

Certificate of Coverage

2007-2008

**Student Injury and Sickness
Excess Insurance Plan**

Designed Especially for the Students of

Florida Coastal School of Law

**This Certificate contains
a Deductible Provision**

**This Plan is Underwritten by
United HealthCare Insurance Company**

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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 policy through your school, or by calling us toll-free at 1-800-505-4160 or by visiting us at www.firststudent.com.

Eligibility

All international students, scholars or other persons with a current passport or student visa (F-1, J-1, or M-1) attending Florida Coastal School of Law are required to have adequate health insurance. If you do not have other insurance, you are required to complete the enrollment materials and make the appropriate payment prior to registration. All of the students taking 9 credit hours or 6 credit hours in the summer and attending Florida Coastal School of Law are eligible to enroll in this insurance plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, internet classes 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 that the Policy Eligibility requirements have not been met, its only obligation is refund of premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and children under 25 years of age who are not self-supporting; who live with the Insured or who are a full-time or part-time student.

Dependent Eligibility expires concurrently with that of the Insured student.

Effective and Termination Dates

The Master Policy on file at the school becomes effective August 15, 2007. 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 August 14, 2008. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student. Refunds of premiums are allowed only upon entry into the armed forces. This policy is a Non Renewable One Year Term Policy.

You must meet the Eligibility requirements listed herein each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, the premium must be received within 14 days after the coverage expiration date. **It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.**

Extension of Benefits After Termination

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Totally Disabled on the Termination Date from a covered Injury or Sickness for which benefits are payable 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 12 months after the Termination Date.

However, if an Insured is pregnant on the Termination Date and the conception occurred while covered under this policy, Covered Medical Expenses for such pregnancy will continue to be paid through the term of the pregnancy.

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.

Excess Provision

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance.

Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible group insurance or under an automobile insurance policy.

However, this Excess Provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as a result of the Insured's failure to comply with policy provisions or requirements.

Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

Maternity Testing

This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen; Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-505-4160.

Definitions

INJURY means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

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:

- 1) Death;
- 2) Placement of the Insured's health in jeopardy;
- 3) Serious impairment of bodily functions;
- 4) Serious and permanent 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.

PRE-EXISTING CONDITION means any condition which manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care or treatment was recommended or received within the 6 months immediately prior to the Insured's Effective Date under this policy. Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow-up care.

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.

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's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

Avidyn is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T, Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre- notification is not a guarantee that benefits will be paid.

Schedule of Medical Expense Benefits

INJURY and SICKNESS

\$100,000 Maximum Benefit (For Each Injury or Sickness)

Preferred Provider Deductible \$100 (For Each Injury or Sickness)

Out-of-Network Deductible \$200 (For Each Injury or Sickness)

Preferred Provider Coinsurance 80% (Except as noted below)

Out-of-Network Coinsurance 60% (Except as noted below)

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

The Preferred Provider for this plan is UnitedHealthcare Options PPO. If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

All benefit maximums are combined Preferred Provider and Out-of-Network, unless noted below. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

NOTE: No benefits will be paid for services designated as "No Benefits" in the Schedule.

PA = Preferred Allowance

U&C = Usual & Customary Charges

INPATIENT	Preferred Providers	Out-of-Network Providers
<p>Hospital Expense, daily semi-private room rate; general nursing care provided by the 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. <i>(30 days maximum)</i></p>	80% of PA	60% of U&C
<p>Intensive Care</p>	Paid under Hospital Expense	Paid under Hospital Expense
<p>Routine Newborn Care, while Hospital Confined; and routine nursery care provided immediately after birth. <i>(4 days Hospital Confinement expense maximum)</i></p>	Paid as any other Sickness	Paid as any other Sickness
<p>Physiotherapy</p>	80% of PA	60% of U&C

INPATIENT (Continued)	Preferred Providers	Out-of-Network Providers
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.	80% of PA	60% of U&C
Assistant Surgeon	No Benefits	No Benefits
Anesthetist , professional services in connection with inpatient surgery.	80% of PA	60% of U&C
Registered Nurse's Services , private duty nursing care.	80% of PA	60% of U&C
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	80% of PA	60% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	Paid under Hospital Expense	Paid under Hospital Expense
Psychotherapy , Benefits are limited to one visit per day. Psychiatric Hospitals are not covered. (30 days maximum Per Policy Year)	Paid as any other Sickness	Paid as any other Sickness
OUTPATIENT	Preferred Providers	Out-of-Network Providers
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.	80% of PA	60% of U&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index. (\$1,500 maximum for each procedure)	80% of PA	60% of U&C
Assistant Surgeon	80% of PA	60% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	80% of PA	60% of U&C

OUTPATIENT (Continued)	Preferred Providers	Out-of-Network Providers
<p>Outpatient Miscellaneous Benefit, includes benefits designated as Paid under Outpatient Miscellaneous Benefit including Physician Visits, Physiotherapy, Medical Emergency, diagnostic x-ray services, laboratory procedures, test & procedures and injections.</p> <p><i>(\$1,500 maximum Per Policy Year)</i></p>	80% of PA	60% of U&C
<p>Physician's Visits, benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.</p>	Paid under Outpatient Miscellaneous / \$20 copay per visit	Paid under Outpatient Miscellaneous
<p>Physiotherapy, Benefits are limited to one visit per day.</p>	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
<p>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.</p> <p><i>(\$50 copay/Deductible is in addition to the Policy Deductible. The Additional \$50 copay/Deductible is waived if admitted)</i></p>	Paid under Outpatient Miscellaneous / \$50 copay	Paid under Outpatient Miscellaneous / \$50 Deductible
<p>CAT Scan / MRI</p>	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
<p>Diagnostic X-ray & Laboratory Services</p>	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
<p>Tests and Procedures, diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures</p>	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
<p>Injections, when administered in the Physician's office and charged on the Physician's statement.</p>	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
<p>Radiation Therapy and Chemotherapy</p>	80% of PA	60% of U&C
<p>Psychotherapy, benefits are limited to one visit per day, including all related or ancillary charges incurred as a result if a Mental and Nervous Disorder</p> <p><i>(30 days maximum)</i></p>	Paid as any other Sickness	Paid as any other Sickness

OTHER	Preferred Providers	Out-of-Network Providers
Ambulance Services	80% of U&C	80% of U&C
Consultant Physician Fees , when requested and approved by the attending physician.	80% of PA	60% of U&C
Maternity / Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Child Health Supervision Benefits	See Benefits for Child Health Assurance	

Preferred Provider Information

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

The availability of specific providers is subject to change without notice. Insured’s should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-505-4160 and/or by asking the provider when making an appointment for services.

“Preferred Allowance” means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

“Out of Network” providers have not agreed to any prearranged fee schedules. Insured’s may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured’s responsibility.

“Network Area” means the 50 mile radius around the local school campus the Named Insured is attending.

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.

Mandated Benefits

Benefits for Outpatient Services

Benefits will be provided for treatment performed outside a Hospital for any Injury or Sickness as defined in the policy provided that such treatment would be covered on an inpatient basis and is provided by a health care provider whose services would be covered under the policy if the treatment were performed in a Hospital. Treatment of the Injury or Sickness must be a Medical Necessity and must be provided as an alternative to inpatient treatment in a Hospital. Reimbursement is limited to amounts that are Usual and Customary for the treatment or services.

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

Benefits for Post-Delivery Care for a Mother and Her Newborn Infant

Benefits will be paid the same as any other Sickness for postdelivery care for a mother and her Newborn Infant. Benefits for postdelivery care shall include a postpartum assessment and newborn assessment and may be provided at the Hospital, at licensed birth centers, at the Physician's office, at an outpatient maternity center, or in the home by a qualified licensed health care professional trained in mother and baby care. Benefits shall include physical assessment of the newborn and mother, and the performance of any medically necessary clinical tests and immunizations in keeping with prevailing medical standards.

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

Benefits for Hospital Dental Procedure

Benefits will be paid the same as any other Sickness for general anesthesia and hospitalization services for dental treatment or surgery that is considered necessary when the dental condition is likely to result in a medical condition if left untreated. The necessary dental care shall be provided to an Insured who:

1. Is under 8 years of age and is determined by a licensed dentist, and the child's Physician to require necessary dental treatment in a Hospital or ambulatory surgical center due to a significantly complex dental condition or a developmental disability in which patient management in the dental office has proved to be ineffective; or
2. Has one or more medical conditions that would create significant or undue medical risk for the individual in the course of delivery of any necessary dental treatment or surgery if not rendered in a Hospital or ambulatory surgical center.

This benefit does not include the diagnosis or treatment of dental disease.

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

Mandated Benefits (Continued)

Benefits for Newborn Infant, Adopted or Foster Child

Newborn Infant. All health insurance benefits applicable for children will be payable with respect to a child born to the Named Insured or Dependents after the Effective Date and while the coverage is in force, from the moment of birth. However, with respect to a Newborn Infant of a Dependent other than the Insured Person's spouse, the coverage for the Newborn Infant terminates 18 months after the birth of the Newborn Infant. The coverage for Newborn Infant consists of coverage for Injury or Sickness including necessary care and treatment of medically diagnosed congenital defects, birth abnormalities, or prematurity, and transportation cost of the newborn to and from the nearest available facility appropriately staffed and equipped to treat the newborn's condition, when such transportation is certified by the attending Physician as necessary to protect the health and safety of the Newborn Infant. The coverage of such transportation may not exceed the Usual and Customary Charges, up to \$1,000.

The Insured may notify the Company, in writing of the birth of the child not less than 30 days after the birth. If timely notice is given, the Company may not charge an additional premium for coverage of the Newborn Infant for the duration of the notice period. If timely notice is not given, the Company may charge the applicable additional premium from the date of birth. The Company will not deny coverage for a child due to failure to timely notify the Company of the child.

Adopted or Foster Child. The Named Insured's adopted child or foster child will be covered to the same extent as other Dependents from the moment of placement in the residence of the Named Insured. In the case of a newborn adopted child, coverage begins at the moment of birth and applies as for a newborn infant defined above if a written agreement to adopt such child has been entered into by the Named Insured prior to the birth of the child whether or not the agreement is enforceable. However, coverage will not continue to be provided for an adopted child who is not ultimately placed in the Named Insured's residence.

The Pre-existing Conditions limitation will not apply to an adopted child, but will apply to a foster child. The Insured may notify the Company, in writing, of the adopted or foster child not less than 30 days after placement or adoption. If timely notice is given, the Company may not charge an additional premium for coverage of such child for the duration of the notice period. If timely notice is not given, the Company may charge the applicable additional premium from the date of adoption or placement. The Company will not deny coverage for a child due to failure to timely notify the Company of such child.

Benefits will also be provided for a foster child or other child placed in court-ordered temporary or other custody of the Insured from the moment of placement.

Benefits for Child Health Assurance

The benefits applicable for children shall include coverage for Child Health Supervision Services from the moment of birth to 16 years of age.

"Child Health Supervision Services" means Physician-delivered or Physician-supervised services which shall include as the minimum benefit coverage for services delivered at the intervals and scope stated below:

Child Health Supervision Services shall include periodic visits which shall include a history, a physical examination, a developmental assessment and anticipatory guidance, and appropriate immunizations and laboratory tests. Such services and periodic visits shall be provided in accordance with prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics. Minimum benefits are limited to one visit payable to one provider for all services provided at each visit.

Benefits shall not be subject to the Deductible, but are subject to all copayment, coinsurance, limitations, or any other provisions of the policy

Mandated Benefits (Continued)

Benefits for Diabetes

Benefits will be provided for all medically appropriate and necessary equipment, supplies, and diabetes outpatient self-management training and educational services used to treat diabetes, if the patient's treating Physician or a Physician who specializes in the treatment of diabetes certifies that such services are necessary. Diabetes outpatient self-management training and educational services must be provided under the direct supervision of a certified diabetes educator or a board-certified endocrinologist. Nutrition counseling must be provided by a licensed dietitian.

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

Benefits for Mammography

Benefits will be paid the same as any other Sickness for a mammogram according to the following guidelines:

1. One baseline mammogram for women age thirty-five to thirty-nine, inclusive.
2. A mammogram for women age forty to forty-nine, inclusive, every 2 years or more frequently based on the patient's Physician's recommendation.
3. A mammogram every year for women age fifty and over.
4. One or more mammograms a year upon a Physician's recommendation, for any woman who is at risk for breast cancer because of a personal or family history of breast cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister, or daughter who has or has had breast cancer, or because a woman has not given birth before the age of 30.
5. Benefits are paid, with or without a Physician prescription, if the Insured obtains a mammogram in an office, facility, or health testing service that uses radiological equipment registered with the Department of Health and Rehabilitative Services for breast-cancer screening.

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

Benefits for Mastectomies, Prosthetic Devices and Reconstructive Surgery

Benefits will be paid the same as any other Sickness for Mastectomy, prosthetic devices, and Reconstructive Surgery incident to the Mastectomy. Breast Reconstructive Surgery must be in a manner chosen by the treating Physician, consistent with prevailing medical standards, and in consultation with the patient.

"Mastectomy" means the removal of all or part of the breast for medically necessary reasons as determined by a licensed Physician, and the term "breast reconstructive surgery" means surgery to reestablish symmetry between the two breasts.

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

Benefits for Cleft Lip and Cleft Palate

Benefits will be paid the same as any other Sickness for a child under the age of 18 for treatment of cleft lip and cleft palate. The benefit will include medical, dental, speech therapy, audiology, and nutrition services if such services are prescribed by the treating Physician and such Physician certifies that such services are medically necessary and consequent to treatment of the cleft lip or cleft palate.

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

Mandated Benefits (Continued)

Benefits for Procedures Involving Bones or Joints of the Jaw and Facial Region

Benefits will be paid the same as any other Injury or Sickness for diagnostic or surgical procedures involving bones or joints of the jaw and facial region, if, under accepted medical standards, such procedure or surgery is medically necessary to treat conditions caused by Injury, Sickness or congenital or developmental deformity.

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

Benefits for Post-Surgical Mastectomy Care

Benefits will be paid the same as any other Sickness for outpatient postsurgical followup care in keeping with prevailing medical standards by a Physician qualified to provide postsurgical mastectomy care. The treating Physician, after consultation with the Insured, may choose that the outpatient care be provided at the most medically appropriate setting which may include the Hospital, treating Physician's office, outpatient center, or home of the Insured.

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

Benefits for Osteoporosis

Benefits will be paid the same as any other Sickness for the medically necessary diagnosis and treatment of osteoporosis for high-risk individuals, including, but not limited to, estrogen-deficient individuals who are at clinical risk for osteoporosis, individuals who have vertebral abnormalities, individuals who are receiving long-term glucocorticoid (steroid) therapy, individuals who have primary hyperparathyroidism and individuals who have a family history of osteoporosis.

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

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acne; allergy, including allergy testing;
2. Durable Medical Equipment;
3. Circumcision;
4. Congenital conditions, except as specifically provided under Benefits for Newborn or Adopted Infants or Benefits for Cleft Lip and Cleft Palate;
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; removal of warts, non-malignant moles and lesions;
6. Dental treatment;
7. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function;
8. Elective abortion;
9. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, except when due to a disease process; except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
10. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
11. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child, Benefits for Child Health Assurance and Benefits for Cleft Lip and Cleft Palate. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;

Exclusions and Limitations (Continued)

12. Hirsutism;
13. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
14. The use of alcohol, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
15. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
16. Injury sustained while (a) participating in any interscholastic, club, 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;
17. Lipectomy;
18. Experimental organ transplants; if not experimental in nature, organ transplants will be covered as any other Sickness;
19. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting, except in self-defense;
20. Pre-existing Conditions, will apply for the first 6 months, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months. Credit will be given for the time the Insured was covered under a previous similar plan if the previous coverage was continuous to a date not more than 63 days prior to the Insured's Effective Date under this policy;
21. Prescription Drugs dispensed or purchased while not Hospital Confined; except as specifically provided under Benefits for Outpatient Services;
22. Reproductive/infertility services including but not limited to: infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception;
23. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery; except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
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 provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
26. Deviated nasal septum, including submucous resection and/or other surgical correction thereof;
27. Skydiving, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
28. Sleep disorders;
29. Suicide or attempted suicide while sane or insane; or intentionally self-inflicted Injury;
30. Supplies, except as specifically provided in the policy;
31. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
32. 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
33. Weight management, weight reduction, nutrition programs, 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.

Scholastic Emergency Services: Global Emergency Assistance Services

Through participation in the FLORIDA COASTAL SCHOOL OF LAW insurance plan, each Insured* is eligible for global emergency medical assistance services when traveling 100 miles or more from his/her permanent home or campus address or abroad. Services are accessible 24 hours a day, 365 days a year and are provided by Scholastic Emergency Services (SES).

What Makes the SES program unique?

1. Exceeds USIA requirements for International student and scholars
2. No maximums or subrogation for any assistance services Assist America provides
3. No pre-existing conditions or territorial exclusions
4. Worldwide network of pre-qualified medical providers
5. Operations Centers with immediate worldwide response capabilities
6. "Out of Area" medical problems alleviated

Key Services include:

Evacuation, Repatriation and Return of Mortal Remains:

Whenever appropriate medical facilities are not available locally, SES will utilize whatever mode of transport, equipment, and personnel is necessary to evacuate the participant to the nearest facility capable of providing appropriate care. Once the participant is ready to be released from the hospital, Assist America will arrange and pay to transport the participant to his/her residence or rehabilitation facility, with necessary medical supervision, if necessary.

If a participant should die while traveling, SES will render every possible assistance in the return of mortal remains including locating a funeral home to prepare the deceased for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.

Some additional services include:

- Medical Consultation, Evaluation and Medical Referrals
- Foreign Hospital Admission Guarantee
- Critical Care Monitoring
- Prescription Assistance
- Emergency Message Transmission
- Transport to Join Patient (when in-patient for more than 7 days)
- Care for Minor Children (left unattended due to medical incident)
- Emergency Trauma Counseling
- Lost Luggage or Document Assistance
- Legal and Interpreter Referrals

Please refer to www.assistamerica.com for service descriptions, under the "Student" tab.

To access services please call:

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

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

Scholastic Emergency Services 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 assistance services will not be accepted.

**Insured's spouse and Dependent children may also be eligible for services.*

Claim Procedure

In the event of Injury or Sickness, students should:

- 1) Report to their Physician or Hospital.
- 2) A Company claim form is not required for filing a claim. 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.
- 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 to be considered for payment, or as soon as reasonably possible. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Submit all Claims or Inquiries to:

First Student

P.O. Box 809025

Dallas, Texas 75380-9025

1-800-505-4160

Or visit our website at:

www.FirstStudent.com

This Plan is Underwritten by:

United HealthCare Insurance Company

For Questions on Enrollment Contact

INSURANCE FOR STUDENTS, INC.

600 Corporate Drive, Suite 101

Fort Lauderdale, FL 33334

1-800-356-1235

www.insuranceforstudents.com

Enrollment Information: For assistance with plan enrollment and questions regarding the plan, please contact Steve DeSorbo (904) 281-0511 or Sam Garibay (904) 996-8928, Coordinated Benefits Group, 4190 Belfort Road, Suite 300, Jacksonville, FL 32216.

Please keep this Certificate 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 Certificate. The Master Policy is the contract and will govern and control the payment of benefits.

This Certificate is based on Policy 2007-465-1

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