The University of Houston-Downtown Student Health Insurance Plan ("the Plan")

Any provision of the Policy or brochure which is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of the state statutes.

This is only a brief description of the coverage available under policy series S30749NUFIC-PPO-TX. The Policy contains definitions, reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy on file with the Policyholder. If there is any conflict between the content of this document and the Policy, the Policy shall govern in all cases. Please keep this information as a reference. Travel Assistance services provided by Travel Guard Group, Inc, ("Travel Guard"). Insurance and services provided by member companies of American International Group, Inc. Coverage may not be available in all jurisdictions and is subject to actual policy language. For additional information please visit our website at www.studentinsurance.com

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

LOCATION
One Main Street - Fourth Floor, Room 445S
Houston, Texas 77002
(713) 221-8137 / EMERGENCY: (713) 221-8065

ELIGIBILITY: All currently enrolled students of the University of Houston-Downtown (UHD) are eligible for all services of the Student Health Center. A current, validated student I.D. must be presented at check-in.

HOURS OF SERVICE: Hours are as posted. Clinic visits are available by appointment.

STAFF: The Student Health Center is staffed by registered or licensed nurses and auxiliary personnel. A licensed clinician is on duty during appointment hours.

SERVICES:
• Primary Care Medical Clinic;
• Clinician Consultations (appointment required);
• Diagnosis and treatment of minor Sickness and minor injuries;
• Laboratory tests;
• Referral services when a specialist is required for diagnosis and treatment;
• Health care information;
• Gynecology—Well women exams (pelvic exam, pap smear, breast exam), diagnosis and treatment of infections, birth control, family planning and pregnancy referrals;
• Other – Preventative medical services, general physicals, well man exams, STD testing, diagnosis and treatment of minor injuries and laboratory testing.

MEDICAL RECORDS: All medical records are confidential and will not be released to anyone without written consent from the patient or signed court order.

MEDICAL EXCUSES: Students should make Student Health Center visits during their free time. The Student Health Center does not issue excuses from classes or place of employment.

COST OF SERVICES: This Student Health Insurance Plan is endorsed by the University of Houston-Downtown. Most services provided by the Student Health Center are billed directly to the insurance company for students who are enrolled in the Plan. The Student Health Center does not provide ambulance service or dental service. For medical services unavailable at the Student Health Center, a referral will be provided upon request. The scope of services provided is subject to change without notice.

The University of Houston-Downtown seeks to provide equal educational opportunities without regard to race, color, religion, national origin, sex, age, handicap or veteran status.

ELIGIBILITY & ENROLLMENT

Domestic students attending University of Houston-Downtown (UHD) who are enrolled for 6 or more credit hours (3 for summer session) are eligible to enroll for coverage under the Plan and may enroll online at www.studentinsurance.com/Schools/TX/UHD prior to the following enrollment deadlines: Annual/Fall – 9/24/15, Spring/Summer – 2/19/16, Summer Only – 7/6/16. Enrollment deadlines are also posted online at: www.studentinsurance.com/Schools/TX/UHD

Non-Immigrant International Students who are enrolled in any amount of credit hours will be automatically enrolled in and billed each semester for coverage under the Plan unless a request for a waiver of coverage has been submitted and approved by the waiver deadline each semester. Additional waiver procedures and deadline information are available at the Office of Admissions International Student Office www.uhd.edu/admissions/international A waiver may be obtained at the office of Admissions International Students Office with proof of alternate acceptable insurance. Waiver deadlines: Fall-9/9/15, Spring/Summer – 2/5/16, Summer Only – 6/9/16.

An eligible student must actively attend classes at the University for at least the first 30 days of the period for which he or she is enrolled. Except in the case of withdrawal from school due to Sickness or Injury, any student withdrawing from school during the first 30 days of the period for which he or she is enrolled will not be covered under the Plan and a full refund of premium will be made less any claims paid. Students who withdraw after such 30 days will remain covered under the Plan and no refund will be made. Eligibility requirements must be met each time premium is paid to continue coverage. The Company maintains the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If it is discovered that the Policy eligibility requirements have not been met, the Company's only obligation is to refund premium less any claims paid. Also refer to “Semester Stop Out” on page 12.
COST BY COVERAGE PERIOD

<table>
<thead>
<tr>
<th>TYPE OF COVERAGE</th>
<th>ANNUAL *8/24/2015-8/23/16</th>
<th>FALL *8/24/15-1/18/16</th>
<th>SPRING/SUMMER 1/19/16 -8/23/16</th>
<th>SUMMER ONLY (newly insured students in the Summer semester only) 6/6/16 – 8/23/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHD Student Health Insurance Plan</td>
<td>$1577</td>
<td>$788</td>
<td>$789</td>
<td>$394</td>
</tr>
<tr>
<td>Medical Evacuation/ Repatriation of Remains (additional premium)</td>
<td>$10</td>
<td>$5</td>
<td>$5</td>
<td>$2</td>
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</tbody>
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*8/25/15 for students maintaining continuous coverage. Cost includes an administrative fee for Fall and Spring/Summer semesters to be retained by the University.

Optional Dental Treatment Expense (additional premium required)

Premium per Policy Year or any part thereof, no pro-ration $529

WHEN IS MY COVERAGE IN EFFECT?

The Plan covers all participating students 24 hours a day anywhere in the world, at school, at home or while traveling including all vacation periods, subject to exclusions and limitations contained in the Policy.

The Policy becomes effective at 12:01 a.m. on August 24, 2015*. The coverage of an eligible student who enrolls for coverage under the Plan shall take effect at 12:01 a.m. on the latest of the following dates: (1) the Policy Effective Date; (2) the day after the date for which the first premium for the Covered Student’s coverage is received by the Company; (3) the date the Policyholder’s term of coverage begins; or (4) the date the Student becomes a member of an eligible class of persons as described in the Description of Class section of the Schedule of Benefits in the Policy on file with the Policyholder.

However, if enrollment for coverage under the Plan is made more than 31 days following the date the eligible student becomes eligible, then his or her insurance will become effective only if and when the Company gives its written consent.

Coverage for an International Student will begin at 12:01 a.m. on the date the Covered Person departs his or her home country, or country of regular domicile, if:

(a) the Covered Person is traveling directly to the Policyholder-sponsored program; and
(b) such travel commences within 72 hours of the effective date of coverage for the then current term for which premium has been paid; and
(c) travel is directly from the country of regular domicile to the campus; and
(d) such travel is not longer than 48 hours in length.

For the specific coverage period dates please refer to the "Cost by Coverage Period" chart above.*August 25, 2015 for students maintaining continuous coverage.

WHAT IS MY EXPIRATION DATE?

INDIVIDUAL TERMINATION

The Policy terminates at 11:59 p.m. on August 23, 2016.

Insurance for a Covered Student will end at 11:59 p.m. on the first of these to occur:

(a) the date the Policy terminates;
(b) the last day for which any required premium has been paid, subject to the grace period; or
(c) the date on which the Covered Student withdraws from the school because of: (1) entering the armed forces of any country (premiums will be refunded on a pro-rata basis (less any claims paid) when written request is made within 90 days of leaving school); or (2) withdrawal from school during the first 30 days of the period for which enrollment was made.

If withdrawal from the University is for other than (1) or (2) above, no premium refund will be made. Students, including those who withdraw from the University during the first 30 days due to Injury or Sickness, will be covered for the Policy term for which they are enrolled and for which premium has been paid.

Benefits are payable only for those Eligible Expenses incurred while the Policy is in effect for the Covered Student. Expenses incurred after the Covered Student’s termination of insurance are not covered except as specifically provided in the Policy.
PRIVATE HEALTHCARE SYSTEMS (PHCS) In order to maximize the benefits offered under the Plan, the Covered Person should seek treatment from the PHCS Preferred Provider Network (PPO). PHCS consists of Hospitals, Doctors, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates will vary according to the source of care as described under the “Description of Insurance Benefits” section. A listing of participants is available:
1. By calling (888) 560-7427; or
2. through the University of Houston-Downtown’s personalized webpage accessible from www.studentinsurance.com/Schools/TX/UHD

DESCRIPTION OF INSURANCE BENEFITS

I. SPECIAL HEALTH CENTER BENEFITS
In the event of a covered Accident or Sickness, the Plan will pay 100% of the Eligible Expenses incurred (subject to any applicable co-payment amount) for services provided at the UHD Health Center as follows:

<table>
<thead>
<tr>
<th>Covered Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lab fees,</td>
</tr>
<tr>
<td>2. Doctor’s fees,</td>
</tr>
<tr>
<td>3. Preventive Services as provided by the Patient Protection and Affordable Care Act.</td>
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</tbody>
</table>

All Policy “Exclusions” listed in this brochure apply to these UHD Health Center Benefits.

PLEASE NOTE: The above Special Health Center Benefits are being offered to encourage students to utilize the UHD Health Center. If the UHD Health Center is closed or not available, a Student should not expect these added benefits to apply for treatment received elsewhere.

The UHD Health Center is not a 24-hour facility. Therefore, it is important to understand the difference between an Urgent Care Center and a Hospital Emergency Room. If it is after hours or the UHD Health Center is closed, and you need immediate attention, visit one of the following Urgent Care Centers:
- Take Care Health Texas +
- Concentra Urgent Care

Should your situation become an Emergency Medical Condition, the following Hospitals are in your preferred provider network:
- St. Luke’s Hospital
- Woman’s Hospital
- Methodist Hospital
- Christus St. John’s Hospital
- Citizen’s Medical Center
- DeTar Medical Center

II. AGGREGATE MAXIMUM BENEFIT PER POLICY YEAR - UNLIMITED
When, by reason of Injury or Sickness, a Covered Person incurs Eligible Expenses covered by the Plan, the Company will pay 80% of Allowable Charges (“AC”) In Network or 60% of Reasonable and Customary Charges (“R&C”) Out of Network (unless otherwise stated on the following pages) for the Eligible Expense incurred in excess of the Deductible Amount. The first such Eligible Expense must be incurred within 30 days after the date of the Accident causing the Injury or first medical treatment for the Sickness.

Deductible Amount:
- **Outpatient per Policy Year:**
  - In Network: $250
  - Out of Network: $250
- **Inpatient per confinement:**
  - In Network: $150
  - Out of Network: $250

Deductibles do not apply to Eligible Expenses incurred at the UHD Health Center.
Out of Pocket Limit per Covered Person:

- In Network: $6,350
- Out of Network: $6,350

This is a benefit that will apply in a Policy Year to a Covered Person who in that year reaches the Out of Pocket Limit. The Out-of-Pocket Limit is reached when the amount of Eligible Expenses incurred by the Covered Person during the Policy Year for which the Covered Person is responsible due to covered percentages being less than 100% reach the Out-of-Pocket Limit. The Out-of-Pocket Limit includes deductibles, copays, and coinsurance. The Out-of-Pocket Limit does not include charges in excess of Reasonable and Customary; charges in excess of any specified maximum or charges incurred for any services not covered under the Policy. When this benefit becomes applicable to a Covered Person during a Policy Year, covered percentages are increased to 100% for all Eligible Expenses incurred by the Covered Person in the remainder of that Policy Year up to any benefit maximum that may apply.

ELIGIBLE EXPENSES Include:

A. IN-HOSPITAL EXPENSES
- In Network: 80% of AC
- Out of Network: 60% of R&C

Benefits include:
1. Daily Room and Board, limited to semi-private rate;
2. Hospital Miscellaneous expenses incurred for anesthesia and operating room; laboratory tests and X-rays; oxygen tent; drugs, medicines (excluding take-home drugs), dressings; and other Medically Necessary and prescribed Hospital expenses;
3. Pre-admission testing (Hospital confinement must occur within 7 days of the testing);
4. Private Duty Nursing rendered by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) provided such care is: (a) rendered during Hospital confinement; (b) Medically Necessary;
5. Physiotherapy during Hospital confinement; and
6. In-Hospital Doctor’s visits (other than the Doctor who performed surgery or administered anesthesia).

B. OUTPATIENT EXPENSES
- In Network: 80% of AC
- Out of Network: 80% of R&C

Benefits include:
1. Outpatient services (not otherwise covered under the Preventive Services Benefit) including, but not limited to: diagnostic x-ray and laboratory services; CAT Scan/MRI/PET Scan; radiation therapy and chemotherapy; allergy testing; durable medical equipment and orthopedic braces and appliances; prosthetic appliances and devices; diagnostic services and medical procedures performed by a Doctor (other than Doctor’s visits, physiotherapy, x-rays and laboratory procedures);
2. Day Surgery Facility/Miscellaneous: when scheduled or non-scheduled surgery is performed in a Hospital or outpatient facility, including: use of the operating room; laboratory tests and x-ray examinations (including professional fees); anesthesia; infusion therapy; drugs or medicines and supplies; therapeutic services (excluding physiotherapy or take home drugs and medicines);
3. Out of Hospital Doctor’s visits (benefits do not apply when related to surgery or physiotherapy). Includes injections when administered in the Doctor’s office;
4. Consultant fees (services must be requested and ordered by the attending Doctor);
5. Dental Treatment Expense for treatment of Injury to sound natural teeth, up to a $250 maximum amount per Policy Year. This benefit is separate from the Optional Dental Treatment Expense (See page 13); and
6. Ambulance for ground transportation to or from a Hospital.

C. HOSPITAL EMERGENCY ROOM AND NON-SCHEDULED SURGERY — (Subject to a $100 Copayment per visit (in addition to the outpatient deductible).)
- In Network: 80% of AC
- Out of Network: 80% of R&C

Eligible Expenses incurred in a Hospital emergency room for an Emergency Medical Condition only. See page 4 for information regarding Urgent Care Center vs. Hospital Emergency Room visits.
D. PRESCRIPTION

Each prescription or refill (limited to a 30-day supply) is subject to: $50 co-payment or 50% covered percentage, whichever is higher, for formulary brand name, and $20 co-payment for generic and $100 co-payment for specialty brand name drugs. All prescription drugs must be prescribed by the attending Doctor.

Prescriptions are provided through a prescription card program administered by Catamaran. Prescription benefits are based on a “Mandatory Generic Catamaran Formulary”, which means that Catamaran participating pharmacies will fill generic prescriptions on all covered formulary medications if there is a generic drug on the market. If a generic is not available, the brand-name co-payment will apply. If the Covered Person or the Covered Person’s Doctor chooses a brand-name drug, the Covered Person will pay the difference between the brand-name and the generic, plus the brand-name co-pay. If the generic drug is dispensed, the Covered Person will only pay the generic co-pay.

The Covered Person may purchase prescription drugs from a Catamaran Participating Pharmacy. The latest listing of pharmacies is available online at www.studentinsurance.com/Schools/TX/UHD. Present your insurance ID card when filling your prescriptions.

E. SURGICAL EXPENSE – Inpatient or Outpatient

- In Network: 80% of AC
- Out of Network: 80% of R&C

Benefits include:
1. Surgical Expense*; and
2. Services of an anesthetist

*Assistant Surgeon – limited to 20% of amount payable for surgery.

When Injury or Sickness requires two or more surgical procedures which are performed through the same incision, and at the same operative session, the Company will pay the covered percentage of the primary procedure performed. Any other procedures performed during the same operative session will be reduced to a percentage not to exceed 50% of the amount payable for each procedure, nor will the Company pay, in the aggregate, more than 50% of the amount payable for the primary procedure for all other surgical procedures performed during the same operative session.

F. MATERNITY EXPENSE

Benefits for pregnancy expenses are payable for the Covered Student on the same basis as Sickness. In-patient care for a Covered Student and newborn include 48 hours after an uncomplicated non-cesarean delivery or 96 hours after an uncomplicated caesarean section. Newborn children are covered for Injury or Sickness from birth until 31 days old. This benefit ONLY applies if the mother is a Covered Student on the Plan. All other Policy provisions and limitations apply. Voluntary or elective abortions are not covered.

G. PSYCHIATRIC CONDITIONS EXPENSE/ ALCOHOLISM AND SUBSTANCE ABUSE EXPENSE

Benefits will be paid the same as any other Sickness.

H. OUTPATIENT REHABILITATIVE CARE (PHYSIOTHERAPY/OCCUPATIONAL THERAPY/CHIROPRACTIC/CARDIAC/PULMONARY)

- In Network: 80% of AC
- Out of Network: 60% of R&C

I. PREVENTIVE SERVICES BENEFIT: (As mandated by the Patient Protection and Affordable Care Act) 100% of Eligible Expenses, not subject to deductibles, copays or coinsurance when services are rendered at UHD Health Center or In Network. Services rendered by an Out of Network provider will be payable the same as any other Sickness, subject to applicable deductible, co-pay amounts and coinsurance.

J. PEDIATRIC DENTAL TREATMENT EXPENSE (For Covered Persons under age 19 only), subject to an additional deductible of $250 per Policy Year

- In Network: 50% of AC
- Out of Network: 50% of R&C

Benefits include:
- Oral Examination (Preventive)
- X-Ray and Pathology
- Prophylaxis and Fluoride Applications (Preventive)
- Amalgam Restorations – Primary Teeth
- Amalgam Restorations – Permanent Teeth
• Synthetic Restorations
• Oral Surgery (Includes local anesthesia and routine post-operative care) Extractions
• Orthodontia Services

K. PEDIATRIC VISION CARE EXPENSE (For Covered Persons under age 19 only)
  o In Network: 60% of AC
  o Out of Network: 60% of R&C

**Maximum Amount:**

**Standard Plastic Lenses:**
- Single Vision $50
- Bifocal $50
- Trifocal $50
- Lenticular $50
- Progressive $50
- Frames $100

Contact Lenses (in lieu of eyeglass lenses and frames) Fit, Follow-up & Materials:
- Effective $75
- Medically Necessary $75

L. HOSPICE CARE EXPENSE
  • In Network: 80%
  • Out of Network: 60%

M. HOME HEALTH CARE EXPENSE (maximum of 60 days)
  • In Network: 80%
  • Out of Network: 60%

N. SKILLED NURSING FACILITY (maximum of 25 days)
  • In Network: 80%
  • Out of Network: 60%

III. ACCIDENTAL DEATH AND DISMEMBERMENT
The Company will pay the benefit below for Injuries to a Covered Student: (a) caused by an Accident which happens while covered under the Plan; and (b) which directly, and from no other cause, result in any of the losses listed below within 100 days of the Accident that caused the Injury.

**Loss of:**
- Life................................. $10,000
- Two or More Members............. $10,000
- One Member....................... $5,000
- Thumb & Index Finger............. $2,500

Member means hand, foot, or eye. “Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means the total, irrevocable loss of the entire sight in that eye. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. “Severance” means the complete separation and dismemberment of the part from the body. If a Covered Student suffers more than one loss as a result of the same Accident, the Company will pay only for the loss with the largest benefit.

IV. REPATRIATION OF REMAINS AND MEDICAL EVACUATION
(Additional Premium Required – Refer to rates on page 3)

**COMBINED MAXIMUM LIMIT OF $1,000,000**

**MANDATORY** for all Non-immigrant International Students.

**OPTIONAL** for all other Students including Domestic Students studying abroad at a branch of the University of Houston-Downtown or enrolled in an exchange program.

**REPATRIATION OF REMAINS**
In the event an Injury or Emergency Sickness causes your death while you are outside your home country, the Plan will reimburse Eligible Expenses reasonably incurred for preparation and transportation of the body remains. Travel Guard must make all arrangements and must authorize all expenses in advance for this benefit to be payable. Please see page 14-15 for a description of the Travel Guard services and for procedures on how to contact Travel Guard.
MEDICAL EVACUATION

• The Plan will pay for Evacuation to the nearest adequate medical facility following a covered Injury or Emergency Sickness if you are outside your home country and a Doctor determines that adequate medical treatment is not locally available.

• 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.

• Travel Guard must make all arrangements and must authorize all expenses in advance for this benefit to be payable. Please see page 14-15 for a description of the Travel Guard services and for procedures on how to contact Travel Guard.

MANDATED BENEFITS

Texas mandates coverage for the following benefits to be paid the same as any other Sickness: annual mammograms age 35 and older; cervical cytological screening; formula necessary for the treatment of phenylketonuria or other heritable diseases to the same extent as for prescription drugs; Hospital confinement of 48 hours following a mastectomy and 24 hours following a lymph node dissection for treatment of breast cancer; diagnostic or surgical treatment of skeletal joints, including the temporomandibular joint, jaw, or the craniomandibular joint resulting from Injury, trauma, congenital defect, developmental defect or pathology; bone mass measurement for the detection of low bone mass in an osteoporosis qualified individual; diabetes equipment, supplies and self-management training; annual prostate cancer screening; Hospital confinement for the covered mother and her newborn child for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarean section; services and supplies provided through telemedicine and telehealth services; reconstruction of a breast incident to mastectomy to restore or achieve breast symmetry; colorectal cancer screening examinations; off-label drugs prescribed to treat chronic, disabling or life-threatening illnesses to the same extent as for prescription drugs; cardiovascular disease screening; clinical trials; prosthetic and orthotic devices; amino acid-based elemental formula expenses and therapies and services as a result of and related to an acquired brain Injury. The following are mandated offers not accepted by the Policyholder: Treatment of loss or impairment of speech or hearing; outpatient expense for in vitro fertilization procedures; and treatment of mental or nervous disorders in a Hospital, Psychiatric Day Treatment Facility, or a Crisis Stabilization Unit, the same as any other Sickness. Please see the complete Policy on file with the Policyholder for full details.

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).

Allowable Charges (“AC”) means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

Covered Person means a Covered Student insured under the Plan.

Covered Student means a student of the Policyholder who is insured under the Plan.

Doctor means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification.

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; treatment for weight reduction; learning disabilities; botox injections; treatment of infertility and routine physical examinations.

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: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) with respect to the Preferred Provider, is the Allowable Charge; (d) is the negotiated rate, if any; and (e) 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 Sickness or Injury for which health care services are provided in a Hospital emergency facility, freestanding emergency medical facility, or comparable emergency facility to evaluate and stabilize a medical condition of a recent onset and severity, including severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the person's condition, Sickness or Injury, is of such nature that failure to get immediate medical care could result in: (a) placing the Covered Person's health in serious jeopardy; (b) serious impairment of bodily functions; (c) serious dysfunction of a bodily organ or part; (d) serious disfigurement; or (e) in the case of a pregnant woman, serious jeopardy to the health of the fetus.

"Freestanding emergency facility" means a facility, structurally separate and distinct from a Hospital that receives an individual and provides emergency care and is licensed by the state of Texas under Chapter 254 of the Health and Safety Code.

Emergency Services means, with respect to an Emergency Medical Condition:(a) a medical screening examination (as required under section 1867 of the Social Security Act, 42 U.S.C. 1395dd) that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate such Emergency Medical Condition; and (b) such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the Hospital, as are required under section 1867 of the Social Security Act (42 U.S.C. 1395dd(e)(3)).

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

Essential Health Benefits has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services, preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

Hospital means a facility which meets all of these tests: (a) it provides in-patient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and (f) it is licensed or owned by the state of Texas when the Hospital is located in Texas; otherwise it is accredited.

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or (d) as an institution mainly rendering treatment or services for: mental or nervous disorders; or substance abuse. The term "Hospital" includes: (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative institutions if such is specifically for treatment of physical disability. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

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 that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the Covered Person or provider; or (b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or (d) it is experimental/investigational or for research purposes; or (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.
The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

**Preventive Services** mandated by the Patient Protection and Affordable Care Act and, in addition to any other preventive benefits described in the Policy or Certificate, means the following services and without the imposition of any cost-sharing requirements, such as deductibles, copayment amounts or coinsurance amounts to any Covered Person receiving any of the following: 1) Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force, except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009; 2) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved; 3) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and 4) With respect to women, such additional preventive care and screenings, not described in paragraph 1 above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

The Company shall update new recommendations to the preventive benefits listed above at the schedule established by the Secretary of Health and Human Services.

**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.

“Geographic area” means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

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

**Totally Disabled and Total Disability** means Injury or Sickness which wholly and continuously keeps the Covered Person, (a) with respect to a Covered Student: from attending classes at the location where he or she is enrolled or if such classes are not in session, from doing the substantial and material activities that are normal for a person in good health of the same age and sex.

**EXCLUSIONS**

The Policy does not cover nor provide benefits for loss or expenses incurred:

1. as a result of dental treatment, except as specifically provided in the Policy.
2. for eye examinations, eyeglasses, contact lenses, replacement of eyeglasses or prescription for such except as specifically provided; radial keratotomy or laser surgery; or hearing aids; except as specifically provided in the Policy.
3. 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 commercial scheduled airline.
4. for Injury or Sickness resulting from war or act of war, declared or undeclared.
5. as a result of an Injury or Sickness for which the Covered Person is entitled to benefits under any Workers’ Compensation or Occupational Disease Law.
6. 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.
7. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. for cosmetic surgery. “Cosmetic surgery” shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part. It also shall not include breast reconstructive surgery after a mastectomy.
9. for preventive treatment, testing, immunizations, injections, medicines, serums, vaccines, vitamins or anti-toxins except as specifically provided in the Policy. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.

10. as a result of committing or attempting to commit an assault or felony or participation in a riot or civil commotion.

11. for Elective Treatment or elective surgery or complications arising therefrom.

12. after the date insurance terminates for a Covered Person except as may be specifically provided in the extension of benefits provision in the Policy.

13. for any services rendered by a Covered Person’s immediate family member, except this exclusion will not apply to the Covered Person's choice of a Doctor if the Doctor is licensed to practice medicine by the Texas State Board of Medical Examiners.

14. for any treatment, service or supply which is not Medically Necessary.

15. as a result of suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury. This exclusion does not apply to repatriation of remains coverage or emergency evacuation coverage.

16. for Injury caused by, contributed to or resulting from the Covered Person’s use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage of or for the purpose as prescribed by the Covered Person's Doctor.

17. for surgery and/or treatment of acupuncture; biofeedback-type services; breast reduction unless Medically Necessary following a mastectomy; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis or unless due to Injury occurring while coverage is in force; family planning except as specifically provided; infertility(male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; impotence, organic or otherwise; learning disabilities; premarital examinations; vasectomy; hyperhidrosis; and weight reduction. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.

18. for routine medical care, physical examinations, health examinations or preschool physical examinations. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.

19. for Injury resulting from travel in or upon a snowmobile, ATV (all terrain or similar type two or three-wheeled vehicle and/or off-road four wheeled motorized vehicles).

20. for voluntary or elective abortions except as specifically provided.

21. for Injury resulting from: the practicing for, participating in intercollegiate, professional and semi-professional sports.

22. for treatment in the Hospital emergency room which is not due to an Emergency Medical Condition.

23. for Injury resulting from fighting, except in self-defense.

24. for treatment of obesity, except resulting from diabetes, regardless of the history or diagnosis, 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.

25. for breast reconstruction and implantation or removal of breast prostheses unless such care and services are performed solely and directly as a result of a Medically Necessary mastectomy.

26. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.

27. for botox injections.

28. for electro-medicine, including nerve stimulation.

29. for treatment, service or supply for which a charge would not have been made in the absence of insurance.
LIMITATIONS AND REDUCTIONS

1. **Coordination of Benefits**—The Policy will coordinate benefits with any valid collectible insurance or plan as outlined in the Policy, which is available at the UHD Health Center.

2. **Right of Subrogation**—If claims are incurred as a result of another person’s negligence, the Company has the right to seek reimbursement in accordance with the Policy.

EXTENSION OF BENEFITS

If a Covered Person is confined to a Hospital on the date his or her coverage terminates, benefits will be payable for the Eligible Expenses incurred during the continuation of that Hospital confinement. Such benefits will be payable until the earliest of: (1) the date the Hospital confinement ends; (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.

If a Covered Person is Totally Disabled as a result of Sickness or Injury on the date the Policy terminates, Eligible Expenses shall include charges incurred for the treatment of that Sickness or Injury, but only until the earliest of: (1) the end of the Sickness or Injury that caused the Total Disability; (2) the end of a 90 day period following the date the Policy terminates; or (3) the date the applicable Maximum Amount is reached.

The Extension of Benefits will apply only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

CERTIFICATE OF CREDITABLE COVERAGE

The Company will issue certificates of creditable coverage for each Covered Person whose coverage under the Policy is terminated. In addition, certificates shall be issued when requested by a Covered Person, so long as such request is made within 24 months after cessation of coverage under the Policy. Such issuance will occur within a reasonable time. A Certificate of Creditable Coverage may be requested from AIG, Higher Education on-line at [www.studentinsurance.com/Schools/TX/UHD](http://www.studentinsurance.com/Schools/TX/UHD).

“SEMESTER STOP OUT”

If a Covered Student wishes to extend coverage under the Plan, he or she may do so by exercising a “Semester Stop Out”. A “Semester Stop Out” is an option available only once to a Covered Student who decides to not attend school for a semester.

A Covered Student may apply for a “Semester Stop Out” by completing a “Semester Stop Out” form online at [www.studentinsurance.com/Schools/TX/UHD](http://www.studentinsurance.com/Schools/TX/UHD) prior to the Effective Date for the semester he or she will not be attending the University. AIG, Higher Education will submit the completed “Semester Stop Out” form to the UHD Student Health Center for confirmation the student is eligible for the “Semester Stop Out”. Once confirmed, the student will receive an email advising that he or she is eligible to enroll in the Plan online at [www.studentinsurance.com/Schools/TX/UHD](http://www.studentinsurance.com/Schools/TX/UHD) The full premium must be received by AIG, Higher Education on or before the Effective Date for the semester the student will not be attending the University (See page 3). The student will not be eligible to utilize the UHD Health Center during his or her “Semester Stop Out” since he or she will not be a registered student.

NOTICE OF THE RIGHT OF CONTINUATION

If a Covered Student has lost eligibility under the Plan because he or she has graduated from the University, he or she has the right to exercise the option to continue coverage for up to 9 months beginning on the date coverage would otherwise terminate. When the Covered Student chooses to exercise this right, his or her written request, proof of graduation must be received by the Company within 60 days following the date coverage under the Policy terminates. The initial premium will be due no later than the 45th day after the Covered Student elects to continue coverage. In no event will the premium for the continued coverage be more than 2% higher than the premium charged prior to termination. In no event will this option to continue coverage be extended beyond the number of months initially requested. Continuation of coverage will be subject to the terms and conditions of the Policy in effect on the date the Covered Student becomes eligible under this option. Continuation of coverage under this option does not apply to Repatriation of Remains coverage or Emergency Evacuation coverage.
OPTIONAL DENTAL TREATMENT EXPENSE

The Optional Dental Treatment Expense benefit is available to Covered Persons at initial enrollment under the Plan each Policy Year. Covered Persons may enroll by completing the online enrollment and payment process at www.studentinsurance.com/Schools/TX/UHD

The following Optional Dental Treatment Expense provides limited dental benefits for both diagnostic/preventive and primary services to eligible students on an optional basis.

The Optional Dental Treatment Expense provides the benefits shown below subject to a Policy Year Maximum benefit of $1,000 per Covered Person.

Except as specifically provided, the Optional Dental Treatment Expense benefits are subject to all Plan provisions.

A. DIAGNOSTIC AND PREVENTIVE SERVICES – The Plan will pay 100% of Reasonable and Customary charges for the following services:

- Oral Exams
- Prophylaxis
- Space Maintainers
- X-Rays
- Emergency Treatment
- Biopsy of Oral Tissue
- Pulp Vital Tests

B. PRIMARY SERVICES – The Plan will pay 80% of Reasonable and Customary charges for the following services:

- Fillings
- Oral Surgery
- Anesthesia
- Endodontics
- Repair of Dentures
- Periodontics
- Re-cement Crowns, Inlays, and Bridges

DENTAL EXCLUSIONS

Orthodontic services for which treatment began prior to the effective date of the policy are excluded; and any gold foil restoration, gold fillings, inlays, crowns, bridges, cosmetic procedures and dentures are excluded. In addition, no benefits will be paid for expenses incurred for broken appointments or for care or treatment of a condition for which you are entitled to or eligible for benefits under any Worker’s Compensation Act or similar Act.

DENTAL LIMITATIONS

- Two (2) of each of the following per Policy Year: Oral Exams
- One (1) of each of the following per Policy Year: Bitewing X-rays, Topical Fluoride applications, Pulp Vitality test
- One (1) full mouth X-ray every 36 months

Benefits for fluoride applications and space maintainers are available only to Covered Persons under the age of 19. Optional Dental coverage is not available on the student fee bill. Enrollment forms must be completed on-line at www.studentinsurance.com/Schools/TX/UHD or completed and mailed directly to AIG, Higher Education Mail Center: P.O. Box 26050, Overland Park, KS 66225.

NOTE: Full details of this coverage is contained in the Policy on file with the Policyholder. Not all dental services are covered. The Company does not provide care or guarantee access to dental services.

OPTIONAL DENTAL TREATMENT EXPENSE RATES:

Policy Year (or any part thereof)          $529

CLAIM SUBMISSION INFORMATION

You must complete and submit a college claim form to assure proper processing.

In the event of Accident or Sickness:

1. If on campus, report immediately to the UHD Health Center so that proper treatment can be rendered or a referral issued.

   Eligible Expenses incurred at the UHD Health Center will be submitted to the Claims Office, AIG, Higher Education, by the UHD Health Center.

2. If treatment is received outside the UHD Health Center:

   Submit a college claim form on-line at www.studentinsurance.com/Schools/TX/UHD Mail all itemized medical and Hospital bills to: AIG, Higher Education at the address below. If you have no other insurance, please state this on the college claim form. One claim form per Injury (per school year) is required.

3. Claim Forms must be filed with the Company within 90 days after the date of Accident. You may file a claim online at www.studentinsurance.com/Schools/TX/UHD
ALL ITEMIZED MEDICAL AND HOSPITAL BILLS SHOULD BE MAILED TO:

AIG, HIGHER EDUCATION MAIL CENTER
PO Box 26050, Overland Park, KS 66225
Web address: www.studentinsurance.com/Schools/TX/UHD
Email: educationalmarkets@studentinsurance.com
Toll Free: 1-844-337-6873

Providers inquiring about claims/benefits:
Toll Free: 1-844-337-6873

If you are covered by more than one health benefit plan, you should file all your claims with each plan.

At AIG, we value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more information, please go to www.studentinsurance.com.

TRAVEL GUARD

DESCRIPTION OF TRAVEL ASSIST AND STUDENT ASSIST SERVICES

TRAVEL ASSIST SERVICES

Procedures on How to Access Travel Guard’s 24-Hour Assistance Call Center

How to Contact Travel Guard:

• Inside the US and Canada, dial 877-249-5362 toll-free.
• Outside the US and Canada:
  o Request an international operator.
  o Request the operator to place a collect call to the USA at 715-295-9625.
  o Our fax number is 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, on-site 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 who you are insured by.
• 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.
Travel Guard 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 Warnings

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
- Enroute Travel Assistance
- Embassy/Consulate Information

- Claims-related Assistance
- Telephone Interpretation
- Lost/Stolen Luggage & Personal Effects 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 post-case 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: provided if the additional premium was paid.
- Medical Evacuation
- Repatriation of Remains

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 log on to: http://aig.com/travelguardassistance. For initial setup, your login is “9148750” and the password is “security”.

For more details visit the AIG, Higher Education website at www.studentinsurance.com/Schools/TX/UHD You will be able to access the information under the University of Houston-Downtown’s personalized webpage.

Identity Theft Recovery Services

*ID theft services are not available for residents of New York State or outside the United States or Canada.*

From educating on the process to providing pertinent contact information for credit reporting agencies, trained representatives will be here to take calls 24 hours a day, 7 days a week. We can assist in ordering and reviewing credit bureau records; notifying financial institutions, credit card companies, etc. on victim’s behalf; interacting with law enforcement to pursue prosecution of criminals; reviewing account activity to identify suspicious activities; reviewing and resolving victim’s issues; creating and maintaining a case file to document identity fraud; and more.
AMERICAN HEALTH HOLDING, INC.
24-HOUR STUDENT EMERGENCY CARE HOTLINE

(American Health Holding, Inc. is not affiliated with National Union Fire Insurance Company of Pittsburgh, Pa.)

For confidential health care advice and information, 24 hours a day, 365 days a year, call toll-free 866-315-8756.

• Comprehensive Resources and Advice from Registered Nurses
• Direct access to an Extensive Health Information Library, covering issues ranging from women’s health to pediatrics. Detailed directories with topic codes and instructions for access to health-related topics.
• Choose to talk directly with a nurse. Discuss a current illness or health issue, or receive counseling on chronic conditions. Nurses can also educate callers about treatments, lifestyle choices and self-care strategies.
• Integrated phone access to specially trained personnel, trained to provide referral services for a number of health related concerns including mental health and/or substance concerns.

AMACORE VISION
A Product of The Amacore Group Inc.

(Amacore Vision is not affiliated with National Union Fire Insurance Company of Pittsburgh, Pa.) Amacore Vision is one of the nation’s leading vision care discount plans providing point-of-service savings at over thousands of eye care facilities nationwide including ophthalmologists (M.D.s), optometrists, opticians and optical outlets. This is not an insurance program—but a discount plan. You will simply present your membership card at the time of service to receive your savings.

How To Use Your Discount Card:
1. Locate a provider by visiting the AIG, Higher Education website at www.studentinsurance.com/Schools/TX/UHD to access the Amacore Participating Providers under the University of Houston-Downtown’s personalized webpage. Then call the toll-free number at 1-800-354-8336 and have our Patient Advocate call to confirm provider participation and program fee schedule. Please note: The free eye exam benefit is subject to participating providers.
2. Present your member ID card at the time of your visit to the provider.
3. You are responsible for the total bill, less the applicable savings, at the time service is rendered.

Access The University of Houston-Downtown’s personalized webpage at: www.studentinsurance.com/Schools/TX/UHD for the following information:

• Benefit & Enrollment Information
• Online Enrollment
• ID Cards
• Check Personal Account
• Locate a PPO Provider
• File a Claim Form
• Continuation of Coverage after Graduation
• Certificate of Creditable Coverage Request Form (through Personal Account)
• Other Important Links

FOR YOUR CONVENIENCE, SCAN THE QR CODE & SAVE IMPORTANT STUDENTHEALTH INFORMATION ON YOUR SMART PHONE