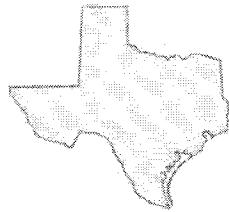


Student Injury and Sickness Insurance Plan for The University of Texas System

2009-2010



The University of Texas System is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All international students holding non-immigrant visas are required to be enrolled in a medical insurance plan in order to complete registration. International students are eligible to enroll in the UT System Student Health Insurance plan, or must certify in writing that comparable coverage is in effect under another plan as approved by the UT System Board of Regents. All medical students at Health Components are required to participate in the plan on a hard waiver basis. All other student taking credit hours, graduate students working on research/dissertation or thesis, post doctorate students, scholars, fellows and visiting scholars are eligible to enroll in the plan on a voluntary basis.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- Up to \$100,000 per each Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- \$300 deductible per Insured Person Per Policy Year. (If two or more covered family members are injured in the same accident, only one Deductible will apply. Each Insured Person will be eligible for the Maximum Benefit.)
- **Preferred Provider Services:** After the Deductible has been satisfied, Covered Medical Expenses incurred at a Preferred Provider will be paid at 80% of Preferred Allowance up to \$10,000. After the Company has paid \$10,000, additional Covered Medical Expenses will be paid at 100% of Preferred Allowance up to the \$100,000 Maximum Benefit.

Out-of-Network Services: After the Deductible has been satisfied, Covered Medical Expenses incurred at Out-of-Network providers will be paid at 60% of Allowable Charges up to \$10,000. After the Company has paid \$10,000, additional Covered Medical Expenses will be paid at 100% of Allowable Charges up to the \$100,000 Maximum Benefit.

- Prescription Drug Benefits: \$10 copay for Tier 1 / \$15 copay for Tier 2 up to a 31-day supply per prescription. (\$1,300 maximum per policy year.) Prescriptions must be filled at a UnitedHealthcare Network Pharmacy.
- Coverage available for eligible dependents.
- Scholastic Emergency Services – Domestic Students are covered when 100 miles or more away from their campus or home address. International Students are covered worldwide except in their home country.
- MyAccount, available through www.UHCSR.com/UTSystem, allows insured students access 24/7 to check their claim status, search for network providers, print ID cards, enter accident details, view EOBS and enter additional insurance information online.
- Included with every policy, the UnitedHealth Allies® discount program provides 5% to 50% savings on dental and vision services, fitness clothing and equipment, and textbooks from McGraw-Hill Professional. The UnitedHealth Allies program is not insurance and is offered by UnitedHealth Allies, a UnitedHealth Group company.
- Accidental Death and Dismemberment Benefits (included).
- Optional Major Medical coverage available, for additional premium.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2009-50-1.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to the plan brochure available at www.UHCSR.com/UTSystem.

If you have any questions, please contact Customer Service at 888-344-6105 or customerservice@uhcsr.com.

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

For online enrollment visit our website at www.UHCSR.com/UTSystem, click on "Find My School's Plan" link and follow the online instructions or call 888-344-6105

* For dates and rates specific to each University of Texas campus, please visit our website at www.UHCSR.com/UTSystem, select "Find My School's Plan".

Pre-Existing Condition means any condition which is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured's Effective Date under the policy.

Exclusions and Limitations

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

1. Acne; acupuncture;
2. Nicotine addiction;
3. Learning disabilities;
4. Biofeedback;
5. Durable Medical Equipment;
6. Circumcision;
7. Congenital conditions, except as specifically provided in the Benefits for Temporomandibular and Craniomandibular Joint Dysfunction, Benefits for Treatment of Craniofacial Abnormalities, and for Newborn or adopted Infants;
8. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. Elective abortion;
12. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, except when due to a disease process;
13. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process, except as specifically provided in the Benefit for the Screening of Hearing Loss;
14. Foot care including care of corns, bunions (except capsular or bone surgery), or calluses;
15. Hirsutism; alopecia;
16. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
19. Organ transplants; including organ donation;
20. 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;
21. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting as an active participant;
22. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months; The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;
23. 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; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
24. Routine Newborn Care, well-baby nursery and related Physician charges, except as specifically provided in the Benefits for Maternity and Post Delivery Care;
25. 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;
26. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
27. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
28. Sleep disorders;
29. Supplies, except as specifically provided in the policy;
30. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
31. Nasal and sinus surgery;
32. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
33. 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
34. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.