

Student Injury and Sickness Insurance Plan for the 2012-2013 Academic School Year

Designed Especially for the Students of



PHOENIX
SCHOOL OF LAW

Non-Renewable One Year Term Insurance
Limited Benefit Plan. Please Read Carefully.
Blanket Accident and Health Policy.

PRE-EXISTING CONDITION EXCLUSION

CONDITIONS DIAGNOSED, TREATED OR RECOMMENDED FOR TREATMENT WITHIN THE 12 MONTHS PRIOR TO THE INSURED'S EFFECTIVE DATE UNDER THE POLICY MAY NOT BE COVERED IMMEDIATELY.

Important Student Health Insurance Information.

Your student health insurance coverage, offered by UnitedHealthcare Insurance Company may not meet the minimum standards required by the healthcare 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 100,000 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 1-800-505-4160. 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.

Welcome to UnitedHealthcare StudentResources

Good Health is vital to keeping your academic career on track, and health insurance plays a key role against unexpected illness or injury. But you may think that health insurance is too expensive for your financial situation or too complicated to make it worthwhile. Think again. Your institution is working with UnitedHealthcare StudentResources to provide you with straightforward, essential health care benefit coverage.

- Receive Basic Coverage for most major services, including pharmacy, hospitalization and psychotherapy services.
- Obtain online health information and benefit plan management tools anytime and anywhere on www.insuranceforstudents.com.

Who is eligible?

All international students, law, and graduate students taking 6 or more credit hours (or 3 or more credit hours in the Summer) are eligible to enroll in this insurance Plan.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and dependent children under 26 years of age.

How do I Enroll?

To sign up for the insurance Plan and to complete the enrollment process, please visit www.insuranceforstudents.com.

Collegiate Assistance Program

Insured Students have access to nurse advice, health information, and counseling support 24 hours a day by dialing the number listed 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.

Find a Doctor, Hospital, or Lab

The Preferred Provider network for this plan is the United Healthcare Choice Plus. Preferred Provider can be found using the following link, www.insuranceforstudents.com.

Scholastic Emergency Services

Through participation in the insurance plan each Insured Person has access to emergency medical assistance services when traveling 100 miles or more from campus, permanent home or around the world. Services are available 24 hours a day, 365 days a year, and meet or exceed the United States J-1 visa requirements for international students. International students, insured spouse, and insured minor child (ren) are eligible to receive SES worldwide except in your home country.

Key features of the program:

- No pre-existing conditions or territorial exclusions
- Worldwide network of pre-qualified medical providers
- Operations Centers with immediate world-wide response capabilities
- "Out-of-Area" medical problems alleviated

Key services include:

- Evacuation
- Repatriation
- Return of Mortal Remains
- Medical Consultation, Evaluation and Medical Referrals
- Foreign Hospital Admission Guarantee
- Critical Care Monitoring
- Prescription Assistance
- Emergency Message Transmission
- Care of Minor Children, left unattended due to medical incident
- Emergency Trauma Counseling
- Legal and Interpreter Referrals
- Lost Luggage or Document Assistance

For more information go to www.assistamerica.com.

Pharmacy Benefits

At UnitedHealthcare StudentResources our goal is to provide you with access to the medications you need and to provide you with the tools that will help you make informed decisions regarding medications. Our national retail network includes more than 60,000 pharmacies, with national and regional chains and many local independent pharmacies. You may receive your prescription drugs for a copayment when using a participating pharmacy.

To get prescription drug information go to www.insuranceforstudents.com, or call 1-877-417-7345.

On-Line Services

The Insurance for Students web site is your on-line gateway to a broad range of tools and services. Once you have enrolled, simply register to receive access to your personal health benefits information. Just a few clicks will take you directly to the information you need to:

- Verify your eligibility
- Confirm that a claim has been received, is being processed or was paid
- Order a replacement ID card, or print a temporary ID card
- Search for a network physician or hospital
- Find health information on hundreds of health topics, medical conditions and related procedures.

Rates	Annual	Fall	Spring/Summer	Summer
	8/15/12 - 8/14/13	8/15/12 - 1/27/13	1/28/13 - 8/14/13	5/23/13 - 8/14/13
Student	\$1,944.00	\$ 902.00	\$1,081.00	\$ 456.00
Spouse	\$5,352.00	\$2,483.00	\$2,976.00	\$1,256.00
Each Child	\$2,844.00	\$1,319.00	\$1,582.00	\$ 668.00

To Learn More:
Go to www.insuranceforstudents.com or Call 1-800-356-1235

SCHEDULE OF BASIC MEDICAL EXPENSE BENEFITS

Injury and Sickness

Up to \$250,000 Maximum Benefit Paid As Specified Below For Each Injury or Sickness
 Deductible Preferred Provider: \$250 Per Insured Person, Per Policy Year / Deductible Out-of-Network: \$500 Per Insured Person, Per Policy Year
 Coinsurance Preferred Provider: 80% except as noted below / Coinsurance Out-of-Network: 60% except as noted below

Out-of-Pocket Maximum Preferred Providers \$3,500 Per Insured Person, Per Policy Year / Out-of-Pocket Maximum Out-of-Network \$7,000 Per Insured Person, Per Policy Year

The Preferred Provider for this plan is UnitedHealthcare Choice Plus.

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.

Preferred Provider Services: After the preferred provider deductible has been satisfied, covered medical expenses incurred at a preferred provider will be paid at 80% of preferred allowance up to an Out-of-Pocket maximum of \$3,500. After the Out-of-Pocket maximum has been reached, additional covered medical expenses will be paid at 100% of preferred allowance up to the maximum benefit.

Out-of-Pocket Maximum: After the Out-of-Network deductible has been satisfied, covered medical expenses incurred at an Out-of-Network provider will be paid at 60% of Usual and Customary charges up to an Out-of-Pocket maximum of \$7,000. After the Out-of-Pocket maximum has been reached, additional covered medical expenses will be paid at 100% of Usual and Customary charges up to the maximum benefit.

Note: Per service Copays, Deductibles, and non-covered Medical Expenses do not count towards meeting the out of pocket maximum.

The benefits payable are as defined in and subject to all provisions of this policy and any riders or endorsements thereto. Benefits will be paid up to the Maximum Benefit for each service as scheduled below.

PA = Preferred Allowance	U&C = Usual & Customary Charges	
INPATIENT		
	Preferred Providers	Out-of-Network Providers
Room and Board Expense , daily semi-private room rate when confined as an inpatient; and general nursing care provided by the Hospital.	80% of PA	60 % of U&C
Intensive Care	80% of PA	60 % of U&C
Hospital Miscellaneous Expense , 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 PA	60 % of U&C
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth for an Inpatient stay of at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother agrees, the attending Physician may discharge the newborn earlier.	Paid as any other Sickness	
Physiotherapy	80% of PA	60 % of U&C
Surgeon's Fees , 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 PA	60 % of U&C
Assistant Surgeon	80% of PA	60 % of U&C
Anesthetist , professional services administered 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 , non-surgical services when confined as an inpatient. 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.	80% of PA	60 % of U&C
OUTPATIENT		
	Preferred Providers	Out-of-Network Providers
Surgeon's Fees , 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 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.	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
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.	80% of PA	60 % of U&C
Physiotherapy , benefits are limited to one visit per day. See exclusion #26 per additional limitations. 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, unless excluded in the policy. Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.	80% of PA	60 % of U&C
Medical Emergency Expenses , 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. \$100 Copay/Deductible per visit is in addition to the policy deductible, waived if admitted.	80% of PA / \$100 Copay per visit	80% of U&C / \$100 Deductible per visit
Diagnostic X-Ray Services	80% of PA	60 % of U&C
Radiation Therapy	80% of PA	60 % of U&C
Laboratory Services	80% of PA	60 % of U&C
Tests and Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures. The following therapies will be paid under this benefit: inhalation therapy, infusion therapy, pulmonary therapy and respiratory therapy.	80% of PA	60 % of U&C
Injections	80% of PA	60 % of U&C
Chemotherapy	80% of PA	60 % of U&C
Prescription Drugs , Mail order Prescription Drugs through UHPS at 2.5 times the retail copay up to a 90 day supply.	UnitedHealthcare Network Pharmacy (UHPS) \$15 Copay per prescription for Tier 1 / \$35 Copay per prescription for Tier 2 / \$70 Copay per prescription for Tier 3 up to a 31-day supply per prescription.	No Benefits
OTHER		
	Preferred Providers	Out-of-Network Providers
Ambulance Services	80% of PA	80 % of U&C
Durable Medical Equipment , 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. (\$1,000 maximum Per Policy Year) (Durable Medical Equipment benefits payable under the \$1,000 maximum Per Policy Year are not included in the \$250,000 Maximum Benefit)	80% of PA	60 % of U&C
Consultant Physician Fees , when requested and approved by the attending Physician.	80% of PA	60% of U&C
Dental Treatment , made necessary by Injury to Sound, Natural Teeth only. (\$1,000 maximum Per Policy Year. Dental benefits are not subject to the \$250,000 Maximum Benefit.)	80% of U&C	80% of U&C
Substance Use Disorder Treatment , services received on an Inpatient and outpatient basis. Benefits are limited to one visit per day.	Paid as any other Sickness	
Mental Illness Treatment , services received on an Inpatient and outpatient basis. Benefits are limited to one visit per day.	Paid as any other Sickness	
Maternity , benefits will be paid for an Inpatient stay of at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother agrees, the attending Physician may discharge the mother earlier.	Paid as any other Sickness	
Complications of Pregnancy	Paid as any other Sickness	
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 Preventive 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 preventive 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 preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration. No Deductible, Copay or Coinsurance will be applied when the services are received from a Preferred Provider.	100% of PA	No Benefits
Diabetes Services , in connection with the treatment of diabetes.	Paid as any other Sickness / See Benefits for Treatment of Diabetes Equipment and Supplies	
Reconstructive Breast Surgery Following Mastectomy , in connection with a covered Mastectomy.	Paid as any other Sickness / See Benefits for Mastectomy and Reconstructive Surgery	

Schedule of Benefits (continued)

The Plan includes the following Mandated Benefits: Benefits for Outpatient Services; Benefits for Mastectomy and Reconstructive Surgery; Benefits for Birth of Adopted Child; Benefits for Cancer Clinical Trials; Benefits for Off-Label Prescription Drugs for the Treatment of Cancer; Benefits for Diabetes Equipment and Supplies; Benefits for Home Health Services; Benefits for Mammography Screening; Benefits for Medical Foods; Benefits for Amino Acid Based Formula; Benefits for Out Patient Contraceptive Drugs and Devices; Benefits for Autism Spectrum Disorder.

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. Acupuncture;
2. Addiction, such as: nicotine addiction, except as specifically provided in the policy;
3. Milieu therapy, learning disabilities, behavioral problems, except for medically necessary behavioral therapy services provided or supervised by a licensed or certified physician as specifically provided in the Benefits for Autism Spectrum Disorder; parent-child problems, conceptual handicap, developmental delay or disorder or intellectual disability;
4. Biofeedback;
5. Circumcision;
6. Congenital conditions, except as specifically provided for Newborn and adopted children;
7. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn and adopted children; removal of warts, non-malignant moles and lesions;
8. 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;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. Elective abortion;
12. 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;
13. Flat foot conditions; supportive devices of 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, toe nails, and bunions (except capsular bone surgery);
14. Health spa or similar facilities; strengthening programs;
15. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as a result of infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
16. Hirsutism; alopecia;
17. Hypnosis;
18. 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;
19. Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
20. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
21. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for Medical Emergency when traveling for academic study abroad programs, business or pleasure;
22. Injury sustained by reason of motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
23. Injury sustained while (a) participating in any 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;
24. Investigational services;
25. Lipectomy;
26. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
27. Participation in a riot or civil disorder; commission of or attempt to commit a felony or fighting;
28. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. The pre-existing condition exclusionary period will not be reduced by the total number of months that the insured provides documentation of continuous coverage under a prior health insurance policy which provides benefits similar to this policy provided the coverage was continuous to a date within 63 days prior to the insured's effective date under this policy. This exclusion will not be applied to an Insured Person who is under age 19.
29. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy;
 - b) Immunization agents, except as specifically provided in the policy; biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - d) Products used for cosmetic purposes;
 - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
30. 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;
31. 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;
32. Routine Newborn Infant Care, well-baby nursery and related Physician charges; except as specifically provided in the policy;
33. 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;
34. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
35. 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; except for treatment of a covered injury; except for treatment of chronic purulent sinusitis;
36. Skydiving, parachuting, 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;
37. Sleep disorders;
38. Speech therapy; naturopathic services;
39. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
40. Supplies, except as specifically provided in the policy;
41. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
42. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
43. 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
44. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, except as specifically provided in the policy.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy # 2012-202477-1. For a full description of coverage including cost, benefits, exclusions, any reductions and limitations and the terms under which coverage may remain in force, please refer to the plan brochure at www.insuranceforstudents.com.
Non-Renewable One Year Term Insurance.

If you have any questions, please contact Customer Service at
1-800-356-1235 or www.insuranceforstudents.com.