

Schedule of Benefits (continued)

The Plan includes the following Mandated Benefits: Benefits for Outpatient Services; Benefits for Procedures Involving Bones or Joints of the Jaw and Facial Region; Benefits for Post-delivery Care for a Mother and Her Newborn Infant; Benefits for Diabetes; Benefits for Mammography; Benefits for Mastectomy, Prosthetic Devices and Reconstructive Surgery; Benefits for Post-Surgical Mastectomy Care; Benefits for Osteoporosis; Benefits for Child Health Assurance; Benefits for Cleft Lip and Cleft Palate; Benefits for Newborn Infant, Adopted or Foster Child; Benefits for Hospital Dental Procedures.

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.

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. Acupuncture;
3. Allergy, including allergy testing;
4. Addiction, such as: nicotine addiction, except as specifically provided in the policy; and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
5. Milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
6. Congenital conditions, except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child, or Benefits for Cleft Lip and Cleft Palate;
7. 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;
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, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function;
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; or except as specifically provided in the policy or under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
13. 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 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 specifically provided under benefits for cleft lip and cleft palate or benefits for Newborn Infant, Adopted or Foster child, or Benefits for Child Health Assurance. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
16. 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;
17. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Injury sustained while (a) participating in any intercollegiate, 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;
19. Investigational services;
20. Experimental organ transplants; if not experimental in nature, organ transplants will be covered as any other Sickness; organ donation;
21. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting, except in self-defense;
22. 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; This exclusion will not be applied to an Insured Person who is under age 19;
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. 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.
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;
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. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery; except for treatment of chronic purulent sinusitis.
30. 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, except as specifically provided in Benefits for Cleft Lip and Cleft Palate; naturopathic services;
33. Suicide or attempted suicide while sane or insane; or intentionally self-inflicted Injury;
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.



STETSON LAW

Stetson University College of Law Student Injury and Sickness Insurance Plan for the 2013-2014 Academic School Year

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 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 1-800-505-4160. 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.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy # 2013-202734-91. 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 certificate of coverage at www.firststudent.com.

Non-Renewable One Year Term Insurance.

If you have any questions, please contact Customer Service at 1-800-505-4160 or www.firststudent.com

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 Mental Illness services.
- Obtain online health information and benefit plan management tools anytime and anywhere on www.firststudent.com.

Who is eligible?

All students taking credit hours are eligible to enroll in this plan on a voluntary basis. All international students attending Stetson University College of Law are required to purchase this plan unless proof of comparable coverage is furnished. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the Eligibility requirements of that the student actively attend classes. Dependents, including Domestic Partners, of those enrolled in the plan may participate in the plan on a voluntary basis.

How do I Enroll?

To complete the enrollment process, please visit www.firststudent.com, select Stetson Law - Gulfport/Tampa Campus from the drop down box, and click Enroll Now - Health Insurance. Follow the instructions.

***Please Note:** Enrollment grace period ends on midnight, September 11, 2013!! You must enroll in the plan by September 11, 2013 in order to have coverage start on the initial policy date of August 12, 2013. If you enroll in the plan after September 11, 2013, your policy start date will be the date your enrollment form is received by mail.

*If you choose the Fall-Only option now, and will continue as a student at Stetson University in the Spring semester, you will need to enroll in the Spring/Summer plan in January 2014 in order to continue your coverage throughout the remainder of the academic year.

How do I Waive? (International Students Only)

All students enrolled at Stetson University are expected to have adequate health insurance to cover them while attending the University.

If you do not currently have health coverage, a Student Health Plan is available to all eligible students through United Healthcare StudentResources.

Per university policy and the Cultural Exchange Act, International students with a student visa who have not been granted permanent residency status, are required to enroll in and purchase this insurance plan unless proof of other adequate insurance is furnished to the Office of International Programs.

If you are an International Student who will be waiving the school's insurance, please provide the Office of International Programs with your current medical insurance coverage information. Office of International Programs Phone Number: 727-562-7849.

Rates	Annual	Fall	Spring/Summer
	8/12/13 - 8/11/14	8/12/13 - 1/8/14	1/9/14 - 8/11/14
Student	\$1,737.00	\$ 714.00	\$1,023.00
Spouse	\$5,574.00	\$2,291.00	\$3,283.00
Each Child	\$3,560.00	\$1,463.00	\$2,097.00

FrontierMEDEX: Global Emergency Medical Assistance

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 FrontierMEDEX 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

On-Line Services

UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at www.firststudent.com. To create an online account, select the "My Account" link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also visit our mobile site at my.uhcsr.com to access an electronic ID card.

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.firststudent.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.

SCHEDULE OF BASIC MEDICAL EXPENSE BENEFITS Injury and Sickness		
Up to \$500,000 Maximum Benefit For Each Injury or Sickness		
Deductible Preferred Provider: \$150 Per Insured Person, Per Policy Year / Deductible Out-of-Network: \$400 Per Insured Person, Per Policy Year		
Coinsurance Preferred Provider: 90% except as noted below / Coinsurance Out-of-Network: 70% except as noted below		
Out-of-Pocket Maximum Preferred Providers \$5,000 Per Insured Person, Per Policy Year / Out-of-Pocket Maximum Out-of-Network \$10,000 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 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.		
Out-of-Pocket Maximum: After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any benefit maximums that may apply. Separate Out-of-Pocket Maximums apply to Preferred Provider and Out-of-Network benefits. The Copays and per service Deductibles, and services that are not Covered Medical Expenses do not count toward meeting the Out-of-Pocket Maximum. The policy Deductible will be applied to the Out-of-Pocket Maximum. Even when the Out-of-Pocket Maximum has been satisfied, the Insured Person will still be responsible for Copays and per service Deductibles.		
Benefits are subject to the policy Maximum Benefit unless otherwise specifically stated. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider and Out-of-Network unless otherwise specifically stated.		
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
Hospital Expense , daily semi-private room rate when confined as an inpatient; and general nursing care provided by the Hospital. 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.	90% of PA	70 % of U&C
Intensive Care	90% of PA	70 % 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	90% of PA	70 % 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.	90% of PA	70 % of U&C
Assistant Surgeon	90% of PA	70 % of U&C
Anesthetist , professional services administered in connection with inpatient surgery.	90% of PA	70 % of U&C
Registered Nurse's Services , private duty nursing care.	90% of PA	70 % of U&C
Physician's Visits , non-surgical services when confined as an inpatient. Benefits do not apply when related to surgery.	90% of PA	70 % of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	90% of PA	70 % 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.	90% of PA	70 % 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.	90% of PA	70 % of U&C
Assistant Surgeon	90% of PA	70 % of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	90% of PA	70 % of U&C
Physician's Visits , Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	90% of PA	70 % of U&C
Physiotherapy , 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.	90% of PA	70 % 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.	90% of PA	70% of U&C
Diagnostic X-Ray Services	90% of PA	70 % of U&C
Radiation Therapy	90% of PA	70 % of U&C
Laboratory Services	90% of PA	70 % 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.	90% of PA	70 % of U&C
Chemotherapy	90% of PA	70 % of U&C
Injections	90% of PA	70% of U&C
Prescription Drugs	100% of U&C \$15 Deductible per Prescription for Generic \$40 Deductible per Prescription for Brand Name	100% of U&C \$15 Deductible per Prescription for Generic \$40 Deductible per Prescription for Brand Name
OTHER	Preferred Providers	Out-of-Network Providers
Ambulance Services	90% of PA	90 % 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 \$500,000 Maximum Benefit)	90% of PA	70 % of U&C
Consultant Physician Fees , when requested and approved by the attending Physician.	90% of PA	70% 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 \$500,000 maximum benefit.)	90% of U&C	90% of U&C
Substance Use Disorder Treatment , services received on an Inpatient and outpatient basis. Institutions specializing in or primarily treating Mental Illness and Substance Use Disorders are not covered.	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
Mental Illness Treatment , services provided on an inpatient and outpatient basis. Institutions specializing in or primarily treating Mental Illness and Substance Use Disorders are not covered.	Paid as any other Sickness	
Diabetes Services , in connection with treatment of Diabetes.	Paid as any other Sickness	
Reconstruction Breast Surgery following mastectomy , In connection with a covered mastectomy. See Benefits for Mastectomies Prosthetic Devices and Reconstructive Surgery.	Paid as any other Sickness	

To Learn More:

Go to www.firststudent.com or Call 1-800-505-4160