

CAREMARK® PRESCRIPTIONS

When you use a CAREMARK® network pharmacy, you will be able to get up to a 30-day supply of drugs prescribed for a Covered Injury or Sickness. You will only pay a \$10 copayment for each generic drug, a \$25 copayment for each preferred drug and a \$40 copayment for each non-preferred drug not to exceed a \$500 maximum Per Policy Year. Please present your ID card to the network pharmacy when the prescription is filled.

If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription. If you do not present the card, you will need to pay the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please call CAREMARK® Customer Care toll free at 1-877-348-0578.

CAREMARK® is a federally registered trademark of Caremark International Inc.

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

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 PHCS and Student Health Network.

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-767-0700 and/or by 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.

"Allowable Charges" means the Company's allowance for a specified Covered Medical Expense or the provider's charge for the service, whichever is less.

"Out of Network" providers have not agreed to any prearranged fee schedules. Insured's 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.

Inpatient Hospital Expenses

PREFERRED HOSPITALS - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at 80%, up to any limits specified in the Schedule of Benefits. Call (800) 767-0700 for information about Preferred Hospitals.

OUT-OF-NETWORK HOSPITALS - If care is provided at a Hospital that is not a Preferred Provider, eligible inpatient Hospital expenses will be paid according to the benefit limits in the Schedule of Benefits.

Outpatient Hospital Expenses

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

Medical Emergency

For the purposes of PPO Coverage, Medical Emergency shall include Active Labor. Active Labor means a labor at a time at which either of the following would occur: 1) There is inadequate time to effect safe transfer to another hospital prior to delivery. 2) A transfer may pose a threat to the health and safety of the Insured or the unborn child.

Exclusions and Limitations Continued:

- 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 cause Sickness and/or death;
- Organ transplants;
- 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;
- Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
- Pre-Existing Conditions in excess of \$1,000, except for individuals who have been continuously insured for at least 6 consecutive months under any health insurance plan or policy or employer-provided health benefit arrangement. Credit for time served will be given when covered under Creditable Coverage provided the individual becomes eligible and enrolls under this policy within 63 days of termination of the prior plan;
- Prescription Drug Services - no benefits will be payable for:
 - 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 Benefits for Diabetes;
 - Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - Products used for unapproved cosmetic indications;
 - Drugs used to treat or cure baldness, and anabolic steroids used for body building;
 - Anorectics - drugs used for the purpose of weight control;
 - Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene;
 - Growth hormones; or
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
- 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;
- Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
- 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;
- Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
- Nasal and sinus surgery;
- 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;
- Sleep disorders;
- Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
- Supplies, except as specifically provided in the policy;
- Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy;
- Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
- 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
- Weight management, weight reduction, nutrition programs, treatment for obesity; surgery for removal of excess skin or fat.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

EXCESS PROVISION

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance.

Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance except for automobile medical payment insurance.

However, this Excess Provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed as a result of the Insured's failure to comply with policy provisions or requirements.

Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

MATERNITY CARE

There are certain maternity tests that may be routinely performed by your Physician that may not be covered under the Policy. Please call the Company at 1-800-767-0700 for additional information on maternity care.

DEFINITIONS

CREDITABLE COVERAGE means any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefit society, self-insured employer plan, or any other entity, in this state or elsewhere, and that arranges or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans, including Medicare or Medicaid, nonprofit medical and surgical plan or hospital service plan that provides similar benefits, Armed Forces Personnel Medical and Dental Care, Indian Health Service or tribal organization medical care program, a state health benefits risk pool, Federal Employees Health Benefit Plan, the Peace Corps Act health benefit plan, health maintenance organization, a public health plan, or College Plan. The term includes continuation or conversion coverage, but does not include accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

PRE-EXISTING CONDITION means any condition for which medical advice, diagnosis, care or treatment, including the use of Prescription Drugs is recommended or received from a Physician within 6 months immediately prior to the Insured's Effective Date under the policy.

CLAIM PROCEDURE

In the event of Injury or Sickness, students should:

- Report to the Student Health Service or Infirmary for treatment or referral, or when not in school, to their Physician or Hospital.
- Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
- Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

THE PLAN IS UNDERWRITTEN BY:

The MEGA Life and Health Insurance Company

SUBMIT ALL CLAIMS OR INQUIRIES TO:

Student Insurance
P.O. Box 809025
Dallas, Texas 75380-9025
1-800-767-0700
Claims@studentinsurance.net
Customerservice@studentinsurance.net

SALES/MARKETING SERVICE:

**Student Resources
Eastern Region**
805 Executive Center Drive West, Suite 220
St. Petersburg, FL 33702
1-800-237-0903

E-Mail (Inquiries Only):
info@studentresources.com

ONLINE SERVICES

Please visit our Website at www.studentresources.com for Brochures, Online Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services.

For information on dental and vision plans that may be available, please call 1-800-237-0903 or visit the Website at www.studentresources.com.

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

THIS BROCHURE IS BASED ON
POLICY #2006-706-1

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PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-767-0700 or by visiting us at www.studentresources.com.

ELIGIBILITY

All undergraduate students taking 9 or more credit hours and all graduate students taking credit hours are eligible to enroll in the insurance Plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet 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 the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse or Domestic Partner and unmarried children under 19 years of age or 23 years if a full-time student at an accredited institution of higher learning who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student.

Alternative Coverage- If you do not meet the Eligibility requirements of this student policy, please call 1-800-406-2338 for information on alternative coverage. You may also access information on this plan, get premium quotes, and apply on-line at our website: www.SecureNowInsurance.com.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective August 26, 2006. 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 August 24, 2007.** Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student. If paying premiums by Semester, coverage expires as follows:

Annual	08/26/2006 to 08/24/2007
Fall	08/26/2006 to 01/02/2007
Winter	01/02/2007 to 01/23/2007
Spring	01/23/2007 to 08/24/2007
Summer	06/04/2007 to 08/24/2007

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

Refunds of premiums are allowed only upon entry into the armed forces.

The Policy is a Non-Renewable One-Year Term Policy, which expires August 24, 2007.

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STUDENT

INJURY

AND

SICKNESS

INSURANCE

PLAN

*Designed Especially
for the Students of*

UNIVERSITY

OF

SAN DIEGO

SCHEDULE OF MEDICAL EXPENSE BENEFITS
UP TO \$50,000 MAXIMUM BENEFIT PAID AS SPECIFIED BELOW (FOR EACH INJURY OR SICKNESS)
OUT-OF-NETWORK DEDUCTIBLE \$200 (FOR EACH INJURY OR SICKNESS) (PER INSURED PERSON)
(THE DEDUCTIBLE WILL BE WAIVED WHEN TREATMENT IS RENDERED AT THE STUDENT HEALTH CENTER.)

If care is received from a Preferred Provider any Covered Medical Expenses 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. The Policy provides benefits for the Covered Medical Expenses incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$50,000 for each Injury or Sickness. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

INPATIENT	PREFERRED PROVIDER	OUT-OF-NETWORK
Hospital Expense , daily semi-private room rate; and general care provided by the Hospital. Hospital Miscellaneous Expenses such as the cost of the operating room, laboratory tests, x-ray exams, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	.80% of Preferred Allowance	.65% of Allowable Charges
Intensive Care	.Paid under Hospital Expense	.Paid under Hospital Expense
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth.	.Paid as any other Sickness / 4 days Hospital Confinement expense maximum	.Paid as any other Sickness / 4 days Hospital Confinement expense maximum
Physiotherapy	.80% of Preferred Allowance	.65% of Allowable Charges
Surgeon's Fees , in accordance with data provided by Ingenix. 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 25% of all subsequent procedures.	.80% of Preferred Allowance/\$5,000 maximum	.65% of Allowable Charges/\$5,000 maximum
Anesthetist , professional services in connection with inpatient surgery.	.80% of Preferred Allowance	.65% of Allowable Charges
Registered Nurse's Services , private duty nursing care.	.80% of Preferred Allowance	.65% of Allowable Charges
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	.80% of Preferred Allowance	.65% of Allowable Charges
Pre-Admission Testing , payable within 3 working days of admission.	.80% of Preferred Allowance	.65% of Allowable Charges
Psychotherapy , benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	.Paid as any other Sickness/	.Paid as any other Sickness/
Severe Mental Illness	.See Benefits for Severe Mental Illness & Serious Emotional Disturbances	.See Benefits for Mental Illness & Serious Emotional Disturbances
OUTPATIENT		
Surgeon's Fees , in accordance with data provided by Ingenix. 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 25% of all subsequent procedures.	.80% of Preferred Allowances/ \$5,000 maximum	.65% of Allowable Charges/ \$5,000 maximum
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	.80% of Preferred Allowance	.65% of Allowable Charges
Anesthetist , professional services administered in connection with outpatient surgery.	.80% of Preferred Allowance	.65% of Allowable Charges
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	.80% of Preferred Allowance	.65% of Allowable Charges
Physiotherapy , benefits are limited to one visit per day. Outpatient Physiotherapy benefits are payable only 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.	.80% of Preferred Allowance	.65% of Allowable Charges
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	.80% of Preferred Allowance/\$400 maximum	.65% of Allowable Charges/\$400 maximum
X-Ray & Laboratory	.80% of Preferred Allowance/\$950 maximum	.65% of Allowable Charges/\$950 maximum
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	.80% of Preferred Allowance	.65% of Allowable Charges
Injections	.No Benefits	.No Benefits
Radiation Therapy & Chemotherapy	.80% of Preferred Allowance	.65% of Allowable Charges
Prescription Drugs , prescriptions must be filled at a CAREMARK® pharmacy. Limited to a 30 day supply.	\$.10 copay for generic drugs/\$25 copay for preferred drugs/ \$40 copay for non-preferred drugs/ \$500 maximum (Per Policy Year)	.No Benefits
Psychotherapy , including all related or ancillary charges incurred as a result of a Mental and Nervous Disorder. Benefits are limited to one visit per day.	.80% of Preferred Allowance \$100 per day/10 days maximum	.65% of Allowable Charges/ \$100 per day/10 days maximum
Severe Mental Illness	.See Severe Mental Illness & Serious Mental Disturbances	.See Severe Mental Illness & Serious Mental Disturbances
OTHER		
Ambulance Services	.80% of Usual & Customary Charges	.80% of Usual & Customary Charges
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	.80% of Usual & Customary Charges	.80% of Usual & Customary Charges
Consultant Physician Fees , when requested and approved by the attending Physician.	.80% of Preferred Allowance	.65% of Allowable Charges
Dental Treatment , made necessary by Injury to Natural Teeth only.	.80% of Usual & Customary Charges	.80% of Usual & Customary Charges
Alcoholism/Drug Abuse	.80% of Preferred Allowance/\$500 maximum	.65% of Allowable Charges/\$500 maximum
Maternity/Complications of Pregnancy	.Paid as any other Sickness	.Paid as any other Sickness

MYNURSELINE

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-800-883-2951. MyNurseLine is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy.

MANDATED BENEFITS

BENEFITS FOR SEVERE MENTAL ILLNESSES AND SERIOUS EMOTIONAL DISTURBANCES

Benefits will be paid the same as any other Sickness for the diagnosis and Medically Necessary treatment of Severe Mental Illnesses of an Insured of any age and of Serious Emotional Disturbances of an Insured child as specified below:

- (1) Outpatient services.
- (2) Inpatient hospitalization services.
- (3) Partial hospitalization services.
- (4) Prescription Drugs, if the policy includes coverage for Prescription Drugs.

"Severe Mental Illness" includes:

- (1) Schizophrenia.
- (2) Schizoaffective disorder.
- (3) Bipolar disorder (manic-depressive disorder)
- (4) Major depressive disorders.
- (5) Panic disorder.
- (6) Obsessive-Compulsive disorder.
- (7) Pervasive developmental disorder of Autism.
- (8) Anorexia nervosa.
- (9) Bulimia nervosa.

"Serious emotional disturbance of a child" means a child under the age of 18 years who has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population must meet one or more of the following criteria:

- (A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur: (i) the child is at risk of removal from home or has already been removed from the home. (ii) The mental disorder and impairments have been present for more than 6 months or are likely to continue for more than one year without treatment.
- (B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
- (C) The child meets special education eligibility requirements under Chapter 26.5 of division 7 of Title 1 of the Government Code.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

ADDITIONAL BENEFITS

Benefits are provided as mandated by California Department of Insurance such as Benefits for Diabetes, Telemedicine, AIDS Vaccine, Phenylketonuria (PKU), Osteoporosis, Cancer Clinical Trials and Breast Cancer Screening and Treatment. A detail of these benefits may be found in the Master Policy on file at the University.

ASSIST AMERICA®

GLOBAL EMERGENCY MEDICAL ASSISTANCE

If you are a student insured with this insurance plan, you and your insured spouse and minor child(ren) are eligible for Assist America services. The requirements to receive these services are as follows:

International Students, insured spouse and insured minor child(ren): You are eligible to receive Assist America services worldwide, except in your home country.

Domestic Students, insured spouse and insured minor child(ren): You are eligible for Assist America services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

Assist America services include Emergency Medical Evacuation and Return of Mortal Remains that meet the United States 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 emergency 911 telephone assistance. All Assist America services must be arranged and provided by Assist America, any services not arranged by Assist America will not be considered for payment.

Key Services include:

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

Please visit your association's insurance coverage page at www.studentresources.com for the Assist America Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

- (877) 488-9833** Toll-free within the United States
(609) 452-8570 Collect outside the United States

Services are also accessible via e-mail at medservices@assistamerica.com.

When calling Assist America's Operations Center, please be prepared to provide:

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient;
2. Patient's name, age, sex, and Reference Number;
3. Description of the patient's condition;
4. Name, location, and telephone number of hospital, if applicable;
5. Name and telephone number of the attending physician; OR
6. Information of where the physician can be immediately reached.

Assist America is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by Assist America. Claims for reimbursement of services not provided by Assist America will not be accepted. Please refer to your Assist America brochure for Program Guidelines as well as limitations and exclusions pertaining to the Assist America program

PRE-ADMISSION NOTIFICATION

Avidyn should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:** The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
2. **NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

Avidyn is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m., C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

EXCLUSION 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; allergy, including allergy testing;
2. Addiction, such as nicotine addiction;
3. Assistant Surgeon Fees;
4. Learning disabilities;
5. Biofeedback;
6. Circumcision;
7. Injections;
8. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
9. 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;
10. Dental treatment, except for accidental Injury to Natural Teeth;
11. Elective Surgery or Elective Treatment;
12. Elective abortion;
13. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses; except when due to a disease process;
14. Foot care including care of corns, bunions (except capsular or bone surgery), calluses;
15. 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;
16. Hirsutism; alopecia;
17. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
18. Injury caused by, contributed to, or resulting from the use of alcohol, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
19. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
20. Injury sustained while (a) participating in any interscholastic, club, 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;