliances , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	100% of Usual and Customary Charges
Consultant Physician Fees , when requested and approved by the attending Physician.	100% of Usual and Customary Charges/\$100 maximum
Dental Treatment , made necessary by Injury to Sound, Natural Teeth.	100% of Usual and Customary Charges/\$100 per tooth
Alcoholism/Chemical Dependency	Paid as any other Sickness/\$13,000 maximum per any consecutive 24 month period
Maternity/Complications of Pregnancy	Paid as any other Sickness
Elective Abortion	No Benefits
CAT Scan/MRI	100% of Usual and Customary Charges/\$1,500 maximum

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 one year 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.

PRE-EXISTING CONDITION means 1) the existence of symptoms within the 3 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which is diagnosed, treated or recommended for treatment within the 3 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.

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 loss or expense caused by, contributed to, or resulting from:

1. Addiction and Codependency - services and supplies related to: (a) nicotine addiction, caffeine addiction and non-chemical addictions such as gambling, sexual, spending, shopping, working and religious; and (b) treatment for codependency;
2. Assistant Surgeon Fees;
3. Biofeedback - services and supplies related to biofeedback;
4. Congenital conditions, except as specifically provided for Newborn or adopted Infants; circumcision;
5. 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; hirsutism; nonmalignant warts, moles and lesions;
6. Custodial Care services and supplies related to custodial care such as 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 also are not covered for domiciliary or custodial care;
7. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
8. Elective Surgery and Elective Treatment; elective abortion;
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. Health services and supplies from or at a health spa or similar facility, work hardening or strengthening programs;

Exclusions and Limitations Continued

11. 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;
12. Immunizations services and supplies related to immunizations, except as specifically provided in a benefit section; preventive medicines or vaccines, except where required for treatment of a covered Injury;
13. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
14. 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;
15. Lipectomy services and supplies related to surgical or suction-assisted lipectomy;
16. Mental and Behavioral Problems - services and supplies for conditions related to 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, except as specifically provided in the policy;
17. Organ transplants;
18. Pain services, supplies or treatment relating to a diagnosis that is indicative of chronic pain disorders and/or delivered in an office or pain center;
19. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
20. Pre-existing Conditions for a 3 month period, except for individuals who have been insured under another similar health plan for at least 3 months immediately prior to becoming insured under this Policy. Credit will be given for the period of time an Insured was covered under the immediately preceding health plan for periods less than the 3 month period;
21. Prescription Drug Services - no benefits will be payable for:
 - a. Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
 - b. Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c. Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - d. Products used for unapproved cosmetic indications;
 - e. Drugs used to treat or cure baldness, and anabolic steroids used for body building;
 - f. Anorectics - drugs used for the purpose of weight control;
 - g. Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - h. Growth hormones; or
 - i. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
22. 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; Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproductive ability; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery;
23. Research for examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;

Exclusions and Limitations Continued

24. 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;
25. Services or supplies for foot care including flat foot conditions, supportive devices for the foot, the treatment of 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;
26. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
27. Services, supplies and/or treatment for acne; acupuncture; allergy, including allergy testing; alopecia;
28. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
29. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline; or except for participants of the University's supervised Flight Program;
30. Sleep disorders, supplies, treatment, or testing relating to sleep disorders;
31. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
32. Supplies, except as specifically provided in the Policy;
33. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
34. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
35. Vision services and supplies related to eye refractions or eye examinations, eyeglasses or contact lenses or prescriptions or fitting of eyeglasses, and radial keratotomy, keratomileusis or excimer laser photo refractive keratectomy or similar type procedures or service except when due to a disease process;
36. 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);
37. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, 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.

* IMPORTANT: Coverage or insurance provided through socialized medicine or governments is not considered as creditable prior health insurance or similar health plan for satisfaction of the pre-existing condition exclusion waiting period.

MYNURSELINE

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-800-883-2951. MyNurseLine 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.

ASSIST AMERICA GLOBAL EMERGENCY ASSISTANCE SERVICES

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

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

Domestic Students, insured spouse and insured minor child(ren): You are eligible for Assist America services 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.

Assist America services include Emergency Medical Evacuation and Return of Mortal Remains that meet the United States 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 Assist America services must be arranged and provided by Assist America, any services not arranged by Assist America 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
- Care for Minor Children Left Unattended Due to a Medical Incident
- Return of Mortal Remains
- Emergency Counseling Services
- Lost Luggage or Document Assistance
- Interpreter and Legal Referrals

Please visit your school's insurance coverage page at www.studentresources.com for the Assist America 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
(609) 452-8570 Collect outside the United States

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

When calling Assist America's 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
6. Information of where the physician can be immediately reached

Assist America is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by Assist America. Claims for reimbursement of services not provided by Assist America will not be accepted. Please refer to your Assist America brochure for Program Guidelines as well as limitations and exclusions pertaining to the Assist America program.

CLAIM PROCEDURE

In the event of Injury or Sickness, students should:

- 1) Report to the Student Health and Counseling Center or Infirmary 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 University under which the student is insured. A Company claim form is not required for filing a claim.
- 3) File claim within 90 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.

PLAN ARRANGED BY:

Aon Consulting
Park Place, Suite 2000
1200 Sixth Avenue
Seattle, WA 98101-1128
206-467-4600

THE PLAN IS UNDERWRITTEN BY:

THE MEGA LIFE AND HEALTH INSURANCE COMPANY

SUBMIT ALL CLAIMS OR INQUIRIES TO:

STUDENT INSURANCE
P.O. Box 809025
DALLAS, TEXAS 75380-9025
800-767-0700
customerservice@studentinsurance.net
claims@studentinsurance.net

SALES/MARKETING SERVICE:

STUDENT RESOURCES
800-237-0903

E-mail (Inquiries only):
info@studentresources.com

ONLINE SERVICES: Please visit our Website at www.studentresources.com for Online Enrollment, Brochures, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services.

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

This Brochure is based on Policies #2006-686-1 & 2006-686-2 v2