

StudentResources

**POLICY
NUMBER:** 2004-261-3

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

2004-2005

Designed Especially for the Graduate Student Staff of:

PURDUE

U N I V E R S I T Y

GRADUATE

STUDENT

STAFF

INJURY AND

SICKNESS

INSURANCE

PLAN

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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 800 767-0700 or by visiting us at www.StudentResources.com.

**PURDUE UNIVERSITY
STUDENT HEALTH CENTER
www.Purdue.edu/PUSH**

The Purdue University Student Health Center (PUSH) is a JCAHO accredited facility which provides outpatient care, excluding maternity and pediatric services, for Purdue University students and their spouses.

The Graduate Student Staff Health Plan supplements the medical benefits provided by the Student Health Fee while at the Student Health Center, and also provides coverage in the local medical community and when away from campus.

There is a Student Resources representative at PUSH (Room 340) to help with your needs.

PURDUE PHARMACY AND PRESCRIPTION DRUG INFORMATION

The Purdue University pharmacy is the preferred pharmacy of the Graduate Student Staff Health Plan. Insured students and their insured dependents can have prescriptions filled at the pharmacy located in the RHPH building Room 118. Mail order service can be provided to those covered students at the regional campuses. Please contact the Purdue Pharmacy for further information.

A \$10 co-payment applies to each covered prescription filled. When the Purdue pharmacy is used, this plan will pay 100% above the co-payment. When the Purdue pharmacy is not used, you will be required to pay the entire charge at the time the prescription is filled. The bill may then be submitted to Student Resources-Student Insurance in order to be reimbursed for the amount above the co-payment.

ELIGIBILITY

All graduate teaching or research assistants and graduate administrative staff employed .50 FTE or more for a semester or longer on the West Lafayette campus are eligible to enroll in this insurance Plan. Premium is payroll deducted for students participating in the plan. Eligible dependents of students enrolled in the plan may participate in the plan on a voluntary basis.

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 graduate students who enroll may also insure their Dependents by completing the applicable enrollment form within 31 days of becoming insured under the Plan. These rates will also be paid via payroll deduction. The University does not subsidize the cost of health insurance for spouses and dependent children. Eligible Dependents are the spouse 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. An insured graduate student may cover a new spouse or Dependent child by completing the Change in Family Status form and paying any pro-rata amount due within 31 days of a marriage, birth or other acquisition of a Dependent.

ANNUAL PREMIUM RATES

Eligible graduate students will pay an annual \$180.00 rate in ten equal installments. The University is subsidizing the balance of the annual premium rate for eligible graduate students. The rates below do reflect the amount subsidized by the University. All rates will be paid in ten equal installments by payroll deduction.

Student Only	\$ 180.00
Student and Spouse	\$4,564.00
Student, Spouse and Dependent Child	\$6,080.00
Student, Spouse and all Dependent Children	\$6,970.00
Student and Dependent Child	\$1,696.00
Student and all Dependent Children	\$2,586.00

EFFECTIVE AND TERMINATION DATES

The Master Policy on file (at the school) becomes effective at 12:01 a.m., August 04, 2004. Coverage becomes effective the date on which the graduate student starts work in the employing department. The Master Policy terminates at 12:01 a.m., August 04, 2005. 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.

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

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

I.D. CARDS

An Identification Card is attached to the back cover of this booklet. Carry this ID card with you at all times until you receive your permanent ID card.

CONTINUATION OF COVERAGE

Students enrolled under this plan whose coverage terminates are eligible for continued coverage for up to 18 months under this plan, in the same manner as the federal law known as Consolidated Omnibus Budget Reconciliation Act of 1986 (“COBRA”). The rates will be 102% of the full cost of the Plan. Notice of student’s continuation rights will be provided by the University at the same time the coverage under this Plan terminates.

Monthly Continuation Rates

Student Staff Only	\$ 80.00
Spouse\$380.00
Each Child\$131.00

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. This information can also be accessed at our website: www.SR-STM.com.

**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.

COORDINATION OF BENEFITS PROVISION

Benefits will be coordinated with any other medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

PROCEDURE FOR SEEKING MEDICAL TREATMENT

When on campus, if an insured has an Injury or Sickness of a non-emergency nature (i.e., not life-threatening) he/she should use the Purdue University Student Health Center (PUSH) as the initial contact. Services rendered at PUSH are subject to a \$10 co-pay and the pre-existing exclusion does not apply. PUSH services available to full-time students at no charge are not subject to the \$10 co-pay. A \$250 Deductible will apply to all services outside PUSH with the following exceptions: 1) If PUSH is closed and you are seeking treatment for a medical emergency (as defined by the Policy); 2) covered prescription drugs (a \$10 co-pay applies to each prescription filled).

When seeking treatment outside of PUSH, students are encouraged by the University to utilize services provided by hospitals in the Student Healthcare Network. The Student Healthcare Network of hospitals and health care providers, PHCS, are available and may provide savings to insured students. To find out if there are hospitals or health care providers in your area who are part of the network, call PHCS at 1-800-944-5184 or on-line at www.phcs.com.

BENEFITS FOR PERVASIVE DEVELOPMENTAL DISORDER

Benefits will be provided in accordance with a physician's treatment plan for pervasive developmental disorder. As used in this benefit, "pervasive developmental disorder" means a neurological condition including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

All Deductible, copayment, coinsurance and lifetime maximums do apply but any other exclusions and/or limitations do not apply.

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 your local school area are: Hospitals and Physicians participating in the PHCS Network, www.phcs.com.

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 PHCS at 1-800-944-5184, or by checking the network's web site at www.phcs.com 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 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 90%, up to any limits specified in the Schedule of Benefits. Call 1-800-944-5184 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.

Professional & Other Expenses

Benefits for Covered Medical Expenses provided by PHCS providers will be paid at 90% of Preferred Allowance, or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

Insureds will be responsible for all expenses in excess of the policy limits contained in the Schedule of Benefits.

DIABETES BENEFIT

Benefits will be paid the same as any other Sickness for the Medically Necessary treatment of diabetes including the equipment and supplies for the treatment of Insulin-using, Non-insulin using diabetics, or elevated blood glucose levels induced by pregnancy or other medical conditions, when recommended or prescribed by a Physician.

Benefits will also be provided for self-management training for one or more visits after receiving a diagnosis of diabetes by a Physician or a diagnosis that represents a significant change in the Insured's symptoms or condition and makes changes in the Insured's self-management Medically Necessary. Benefits will be provided for one or more visits for reeducation or refresher training.

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

BENEFITS FOR BREAST CANCER SCREENING

Benefits will be paid the same as any other Sickness for breast cancer screening mammography performed on dedicated equipment for diagnostic purposes on referral by a Physician according to the following guidelines:

1. One baseline mammogram for an Insured at least thirty-five but less than forty years of age, or more often if recommended by a Physician; or
2. One mammogram every year for an Insured who is less than forty years of age, and considered a woman at risk. A woman at risk is defined as a woman who meets at least one of the following descriptions:
 - A woman who has a personal history of breast cancer.
 - A woman who has a personal history of breast disease that was proven benign by biopsy.
 - A woman whose mother, sister, or daughter has had breast cancer.
 - A woman who is at least thirty (30) years of age and has not given birth.
3. One mammogram every year for an Insured at least forty years of age.
4. Any additional mammography views that are required for proper evaluation.
5. Ultrasound services, if determined medically necessary by the physician treating the insured.

This benefit is in addition to any other benefits specifically provided for x-rays, laboratory testing, or Sickness examinations.

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

BENEFITS FOR RECONSTRUCTIVE SURGERY AND PROSTHETIC DEVICE

Benefits will be paid the same as any other Sickness for prosthetic devices and reconstructive surgery incident to a mastectomy. Surgery benefits shall include all stages of reconstruction of the breast on which the mastectomy has been performed and surgical reconstruction of the other breast to produce symmetry if recommended by a Physician.

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

SCHEDULE OF MEDICAL EXPENSE BENEFITS

Up To \$1,000,000 Maximum Lifetime Benefit Paid as Specified Below (For each Injury or Sickness)

Deductible \$250 Per Insured Person (Per Policy Year)

The Deductible will be waived when treatment is rendered at the Purdue Student Health Center "PUSH" or for Medical Emergency when the PUSH is closed or for pediatric treatment of Dependent children.

Maximum Lifetime Benefit: Amounts paid to the Insured under this policy, and under all prior years' policies for any one Injury or Sickness, will be considered payments accrued under the Maximum Lifetime Benefit. The Maximum Lifetime Benefit will not exceed an amount determined by subtracting from \$1,000,000 all amounts paid to the Insured under any student Injury and Sickness policy issued to the university for any one Injury or Sickness.

University Mandated Vaccinations will be covered when treatment is rendered at PUSH. The co-payments for PUSH services are \$10 per visit. However, the co-payments for PUSH services and Prescription Drugs do not apply toward the Deductible or Coinsurance provision. After the co-pay is taken, the co-insurance does not apply to the outpatient Psychotherapy Benefit at PUSH.

Once your total out-of-pocket expense for Covered Medical Expenses for a policy year has reached \$1,750 per person or \$3,500 per family for Preferred Provider charges, or \$3,500 per person or \$7,000 per family for Out-of-Network charges, the Plan pays 100% of Covered Medical Expenses. Usual and Customary Charges is based on Ingenix, Inc. at the 90th percentile.

If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits.

Preferred Providers in your local school area are: Hospitals and Physicians participating in the PHCS Network, www.phcs.com.

The Policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Lifetime benefit. Benefits will be paid up to the Maximum Lifetime Benefit for each service as scheduled below. Covered Medical Expenses include:

<u>INPATIENT</u>	PREFERRED PROVIDER	OUT OF NETWORK
Room & Board , daily semi-private room rate; and general nursing care provided by the Hospital.	90% of Preferred Allowance/ 30 days maximum	70% of Allowable Charges/ 30 days maximum
Intensive Care	Paid under Room & Board	Paid under Room & Board
Hospital Miscellaneous Expense , such as the cost of the operating room, laboratory tests, X-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, 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.	90% of Preferred Allowance	70% of Allowable Charges
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	Paid under Hospital Miscellaneous	Paid under Hospital Miscellaneous
Surgeon's Fees , in accordance with data provided by Ingenix, Inc. 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.	90% of Preferred Allowance	70% of Allowable Charges
Anesthetist , professional services in connection with inpatient surgery.	90% of Preferred Allowance	70% of Allowable Charges
Registered Nurse's Services , private duty nursing care.	No Benefits	No Benefits
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	90% of Preferred Allowance/ 30 days maximum	70% of Allowable Charges/ 30 days maximum
Pre-Admission Testing , payable within 3 working days prior to admission.	Paid under Hospital Miscellaneous	Paid under Hospital Miscellaneous
Psychotherapy , including all related and ancillary charges incurred as a result of a Mental and Nervous Disorder. Benefits are limited to one visit per day.	Paid as any other Sickness	Paid as any other Sickness
<u>OUTPATIENT</u>		
Surgeon's Fees , in accordance with data provided by Ingenix, Inc. 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.	90% of Preferred Allowance	70% of Allowable Charges
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.	90% of Preferred Allowance	70% of Allowable Charges
Anesthetist , professional services administered in connection with outpatient surgery.	90% of Preferred Allowance	70% 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.	90% of Preferred Allowance	70% of Allowable Charges
Physiotherapy	90% of Preferred Allowance	70% of Allowable Charges
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered with 72 hours of Injury or first onset of Sickness.	90% of Preferred Allowance	70% of Allowable Charges
Diagnostic X-Ray and Laboratory Services	90% of Preferred Allowance	70% of Allowable Charges
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-rays and lab procedures.	90% of Preferred Allowance	70% of Allowable Charges
Radiation & Chemotherapy	90% of Preferred Allowance	70% of Allowable Charges
Injections , when administered in the Physician's office and charged on the Physician's statement.	90% of Preferred Allowance	70% of Allowable Charges
Prescription Drugs , When the Purdue Pharmacy is used, the plan will pay 100% above the \$10 copay. When any other Pharmacy is used, the entire charge must be paid at the time of purchase, and the bill submitted for reimbursement of the amount above the \$10 copay.	90% of Usual & Customary Charges / \$10 copay	90% of Usual & Customary Charges / \$10 copay
Routine Well Child Care , Benefits will be payable for physical examinations, allergy testing and treatment, and immunizations for children under age 2.	90% of Preferred Allowance/ \$500 maximum	70% of Allowable Charges/ \$500.00 maximum
Psychotherapy , including all related and ancillary charges incurred as a result of a Mental and Nervous Disorder. Benefits are limited to one visit per day.	Paid as any other Sickness	Paid as any other Sickness
<u>OTHER</u>		
Ambulance Services	90% of Usual & Customary Charges	90% of Usual & Customary Charges
Consultant Physician Fees , when requested and approved by the attending Physician.	90% of Preferred Allowance	70% of Allowable Charges
Dental Treatment , made necessary by Injury to Sound, Natural Teeth.	90% of Usual & Customary Charges	90% of Usual & Customary Charges
Alcoholism/Drug Abuse , (aggregate maximum is for Inpatient and Outpatient combined)	90% of Preferred Allowance/ \$5000 aggregate maximum (Per Policy Year)	70% of Allowable Charges/ \$5000 aggregate maximum (Per Policy Year)
Maternity/Complications of Pregnancy , (Pre-existing condition exclusion does not apply to the Maternity benefit.)	Paid as any other Sickness	Paid as any other Sickness
Club Sports	Paid as any other Injury	Paid as any other Injury
Smoking Cessation	Paid as any other Sickness	Paid as any other Sickness
Preventive Care , \$500 maximum Per Policy Year at the PUSH only. See Preventive Care section on page 9.		

PRE-ADMISSION NOTIFICATION

Value Check 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.

Value Check 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.

BENEFITS FOR PSYCHOTHERAPY (TREATMENT FOR MENTAL ILLNESS)

Benefits will be paid the same as any other Sickness for the medically necessary treatment of a Mental and nervous Disorder.

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

ACCIDENTAL DEATH BENEFIT

If an accidental Injury should independently of all other causes and within 90 days from the date of Injury solely result in the loss of the Insured's life, the Insured's beneficiary may request the Company to pay \$2,500. Payment under this benefit when added to payment under any "Medical Expense Benefit" provision will not exceed the policy Maximum Benefit.

MATERNITY TESTING

This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

PREVENTIVE CARE

Benefits will be paid for Usual and Customary Charges for Preventive Care up to a Maximum Benefit of \$500 Per Policy Year at the PUSH only. Preventive care benefits are not subject to the Deductible, or coinsurance, if any.

Preventive Care includes: a complete health assessment, (routine physical) blood pressure screening, annual pap smear, breast evaluation, cholesterol screening, glucose-blood level screening, prostate/rectal exam for age 40 and over, other similar type services when recommended by a Physician.

REPATRIATION BENEFIT \$10,000 MAXIMUM BENEFIT

If the Insured dies while insured under the Policy, benefits will be paid up to \$10,000 for preparing and transporting the remains of the deceased's body to his home country. This benefit is limited to the Maximum Benefit specified above. No additional benefits will be paid under Basic coverage or Major Medical coverage for Repatriation.

MEDICAL EVACUATION BENEFIT \$20,000 MAXIMUM BENEFIT

When Hospital Confined for at least five consecutive days, and recommended and approved by the attending Physician, benefits will be paid up to \$20,000 for the evacuation of the Insured to his home country. This benefit is limited to the Maximum Benefits specified above. No additional benefits will be paid under Basic coverage or Major Medical coverage for Medical Evacuation.

DEFINITIONS

DEDUCTIBLE means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply per policy year or per occurrence (for each Injury or Sickness) as specified in the Schedule of Benefits.

INJURY means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

MEDICAL EMERGENCY means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in: 1) Death; 2) Placement of the Insured's health in jeopardy; 3) Serious impairment of bodily functions; 4) Serious dysfunction of any body organ or part; or 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

PRE-EXISTING CONDITION means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the policy.

SICKNESS means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

USUAL AND CUSTOMARY CHARGES means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

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. Acupuncture;
2. Assistant Surgeon Fees;
3. Learning disabilities;
4. Biofeedback;
5. Durable Medical Equipment;
6. Circumcision;
7. Congenital conditions, except as specifically provided 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, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses; except when due to a disease process;
13. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
14. 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;
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 or as specifically provided in the policy;
17. Injury caused by, contributed to, or resulting from 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;

EXCLUSIONS AND LIMITATIONS (Continued)

18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
19. 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;
20. Organ transplants, including organ donation;
21. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
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. Prescription Drugs, services or supplies as follows:
 - a) 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;
 - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - e) Products used for cosmetic purposes;
 - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - g) Anorectics - drugs used for the purpose of weight control;
 - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - i) Growth hormones; or
 - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

EXCLUSIONS AND LIMITATIONS *(Continued)*

24. 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;
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. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; nasal and sinus surgery; This exclusion does not apply to newborns;
28. 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; or while taking flight instruction for University credit;
29. Sleep disorders;
30. Supplies, except as specifically provided in the policy;
31. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
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.

CLAIM PROCEDURE

In the event of Injury or Sickness, the student should:

- 1) Report to the Purdue Student Health Center for treatment or referral, or when not in school, to your Physician or Hospital.
- 2) 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 college under which the student is insured. A Company claim form is not required for filing a claim.
- 3) File claim within 30 days of Injury or first treatment for a Sickness. 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
1-888-224-4754 (dedicated Purdue line)
(National) 1-800-767-0700
469-229-6700
customerservice@studentinsurance.net
claims@studentinsurance.net

Sales/Marketing Service:

Student Resources
800-892-4115

ONLINE SERVICES:

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

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University's Staff Benefits Office in Freehafer Hall 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
2004-261-3

StudentResources

**POLICY
NUMBER:** 2004-261-3

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

1. 2004_261_3_NOC1 (8/24/04)

- a. The following has been added to the Maternity Benefit on the schedule: "Pre-existing condition exclusion does not apply to the Maternity Benefit".

2. 2004_261_3_NOC2 (10/5/2004)

Schedule of Benefits language for Surgeon's Fees (Inpatient and Outpatient) has been corrected

FROM:

No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.

TO:

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.