

**PREMIER HEALTH PLANS**  
**STUDENT INJURY AND SICKNESS INSURANCE PLANS**  
**2009-2010 SCHOOL YEAR**

**PLAN I POLICY DESIGN – PRIMARY COVERAGE**

- ZERO DEDUCTIBLE
- NO NETWORK – PERMIT ANY QUALIFIED PROVIDER
- PRE-EXISTING CONDITIONS ARE COVERED FROM DAY ONE
- \$250,000 MAXIMUM BENEFIT FOR EACH INJURY AND SICKNESS
- 100% OF FIRST \$7,500 OF USUAL & CUSTOMARY CHARGES (“U&C”) PAID
- THEN 80% OF ADDITIONAL CHARGES PAID TO \$50,000, THEN 100% TO \$250,000
- SURGERY PAID AT 100% OF USUAL AND CUSTOMARY CHARGES
- HOSPITAL ROOM AND BOARD PAID – INCLUDING INTENSIVE CARE
- SPORT’S RELATED INJURIES COVERED TO \$50,000, OTHERS TO \$250,000
- PRESCRIPTION DRUGS COVERED AT 100% UP TO \$1,500 ANNUALLY
- DR’S VISITS COVERED AT 100% OF USUAL & CUSTOMARY CHARGES
- OUT-PATIENT PSYCH (INCLUDING PRESCRIPTION DRUGS) TREATED AS ANY OTHER ILLNESS
- ACNE TREATMENT COVERED UNDER PRESCRIPTION DRUG BENEFIT
- ALLERGY TREATMENT (NOT TESTING) COVERED UNDER PRESCRIPTION DRUG BENEFIT
- LAB TESTS AND X-RAYS COVERED UNDER OUT-PATIENT BENEFIT AT 100%
- TREATMENT OF INJURY TO SOUND NATURAL TEETH COVERED – NO SEPARATE LIMIT
- BRACES AND APPLIANCES PAID AT 100% OF U&C (NOT APPLICABLE TO TEETH)
- REPATRIATION AND MEDICAL EVACUATION BENEFITS PROVIDED --- NO MAXIMUM LIMIT
- YOUR CHILD IS COVERED ANYTIME, ANYWHERE, INCLUDING YOUR HOME COUNTRY

**PLAN II POLICY DESIGN – SUPPLEMENTAL COVERAGE**

- ZERO DEDUCTIBLE
- EACH SICKNESS PAID @ 100% OF USUAL & CUSTOMARY CHARGES TO \$2,500.
- EACH ACCIDENT PAID @ 100% OF FIRST \$500 OF U&C, THEN @ 80% TO \$10,000.
- PRESCRIPTION DRUGS COVERED AT 100% UP TO \$750 ANNUALLY.
- DR’S VISITS COVERED AT 100% OF USUAL & CUSTOMARY CHARGES
- SPORTS ACCIDENTS COVERED
- COVERAGE WHILE IN THE USA ONLY

**POLICY EXCLUSIONS**

- ROUTINE PHYSICAL EXAMINATIONS
- SERVICES AND SUPPLIES NOT MEDICALLY NECESSARY
- COSMETIC SURGERY, EXCEPT TO CORRECT A COVERED INJURY
- DENTAL TREATMENT, EXCEPT AS SPECIFIED ABOVE
- LOSS DUE TO WAR, DECLARED/UNDECLARED, SERVICE IN ARMED FORCES IN ANY COUNTRY
- EYE GLASSES, HEARING AIDS AND EXAMS FOR THE PRESCRIPTION OR FITTING THEREOF
- EXPENSES INCURRED FROM THE USE OF ALCOHOL OR INTOXICANTS
- PAYMENT OF DRUGS UNLESS PRESCRIBED BY A PHYSICIAN
- FLIGHT IN ANY AIRCRAFT EXCEPT AS A PASSENGER ON A COMMERCIAL AIRLINE FLIGHT
- EXPERIMENTAL SERVICES OR SUPPLIES, INCLUDING TREATMENT, PROCEDURE, DRUGS OR DEVICES NOT RECOGNIZED AS ACCEPTABLE MEDICAL PRACTICE.

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THIS IS ONLY A PARTIAL OUTLINE OF BENEFITS AND EXCLUSIONS AS UNDERWRITTEN  
BY THE UNITEDHEALTHCARE INSURANCE COMPANY AND SERVICED BY CLIFFORD ALLEN  
ASSOCIATES, LTD. CERTIFICATES WILL BE ISSUED CONTAINING AN IN-DEPTH EXPLANATION  
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