

Appalachian State University

2012 - 2013

Student Health Insurance Plan

(For Students Eligible for the Hard Waiver Plan)



The University of North Carolina
"the Policyholder"
System-Wide Student Health Insurance Plan

Questions: 1-888-622-6001
Email: asu@studentinsurance.com
To waive / enroll: www.studentinsurance.com

Plan Administrator:
Pearce Administration, a DBA of Maksin Management Corp.
www.studentinsurance.com

underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa.,
with its principal place of business in New York, NY ("the Company")

Appalachian State University
("the Participating Organization")
Administrator Policy # CHH0071033
Underwriter Reference # CAS9492943

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WHO IS ELIGIBLE

Three criteria invoke the requirement for a student to have health insurance and also define a student as eligible to enroll in the hard waiver student health insurance plan.

An Appalachian State University student must be:

1. Eligible to pay the Student Health Services Fee;
AND
2. An undergraduate student enrolled in a minimum of 6 credit hours per semester or a graduate student enrolled in a minimum of 6 credit hours per semester;
AND
3. Enrolled in a degree-seeking program.

The premium will appear on each semester’s tuition bill unless the student submits proof of creditable health insurance coverage at www.studentinsurance.com by the waiver deadline. The student’s waiver request must be verified by Pearce Administration, a DBA of Maksin Management Corp., and a response to the waiver request will be sent to the student within five (5) business days.

Any student whose total set of courses fall under a campus’ “distance education/online only funding model” is not eligible to purchase the Student Health Insurance Hard Waiver Plan because they do not meet the criterion of “Eligible to pay the Student Health Services Fee.”

Eligible students who do enroll may also enroll their eligible dependents. The definition of dependent is located on page 8.

See the Pre-existing Condition Limitation on page 9.

Employees: Any person who is eligible for employer paid health insurance coverage under the State Health Plan of NC is ineligible for the UNC System-Wide Student Health Insurance Plan.

Health care reform law notice

Your student health insurance coverage, offered by National Union Fire Insurance Company of Pittsburgh, Pa., may not meet the minimum standards required by the health care reform law for the 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 for 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 put an annual limit of: \$100,000 on essential health benefits. If you have any questions or concerns about this notice contact Pearce Administration, a DBA of Maksin Management Corp., at 1-888-722-1668. 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.

Eligibility for Participation in the Hard Waiver Plan

ENROLLING AFTER WAIVING OUT

A student who successfully waived coverage from the campus plan may subsequently become ineligible under the student's non-campus plan. If this occurs, then the student may elect to enroll in the campus plan within 31 days of the date of ineligibility under the other plan if the hard waiver eligibility criteria above are met.

EFFECTIVE AND TERMINATION DATES

The Policy on file at the University becomes effective 12:01 a.m. on August 1, 2012 and terminates 11:59 p.m. on July 31, 2013. Coverage will be effective on the Effective Date of the Coverage Period enrolled (i.e. Fall, Spring/Summer); or the date for which the first premium is paid - whichever is later. Insurance will end for the Covered Person on the earliest of: (1) the date he or she becomes full-time active duty in any Armed Forces, or, (2) the end of the period for which the premium was paid.

COVERAGE AND REFUND GUIDELINES

Except in the case of an eligible student's full withdrawal from school due to Sickness or Injury, any student who cancels enrollment, or fully withdraws from school, or fails to meet any of the campus' three eligibility requirements (as defined on page 2) prior to or during the first 10 days of class in the semester, will not be covered under the Plan. In such cases, a full refund of the premium will be made less any claims paid. Students who fully withdraw or drop below the campus' three eligibility requirements after 10 days of class in the semester will remain covered under the Plan and no refund will be made.

Plan eligibility requirements must be met each semester in which the premium is paid to continue Plan coverage. The Company maintains the right to investigate a student's enrollment status and class attendance records to verify that Policy eligibility requirements have been met. If it is discovered that Policy eligibility requirements have not been met, then the Company's only obligation is to refund the premium less any claims paid.

First 10 days of class in the semester means a day on which the school holds class, not the first 10 times a class meets.

COVERED STUDENTS WITH DEPENDENTS

Coverage for a covered student's eligible dependents (i.e., spouse and/or children) may be purchased by the student by going to the student's login page at www.studentinsurance.com. A student may enroll eligible dependents online with payment of the dependent's premium. Open enrollment for all eligible dependents is available through September 1, 2012 for Fall and through January 31, 2013 for Spring/Summer. A dependent becomes eligible for coverage under the Policy only when the student becomes eligible; or within 31 days of the dependent becoming eligible by marriage, birth or adoption.

2012-2013 Student Health Insurance Plan Premiums (for students and dependents eligible for the hard waiver plan)

HARD WAIVER PLAN Period Covered	Fall	Spring/Summer
2012-2013 Student Insurance Plan Premiums	8/1/2012-12/31/2012	1/1/2013-7/31/2013
Student Only	\$709*	\$709*
Spouse	\$1,817	\$1,817
Child(ren)	\$1,118	\$1,118

Premiums are not pro-rated.

Premium refunds are allowed if the covered student enters full-time active duty in any Armed Forces. Reserve or National Guard duty for training must exceed 31 days to be eligible for a refund, less any claims paid. Proof of service must be submitted to Pearce Administration, a DBA of Maksin Management Corp., to receive a pro-rata refund of premium for this full-time active duty period.

*Premiums include \$10 that remains with the campus to support administration of the student health insurance plans.

Appalachian State University Hard Waiver Student Health Insurance Plan 2012-2013

APPALACHIAN STATE UNIVERSITY STUDENT HEALTH PLAN SUMMARY (for students and dependents eligible for the hard waiver plan)

BENEFIT CATEGORY	IN NETWORK	OUT OF NETWORK
Policy Year deductible per Person	\$300	
Maximum Benefit per Sickness/Injury per Policy Year Treatment must begin within 30 days of date of Injury	\$100,000 (Unlimited lifetime maximum benefit)	
Medical Emergency Expenses, for treatment of an Emergency Medical Condition	\$300 Copay per visit in addition to deductible (Copay waived if admitted to hospital)	
	80% of PPO Allowance	80% of R&C*
Urgent Care Expense (If the Covered Person is referred by the Urgent Care Provider to an emergency room, the Urgent Care Expense Copay will be waived.)	\$75 Copay per visit in addition to deductible	
	80% of PPO Allowance	70% of R&C*
Maximum Out-of-Pocket per Covered Person per Policy Year**	\$4,000***	\$8,000***
Maximum Out-of-Pocket per Family per Policy Year**	\$12,000***	\$24,000***

Excluding deductible and Co-pays *In-Network & Out-of-Network Out-of-Pocket Maximums apply separately

INPATIENT BENEFITS	IN NETWORK	OUT OF NETWORK
Room & Board up to the Semi-Private Room Rate	80% of PPO Allowance	70% of R&C*
Intensive Care Unit	80% of PPO Allowance	70% of R&C*
Hospital Miscellaneous including Intensive Care Miscellaneous	80% of PPO Allowance	70% of R&C*
Physiotherapy	80% of PPO Allowance	70% of R&C*
Surgery	80% of PPO Allowance	70% of R&C*
Assistant Surgeon	100% of Allowable Charge, limited to 25% of the surgery allowance	100% of R&C*, limited to 25% of the surgery allowance
Anesthesia (professional services)	80% of PPO Allowance	70% of R&C*
Registered Nurse (private duty nursing)	80% of PPO Allowance	70% of R&C*
Doctor's Visits (1 visit per day when not related to surgery)	80% of PPO Allowance	70% of R&C*
Psychotherapy (1 visit per day)	80% of PPO Allowance	70% of R&C*
Consultant (when required and approved by attending Doctor)	80% of PPO Allowance	70% of R&C*
OUTPATIENT BENEFITS	IN NETWORK	OUT OF NETWORK
Surgery	80% of PPO Allowance	70% of R&C*
Day Surgery Facility / Miscellaneous	80% of PPO Allowance	70% of R&C*
Assistant Surgeon	100% of Allowable Charge, limited to 25% of the surgery allowance	100% of R&C*, limited to 25% of the surgery allowance
Anesthesia (professional services)	80% of PPO Allowance	70% of R&C*
Doctor's Visits (1 visit per day when not related to surgery) includes routine physical exams only when required by academic departments for program participation such as nursing students and other students in a practicum.	80% of PPO Allowance (after \$20 per visit copay)	70% of R&C* (after \$20 per visit copay)

Student Health Center: When covered services are rendered at the Student Health Center, deductibles and copays (other than the Outpatient Prescription Drug copay) will be waived and payment will be made at 100% of Eligible Expenses.

***R&C means Reasonable & Customary**

Appalachian State University Hard Waiver Student Health Insurance Plan 2012-2013

APPALACHIAN STATE UNIVERSITY STUDENT HEALTH PLAN SUMMARY (for students and dependents eligible for the hard waiver plan)

OUTPATIENT BENEFITS	IN NETWORK	OUT OF NETWORK
Physiotherapy (1 visit per day), if deemed Medically Necessary	80% of PPO Allowance (after \$20 per visit copay)	70% of R&C* (after \$20 per visit copay)
X-rays, Laboratory, Tests and Procedures (includes Sickle Cell Anemia Testing)	80% of PPO Allowance (after \$10 per service copay)	70% of R&C* (after \$10 per service copay)
Chemotherapy / Radiation Therapy	80% of PPO Allowance	70% of R&C*
Outpatient Prescription Drugs Expense up to an aggregate maximum of \$100,000 per Policy Year. Limited to one 30-day supply per prescription or refill per month. (90-day supply available at the [Student Health Center] only, subject to a \$10 copay per 30-day supply. No 90-day prescription or refill will be written if it extends beyond the Covered Person's Coverage Period.) Benefits include all FDA-approved birth control methods.	Student Health Center: 100% after \$10 copay per prescription or refill. The copay will be waived for FDA-approved birth control. Outside Student Health Center: informedRx, an SXC company, pharmacies:100% after \$25 generic copay/\$50 formulary brand name copay/\$100 non-formulary and specialty brand drugs copay. Specialty drugs available ONLY through Ascend Specialty Pharmacy, an informedRx pharmacy.	
Psychotherapy (1 visit per day)	80% of PPO Allowance (after \$20 per visit copay)	70% of R&C* (after \$20 per visit copay)
Wellness Services/Preventive Services up to an aggregate maximum of \$100,000 per Policy Year. Please go to www.studentinsurance.com to view a list of Preventive Services (as specified by the Patient Protection and Affordable Care Act (PPACA)).	Student Health Center: <i>Services available and rendered at the Student Health Center:</i> 100% of Eligible Expenses, not subject to deductibles or copays. Outside Student Health Center: <i>Services that are not available at the Student Health Center:</i> 100% of Eligible Expenses in-network, 70% out-of-network, not subject to deductibles or copays. <i>Services available at the Student Health Center but not rendered at the Student Health Center:</i> Paid the same as Sickness, subject to applicable deductibles, copays and coinsurance.	
Consultant (when required and approved by attending Doctor)	80% of PPO Allowance (after \$20 per visit copay)	70% of R&C* (after \$20 per visit copay)
Vision Care: 100% of Eligible Expenses for one routine eye exam and glasses or contact lenses, up to a maximum benefit of \$200 per Policy Year. This benefit is not subject to the Policy Year deductible.		
Injections and Immunizations: Injections and Immunizations up to a maximum benefit of \$500 per Policy Year, includes injections and immunizations not otherwise covered under Preventive Services (as specified by PPACA); injections for allergies; travel vaccines; and needle sticks HIV testing administered in the doctor's office. <ul style="list-style-type: none"> •SHC - 100% of Eligible Expenses, not subject to deductible or copays •Outside the SHC- 80% of Eligible Expenses, subject to deductible and any applicable copays 		
ADDITIONAL BENEFITS	IN NETWORK	OUT OF NETWORK
Accidental Death & Dismemberment	\$10,000 Principal Sum (See Policy for details)	
Ambulance: Medically Necessary use of a professional ambulance other than for an Emergency Medical Condition.	80% of PPO Allowance	70% of R&C*
Emergency Medical Condition	80% of PPO Allowance	80% of R&C*
Cat Scan / MRI	80% of PPO Allowance	70% of R&C*
Chemical Dependency Treatment Expense	80% of PPO Allowance	70% of R&C*
Dental (injuries to sound natural teeth only)	80% of PPO Allowance	70% of R&C*
Durable Medical Equipment / Orthopedic Braces and Appliances (replacement not covered)	80% of PPO Allowance	70% of R&C*

***R&C means Reasonable & Customary**

Appalachian State University Hard Waiver Student Health Insurance Plan 2012-2013

APPALACHIAN STATE UNIVERSITY STUDENT HEALTH PLAN SUMMARY (for students and dependents eligible for the hard waiver plan)

ADDITIONAL BENEFITS CONTINUED	IN NETWORK	OUT OF NETWORK
Intercollegiate Sports	Paid as any other Injury to a maximum benefit of \$3,000 per Injury per Policy Year.	
Maternity and Complications of Pregnancy	80% of PPO Allowance	70% of R&C*
Medical Evacuation* and Repatriation \$1,000,000 combined maximum benefit (Pre-Authorization required: 1-888-622-6001) <i>*The doctor ordering the medical evacuation must certify that the severity of the Covered Person's Injury or Sickness warrants his or her medical evacuation.</i>		

STATE OF NORTH CAROLINA REGULATION MANDATES COVERAGE FOR THE FOLLOWING BENEFITS:

diagnostic, therapeutic or surgical procedures involving any bone or joint of the jaw, face or head; anesthesia and hospital charges in connection with dental procedures under certain circumstances; hospital stay of 48 hours following a normal vaginal delivery and 96 hours following a cesarean section and post-delivery care in the event of earlier discharge; bone mass measurement for the diagnosis and evaluation of osteoporosis for qualified individuals; prescription contraceptives drugs or devices; colorectal cancer screening; emergency services expense; mammograms; examinations and laboratory tests for the screening for the early detection of cervical cancer; prostates specific antigen tests; diabetes equipment, supplies and outpatient self-management training; hearing screening for dependent newborn children; health care services associated with participation in covered clinical trials; surveillance tests for women at risk for ovarian cancer; breast reconstruction following a mastectomy shall include coverage for all stages and revisions of reconstructive breast surgery performed on a nondiseased breast to establish symmetry if reconstructive surgery on a diseased breast is performed, as well as coverage for prostheses and physical complications in all stages of mastectomy, including lymphademas on the same basis as any other illness. Reconstruction of the nipple/areolar complex following a mastectomy is covered without regard to the lapse of time between the mastectomy and the reconstruction, subject to the approval of the treating physician; coverage for hearing aids; and any other applicable mandated benefits.

*R&C means Reasonable & Customary

STUDENT HEALTH INSURANCE PLAN EXCLUSIONS

The Company does not cover nor provide benefits for Loss or Expenses incurred:

1. As a result of dental treatment, except for treatment resulting from Injury to sound natural teeth. This exclusion does not apply to preventive services as mandated by the Patient Protection and Affordable Care Act of 2010.
2. For services normally provided without charge by the Campus Health Service or by health care providers employed by the campus, or services covered by the Student Health Service fee.
3. For eye examinations, eyeglasses, contact lenses, or prescription for such **except as specifically provided**; or treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does, or can impair normal vision apart from the disease process. Eye refraction is not covered.
4. For hearing examinations or hearing aids; or other treatment for hearing defects and problems, **except as specifically provided**. "Hearing defects" means any physical defect of the ear which does, or can impair normal hearing apart from the disease process.
5. As a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. For Injury or Sickness resulting from war or act of war, declared or undeclared.
7. As a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation, or Occupational Disease Law but only to the extent the Loss or Expenses are the liability of the employee, employer, or Workers' Compensation carrier according to the final adjudication under the North Carolina Workers' Compensation Act, or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

Plan Exclusions Continued...

8. As a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
9. For treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. For cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to, or follows surgery resulting from trauma, infection, or other disease of the involved part, including breast reconstruction after a mastectomy, and reconstructive surgery because of a congenital disease, or anomaly of a covered Dependent newborn child.
11. For preventive treatment, testing, screening exams, medicines, serums, or vaccines **except as specifically provided** in the Policy.
12. As a result of committing or attempting to commit an assault, or felony, or participation in a felony, riot, insurrection, or civil commotion.
13. For Elective Treatment or elective surgery.
14. After the date insurance terminates for a Covered Person **except as may be specifically provided** in the Extension of Benefits Provision.
15. For any services rendered by a Covered Person's immediate family member.
16. For a treatment, service, or supply which is not Medically Necessary.
17. For surgery and/or treatment of: gynecomastia; biofeedback-type services; breast implants or breast reduction unless Medically Necessary following a mastectomy; corns, calluses, and bunions; deviated nasal septum, including submucous resection and/or other surgical correction thereof; family planning, **except as specifically provided**; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; hair growth or removal; impotence, organic or otherwise; nonmalignant warts, moles, and lesions; premarital examinations; sexual reassignment surgery; sleep disorders; vasectomy; and alopecia.
18. For routine physical examinations, health examinations, or preschool physical examinations, including routine care of a newborn infant, well-baby care, and related Doctor charges, **except as specifically provided** for in the Policy.
19. For elective sterilization or its reversal **except as specifically provided**.
20. For organ transplants except "organ transplants" shall not include bone marrow transplants.
21. For Injury resulting from: the practicing for, or participating in an intercollegiate covered event **except as specifically provided**, professional sports; hang gliding; parasailing; sky diving; glider flying; parachuting; or bungee jumping.
22. For Injury resulting from fighting, except in self-defense.
23. For treatment of obesity, including, but not limited to the following: weight reduction or dietary control programs, prescription or nonprescription drugs or medications such as vitamins (whether taken orally or by injection), minerals, appetite suppressants, or nutritional supplements, and any complication resulting from weight loss treatments or procedures **unless specifically provided**.
24. For treatment, services, drugs, devices, procedures or supplies that are experimental or investigational.

STUDENT HEALTH INSURANCE PLAN DEFINITIONS

Accident means an occurrence which: (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and, (c) causes Injury.

***Act** means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

Covered Person means a Covered Student while coverage under the Policy is in effect and those dependents with respect to whom a Covered Student is insured.

Dependent means: (a) the Covered Student's spouse residing with the Covered Student; and (b) the Covered Student's child under age 26.

Elective Treatment means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person's effective date of coverage.

Elective treatment includes, but is not limited to: vasectomy; breast reduction unless as a result of mastectomy; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; botox injections; and treatment of infertility.

Eligible Expense means a charge for any treatment, service or supply which is performed or given under the direction of a doctor for the Medically Necessary treatment of a Sickness or Injury that is: (a) not in excess of the Reasonable and Customary charges; (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any, and (d) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

Emergency Medical Condition means a medical condition that manifests itself by acute symptoms of sufficient severity, including, but not limited to, severe pain or by acute symptoms developing from a chronic medical condition that would lead a prudent lay person, possessing an average knowledge of medicine and health, to reasonably expect the absence of immediate medical attention of the Injury or after onset of Sickness to result in any of the following: (a) placing the health of an individual, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; (b) serious impairment to such person's bodily functions; (c) serious dysfunction of any bodily organ or part; (d) serious disfigurement.

Essential Benefits means the essential health benefits defined in Section 1302(b) of the Act*. This includes at least the following general categories and the items and services covered within the categories:

- (A) Ambulatory patient services;
- (B) Emergency services;
- (C) Hospitalization;
- (D) Maternity and newborn care;
- (E) Mental health and substance use disorder services, including behavioral health treatment;
- (F) Prescription drugs;
- (G) Rehabilitative and habilitative services and devices;
- (H) Laboratory services;
- (I) Preventive and wellness services and chronic disease management;
- (J) Pediatric services, including oral and vision care.

Injury means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person's effective date of coverage; and (c) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

Medical Necessity / Medically Necessary means the covered services or supplies: (a) provided for the diagnosis, treatment, cure, or relief of a health condition, illness, Injury, or disease; and except as allowed for Clinical Trials, not for experimental/ investigational or cosmetic purposes; (b) necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, illness, Injury, or disease, or its symptoms; (c) within generally accepted standards of medical care in the community; (d) not solely for the convenience of the Covered Person, his or her immediate family, or the provider. For Medically Necessary services, nothing in this definition precludes the Company from comparing the cost-effectiveness of alternative services or supplies when determining which of the services or supplies will be covered.

Pre-Existing Condition* means a Sickness, Injury, or pregnancy for which medical care, treatment, diagnosis, or advice was received or recommended within the 6 months prior to the Covered Person's effective date of coverage under the Policy.

Reasonable and Customary (R&C) means the charge, fee, or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and, (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

Sickness means disease, illness, or complications of pregnancy including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. All Sicknesses due to the same or a related cause are considered one Sickness.

Spouse means the Covered Student's legal spouse including the Covered Student's domestic partner.

Urgent Care Provider means: (a) a freestanding medical facility which: (i) provides unscheduled medical services to treat an Urgent Condition; (ii) routinely provides ongoing unscheduled medical services for more than 8 consecutive hours; (iii) makes charges; (iv) is licensed and certified as required by any state or federal law or regulation; (v) keeps a medical record on each patient; (vi) provides an ongoing quality assurance program (this includes reviews by Doctors other than those who own or direct the facility); (vii) is run by a staff of Doctors, at least one of whom is on call at all times; (viii) has a full-time administrator who is a Doctor; or (b) a Doctor's office.

It is not the emergency room or outpatient department of a Hospital.

No benefits will be paid for charges made by an Urgent Care Provider to treat a non-urgent condition. Non-urgent condition includes, but is not limited to the following: routine or preventive care (includes immunizations); follow-up care; Physiotherapy; elective surgical procedures; and any lab and radiologic exams which are not related to the treatment of the Urgent Condition.

***PRE-EXISTING CONDITIONS LIMITATION**

This limitation shall not apply to a Covered Person under age nineteen (19). Expenses incurred by a Covered Person as a result of a Pre-existing Condition will not be considered Eligible Expenses for a period of 12 months of continuous coverage while covered under the Policy. This limitation will not apply if, during the period immediately preceding the Covered Person's effective date of coverage under the Policy, the Covered Person was covered under prior creditable coverage for 12 consecutive months. Prior Creditable Coverage of less than 12 months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Condition limitation will apply only if the Covered Person becomes eligible and enrolls for coverage within 63 days of termination of his or her prior coverage. Pre-existing Conditions limitation does not apply to: (a) a newborn Dependent child; (b) a child adopted by the Covered Student or placed with the Covered Student for adoption, if adoption or placement for adoption occurs while covered under the Policy; or, (c) a foster child placed with the Covered Student while covered under the Policy.

A Pre-existing Condition Questionnaire is located on the school's page at www.studentinsurance.com.

REFERRALS

Student Health Center referral is **recommended** except in the case of:

- Medical Emergencies
- Student Health Center is closed
- Treatment is received more than 50 miles from campus
- The Covered Person is not eligible for care at Student Health Center
- The Covered Person requires treatment for maternity
- The Covered Person requires treatment for a mental or nervous disorder

Deductibles, Copays other than the Outpatient Prescription Drug Copay, and Coinsurances are waived only when services are rendered at the Student Health Center. Except otherwise stated, Deductibles, Copays, and Coinsurances apply to all services received outside the Student Health Center.

PPO PROVIDERS

For services rendered in the State of North Carolina, a Covered Person may choose to be treated within or outside the Medcost PPO Network. For services rendered outside the State of North Carolina, a Covered Person may choose to be treated within or outside the First Health PPO Network. Reimbursement rates will vary according to the source of care as described under the Student Health Plan Summary, herein. Assignment of a Network Provider does not guarantee eligibility or right to student health benefits. It is the Covered Person's responsibility to verify that a provider is a Participating Provider prior to services being rendered. Please be aware that if a Covered Person is treated at a PPO Hospital, it does not mean that all providers at the Hospital are PPO providers. In addition, if a Covered Person is referred by a PPO provider to another provider or facility, it does not mean that the provider or the facility to which the Covered Person is referred is also a PPO provider. To obtain a list of participating providers and hospitals, visit www.studentinsurance.com and click on "Find your Doctor/Hospital".

PHARMACY HELP DESK

Pharmacy services provided by informedRx, an SXC company for assistance call the Pearce Administration, a DBA of Maksin Management Corp., Pharmacy Help Desk: 1-888-622-6001. To obtain a formulary listing (including prior approval prescription drugs), visit www.studentinsurance.com, search for your institution and click on "Pharmacy".

NOTE ABOUT ACTUAL EXPENSES

The Covered Person's actual expenses for covered services may exceed the stated amount (coinsurance percentage or co-payment amount) because actual provider charges may not be used to determine the Policy's and Covered Person's payment obligation.

CLAIMS and PRE-NOTIFICATION PROCEDURES

Please call 1-888-622-6001 for claims procedures and pre-notification of all hospital confinements and day surgery prior to admission. Pre-Notification does not apply to a maternity admission.

EXTENSION OF BENEFITS

If the Covered Person is confined to a Hospital on the date his or her coverage terminates as a result of Sickness or Injury for which benefits were payable prior to the date his or her coverage terminated, benefits will be payable for the Eligible Expenses incurred until the earliest of: (1) the end of Sickness or Injury; (2) the end of the 90 day period following the date his or her coverage terminated; or, (3) the date the applicable Maximum Amount is reached.

CREDITABLE COVERAGE

Coverage under this Plan is "creditable coverage" under Federal law. When coverage terminates, the Covered Person can request a Certificate of Creditable Coverage which is evidence of his or her coverage under this Plan. The Covered Person may need such a certificate if he or she becomes covered under a group health plan or other health plan within 63 days after coverage under this Plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions the Covered Person had before enrolling, then this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage, please contact Pearce Administration, a DBA of Maksin Management Corp., at 1-888-622-6001.

MEDIGAP

Continuation of Coverage after Graduation or Discontinuation of Enrollment

(for students enrolled in the 2012-2013 UNC System-Wide Student Health Insurance Plan)

A student enrolled in the 2012-2013 UNC System-Wide Student Health Insurance Plan who graduates or discontinues enrollment at a UNC campus, may continue coverage under the 2012-2013 UNC System-Wide Plan for an additional 3 months. Enrollment must be completed and the appropriate premium amount must be paid within 31 days of termination of the Coverage Period enrolled. Continuation of coverage will be subject to all of the terms of the policy. To enroll in this continuation of coverage option, a covered student must log into his or her online account at www.studentinsurance.com, click on "medigap", and follow the instructions.

Coverage after Graduation or Discontinuation of Enrollment

(for students who waived out of the 2012-2013 UNC System-Wide Student Health Insurance Plan)

A student who successfully waived coverage from the campus plan for the Fall and/or the Spring/Summer Coverage Period and who maintains the hard waiver eligibility criteria as well as coverage under his or her non-campus plan for the entire Coverage Period waived, and graduates or discontinues enrollment at a UNC campus and is no longer covered under his or her non-campus plan, may elect to purchase 3 months of coverage under the 2012-2013 UNC System-Wide Voluntary Plan if written request and payment of the premium is made within 31 days of the end of the Coverage Period waived. Any student who successfully waived and fails to comply with the coverage requirements of the UNC System-Wide Student Health Insurance Plan will not be eligible to purchase the 3 months of coverage under the 2012-2013 UNC System-Wide Voluntary Plan.

ADDITIONAL SERVICES

Health Direct: After hours telephone-based medical advice can be obtained by calling 866-629-0269.

Student Assist / Travel Guard: Additional travel services are included with this plan - please see detailed benefit information on page 11.

If you have any questions, please contact: appstate@studentinsurance.com.

TRAVEL GUARD
DESCRIPTION OF TRAVEL ASSIST AND STUDENT ASSIST SERVICES
A benefit of your Student Insurance

Procedures on How to Access Travel Guard and Student Assist Services 24-Hour Assistance Call Center How to Contact Travel Guard:

- Inside the US and Canada, dial 1-877-249-5362 toll-free.
- Outside the US and Canada:
 - Request an international operator.
 - Ask the international operator to connect to an AT&T operator.
 - Request the AT&T operator to place a collect call to the USA at 1-715-295-9625.
- Our fax number is 1-262-364-2203.

When to Contact Travel Guard:

- Before you incur expenses.
- If you are 100+ miles from home and require medical assistance or have a medical emergency.
- If you are 100+ miles from home and need assistance with a non-medical situation such as lost luggage, lost documents, legal help, etc.

Travel Guard is available

24-hours-a-day/7-days-a-week/ 365-days-a-year Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home. The Travel Guard Medical Staff consists of full-time, onsite Registered Nurses and Emergency Physicians who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24-hours; a physician has daily responsibility for a 24-hour period and is on-site during daytime hours.

What information will you need to provide Travel Guard when you call:

- Advise Travel Guard your TPA is Pearce Administration, a DBA of Maksin Management Corp., in South Carolina.
- Provide your Policy Number or School Name
- Advise Travel Guard regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Guard needs to call you back.

DESCRIPTION OF SERVICES

General Information: Services listed below include advice and information regarding travel documentation, immunization requirements, political/environmental warnings, and information on global weather conditions. Travel Guard can also provide information on available currency, exchange rates, local Bank/Government holidays, and by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Guard also provides emergency message storage & relay and translation services.

- Visa & Immunization
- Weather & Exchange Rates
- Environmental & Political

Technical: Services listed below include assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Guard can arrange cash transfers & vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter enroute emergencies that force them to interrupt their trips.

- Legal Referral
- Lost/Stolen Luggage Information
- Claims-related Assistance & Personal Effects Assistance
- Lost Document Assistance & Cash Transfer Assistance
- Embassy/Consulate
- Telephone Interpretation
- Enroute Travel Assistance

Medical: These services are the most complicated of those offered and can last up to several weeks. They involve Travel Guard's Medical Staff in addition to other network providers and often include postcase payment/billing coordination on the traveler's behalf. These services include physician/dental/ hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains and insurance claims coordination.

Medical Assistance:

- Medical Referral
- In-patient Assistance
- Out-patient Assistance

Medical Transport:

- Evacuation
- Repatriation of Mortal Remains

REPATRIATION AND MEDICAL EVACUATION
(Benefits for Repatriation of Mortal Remains and Medical Evacuation are provided by National Union Fire Insurance Company of Pittsburgh, Pa.)
COMBINED MAXIMUM LIMIT OF \$1,000,000

REPATRIATION OF MORTAL REMAINS
In the event an Injury or Sickness causes your death while you are outside your home country, the plan will reimburse covered expenses incurred for preparation and transportation of the body remains.

MEDICAL EVACUATION
The plan will pay for evacuation to the nearest adequate medical facility following a covered Injury or Sickness if you are outside your home country and your doctor determines that adequate medical treatment is not locally available. Certain exclusions apply.
(Benefits will be considered only after being hospitalized for a least 5 consecutive days.)

Travel Guard must make all arrangements and must authorize all expenses in advance for these benefits to be payable. If it was not reasonably possible to contact Travel Guard in advance, the Company reserves the right to determine the benefits payable, including any reductions.

STUDENT ASSIST SERVICES

- Concierge Services: You receive the comfort, care, and attention of Travel Guard's Personal Assistance Coordinators available 24/7 to respond to virtually any request – large or small.
- Personal Security Assistance: You can feel safe and secure with Travel Guard's Personal Security Assistance at home or while traveling. To activate personal security services, please visit www.studentinsurance.com and log into your secure online account. For more details visit the Pearce Administration, a DBA of Maksin Management Corp., website at www.studentinsurance.com.

PEARCE ADMINISTRATION, a DBA of Maksin Management Corp.

P.O. Box 2408

Florence, SC 29503

Toll Free: 1-888-622-6001

STUDENT HEALTH INSURANCE

www.studentinsurance.com

E-mail: appstate@studentinsurance.com

ONLINE SERVICES

Go online at www.studentinsurance.com

Search for your Institution

On this secure site you can:

- Enroll
- Waive
- Print ID Card
- View a Summary of Benefits
- View claims information / EOB's
- Update your personal information
- Search for Providers and Hospitals
- View questions and answers about your insurance

RENEWAL OF COVERAGE

The UNC System-Wide Student Health Insurance Plan is Non-Renewable One-Year Term Insurance. It is the Covered Student's responsibility to obtain coverage the following academic year via the campus plan or other creditable health insurance coverage in order to maintain continuity of coverage. The eligibility criteria for enrollment in the campus plan must be met each semester. Covered students who have not received information regarding subsequent coverage prior to the Policy's Termination Date should inquire regarding such coverage with the campus student health center or visit www.studentinsurance.com.

IMPORTANT INFORMATION

Please keep this brochure as a general summary of the insurance. This is only a brief description of the coverage available under policy series S30494NUFIC-NC. The Policy and Certificate on file at UNC General Administration may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy and Certificate. A Certificate of Coverage is available to the Covered Student upon request to Pearce Administration, a DBA of Maksin Management Corp. If there is any conflict between the contents of this brochure and the Policy, the Policy shall govern. This Plan also covers Mandated Benefits as required by the State of North Carolina.