

STUDENT INJURY AND SICKNESS



INSURANCE PLAN

2013-2014

VISIT US AT:

studentinsurance.wellsfargo.com/~seattleu

SEATTLE UNIVERSITY

**FOR PART-TIME UNDERGRADUATES,
AND GRADUATE AND LAW STUDENTS**

Important: Please see the Notice on the first page of this plan material concerning student health insurance coverage.

 **UnitedHealthcare®**

Underwritten by:
UnitedHealthcare Insurance Company
Policy #2013-1463-1

Brokered by:
Wells Fargo Insurance Services USA, Inc.
Student Insurance Division

NOTICE REGARDING YOUR STUDENT HEALTH INSURANCE COVERAGE

Your student health insurance coverage, offered by UnitedHealthcare Insurance Company, may not meet the minimum standards required by the health care reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012 and \$500,000 for policy years beginning on or after September 23, 2012 but before January 1, 2014. Your student health insurance coverage puts a policy year limit of \$500,000 for each Injury or Sickness that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at 1-800-767-0700. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

WHEN COVERAGE BEGINS

Insurance under the Policy will become effective at 12:01 a.m. on *the later of*:

- ♦ The Policy effective date;
- ♦ The beginning date of the term for which premium has been paid;
- ♦ The day the Enrollment Form (if applicable) and premium payment are received by the Company, Authorized Agent or University.

IMPORTANT NOTICE - Premiums will not be pro-rated if the Insured enrolls past the first date of coverage for which he or she is applying. Final decisions regarding coverage effective dates are made by UnitedHealthcare Insurance Company.

The below enrollments will be allowed a 30 day grace period from the term start date to enroll whereby the effective date will be backdated a maximum of 30 days. No policy shall ever start prior to the term start date:

1. All hard-waiver mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within 30 days of the prior policy termination date.

WHEN COVERAGE ENDS

Insurance of all Insured Persons terminates at 11:59 p.m on *the earlier of*:

- ♦ Date the policy terminates for all Insured Persons; or
- ♦ End of the period of coverage for which premium has been paid; or
- ♦ Date the Insured Person ceases to be eligible for the insurance; or
- ♦ Date the Insured Person enters military service.

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

COVERAGE IS NOT AUTOMATICALLY RENEWED. Eligible Persons must re-enroll when coverage terminates to maintain coverage. NO notification of plan expiration or renewal will be sent.

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

PLAN COST

SEATTLE UNIVERSITY GRADUATE AND PART TIME UNDERGRADUATE STUDENTS

TERMS OF COVERAGE	ANNUAL 9/1/13-8/31/14	FALL 9/1/13-12/22/13	WINTER 12/23/13-3/16/14	SPRING/SUMMER 3/17/14-8/31/14	SUMMER 6/20/14-8/31/14
Enrollment Deadline	11/1/13	11/1/13	2/3/14	5/1/14	7/20/14
Student	\$3,576.88	\$1,107.51	\$ 823.12	\$1,646.24	\$ 715.61
<i>Dependents who do enroll must be enrolled for the same term of coverage as student.</i>					
Spouse	\$4,484.39	\$1,388.44	\$1,032.37	\$2,063.58	\$ 897.11
All Children	\$2,524.86	\$ 781.50	\$ 581.50	\$1,161.85	\$ 505.20

SEATTLE UNIVERSITY LAW STUDENTS

TERMS OF COVERAGE	ANNUAL 8/19/13-8/18/14	FALL 8/19/13-1/8/14	SPRING/SUMMER 1/9/14-8/18/14	SUMMER 5/30/14-8/18/14
Enrollment Deadline	10/19/13	10/19/13	3/9/14	6/30/14
Student	\$3,576.88	\$1,401.16	\$2,175.72	\$ 794.22
<i>Dependents who do enroll must be enrolled for the same term of coverage as student.</i>				
Spouse	\$4,484.39	\$1,757.23	\$2,727.17	\$ 995.38
All Children	\$2,524.86	\$ 989.60	\$1,535.26	\$ 560.69

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction, of your school.



HEALTH INSURANCE REQUIREMENT AND ELIGIBILITY

Law, Graduate and Part-time Undergraduate Students

All registered domestic law, graduate and part-time undergraduate students are eligible to purchase this insurance plan on a voluntary basis. To enroll, call Wells Fargo Insurance Services at **(800) 853-5899** or go to the student insurance website at studentinsurance.wellsfargo.com/~seattleu.

Dependents

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse (or domestic partner), and children under 26 years of age. A "Newborn" will automatically be covered for Injury or Sickness from birth until 31 days old, providing that the Insured Person, who is the parent, is covered under this plan. Coverage may be continued for that child when UnitedHealthcare Insurance Company is notified in writing within 31 days from the date of birth and by payment of any additional premium. Dependent eligibility expires concurrently with that of the Insured Student, and Dependents must re-enroll when coverage terminates to maintain coverage.

To enroll your dependents contact Seattle University's student health insurance brokers, Wells Fargo Insurance at **(800) 853-5899**, M-F, 8:00am-5:00pm (PST).

Eligibility Requirement

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 30 days after the coverage expiration date. It is the student's responsibility to make timely premium payments to avoid a lapse in coverage.

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the Seattle University Student Health Insurance Plan. These students must provide Wells Fargo Insurance with proof that they have lost insurance through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by Wells Fargo Insurance within 30 days from loss of prior coverage.

To be an Insured under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first 45 consecutive days following their effective date for the term purchased, and/or pursuant to their visa requirements for the period for which coverage is purchased, except in the case of medical withdrawal or during school authorized breaks.

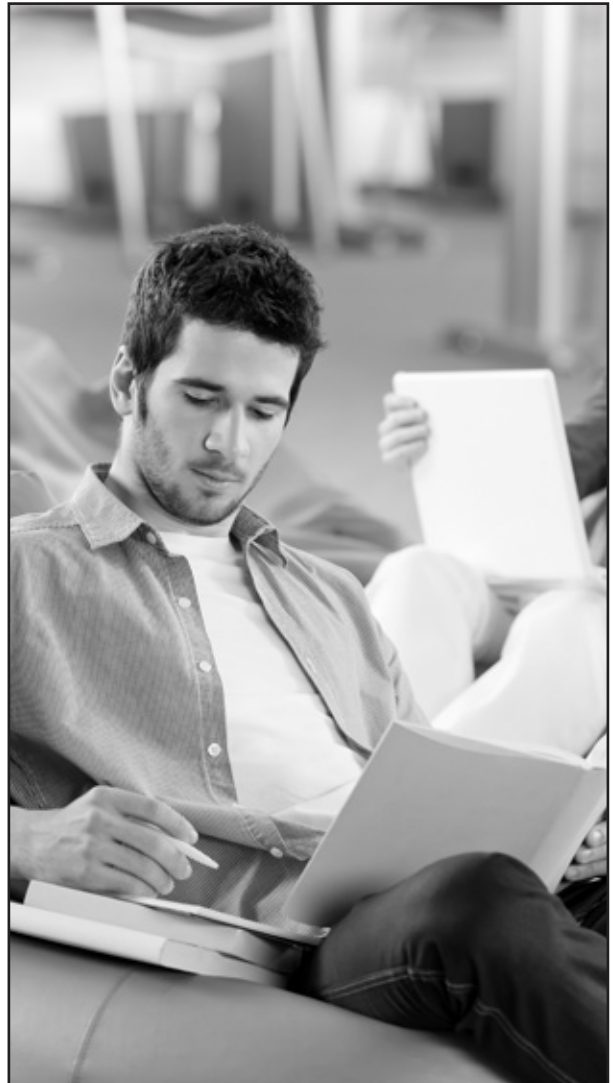
If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.

PREMIUM REFUND

REFUNDS - A refund of premium will be granted for the reasons below only. No other refunds will be granted.

1. If you withdraw from school within the first 45 days of the coverage period, you are not eligible and you will receive a full refund of the insurance premium provided that you did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after 45 days of the coverage period, your coverage will remain in effect until the end of the term for which you have paid the premium.
2. If you enter the armed forces of any country you will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, upon written request received by WFIS.

Refund requests should be directed to Wells Fargo Insurance at **(800) 853-5899**. Approved refunds may be assessed a \$25 processing fee by Wells Fargo Insurance.



PREFERRED PROVIDER NETWORK

“Preferred Providers” are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are: UnitedHealthcare Options PPO.

The availability of specific providers is subject to change without notice. Insureds should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at (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. Insureds may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured’s responsibility.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

Inpatient Hospital Expenses

PREFERRED PROVIDERS - Eligible Inpatient expenses at a Preferred Provider will be paid at the coinsurance percentages specified in the Schedule of Benefits, up to any limits specified in the Schedule of Benefits. Preferred Hospitals include UnitedHealthcare Options PPO United Behavioral Health (UBH) facilities. Call (800) 767-0700 for information about Preferred Hospitals.

OUT-OF-NETWORK PROVIDERS - If Inpatient care is not provided at a Preferred Provider, eligible Inpatient Hospital expenses will be paid according to the benefit limits in the Schedule of Benefits.

Outpatient Hospital Expenses

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

Professional & Other Expenses

Benefits for Covered Medical Expenses provided by UnitedHealthcare Options PPO will be paid at the coinsurance percentages specified in the Schedule of Benefits or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

UNITEDHEALTHCARE PHARMACY BENEFITS (UHCP)

Go to studentinsurance.wellsfargo.com/~seattleu to download the 2013-2014 Seattle University certificate which contains additional information about the UHCP pharmacy benefits and exclusions.

IMPORTANT DEDUCTIBLE AND REFERRAL INFORMATION

The deductible is waived when treatment is rendered at the Seattle University Student Health Center (SHC) or when a referral is received from the SHC or the Counseling and Psychological Services (CAPS), after evaluation in either clinic. If there is no referral on file from the Student Health Center or from Counseling and Psychological Services then the deductible will be applied to all services unless otherwise specified in the policy.

PRE-ADMISSION NOTIFICATION

UnitedHealthcare 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 (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 (877) 295-0720 within two working days of the admission to provide notification of any admission due to Medical Emergency.

UnitedHealthcare 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 (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.



DEFINITIONS

COINSURANCE means the percentage of Covered Medical Expenses that the Company pays.

COMPLICATION OF PREGNANCY means a condition: 1) caused by pregnancy; 2) requiring medical treatment prior to, or subsequent to termination of pregnancy; 3) the diagnosis of which is distinct from pregnancy; and 4) which constitutes a classifiably distinct complication of pregnancy. A condition simply associated with the management of a difficult pregnancy is not considered a complication of pregnancy.

COPAY/COPAYMENT means a specified dollar amount that the Insured is required to pay for certain Covered Medical Expenses.

COVERED MEDICAL EXPENSES means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the Preferred Allowance when the policy includes Preferred Provider benefits and the charges are received from a Preferred Provider; 3) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 4) made for services and supplies not excluded under the policy; 5) made for services and supplies which are a Medical Necessity; 6) made for services included in the Schedule of Benefits; and 7) in excess of the amount stated as a Deductible, if any. Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

DEDUCTIBLE means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply as specified in the Schedule of Benefits.

DEPENDENT means the spouse (husband or wife) or Domestic Partner of the Named Insured and their dependent children. Children shall cease to be dependent at the end of the month in which they attain the age of 26 years.

The attainment of the limiting age will not operate to terminate the coverage of such child while the child is and continues to be both:

- 1) Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and,
- 2) Chiefly dependent upon the Insured Person for support and maintenance.

Proof of such incapacity and dependency shall be furnished to the Company:

- 1) by the Named Insured,
- 2) within 31 days of the child's attainment of the limiting age. Subsequently, such proof must be given to the Company annually following the child's attainment of the limiting age.

If a claim is denied under the policy because the child has attained the limiting age for dependent children, the burden is on the Insured Person to establish that the child is and continues to be handicapped as defined by subsections (1) and (2).

DOMESTIC PARTNER means two persons who meet the following requirements:

1. Both persons share a common residence;
2. Both persons are at least eighteen years of age;
3. Neither person is married to someone other than the party to the domestic partnership and neither person is in a state registered domestic partnership with another person;
4. Both persons are capable of consenting to the domestic partnership;

5. Both of the following are true:
 - a. The persons are not nearer of kin to each other than second cousins, whether of the whole or half blood computing by the rules of the civil law; and
 - b. Neither person is a sibling, child, grandchild, aunt, uncle, niece, or nephew to the other person; and
6. Either (a) both persons are members of the same sex; or (b) at least one of the persons is sixty-two years of age or older.

ELECTIVE SURGERY OR ELECTIVE TREATMENT means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States.

HOSPITAL means a licensed or properly accredited general hospital which: 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises; and 6) is not primarily a clinic, nursing, rest or convalescent home.

HOSPITAL CONFINED/HOSPITAL CONFINEMENT means confinement as an Inpatient in a Hospital by reason of an Injury or Sickness for which benefits are payable.

INJURY means bodily injury which is all of the following: 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; 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.

INSURED PERSON means: 1) the Named Insured; and, 2) Dependents of the Named Insured, if: 1) the Dependent is properly enrolled in the program, and 2) the appropriate Dependent premium has been paid. The term "Insured" also means Insured Person.

INTENSIVE CARE means: 1) a specifically designated facility of the Hospital that provides the highest level of medical care; and 2) which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. They must be: 1) permanently equipped with special life-saving equipment for the care of the critically ill or injured; and 2) under constant and continuous observation by nursing staff assigned on a full-time basis, exclusively to the intensive care unit. Intensive care does not mean any of these step-down units:

- 1) Progressive care;
- 2) Sub-acute intensive care;
- 3) Intermediate care units;
- 4) Private monitored rooms;
- 5) Observation units; or
- 6) Other facilities which do not meet the standards for intensive care.

DEFINITIONS (CONTINUED)

MEDICAL EMERGENCY means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in any of the following:

- 1) Death;
- 2) Placement of the Insured's health in jeopardy;
- 3) Serious impairment of bodily functions;
- 4) Serious dysfunction of any body organ or part; or
- 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

MEDICAL NECESSITY means those services or supplies provided or prescribed by a Hospital or Physician which are all of the following:

- 1) Essential for the symptoms and diagnosis or treatment of the Sickness or Injury;
- 2) Provided for the diagnosis, or the direct care and treatment of the Sickness or Injury;
- 3) In accordance with the standards of good medical practice;
- 4) Not primarily for the convenience of the Insured, or the Insured's Physician; and,
- 5) The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being confined as an Inpatient means that both: 1) the Insured requires acute care as a bed patient; and, 2) the Insured cannot receive safe and adequate care as an outpatient.

This policy only provides payment for services, procedures and supplies which are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Inpatient confinement.

MENTAL ILLNESS means medically necessary Inpatient and outpatient services provided to treat Mental Disorders covered by the diagnostic categories listed in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, with the exception of the following categories, codes and services: (a) Substance related disorders; (b) life transition problems, currently referred to as "v" codes, and diagnostic codes 302 through 302.9 as found in the Diagnostic and Statistical Manual of Mental Disorders (DSM), 4th edition, published by the American Psychiatric Association; and (c) skilled nursing facility services, home health care, residential treatment, and custodial care.

NAMED INSURED means an eligible, registered student of the Policyholder, if: 1) the student is properly enrolled in the program; and 2) the appropriate premium for coverage has been paid.

NEWBORN INFANT means any child born of an Insured while that person is insured under this policy. Newborn Infants will be covered under the policy for the first 31 days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent.

The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the child's birth: 1) apply to us; and 2) pay the required additional premium, if any, for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth.

PHYSICIAN means a legally qualified licensed practitioner of the healing arts who provides care within the scope of his/her license, other than a member of the person's immediate family.

The term "member of the immediate family" means any person related to an Insured Person within the third degree by the laws of consanguinity or affinity.

PHYSIOTHERAPY means any form of the following short-term rehabilitation therapies: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Physician.

PRESCRIPTION DRUGS means: 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs which under the applicable state or federal law may be dispensed only upon written prescription of a Physician; and 4) injectable insulin.

REGISTERED NURSE means a professional nurse (R.N.) who is not a member of the Insured Person's immediate family.

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.

SOUND, NATURAL TEETH means natural teeth, the major portion of the individual tooth is present, regardless of fillings or caps; and is not carious, abscessed, or defective.

USUAL AND CUSTOMARY CHARGES means the lesser of the actual charge or 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. The Company uses data from FAIR Health, Inc. to determine Usual and Customary Charges. 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.



SUMMARY OF SCHEDULE OF MEDICAL EXPENSE BENEFITS

Benefit Maximum	\$500,000 For each Injury or Sickness
Deductible*	\$100 For each Injury or Sickness
*Deductible is waived when treatment is rendered at the Seattle University Student Health Center (SHC) or when a referral is received from the SHC. If there is no referral on file from the Student Health Center or from Counseling and Psychological Services then the deductible will be applied to all services unless otherwise specified in the policy.	

Please review this Summary of Benefits section for any additional benefit level maximums. Please refer to the Exclusions and Limitations listed on p. 14 and 15 of this Brochure for more detailed information on covered benefits. The exact provisions governing this insurance are contained in the Master Policy issued to the University and may be reviewed at the Student Health Center during business hours. If you or your physician have any questions regarding benefits, please contact UnitedHealthcare Insurance Company at **(800) 767-0700**.

If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If Covered Medical Expenses are 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 an Out of Network Provider is used. Unless indicated otherwise, Out-of-Network Providers will be reimbursed at 60% of Usual & Customary Charges.

Services provided by the Seattle University Student Health Center that are otherwise not covered by the Seattle University Health Fee, are paid at 100% of billed charges by the Student Health Insurance Plan. Policy exclusions and limitations apply to those expenses unless otherwise listed in the Schedule of Benefits.

After your Deductible has been met, Covered Medical Expenses are payable as follows:

INPATIENT HOSPITAL EXPENSES	PREFERRED PROVIDERS	OUT-OF-NETWORK PROVIDERS
Room & Board/Hospital Miscellaneous , daily semi-private room rate when confined as an Inpatient; general nursing care provided by Hospital. Hospital Miscellaneous Expenses such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.	80% of Preferred Allowance	60% of Usual & Customary Charges
Intensive Care Room and Board Expense	80% of Preferred Allowance	60% of Usual & Customary Charges
Routine Newborn Care	Paid as any other Sickness	Paid as any other Sickness
Non-surgical Physician Expense , benefits do not apply when related to surgery.	80% of Preferred Allowance	60% of Usual & Customary Charges
Skilled Nursing/Facility Expense , when confinement is in lieu of hospital confinement and must be within 24 hours of hospital confinement for same or related cause.	80% of Preferred Allowance	60% of Usual & Customary Charges
Pre-Admission Testing , payable within three working days prior to admission.	80% of Preferred Allowance	60% of Usual & Customary Charges
SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)	PREFERRED PROVIDERS	OUT-OF-NETWORK PROVIDERS
Surgical Expense , 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.	80% of Preferred Allowance	60% of Usual & Customary Charges
Anesthetist & Assistant Surgeon Expense	80% of Preferred Allowance	60% of Usual & Customary Charges

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SCHEDULE OF MEDICAL EXPENSE BENEFITS (CONTINUED)

OUTPATIENT EXPENSES	PREFERRED PROVIDERS	OUT-OF-NETWORK PROVIDERS
Physician's Office Visit Expense , benefits do not apply when related to surgery or Physiotherapy.	80% of Preferred Allowance after \$15 Copay per visit	60% of Usual & Customary Charges
Emergency Room Visit Expense for a Medical Emergency , facility charge for use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. Copay/Deductible waived if admitted.	80% of Preferred Allowance after \$100 Copay per visit	80% of Usual & Customary Charges after \$100 Deductible per visit
Chemotherapy & Radiation Therapy Expense	80% of Preferred Allowance	60% of Usual & Customary Charges
Urgent Care Expense , benefits are limited to the urgent care clinic fee billed by the clinic/hospital. All other services rendered during the visit are payable as specified in the schedule.	80% of Preferred Allowance after \$15 Copay per visit	60% of Usual & Customary Charges
Tests and Procedures , diagnostic services and medical procedures performed by a Physician other than Physician's Visits, Physiotherapy, X-rays and Laboratory Procedures. The following therapies will be paid under this benefit: inhalation therapy; infusion therapy, pulmonary therapy and respiratory therapy.	80% of Preferred Allowance	60% of Usual & Customary Charges
Diagnostic X-Ray and Laboratory Expense	80% of Preferred Allowance	60% of Usual & Customary Charges
MENTAL HEALTH AND SUBSTANCE USE EXPENSE	PREFERRED PROVIDERS	OUT-OF-NETWORK PROVIDERS
Inpatient/Outpatient Mental Illness Treatment , services received on an Inpatient and outpatient basis. See mandated Benefits for Mental Illness.	Paid as any other Sickness	Paid as any other Sickness
Substance Use Disorder Treatment , services received on an Inpatient and outpatient basis. See mandated Benefits for Chemical Dependency	Paid as any other Sickness	Paid as any other Sickness
ADDITIONAL EXPENSES	PREFERRED PROVIDERS	OUT-OF-NETWORK PROVIDERS
Preventive Care Services , <i>For a full description of Preventive Services please see page 11.</i>	100% of Preferred Allowance Deductible waived	60% of Usual & Customary Charges
Acupuncture Expense , benefits are not subject to the \$500,000 Maximum Benefit.	80% of Preferred Allowance after \$15 Copay per visit	60% of Usual & Customary Charges
Reconstructive Breast Surgery Following Mastectomy , see mandated Benefits for Reconstructive Breast Surgery.	Paid as any other Sickness	Paid as any other Sickness
Home Health Care , benefits are limited to 130 visits per Policy Year. See mandated Benefits for Home Health Care and Hospice Care.	80% of Preferred Allowance	60% of Usual & Customary Charges
Hospital Outpatient Facility or Clinic , facility or clinic fee billed by the Hospital. All other services rendered during the visit will be paid as specified in the Schedule of Benefits.	80% of Preferred Allowance	60% of Usual & Customary Charges
Walk-In Clinic, facility or clinic fee . All other services rendered during the visit will be paid as specified in the Schedule of Benefits.	80% of Preferred Allowance after \$15 Copay per visit	60% of Usual & Customary Charges
Physiotherapy (Inpatient and Outpatient), physiotherapy includes but is not limited to the following: 1) physical therapy; 2) occupational therapy; 3) cardiac rehabilitation therapy; 4) manipulative treatment; and 5) speech therapy. Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.	80% of Preferred Allowance	60% of Usual & Customary Charges

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SCHEDULE OF MEDICAL EXPENSE BENEFITS (CONTINUED)

ADDITIONAL EXPENSES (CONTINUED)	PREFERRED PROVIDERS	OUT-OF-NETWORK PROVIDERS
Diabetes Services, In connection with the treatment of diabetes. See mandated Benefits for Diabetes.	Paid as any other Sickness	Paid as any other Sickness
Maternity/Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Hospice Expense, see mandated Benefits for Home Health Care and Hospice Care.	80% of Preferred Allowance	60% of Usual & Customary Charges
Durable Medical Equipment Expense, a written prescription must accompany the claim when submitted. Benefits are limited to the initial purchase or one replacement purchase per Policy Year. Durable Medical Equipment includes external prosthetic devices that replace a limb or body part but does not include any device that is fully implanted into the body.	80% of Preferred Allowance	60% of Usual & Customary Charges
Ambulance Expenses	80% of Preferred Allowance	80% of Usual & Customary Charges
Dental Expenses, made necessary by injury to sound, natural teeth. Benefits are not subject to the \$500,000 Maximum Benefit.	80% of Preferred Allowance	80% of Usual & Customary Charges
Dental Expense, benefits paid for removal of impacted wisdom teeth only.	80% of Preferred Allowance	80% of Usual & Customary Charges
Consultant, when requested and approved by the attending Physician.	80% of Preferred Allowance	60% of Usual & Customary Charges
PRESCRIPTION DRUG EXPENSES	PREFERRED PROVIDERS	OUT-OF-NETWORK PROVIDERS
<p>Prescription Drug Expense: Includes diabetic testing supplies, prescription contraceptives. Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or stimulate hair growth, appetite suppression, smoking deterrents, and non-self-injectibles. Tier 1 contraceptives are covered at 100%</p> <p>Please Note: You are required to pay in full at the time of service for all Prescriptions dispensed at an Out of Network Pharmacy and are not eligible for reimbursement. You may be eligible to obtain up to a 90 day supply of covered Prescription Drugs from Campus Pharmacy. For more information, please call (775) 784-6799.</p>	UnitedHealthcare Pharmacy (UHCP) \$15 Copay per prescription for Tier 1, \$30 Copay per prescription for Tier 2, \$50 Copay per prescription for Tier 3, up to a 31-day supply per prescription. Mail order Prescription Drugs through UHCP at 2.5 times the retail Copay.	N/A

*Please note: Once the Benefit Maximum is reached, you are able to obtain prescriptions, at your expense, at the UnitedHealthcare Insurance Company negotiated charge.

PREVENTIVE CARE SERVICES

Medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and are limited to the following as required under applicable law: **1)** Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventative Services Task Force; **2)** immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; **3)** with respect to infants, children, and adolescents, evidence-informed preventative care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and **4)** with respect to women, such additional preventative care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration. No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider.



MATERNITY TESTING

This policy does not cover all routine, preventative, or screening examinations or testing. The following maternity tests and screening exams will be considered for payment according to the policy benefits if all other policy provisions have been met.

Initial screening at first visit:

- ◆ Pregnancy test: urine human chorionic gonatropin (HCG)
- ◆ Asymptomatic bacteriuria: urine culture
- ◆ Blood type and Rh antibody
- ◆ Rubella
- ◆ Pregnancy-associated plasma protein-A (PAPPA) (first trimester only)
- ◆ Free beta human chorionic gonadotrophin (hCG) (first trimester only)
- ◆ Hepatitis B: HBsAg
- ◆ Pap smear
- ◆ Gonorrhea: Gc culture
- ◆ Chlamydia: chlamydia culture
- ◆ Syphilis: RPR
- ◆ HIV: HIV-ab
- ◆ Coombs test

Each visit: Urine analysis

Once every trimester: Hematocrit and Hemoglobin

Once during first trimester: Ultrasound

Once during second trimester

- ◆ Ultrasound (anatomy scan)
- ◆ Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a

Once during second trimester if age 35 or over: Amniocentesis or Chorionic villus sampling (CVS)

Once during second or third trimester: 50g Glucola (blood glucose 1 hour postprandial)

Once during third trimester: Group B Strep Culture

Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at **1 (800) 767-0700**.

MANDATED BENEFITS

BENEFITS FOR RECONSTRUCTIVE BREAST SURGERY

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, and subject to all Deductibles, Copayment, Coinsurance, limitations or other provisions of the policy.

BENEFITS FOR MENTAL DISORDERS

Benefits will be paid the same as any other Sickness for Mental Health Services for the treatment of Mental Disorders.

Mental health services means medically necessary Inpatient and outpatient services provided to treat Mental Disorders covered by the diagnostic categories listed in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, with the exception of the following categories, codes and services: (a) Substance related disorders; (b) life transition problems, currently referred to as "v" codes, and diagnostic codes 302 through 302.9 as found in the Diagnostic and Statistical Manual of Mental Disorders (DSM), 4th edition, published by the American Psychiatric Association; and (c) Skilled Nursing Facility services, home health care, residential treatment, and custodial care.

If the policy provides benefits for Prescription Drugs, benefits will be paid for Prescription Drugs to treat Mental Disorders the same as and under the same terms and conditions as other Prescription Drugs under the policy.

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

BENEFITS FOR CHEMICAL DEPENDENCY

Benefits will be paid the same as any other Sickness for the treatment of Chemical Dependency.

Benefits will include medically necessary treatment and supporting services provided by an approved treatment program.

Medically necessary detoxification will be covered as a Medical Emergency as long as the Insured is not yet enrolled in a chemical dependency treatment program. Detoxification benefits are in addition to the Chemical Dependency benefits.

Chemical Dependency means a Sickness characterized by a physiological or psychological dependency, or both, on a controlled substance and/or alcoholic beverages. It is further characterized by a frequent or intense pattern of pathological use to the extent the user exhibits a loss of self-control over the amount and circumstances of use; develops symptoms of tolerance or physiological and/or psychological withdrawal if use of the controlled substance or alcoholic beverage is reduced or discontinued; and the user's health is substantially impaired or endangered or his or her societal or economic function is substantially disrupted.

Medically Necessary with respect to Chemical Dependency coverage is defined by the American Society of Addiction Medicine Patient Placement Criteria.

Patient Placement Criteria means the admission, continued service, and discharge criteria set forth in the most recent version of the Patient Placement Criteria for the Treatment of Substance Abuse-Related Disorders as published by the American Society of Addiction Medicine.

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

BENEFITS FOR DIABETES

Benefits will be paid the same as any other Sickness for the following services and supplies for Insured 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 providers with expertise in diabetes.

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

BENEFITS FOR MAMMOGRAPHY

Benefits will be paid the same as any other Sickness for screening or diagnostic mammography when recommended by a Physician, advanced registered nurse practitioner, or physician assistant.

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

BENEFITS FOR PROSTATE CANCER SCREENING

Benefits will be paid the same as any other Sickness for prostate cancer screening when recommended by a Physician.

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

BENEFITS FOR PHENYLKETONURIA TREATMENT

Benefits will be paid the same as any other Sickness for the mineral and vitamin-enriched formulas necessary for the treatment of phenylketonuria.

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

BENEFITS FOR SELF-ADMINISTERED ANTICANCER MEDICATIONS

Benefits will be paid for prescribed, self-administered anticancer medications used to kill or slow the growth of cancerous cells on a basis no less favorable than for cancer chemotherapy medications that are Covered Medical Expenses under the policy.

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

MANDATED BENEFITS (CONTINUED)

BENEFITS FOR ALTERNATIVE CARE FOR HOSPITAL CONFINEMENT

If benefits are provided for Hospital Confinement or institutional expenses, benefits will be provided, at equal or lesser cost, for substitution of home health care, in lieu of Hospital Confinement; furnished by home health, hospice and home care agencies licensed under state statute. These benefits are provided as an alternative to Hospital Confinement and institutional expenses and with the intent to cover placement an Insured in the most appropriate and cost-effective setting.

Substitution of less expensive or less intensive services shall be made only with the consent of the Insured and receipt of a written treatment plan approved by the Insured's treating Physician recommending such care.

Benefits will be limited to the maximum benefits which would be payable for Hospital Confinement.

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

GENERAL PROVISIONS

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.

RIGHT OF RECOVERY: Payments made by the Company which exceed the Covered Medical Expenses (after allowance for Deductible and coinsurance clauses, if any) payable hereunder shall be recoverable by the Company from or among any persons, firms, or corporations to or for whom such payments were made or from any insurance organizations who are obligated in respect of any covered Injury or Sickness as their liability may appear.

COORDINATION OF BENEFITS

Benefits will be coordinated with any other eligible medical, surgical or hospital plan or coverage so that combined payments under all programs will not exceed 100% of allowable expenses incurred for Covered Medical Expenses.

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 365 days for Injury or 90 days for Sickness after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

BENEFITS FOR HOME HEALTH CARE AND HOSPICE CARE

Benefits will be paid the same as any other Sickness or Injury for home health care and hospice care for Insureds who are homebound and would otherwise require hospitalization. Benefits shall consist of services rendered by home health and hospice agencies licensed by the department of social and health services when recommended by a Physician.

Hospice care coverage shall provide benefits for terminally ill patients for an initial period of care of not less than six months and shall provide benefits for an additional six months of care in cases where the patient is facing imminent death or is entering remission if certified in writing by the attending Physician.

Home health care coverage shall provide benefits for a minimum of one hundred thirty (130) health care visits per calendar year. However, a visit of any duration by an employee of a home health agency for the purpose of providing services under the plan of treatment will constitute one visit.

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

IMPORTANT NOTE

This brochure highlights some of the features of the Seattle University injury and sickness insurance plan underwritten by UnitedHealthcare Insurance Company and based on policy number 2013-1463-1. Please go to www.uhcsr.com/seattleu to download the Student Injury and Sickness certificate which contains additional essential information about the policy and plan features. The master policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of the insurance benefits. If there is a discrepancy between this document and the master policy, the master policy will prevail.

NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or who conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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 any of the following:

1. Acne;
2. Nicotine addiction, except as specifically provided in the policy;
3. Milieu therapy, learning disabilities, behavioral problems, intensive behavioral therapies, such as applied behavioral analysis; parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
4. Biofeedback;
5. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
6. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children;
7. Custodial Care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care; extended care in treatment or substance abuse facilities for domiciliary or Custodial Care;
8. Dental treatment, except as specifically provided in the Schedule of Benefits;
9. Elective Surgery or Elective Treatment;
10. Elective abortion;
11. 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 covered Injury or disease process;
12. Flat foot conditions; supportive devices for the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery);
13. Health spa or similar facilities; strengthening programs;
14. Hearing examinations; hearing aids; or cochlear implants; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
15. Hirsutism; alopecia;
16. Hypnosis;
17. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
19. 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;
20. Investigational services;
21. Lipectomy;
22. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
23. Prescription Drugs, services or supplies as follows:
 - 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 policy;
 - b) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - c) Products used for cosmetic purposes;
 - d) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - e) Anorectics - drugs used for the purpose of weight control;
 - f) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - g) Growth hormones; or
 - h) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
24. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; reversal of sterilization procedures; except as specifically provided in the policy;
25. Research or 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;
26. Routine Newborn Infant Care, well-baby nursery and related Physician charges except as specifically provided in the policy;
27. Preventive care services; 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;
28. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
29. 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, except for treatment of a covered Injury or treatment of chronic purulent sinusitis;
30. Bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
31. Sleep disorders;
32. Speech therapy; naturopathic services;

EXCLUSIONS AND LIMITATIONS (CONTINUED)

33. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury except for Injury sustained as a consequence of the Insured's being intoxicated or under the influence of narcotics;
34. Supplies, except as specifically provided in the policy;
35. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
36. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
37. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
38. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

CLAIM PROCEDURE

In the event of Injury or Sickness, students should:

1. Report 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 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.

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

HOW TO APPEAL A CLAIM

Right to Internal Appeal

Standard Internal Appeal

The Insured Person has the right to request an Internal Appeal if the Insured Person disagrees with the Company's denial, in whole or in part, of a claim or request for benefits. The Insured Person, or the Insured Person's Authorized Representative, must submit a written request for an Internal Appeal within 180 days of receiving a notice of the Company's Adverse Determination.

The written Internal Appeal request should include:

1. A statement specifically requesting an Internal Appeal of the decision;
2. The Insured Person's Name and ID number (from the ID card);
3. The date(s) of service;
4. The Provider's name;
5. The reason the claim should be reconsidered; and
6. Any written comments, documents, records, or other material relevant to the claim.

Please contact the Customer Service Department at **(800) 767-0700** with any questions regarding the Internal Appeal process. The written request for an Internal Appeal should be sent to:

UnitedHealthcare StudentResources,
PO Box 809025,
Dallas, TX 75380-9025.

Expedited Internal Appeal

For Urgent Care Requests, an Insured Person may submit a request, either orally or in writing, for an Expedited Internal Appeal.

An Urgent Care Request means a request for services or treatment where the time period for completing a standard Internal Appeal:

1. Could seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person's ability to regain maximum function; or
2. Would, in the opinion of a Physician with knowledge of the Insured Person's medical condition, subject the Insured Person to severe pain that cannot be adequately managed without the requested health care service or treatment.

To request an Expedited Internal Appeal, please contact Claims Appeals at **(888) 315-0447**. The written request for an Expedited Internal Appeal should be sent to:

Claims Appeals, UnitedHealthcare StudentResources,
PO Box 809025,
Dallas, TX 75380-9025.

Right to External Independent Review

After exhausting the Company's Internal Appeal process, the Insured Person, or the Insured Person's Authorized Representative, has the right to request an External Independent Review when the service or treatment in question:

1. Is a Covered Medical Expense under the Policy; and
2. Is not covered because it does not meet the Company's requirements for Medical Necessity, appropriateness, health care setting, level of care, or effectiveness.

HOW TO APPEAL A CLAIM (CONTINUED)

Standard External Review

A Standard External Review request must be submitted in writing within 4 months of receiving a notice of the Company's Adverse Determination or Final Adverse Determination.

Expedited External Review

An Expedited External Review request may be submitted either orally or in writing when:

1. The Insured Person or the Insured Person's Authorized Representative has received an Adverse Determination, and **a.** The Insured Person, or the Insured Person's Authorized Representative, has submitted a request for an Expedited Internal Appeal; and **b.** Adverse Determination involves a medical condition for which the time frame for completing an Expedited Internal Review would seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person's ability to regain maximum function; or
2. The Insured Person or the Insured Person's Authorized Representative has received a Final Adverse Determination, and **a.** The Insured Person has a medical condition for which the time frame for completing a Standard External Review would seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person's ability to regain maximum function; or **b.** The Final Adverse Determination involves an admission, availability of care, continued stay, or health care service for which the Insured Person received emergency services, but has not been discharged from a facility.

Standard Experimental or Investigational External Review

An Insured Person, or an Insured Person's Authorized Representative, may submit a request for an Experimental or Investigational External Review when the denial of coverage is based on a determination that the recommended or requested health care service or treatment is experimental or investigational.

A request for a Standard Experimental or Investigational External Review must be submitted in writing within 4 months of receiving a notice of the Company's Adverse Determination or Final Adverse Determination.

Expedited Experimental or Investigational External Review

An Insured Person, or an Insured Person's Authorized Representative, may submit an oral request for an Expedited Experimental or Investigational External Review when:

1. The Insured Person or the Insured Person's Authorized Representative has received an Adverse Determination, and **a.** The Insured Person, or the Insured Person's Authorized Representative, has submitted a request for an Expedited Internal Appeal; and **b.** Adverse Determination involves a denial of coverage based on a determination that the recommended or requested health care service or treatment is experimental or investigational and the Insured Person's treating Physician certifies in writing that the recommended or requested health care service or treatment would be significantly less effective if not initiated promptly;

2. The Insured Person or the Insured Person's Authorized Representative has received a Final Adverse Determination, and **a.** The Insured Person has a medical condition for which the time frame for completing a Standard External Review would seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person's ability to regain maximum function; or **b.** The Final Adverse Determination is based on a determination that the recommended or requested health care service or treatment is experimental or investigational and the Insured Person's treating Physician certifies in writing that the recommended or requested health care service or treatment would be significantly less effective if not initiated promptly.

Where to Send External Review Requests

All types of External Review requests shall be submitted to Claims Appeals at the following address:

Claims Appeals
UnitedHealthcare StudentResources
PO Box 809025
Dallas, TX 75380-9025
888-315-0447

Questions Regarding Appeal Rights

Contact Customer Service at **(800) 767-0700** with questions regarding the Insured Person's rights to an Internal Appeal and External Review.

Other resources are available to help the Insured Person navigate the appeals process. For questions about appeal rights, your consumer assistance program may be able to assist you at:

Office of the Washington State Insurance Commissioner
Consumer Protection Division
PO Box 40256
Olympia, WA 98504-0256
(800) 562-6900

<http://www.insurance.wa.gov/consumers/health/appeal/Table-of-Contents.shtml>

PRESCRIPTION DRUG CLAIM PROCEDURE

When obtaining a covered prescription, please present your ID card to a UnitedHealthcare Pharmacy, along with your applicable Copay.

When you need to fill a prescription at a network pharmacy, and do not have your ID card with you, you will need to pay for the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, please visit www.uhcsr.com/seattleu and log in to your online account or call (855) 828-7716.

Prescriptions from an Out-of Network pharmacy must be paid for in full at the time of service and are not eligible for reimbursement.

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your non public 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 (800) 767-0700 or visiting us at www.uhcsr.com/seattleu.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss of Life, Limb or Sight

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below in addition to payment under the Medical Expense Benefits.

For Loss Of:

Life.....	\$10,000
Two or More Members.....	\$10,000
One Member.....	\$ 5,000
Thumb or Index Finger.....	\$ 2,500

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

COLLEGIATE ASSISTANCE PROGRAM

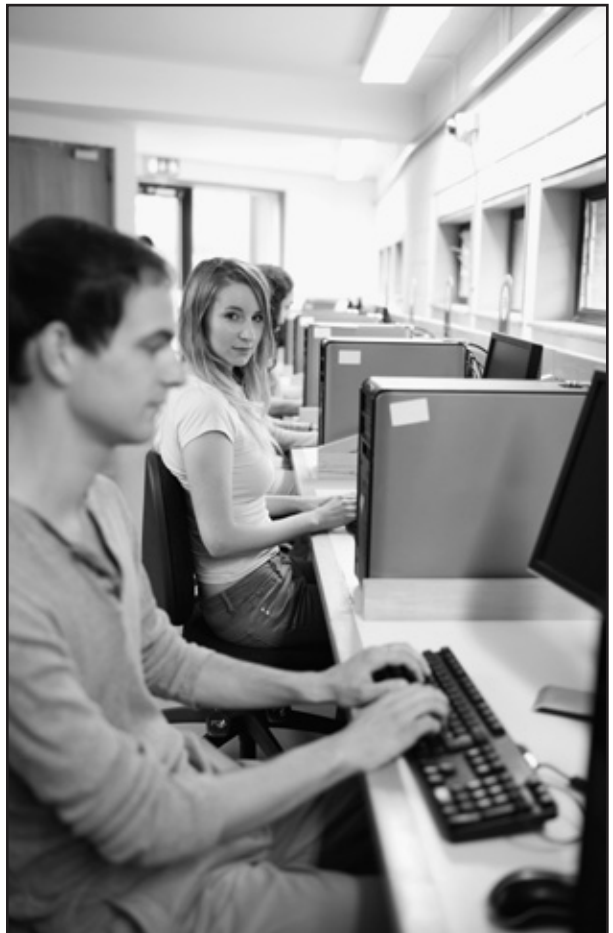
Insured Students have access to nurse advice, health information, and counseling support 24 hours a day by dialing the number indicated on the permanent ID card. Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help students determine if they need to seek medical care, need legal/financial advice or may need to talk to someone about everyday issues that can be overwhelming.

ONLINE ACCESS TO ACCOUNT INFORMATION

UnitedHealthcare StudentResources Insureds have online access to claims status, EOBs, ID Cards, network providers, correspondence and coverage information by logging in to **My Account** at www.uhcsr.com/myaccount. Insured students who don't already have an online account may simply select the "create My Account Now" link. Follow the simple, onscreen directions to establish an online account in minutes using your 7-digit Insurance ID number or the email address on file.

As part of UnitedHealthcare StudentResources' environmental commitment to reducing waste, we've introduced a number of initiatives designed to preserve our precious resources while also protecting the security of a student's personal health information.

My Account has been enhanced to include Message Center - a self-service tool that provides a quick and easy way to view any email notifications we may have sent. In Message Center, notifications are securely sent directly to the Insured student's email address. If the Insured student prefers to receive paper copies, he or she may opt-out of electronic delivery by going into My Email Preferences and making the change there.



FRONTIERMEDEX: GLOBAL EMERGENCY SERVICES

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

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

Domestic Students, insured spouse/Domestic Partner and insured minor child(ren): You are eligible for FrontierMEDEX 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.

FrontierMEDEX includes Emergency Medical Evacuation and Return of Mortal Remains that meet the US 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 services must be arranged and provided by FrontierMEDEX; any services not arranged by FrontierMEDEX will not be considered for payment.

Key Services include:

- *Transfer of Insurance Information to Medical Providers
- *Monitoring of Treatment
- *Medication, Vaccine and Blood Transfers
- *Transfer of Medical Records
- *Dispatch of Doctors/Specialists
- *Worldwide Medical and Dental Referrals
- *Facilitation of Hospital Admission Payments
- *Emergency Medical Evacuation
- *Transportation After Stabilization
- *Transportation to Join a Hospitalized Participant
- *Emergency Travel Arrangements
- *Continuous Updates to Family and Home Physician
- *Replacement of Corrective Lenses and Medical Devices
- *Replacement of Lost or Stolen Travel Documents
- *Hotel Arrangements for Convalescence
- *Return of Dependent Children
- *Repatriation of Mortal Remains
- *Legal Referrals
- *Transfer of Funds
- *Message Transmittals
- *Translation Services

Please visit www.uhcsr.com/frontiermedex for the FrontierMEDEX brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

(800) 527-0218 Toll-free within the United States

(410) 453-6330 Collect outside the United States

Services are also accessible via e-mail at operations@frontiermedex.com.

1. When calling the FrontierMEDEX Operations Center, please be prepared to provide:
2. Caller's name, telephone and (if possible) fax number, and relationship to the patient;
3. Patient's name, age, sex, and FrontierMEDEX ID Number as listed on your Medical ID Card;
4. Description of the patient's condition;
5. Name, location, and telephone number of hospital, if applicable;
6. Name and telephone number of the attending physician; and
7. Information of where the physician can be immediately reached

FrontierMEDEX 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 FrontierMEDEX. Claims for reimbursement of services not provided by FrontierMEDEX will not be accepted. Please refer to the FrontierMEDEX information in MyAccount at www.uhcsr.com/MyAccount for additional information, including limitations and exclusions.



NOTES

WELLS FARGO INSURANCE PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public 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 non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at (800) 853-5899 or by visiting us at studentinsurance.wellsfargo.com.

CLAIMS ADMINISTERED BY: *Claims and Coverage Questions*

UnitedHealthcare StudentResources
P.O. Box 809025
Dallas, Texas 75380-9025
(800) 767-0700
Claims@uhcsr.com
Customerservice@uhcsr.com

EMERGENCY TRAVEL ASSISTANCE: *(Provide this information to your Emergency Contact)*

FrontierMEDEX
(800) 527-0218 Toll-free within the United States
(410) 453-6330 Collect outside the United States
Services are also accessible via e-mail at
operations@frontiermedex.com.

PREFERRED PROVIDER: *To Find a Doctor or Provider*

UnitedHealthcare Options PPO Network
(800) 767-0700
www.uhcsr.com/seattleu

PRESCRIPTIONS:

UnitedHealthcare Pharmacies
(855) 828-7716
www.uhcsr.com/seattleu

THE PLAN SERVICED BY: *Eligibility, Enrollment and General Questions*

**Wells Fargo Insurance
Student Insurance Division**
WA License No. ACORDC*103NL
10940 White Rock Road, 2nd Floor
Rancho Cordova, CA 95670
(800) 853-5899
Fax: (877) 612-7966
studentinsurance.wellsfargo.com/~seattleu

For the most current Plan brochure, please refer to the online edition found at studentinsurance.wellsfargo.com. The brochure contains a brief description of the student health insurance and related benefits available for Seattle University students. This Plan is underwritten by UnitedHealthcare Insurance Company and administered by UnitedHealthcare StudentResources. Certain administrative services are also provided by Wells Fargo Insurance Services USA, Inc.

IMPORTANT NOTE

Please keep this Brochure; as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy available at studentinsurance.wellsfargo.com/~seattleu. If any discrepancy exists between this Brochure and the Policy; the Master Policy will govern and control the payment of benefits.