



2006-2007

STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of



St. George's University

This plan is Underwritten by:

The MEGA Life and Health Insurance Company

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-888-251-5640 or 1-469-229-6700 or visiting us at www.studentresources.com.

ELIGIBILITY

All St. George's University students taking a minimum of 6 credit hours are eligible and must be enrolled in Plan 1 or Plan 2. Students may waive this coverage if proof of comparable coverage is furnished.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. Students on an approved leave of absence are eligible to enroll so long as the premium is paid on or before the policy effective date (first day of the term). If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

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

Alternative Coverage: If you do not meet the Eligibility requirements of this Student Policy, please call 1-800-406-2338 for information on alternative coverage. If calling from outside the United States, please call 1-727-563-3400 ext: 6233 or 6260. You may access information on this plan, get premium quotes, and apply online at our website www.securenowinsurance.com.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective on August 01, 2006. The individual coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates on July 31, 2007. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

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

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

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

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 the "Extension of Benefits After Termination" provision has been exhausted, all benefits cease to exist, under no circumstances will further payments be made.

EXCESS PROVISION

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

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

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

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

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

CHOICE OF PLAN

Each eligible student has a choice of one of the benefit Plans. Plan 1 has higher benefits than Plan 2 and it has a higher premium. Make your selection carefully, you cannot upgrade or downgrade coverage after the initial purchase of the Plan for the policy year. Please be aware that if you choose to upgrade coverage in any subsequent policy year, a new Pre-Existing Condition exclusion and waiting period will apply.

CAREMARK® PLAN 1

When you use a CAREMARK® network pharmacy, you will be able to get up to a 30-day supply of drugs prescribed for a Covered Injury or Sickness. You will only pay a \$5 copayment per prescription for each generic drug and a \$10 copayment per prescription for each brand name drug not to exceed the \$20,000 benefit maximum. Please present your ID card to the network pharmacy when the prescription is filled.

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

CAREMARK® PLAN 2

When you use a CAREMARK® network pharmacy, you will be able to get up to a 30-day supply of drugs prescribed for a Covered Injury or Sickness. You will only pay a \$15 copayment per prescription for each generic drug and a \$30 copayment per prescription for each brand name drug not to exceed the \$500 benefit maximum. Please present your ID card to the network pharmacy when the prescription is filled.

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

CONTINUATION PRIVILEGE

All Insured Persons who have been continuously insured under the school's regular student policy for at least 6 consecutive months and who no longer meet the Eligibility requirements under the Policy are eligible to continue their coverage for a period of not more than 6 months under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the Insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that Policy Year.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS LOSS OF LIFE, LIMB OR SIGHT

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the Policy Maximum Benefit.

For Loss Of:

	STUDENT
Life	\$15,000
Two or More Members	\$15,000
One Member	\$ 7,500
	SPOUSE
Life	\$ 5,000
Two or More Members	\$ 5,000
One Member	\$ 1,250
	CHILD
Life	\$ 1,000
Two or More Members	\$ 1,000
One Member	\$ 250

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

ASSIST AMERICA: GLOBAL EMERGENCY ASSISTANCE PROGRAM

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

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

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

Assist America services include Emergency Medical Evacuation and Return of Mortal Remains that meet the United States Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All Assist America services must be arranged and provided by Assist America, any services not arranged by Assist America will not be considered for payment.

Key Services include:

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

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

To access services please call:

(877) 488-9833 Toll-free within the United States

(609) 452-8570 Collect outside the United States

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

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

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

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

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.

PRE-ADMISSION NOTIFICATION

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

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

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

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

MANDATED BENEFITS

BENEFITS FOR TEMPOROMANDIBULAR JOINT DISORDER AND CRANIOMANDIBULAR DISORDER

Benefits shall be provided, on the same basis as benefits for treatment to any other joint in the body, for diagnostic and surgical treatment of temporomandibular joint disorder and craniomandibular disorder. Treatment may be administered or prescribed by a Physician or dentist. This coverage will not exceed a \$5,000 maximum lifetime benefit.

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

BENEFITS FOR RECONSTRUCTIVE BREAST SURGERY FOLLOWING MASTECTOMY

Benefits will be paid the same as any other Sickness for all stages of reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complications of mastectomy, including lymphedema in a manner determined in consultation with the attending Physician and the Insured.

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

BENEFIT PROVISIONS

BENEFITS FOR CHILD HEALTH SUPERVISION

Benefits shall be provided for the Usual and Customary Charges incurred for "Child Health Supervision Services" subject to all terms and conditions of the Policy.

"Child Health Supervision Services" are those preventive and primary care services which include a physical examination, measurements, sensory screening, neuropsychiatric evaluation, and development screening delivered or supervised by a Physician.

Benefits shall include unlimited child health supervision visits from birth to age 12 years and three child health supervision visits from ages 12 years to 18 years. As recommended by a Physician, benefits will also be provided for hereditary and metabolic screening at birth, appropriate immunizations, urinalysis, tuberculin tests, and hematocrit, hemoglobin, and other appropriate blood tests such as tests to screen for sickle hemoglobinopathy.

Benefits are payable on a per visit basis to one health care provider per visit.

BENEFITS FOR CYTOLOGIC SCREENING AND MAMMOGRAPHIC EXAMINATIONS

Benefits shall be provided for: 1) cervical cytologic screening for women upon certification by the attending Physician that the test is a Medical Necessity; and 2) a baseline mammogram and an annual screening mammogram for women. All such services must be in accordance with the standard practice of medicine. All benefits are subject to the terms and conditions of the Policy exclusive of any Deductible and coinsurance provisions in the Policy.

DEFINITIONS

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

PRE-EXISTING CONDITION means: 1) a condition 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 for which medical advice, diagnosis, care, or treatment was recommended or received 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.

COVERED MEDICAL EXPENSES means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any.

Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

INSURED PERSON means: 1) the Named Insured; and, 2) Dependents of the Named Insured, if: 1) the Dependent is properly enrolled in the program, and 2) the appropriate Dependent premium has been paid. The term "Insured" also means Insured Person.

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.

HOSPITAL means a licensed or properly accredited general hospital which: 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises; and 6) is not primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating Mental and Nervous Disorder.

HOSPITAL CONFINED/HOSPITAL CONFINEMENT means confined in a Hospital for at least 18 hours by reason of an Injury or Sickness for which benefits are payable.

MYNURSELINE

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

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 1-888-251-5640 or 1-469-229-6700.

PREFERRED PROVIDER INFORMATION

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are:

Multiplan and Student Health Network

You may visit the website at www.Multiplan.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 the Company at 1-888-251-5640 or 1-469-229-6700 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.

"Out of Network" providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

"Network Area" means the 50 mile radius around the local school campus the Named Insured is attending.

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 the coinsurance percentages specified in the Schedule of Benefits, up to any limits specified in the Schedule of Benefits. Call 1-888-251-5640 or 1-469-229-6700 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 Multiplan will be paid at the coinsurance percentages in the Schedule of Benefits 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.

SCHEDULE OF MEDICAL EXPENSE BENEFITS PLAN 1

UP TO \$1,000,000 MAXIMUM LIFETIME BENEFIT PAID AS SPECIFIED BELOW (FOR EACH INJURY OR SICKNESS)

\$50 DEDUCTIBLE (PER INSURED PERSON) (FOR EACH INJURY OR SICKNESS)

The Preferred Provider for this plan is Multiplan. If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out of Network provider is used.

For a Preferred Provider, the Company will pay 100% of Covered Medical Expenses incurred up to \$5,000 after the deductible of \$50 has been satisfied. After the company has paid \$5,000, benefits will be paid for 80% of Covered Medical Expenses incurred up to \$50,000, then 100% of remaining Covered Medical Expenses not to exceed the \$1,000,000 Maximum Lifetime Benefit for each Injury or Sickness.

The policy provides benefits for 70% of 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 of \$1,000,000 for each Injury and for each Sickness. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

INPATIENT	PREFERRED PROVIDER	OUT OF NETWORK
Room and Board Expense , daily semi-private room rate; and general nursing care provided by the Hospital.	100% of Preferred Allowance	70% of Usual & Customary Charges
Hospital Miscellaneous Expenses , such as the cost of the operating room, laboratory test, x-ray examinations; anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	100% of Preferred Allowance	70% of Usual & Customary Charges
Routine Newborn Care , while hospital confine; 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	100% of Preferred Allowance	70% of Usual & Customary Charges
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.	100% of Preferred Allowance	70% of Usual & Customary Charges
Anesthetist , professional services in connection with inpatient surgery.	100% of Preferred Allowance	70% of Usual & Customary Charges
Registered Nurse's Services , private duty nursing care.	100% of Preferred Allowance	70% of Usual & Customary Charges
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	100% of Preferred Allowance	70% of Usual & Customary Charges
Pre-admission Testing , payable within 3 working days prior to admission.	100% of Preferred Allowance	70% of Usual & Customary Charges
Psychotherapy , benefits are limited to one visit per day. Psychiatric hospitals are not covered.	50% of Preferred Allowance/ 30 days maximum/ \$5,000 maximum (Per Policy Year)	50% of Usual & Customary Charges/ 30 days maximum/ \$5,000 maximum (Per Policy Year)
OUTPATIENT		
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.	100% of Preferred Allowance	70% of Usual & Customary 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.	100% of Preferred Allowance	70% of Usual & Customary Charges
Anesthetist , professional services administered in connection with outpatient surgery.	100% of Preferred Allowance	70% of Usual & Customary Charges
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	100% of Preferred Allowance	70% of Usual & Customary Charges
Physiotherapy , benefits are limited to one visit per day. See exclusion number 20 for additional limitations.	100% of Preferred Allowance	70% of Usual & Customary Charges
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	100% of Preferred Allowance	70% of Usual & Customary Charges
Radiation & Chemotherapy	100% of Preferred Allowance	70% of Usual & Customary Charges
X-ray & Laboratory Services	100% of Preferred Allowance	70% of Usual & Customary Charges
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-rays and lab procedures.	100% of Preferred Allowance	70% of Usual & Customary Charges
Prescription Drugs , includes coverage for contraceptives; For prescriptions filled at a CareMark Network Prescriptions pharmacy in the United States: \$5 co-pay for Generic Drugs/ \$10 co-pay per prescription for name brand drugs. All other pharmacies and all Grenada pharmacies: \$10 co-pay/Usual & Customary Charges.	100% of Usual & Customary Charges/ \$20,000 maximum (Per Policy Year)	100% of Usual & Customary Charges/ \$20,000 maximum (Per Policy Year)
Injections , when administered in the Physician's office and charged on the Physician's statement. This benefit includes allergy treatment.	100% of Preferred Allowance/\$5 copay	70% of Usual & Customary Charges/\$5 copay
Psychotherapy , Including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder. Benefits are limited to one visit per day.	100% of Preferred Allowance/\$50 per day \$300 maximum (Per Policy Year)	70% of Usual & Customary Charges/\$50 per day \$300 maximum (Per Policy Year)
OTHER		
Ambulance Services	100% of Usual & Customary Charges	100% of Usual & Customary Charges
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Benefits are paid for rental charges for durable medical equipment or the purchase of the equipment, whichever is less. Replacement equipment is not covered.	100% of Usual & Customary Charges	100% of Usual & Customary Charges
Consultant Physician Fees	No Benefits	No Benefits
Dental Treatment , made necessary by Injury to Sound, Natural Teeth and fractured jaw only.	100% of Usual & Customary Charges \$100 per tooth/\$500 maximum	100% of Usual & Customary Charges/ \$100 per tooth/\$500 maximum
Alcoholism/Drug Abuse	Paid under Psychotherapy	Paid under Psychotherapy
Elective Abortion	100% of Preferred Allowance/\$500 maximum	70% of Usual & Customary Charges/\$500 maximum
Maternity and Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Acupuncture/Massage Therapy , (Available only at the Student Health Center)	100% of Preferred Allowance/3 visits (Per Policy Year)	70% of Usual & Customary/3 visits (Per Policy Year)
Cytologic Screening and Mammographic Examinations , see page 4.	100% of Preferred Allowance	70% of Usual & Customary Charges
Child Health Supervision Services , see page 4.	100% of Usual & Customary Charges	100% of Usual & Customary Charges

SCHEDULE OF MEDICAL EXPENSE BENEFITS PLAN 2

UP TO \$1,000,000 MAXIMUM LIFETIME BENEFIT PAID AS SPECIFIED BELOW (FOR EACH INJURY OR SICKNESS)

\$500 DEDUCTIBLE (PER INSURED PERSON) (PER POLICY YEAR)

The Preferred Provider for this plan is Multiplan. If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out of Network provider is used.

For Preferred Provider benefits: The Company will pay 100% of Covered Medical Expenses incurred up to \$5,000 after the deductible of \$500 has been satisfied. After the company has paid \$5,000, benefits will be paid for 80% of Covered Medical Expenses incurred up to \$50,000, then 100% of remaining Covered Medical Expenses not to exceed the \$1,000,000 Maximum Lifetime Benefit for each Injury or Sickness.

For Out of Network Provider benefits: The policy provides benefits for 70% (except as specified below) of the Usual & Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Lifetime Benefit of \$1,000,000 for each Injury or Sickness.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

<u>INPATIENT</u>	<u>PREFERRED PROVIDER</u>	<u>OUT OF NETWORK</u>
Room and Board Expense , daily semi-private room rate; and general nursing care provided by the Hospital.	100% of Preferred Allowance	70% of Usual & Customary Charges
Hospital Miscellaneous Expenses , such as the cost of the operating room, laboratory test, x-ray examinations; anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	100% of Preferred Allowance	70% of Usual & Customary Charges
Routine Newborn Care , while hospital confine; 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	100% of Preferred Allowance	70% of Usual & Customary Charges
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.	100% of Preferred Allowance	70% of Usual & Customary Charges
Anesthetist , professional services in connection with inpatient surgery.	100% of Preferred Allowance	70% of Usual & Customary Charges
Registered Nurse's Services , private duty nursing care.	100% of Preferred Allowance	70% of Usual & Customary Charges
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	100% of Preferred Allowance	70% of Usual & Customary Charges
Pre-admission Testing , payable within 3 working days prior to admission.	100% of Preferred Allowance	70% of Usual & Customary Charges
Psychotherapy , benefits are limited to one visit per day. Psychiatric hospitals are not covered.50% of Preferred Allowance/ 30 days maximum/\$5,000 maximum (Per Policy Year)	.50% of Usual & Customary Charges/ 30 days maximum/\$5,000 maximum (Per Policy Year)
OUTPATIENT		
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.	100% of Preferred Allowance	70% of Usual & Customary 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.	100% of Preferred Allowance	70% of Usual & Customary Charges
Anesthetist , professional services administered in connection with outpatient surgery.	100% of Preferred Allowance	70% of Usual & Customary Charges
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	100% of Preferred Allowance	70% of Usual & Customary Charges
Physiotherapy , benefits are limited to one visit per day. See exclusion number 20 for additional limitations.	100% of Preferred Allowance	70% of Usual & Customary Charges
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	100% of Preferred Allowance	70% of Usual & Customary Charges
Radiation & Chemotherapy	100% of Preferred Allowance	70% of Usual & Customary Charges
X-ray & Laboratory Services	100% of Preferred Allowance	70% of Usual & Customary Charges
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-rays and lab procedures.	100% of Preferred Allowance	70% of Usual & Customary Charges
Prescription Drugs , includes coverage for contraceptives; For prescriptions filled at a CareMark Network Prescriptions pharmacy in the United States: \$15 co-pay for Generic Drugs/ \$30 co-pay per prescription for name brand drugs. All other pharmacies and all Grenada pharmacies: \$10 co-pay/Usual & Customary Charges. Excludes coverage for Psychotherapy drugs. See Psychotherapy for Psychotherapy Drug Benefit.	100% of Usual & Customary Charges/ \$500 maximum (Per Policy Year)	100% of Usual & Customary Charges/ \$500 maximum (Per Policy Year)
Injections , when administered in the Physician's office and charged on the Physician's statement. This benefit includes allergy treatment.	100% of Preferred Allowance/\$5 copay	70% of Usual & Customary Charges/\$5 copay
Psychotherapy , Including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder (including prescription drugs). Benefits are limited to one visit per day.	100% of Preferred Allowance/\$50 per day \$300 maximum (Per Policy Year)	70% of Usual & Customary Charges/\$50 per day \$300 maximum (Per Policy Year)
OTHER		
Ambulance Services	100% of Usual & Customary Charges	100% of Usual & Customary Charges
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Benefits are paid for rental charges for durable medical equipment or the purchase of the equipment, whichever is less. Replacement equipment is not covered.	100% of Usual & Customary Charges	100% of Usual & Customary Charges
Consultant Physician Fees	No Benefits	No Benefits
Dental Treatment , made necessary by Injury to Sound, Natural Teeth and fractured jaw only.	100% of Usual & Customary Charges \$100 per tooth/\$500 maximum	100% of Usual & Customary Charges/ \$100 per tooth/\$500 maximum
Alcoholism/Drug Abuse	Paid under Psychotherapy	Paid under Psychotherapy
Elective Abortion	100% of Preferred Allowance/\$500 maximum	70% of Usual & Customary Charges/\$500 maximum
Maternity & Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Acupuncture/Massage Therapy , (Available only at the Student Health Center)	100% of Preferred Allowance/3 visits (Per Policy Year)	70% of Usual & Customary/3 visits (Per Policy Year)
Cytologic Screening and Mammographic Examinations	100% of Preferred Allowance	70% of Usual & Customary Charges
Child Health Supervision Services	100% of Usual & Customary Charges	100% of Usual & 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. Acne;
2. Addiction, such as: nicotine addiction;
3. Assistant Surgeon Fees;
4. Learning disabilities;
5. Biofeedback;
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 as specifically provided in the Schedule of Benefits;
10. Elective Surgery or Elective Treatment;
11. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, except when due to a disease process;
12. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
13. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
14. Hirsutism; alopecia;
15. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
16. Injury caused by, contributed to, or resulting from the use of 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;
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
19. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death;
20. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;

EXCLUSIONS & LIMITATIONS (CONTINUED)

21. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
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;
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;
 - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use; except as specifically provided in the policy;
 - 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;
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. Nasal and sinus surgery;
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;
29. Sleep disorders;
30. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
31. Supplies, except as specifically provided in the policy;
32. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
33. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
34. 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
35. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

ST. GEORGE'S UNIVERSITY SCHOOL OF MEDICINE

2006-2007 Annual Rates

2006-2134-1

2006-2134-2

Student

Under Age 24	\$1,737.00	\$1,082.00
Age 24 to 30	\$1,965.00	\$1,225.00
Age 31 to 40	\$2,424.00	\$1,508.00
Age 41 to 50	\$3,623.00	\$2,249.00
50 and Older	\$4,507.00	\$2,797.00

Spouse

Under Age 24	\$5,808.00	\$3,602.00
24 and Older	\$7,577.00	\$4,698.00

All Children

All Children	\$3,563.00	\$2,213.00
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2006-2007 Continuation (Monthly) Rates

Student

Under Age 24	\$ 187.00	\$ 117.00
Age 24 to 30	\$ 211.00	\$ 132.00
Age 31 to 40	\$ 260.00	\$ 163.00
Age 41 to 50	\$ 389.00	\$ 244.00
50 and Older	\$ 485.00	\$ 302.00

Spouse

Under Age 24	\$ 624.00	\$ 390.00
24 and Older	\$ 817.00	\$ 511.00

All Children

All Children	\$ 383.00	\$ 240.00
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2006-2007 Repatriation/Medical Evacuation Rates

Stand Alone Benefit

Student	\$ 40.00	\$ 40.00
Spouse	\$ 74.00	\$ 74.00
Each Child	\$ 74.00	\$ 74.00
Visiting Faculty	\$ 57.00	\$ 57.00

CLAIM PROCEDURE

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

- 1) Report to the Student Health Service or Infirmary for treatment or referral, or when not in school, to their 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 University 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 to be considered for payment, or as soon as reasonably possible. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

This 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

1-888-251-5640

1-469-229-6700

claims@studentinsurance.net

customerservice@studentinsurance.net

Sales/Marketing Service:

STUDENT RESOURCES

805 Executive Center Drive West, Suite 220

St. Petersburg, FL 33702

1-800-892-4115

1-727-563-3400

E-Mail: info@studentresources.com

ONLINE SERVICES: Please Visit our Website at www.studentresources.com for Certificates, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services.

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

*This Certificate is based on Policy
2006-2134-1 and 2*