The American College Student Association (ACSA) offers educational material, health benefits, and other services to domestic and international students and their families.

Thousands of students nationwide have joined the American College Student Association (ACSA). ACSA is the premier student association, offering important benefits to support students throughout their college careers, including:

- Job search assistance
- Tuition grants and scholarships
- Discounts on brand name hardware, software and electronics
- Travel discounts

ACSA also endorses the Student Injury and Sickness Insurance Plans underwritten by UnitedHealthcare Insurance Company and UnitedHealthcare Insurance Company of New York. ACSA endorsed plans are available for Domestic and International Students.

Benefits vary by state and student eligibility. Not all plans are available in all states. The enclosed plan materials provide descriptions of coverage for the plan available in your area, including costs, benefits, exclusions and limitations, and the terms under which the coverage may remain in force.

The ACSA membership fee of $18.00 is waived for students who enroll online at www.ACSA.com/JoinNow. Once you've joined ACSA, enrolling in the student injury and sickness insurance plan online is easy and premium payment is accepted via credit card or check.

If you are already an ACSA member, to enroll in our insurance plans or any other benefits the association offers, visit us at www.ACSA.com.

Please call us at 1-888-526-2272 if you have questions or need additional information about ACSA.

Sincerely,

American Student College Association
UNITED HEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR INTERNATIONAL STUDENTS AND THEIR DEPENDENTS

AMERICAN COLLEGE STUDENT ASSOCIATION

To enroll in this plan ONLINE, go to www.acsa.com. The plan cannot be purchased by residents of Massachusetts, North Carolina, New Hampshire, New York, New Jersey, Oregon, Puerto Rico, Vermont and Washington. Please visit the association website at www.acsa.com for information regarding Massachusetts and New York plans available through the American College Student Association.

<table>
<thead>
<tr>
<th>Process Stamp Date Received Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Option 2011-2101-24/</td>
</tr>
<tr>
<td>High Option 2011-2101-26</td>
</tr>
<tr>
<td>(International)</td>
</tr>
</tbody>
</table>

**PRIMARY INSURED:** Complete information below for Student.

**SOCIAL SECURITY #:**  
**OR STUDENT ID #:**

**LAST (FAMILY) NAME:**  
**FIRST (GIVEN) NAME:**

**GENDER:** □ MALE  □ FEMALE  
**DATE OF BIRTH:** MONTH / DAY / YEAR

**EXPECTED DATE OF GRADUATION:** MONTH / YEAR

**PERMANENT U.S. ADDRESS - House/Building Number and Street Name:**

**CITY:**  
**STATE:**  
**ZIP CODE:**

**MAILING ADDRESS - House/Building Number and Street Name:**

**CITY:**  
**STATE:**  
**ZIP CODE:**

**TELEPHONE #:**  
**EMAIL ADDRESS:**

**DEPENDENT INFORMATION:** Complete information below for Dependents to be insured. Dependent coverage is only available for Students insured under the Plan (Please include a blank sheet for additional Dependents).

**SPOUSE**  
**SOCIAL SECURITY #:**  
**GENDER:** □ MALE  □ FEMALE  
**DATE OF BIRTH:** MONTH / DAY / YEAR

**First (Given) Name**  
**Middle Initial:**  
**Last (Family) Name:**

**CHILD SOCIAL SECURITY #:**  
**GENDER:** □ MALE  □ FEMALE  
**DATE OF BIRTH:** MONTH / DAY / YEAR

**First (Given) Name**  
**Middle Initial:**  
**Last (Family) Name:**

**CHILD SOCIAL SECURITY #:**  
**GENDER:** □ MALE  □ FEMALE  
**DATE OF BIRTH:** MONTH / DAY / YEAR

**First (Given) Name**  
**Middle Initial:**  
**Last (Family) Name:**

**CHILD SOCIAL SECURITY #:**  
**GENDER:** □ MALE  □ FEMALE  
**DATE OF BIRTH:** MONTH / DAY / YEAR

**First (Given) Name**  
**Middle Initial:**  
**Last (Family) Name:**

**CHILD SOCIAL SECURITY #:**  
**GENDER:** □ MALE  □ FEMALE  
**DATE OF BIRTH:** MONTH / DAY / YEAR

**First (Given) Name**  
**Middle Initial:**  
**Last (Family) Name:**

**NOTICE TO STUDENT:** Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elected to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**STUDENT’S SIGNATURE:**

**DATE:**
To enroll online: If you would like to use a credit card to enroll, please go to www.uhcsr.com/acsa and select the Enroll Now link to enroll online.

**AMERICAN COLLEGE STUDENT ASSOCIATION (INTERNATIONAL)**

**CAMPUS LOCATION:**

Low Option 2011-2101-24/
High Option 2011-2101-26

**CAMPUS/SCHOOL ATTENDING:**

Please Print Name of College. Must be completed in order for application to be processed.

[I elect to purchase Injury and Sickness insurance coverage under the College's student insurance plan. Below are the choices I have made.](#)

<table>
<thead>
<tr>
<th>INSURED CATEGORY:</th>
<th>Low Option: 2011-2101-24</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 30</td>
<td>Annual (A-)</td>
<td>Nine Months (29)</td>
</tr>
<tr>
<td>PERIOD CODES</td>
<td>Cannot Be Purchased</td>
<td>Cannot Be Purchased</td>
</tr>
<tr>
<td>ID CODES</td>
<td>After 11-01-2011</td>
<td>After 02-01-2012</td>
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<tr>
<td>A Student</td>
<td>$ 641.00</td>
<td>$ 504.00</td>
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<tr>
<td>D Student &amp; Spouse</td>
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<td>$ 1,500.00</td>
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<tr>
<td>E Student &amp; All Children</td>
<td>$ 1,828.00</td>
<td>$ 1,431.00</td>
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<tr>
<td>F Student, Spouse &amp; All Children</td>
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<td>Annual (A-)</td>
<td>Nine Months (29)</td>
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<tr>
<td>PERIOD CODES</td>
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</tr>
<tr>
<td>ID CODES</td>
<td>After 11-01-2011</td>
<td>After 02-01-2012</td>
</tr>
<tr>
<td>G Student</td>
<td>$ 884.00</td>
<td>$ 693.00</td>
</tr>
<tr>
<td>J Student &amp; Spouse</td>
<td>$ 2,749.00</td>
<td>$ 2,151.00</td>
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<tr>
<td>K Student &amp; All Children</td>
<td>$ 2,071.00</td>
<td>$ 1,620.00</td>
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<tr>
<td>L Student, Spouse &amp; All Children</td>
<td>$ 3,936.00</td>
<td>$ 3,078.00</td>
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<tr>
<td>Age 40 and Older</td>
<td>Annual (A-)</td>
<td>Nine Months (29)</td>
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<tr>
<td>PERIOD CODES</td>
<td>Cannot Be Purchased</td>
<td>Cannot Be Purchased</td>
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<tr>
<td>ID CODES</td>
<td>After 11-01-2011</td>
<td>After 02-01-2012</td>
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<tr>
<td>M Student</td>
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<td>P Student &amp; Spouse</td>
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<td>$ 3,834.00</td>
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<tr>
<td>Q Student &amp; All Children</td>
<td>$ 2,737.00</td>
<td>$ 2,133.00</td>
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<tr>
<td>R Student, Spouse &amp; All Children</td>
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<td>$ 4,761.00</td>
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<table>
<thead>
<tr>
<th>INSURED CATEGORY:</th>
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<tbody>
<tr>
<td>Under Age 30</td>
<td>Annual (A-)</td>
<td>Nine Months (29)</td>
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<tr>
<td>PERIOD CODES</td>
<td>Cannot Be Purchased</td>
<td>Cannot Be Purchased</td>
</tr>
<tr>
<td>ID CODES</td>
<td>After 11-01-2011</td>
<td>After 02-01-2012</td>
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<tr>
<td>A Student</td>
<td>$ 888.00</td>
<td>$ 693.00</td>
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<tr>
<td>D Student &amp; Spouse</td>
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<td>$ 2,322.00</td>
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<td>Cannot Be Purchased</td>
</tr>
<tr>
<td>ID CODES</td>
<td>After 11-01-2011</td>
<td>After 02-01-2012</td>
</tr>
<tr>
<td>G Student</td>
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<td>$ 936.00</td>
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<tr>
<td>J Student &amp; Spouse</td>
<td>$ 4,687.00</td>
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<td>K Student &amp; All Children</td>
<td>$ 3,295.00</td>
<td>$ 2,665.00</td>
</tr>
<tr>
<td>L Student, Spouse &amp; All Children</td>
<td>$ 6,781.00</td>
<td>$ 5,283.00</td>
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<tr>
<td>Age 40 and Older</td>
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<td>Nine Months (29)</td>
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<tr>
<td>PERIOD CODES</td>
<td>Cannot Be Purchased</td>
<td>Cannot Be Purchased</td>
</tr>
<tr>
<td>ID CODES</td>
<td>After 11-01-2011</td>
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<tr>
<td>M Student</td>
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<td>Q Student &amp; All Children</td>
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<td>R Student, Spouse &amp; All Children</td>
<td>$ 10,362.00</td>
<td>$ 8,073.00</td>
</tr>
</tbody>
</table>

**EFFECTIVE AND TERMINATION DATES:**

Coverage will become effective on the date the authorized representative receives the application and correct premium payment. Annual coverage expires 1 year following receipt of your premium or July 31, 2012, whichever is earlier. Nine-month coverage expires 9 months following receipt of your premium or July 31, 2012 whichever is earlier. Semi-Annual coverage expires 6 months following receipt of your premium or July 31, 2012, whichever is earlier. Quarterly coverage expires 3 months following receipt of your premium or July 31, 2012, whichever is earlier.

Please Note: If application and correct premium are received after this requested effective date, your effective date will be the date application and correct premium are received. **Requested Effective Date:** / /

**Payment Instructions:** Make check or money order payable to UnitedHealthcare StudentResources name of authorized representative in US dollars. Mail this enrollment card along with premium payment to:

UnitedHealthcare StudentResources
PO Box 809026
Dallas, TX 75380-9026.

Your cancelled check or credit card billing is your only receipt and notification of coverage. The student is responsible for timely premium payments whether or not a premium notice is received.

To enroll online: If you would like to use a credit card to enroll, please go to www.uhcsr.com/acsa and select the Enroll Now link to enroll online.
ACSA endorses the 2011-2012 Student Injury and Sickness Insurance Plans underwritten by UnitedHealthcare Insurance Company. These plans are subject to the policy provisions, limitations and exclusions. They are Non-Renewable, One-Year Term Policies. You must meet the eligibility requirements listed herein each time you pay a premium to continue insurance coverage.

Please note that the following ONLINE SERVICES are available:
* Purchase Insurance Online by completing an online application and paying with credit card (Visa or MasterCard) or e-check
* Enroll in Insurance online
* View and/or Print a complete summary of benefits for each plan
* View current coverage information
* View Claim Status
* Generate an ID Card

Enroll online at www.acsa.com. Plans may be purchased effective August 1, 2011 or later. Coverage will become effective on the date the premium and application are received by the company.

Students must be members of ACSA to take advantage of these insurance plans.

**ACSA annual dues:** $18

If you do not have internet access and need an Enrollment Form or Membership Application Form, please call 1-888-526-2272 or 800-793-0281.

As an ACSA Member you will receive:
* All benefits endorsed by ACSA
* Secure account information online
* Updates on financial and other student services;
* Discount Prescription Card (separate from the insurance policies)

**FOR MORE INFORMATION CALL TOLL-FREE:** 1-888-526-2272 OR E-MAIL: info@acsa.com

Please visit our website www.acsa.com for frequently asked questions. This plan contains a Coordination of Benefits provision, a Pre-admission Notification provision, and mandated benefits as required by the District of Columbia. Details may be found in the Master Policy on file with the association.

**Note:** This insurance information is a summary of benefits only. You can view and print a more detailed summary of benefits with exclusions, limitations, definitions and conditions under which the coverage will remain in force for each plan by visiting the ACSA website:

www.acsa.com

ACSA is a nationwide association that provides educational material, benefits and goods and services to domestic and international students and their families.

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**Eligibility**

**High Option (2011-2101-26) and Low Option (2011-2101-24) Plans:**

Registered International students and scholars, exchange program participants or others with a valid passport and F-1, J-1 or M-1 visa who have not applied for permanent residency in the host country are eligible to enroll in either the High Option or the Low Option of this insurance plan. Students must actively attend classes for at least the first 31 days after the first official day of class, after the date for which coverage is purchased. Coverage may be effective up to 15 days prior to the first official day of class. Home study, correspondence, and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers that the Policy Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their eligible Dependents. Eligible Dependents are the spouse or Domestic Partner and unmarried children under 19 years of age or 23 years of age, if a full-time dependent student at an accredited institution of higher learning, who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured Student. See the Definitions section of the Brochure for the specific requirements needed to meet Domestic Partner eligibility.

**Effective and Termination Dates**

The Master Policy on file at the Association headquarters becomes effective 12:01 a.m., August 1, 2011. The individual student’s 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 11:59 p.m. July 31, 2012. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependence 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.

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

**Premium Rates**

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<thead>
<tr>
<th>Plan</th>
<th>Annual Rates</th>
<th>Students age 30 &amp; under</th>
<th>$888</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Option Plan 2011-2101-26</td>
<td>$1,201</td>
<td>Students age 30-39</td>
<td>$1,201</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Students age 40 &amp; Older</td>
<td>$2,243</td>
</tr>
<tr>
<td>Low Option Plan 2011-2101-24</td>
<td>$641</td>
<td>Students age 30 &amp; under</td>
<td>$641</td>
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<td></td>
<td></td>
<td>Students age 30-39</td>
<td>$884</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Students age 40 &amp; Older</td>
<td>$1,550</td>
</tr>
</tbody>
</table>

* For combined Student and Dependent rates, please visit the ACSA website www.acsa.com. 3 month, 6 month and 9 month rates are also available. Please see our website for details.

**Choice of Plan**

Each eligible student has a choice of one of the benefit plans. The High Option Plan (2101-26) has higher benefits than the Low Option Plan (2101-24) and it has a higher premium. Make your selection carefully; you cannot upgrade coverage after the initial purchase of the plan for this policy year. Please be aware that if you choose to upgrade your coverage in any subsequent policy year, a new pre-existing exclusion and waiting period will apply.

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**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: 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 1-800-505-5450 and/or 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.

**Definitions**

“Domestic Partner” means either: 1) a person who has registered in a state or local domestic partner registry with an Insured Person or 2) each of two people, one of whom is a Named Insured, who has submitted an affidavit to the policyholder certifying that: (a) each person is 18 years of age; (b) neither person has another domestic partner (or another spouse); and (c) both persons live together in the same residence and intend to do so indefinitely, which may be demonstrated by providing valid documentation, such as a joint mortgage or lease, or joint financial statements.

“Pre-Existing Condition” means any condition 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 the policy. “Pre-existing condition” does not include pregnancy.

**UnitedHealthcare Network Pharmacy Benefits**

Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by a UnitedHealthcare Network Pharmacy. Benefits are subject to limits and copayment/coinsurance that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable copayment/coinsurance. Your copayment/coinsurance is determined by the tier to which the Prescription Drug Product is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access www.unhcn.com or call 1-877-477-7345 for the most up-to-date status.

**High Option 2011-2101-26**

$10 copay per prescription order or refill for a Tier 1 prescription drug up to 31 day supply / $25 copay per prescription order or refill for a Tier 2 prescription drug up to 31 day supply / 40% coinsurance per prescription order or refill for a Tier 3 prescription drug up to 31 day supply. Your maximum allowed benefit is $3,000 Per Policy Year.

(Continued on back below Schedule of Benefits)
Maternity Testing

This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is based on established medical records. The following maternity routine tests and screening exams will be considered if all other policy provisions have been met:

1. Initial screening at first visit – Pregnancy test:
   a) Urine Human Chorionic Gonadotropin (hCG)
   b) Blood test forphi-hCG
   c) Blood type and Rh antibody
   d) Rubella, Pregnancy-associated plasma protein-A (PAPP-A) (first trimester only).
   e) Free beta human chorionic gonadotropin (hCG) (first trimester only).
   f) Hepatitis B: Hep B, Hep B immune globulin (HBIG), Hepatitis B surface antigen (HBsAg)

Additional Exclusions

In addition to the policy Exclusions and Limitations, the following Exclusions apply to Network Pharmacy Benefits:

1. Coverage for Prescription Drug Products for the amount dispensed (days’ supply or quantity limit), which exceeds the supply limit.
2. Experimental or Investigational Services or Unproven Services and medications, medications used for experimental indications and/or dosage regimen determined by the Company to be experimental, investigational or unproven.
3. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that are available as an Over-the-Counter medication – no Covered for any prescription.
4. Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed, unless the Company, in its discretion, determines that the drug is a Covered and eligible for coverage as if it were a Prescription Drug Product and it is obtained with a Prescription Order or Refill from a Physician. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form are Covered.

Dental treatment, except for accidental to Sound, Natural teeth.

Eye examinations, eye refractions, eyeglasses, contact lenses or fitting of eyeglasses or contact lenses; flat foot supportive for the particular arches, weak chronic Internet at the feet;

Nuclear, chemical or biological contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which are harmful to health and life.

Organ transplants, including organ donation.

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; or except as specifically provided under Benefits for Habilitative Services for The Treatment of Congenital or Genetic Birth Defects.

Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting.

Pre-existing Conditions, except for individuals who have been continuously insured under the ACSA Association’s student insurance policy for at least 6 consecutive months; if an individual: 1) had coverage under a Previous Plan as defined below, and (2) the coverage was continuous to a date not more than 63 days prior to the person’s Effective Date under this Policy, the time under the Previous Plan will be credited toward the 6 consecutive months needed to provide benefits for a Pre-existing Condition. A "Previous Plan" means any accident and health insurance policy or certificate, non-profit hospital or medical service corporation, HMO, MEWA, or plan provided by another benefit arrangement, including a government plan or program providing health benefits or health care. It does not include a Medicare Supplement.

Prescription Drugs, services or supplies as follows:

a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garters and other non-medical substances, regardless of intended use; except as specifically provided under Benefits for Diabetes.

b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use.

c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis.

d) Drugs labeled "Caution - limited by federal law investigational use" or experimental drugs.

e) Products used for cosmetic purposes.

f) Drugs used to treat or cure baldness; anabolic steroids used for body building.

g) Anorectics - drugs used for the purpose of weight control.

h) Fertility agents or sexual enhancement drugs, such as Paradox, Pergonal, Clomid, Profasi, Metrodron, Serophene, or Viagra;
2011-2012

Student Injury and Sickness Insurance Plans

Activities for which you are involved may place you at risk of injury or illness. Protect yourself with the right insurance. ACSA is proud to offer you a Student Injury and Sickness Insurance Plan designed especially for International participants of the American College Student Association.

Key Services Include:

- Medical Consultation, Evaluation and Referrals
- Foreign Hospital Admission Guarantee
- Emergency Medical Evacuation
- Critical Care Monitoring
- Medically Supervised Repatriation
- Transportation to Join Patient
- Care for Minors Left Unattended Due to a Medical Incident
- Return of Mortal Remains
- Interpreter and Legal Referrals
- Counseling Services
- Document Assistance

Scholastic Emergency Services, Inc.
Global Emergency Medical Assistance

If you are a student insured with this insurance plan, you and insured dependents are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows: International Students, insured spouse or Domestic Partner and insured minor children: You are eligible to receive SES worldwide, except in your home country. SES 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 911 telephone assistance. All SES services must be arranged and provided by SES, not covered by any policies

ACSA - American College Student Association
2020 Pennsylvania Avenue NW
Box 905 - Washington, DC 20006
1-888-526-2272

v2
### International Plan Summary of Schedule of Medical Expense

**Preferred Provider**

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 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. None of the benefits maximums are combined Preferred Provider and Out-of-Network unless otherwise noted below.

**Low Option**

If the Deductible of $250 Per Policy Year has been satisfied, benefits will be paid for 90% of additional Covered Medical Expenses incurred up to $2,500. After the Company has paid $2,500, payment will be made for 80% of additional Covered Medical Expenses incurred up to $5,000. After the Company has paid $5,000, payment will be made for 60% of additional Covered Medical Expenses incurred at an Out of Network Provider, not to exceed $200,000 Maximum Benefit for students, or $50,000 Maximum Benefit for Dependents. Benefits will be paid for 90% of Covered Medical Expenses incurred up to $5,000. After the Company has paid $5,000, payment will be made for 60% of additional Covered Medical Expenses incurred at an Out of Network Provider, not to exceed $200,000 Maximum Benefit for students, or $50,000 Maximum Benefit for Dependents.

### Preferred Provider

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Preferred Provider Benefits</th>
<th>Out of Network Provider Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Expense</td>
<td>90% of PA / $100 copay per admission</td>
<td>70% of U&amp;C / $100 Deductible per admission</td>
</tr>
<tr>
<td>Intensive Care</td>
<td>90% of PA</td>
<td>70% of U&amp;C</td>
</tr>
<tr>
<td>Routine Newborn Care, 48 hours for vaginal delivery and 96 hours for cesarean delivery max</td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Surgery's Fees</td>
<td>90% of PA</td>
<td>70% of U&amp;C</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>90% of PA</td>
<td>70% of U&amp;C</td>
</tr>
<tr>
<td>Registered Nurse's Services</td>
<td>90% of PA</td>
<td>70% of U&amp;C</td>
</tr>
<tr>
<td>Physician's Visits</td>
<td>90% of PA</td>
<td>70% of U&amp;C</td>
</tr>
<tr>
<td>Pre-Admission Testing</td>
<td>90% of PA</td>
<td>70% of U&amp;C</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>As mandated by the District of Columbia</td>
<td></td>
</tr>
</tbody>
</table>

### Outpatient

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Preferred Provider Benefits</th>
<th>Out of Network Provider Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgeon's Fees</td>
<td>90% of PA</td>
<td>70% of U&amp;C</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>90% of PA</td>
<td>70% of U&amp;C</td>
</tr>
<tr>
<td>Physician's Visits, Low Option - Copay/Deductible in lieu of Policy Deductible</td>
<td>90% of PA / $20 copay per visit</td>
<td>70% of U&amp;C / $20 Deductible per visit</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>As mandated by the District of Columbia</td>
<td></td>
</tr>
</tbody>
</table>

### Other

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Preferred Provider Benefits</th>
<th>Out of Network Provider Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Services</td>
<td>90% of PA / $60 copay per visit</td>
<td>70% of U&amp;C / $60 Deductible per visit</td>
</tr>
<tr>
<td>Durable Medical Equipment, no replacements. High Option: $1,000 combined max for each injury or illness, Low Option: $500 combined max for each injury or illness</td>
<td>70% of PA</td>
<td>70% of U&amp;C</td>
</tr>
<tr>
<td>Dental Treatment, not necessary by injury to Sound, Natural teeth. High Option: $300 max per tooth, Low Option: $50 max per tooth</td>
<td>80% of U&amp;C</td>
<td>80% of U&amp;C</td>
</tr>
<tr>
<td>Consultant Physician Fees</td>
<td>90% of PA / $50 copay per visit</td>
<td>70% of U&amp;C / $100 Deductible per visit</td>
</tr>
<tr>
<td>Maternity &amp; Complications of Pregnancy</td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Elective Abortion, High Option: $600 max, Low Option: $300 max</td>
<td>90% of PA</td>
<td>70% of U&amp;C</td>
</tr>
<tr>
<td>Club Sports: High Option: $10,000 max for each injury, Low Option: $5,000 max for each injury</td>
<td>Paid as any other injury</td>
<td></td>
</tr>
<tr>
<td>Accidental Death &amp; Dismemberment</td>
<td>$2,500 - $10,000 maximum</td>
<td></td>
</tr>
</tbody>
</table>

### General Notes

- Psychotherapy: See exclusion number 22 for additional limitations. Review of Medical Necessity will be performed after 12 visits per injury or illness.
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- Locate a network provider
- Enter accident details online
- Enter additional insurance information online

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