

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

("the Policyholder")

2009-2010 Student Insurance Program

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

Administrator Policy # AIH0058960
Underwriter Reference # CAS9710522

Designed for:

The University of North Carolina at Greensboro Students
who are taking 6 or more credit hours.

AND

Dependents of Covered Students. Eligible Dependents are the Legal
Spouse residing with the Covered Student and/or unmarried dependent
children under 19 years of age principally supported by the Covered Stu-
dent (23 years of age if a full-time student).

Email questions to: uncg@studentinsurance.com

www.studentinsurance.com

Serviced by:



PEARCE & PEARCE INC
STUDENT INSURANCE SPECIALISTS SINCE 1948...

Customer Service:

Claims Questions: 1-888-722-1668
Eligibility Questions: 1-888-622-6001
Email: uncg@studentinsurance.com

ONLINE SERVICES

(a SECURE site for all of your insurance needs)

- Go online at www.studentinsurance.com
- Search for your institution
- On this secure site, you can:
 - Enroll
 - Waive
 - Enroll Spouses and Dependents
 - Search for Providers and Hospitals
 - Update your account information
 - View questions and answers about your insurance
 - View claims information
 - View a Summary of Benefits
 - View Certificate of Coverage

2009-2010 Student Insurance Program Premiums

Premiums:	2009-2010 Student Insurance Program Premiums	
	Fall (08/01/09-01/01/10)	Spring/Summer (01/02/10-07/31/10)
Student ONLY	\$ 390.00	\$ 390.00
Spouse ONLY	\$ 920.00	\$ 920.00
Each Child	\$ 567.00	\$ 567.00

PREMIUM REFUNDS ARE NOT ALLOWED unless the Covered Student enters full time active duty in any Armed Forces*.
Program Premiums include Administrative Fees
PREMIUMS ARE NOT PRO-RATED.

Insurance Premium will appear on the Covered Student's tuition bill unless he or she shows proof of other insurance and waives coverage under this plan.

(*Excludes Reserve or National Guard duty for training unless it exceeds 31 days. Submit proof of service to receive a pro-rata refund of premium for this period.)

The Policy is Non-Renewable One-Year Term Insurance. It is the Covered Student's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Covered Students who have not received information regarding a subsequent program prior to the Policy's Termination Date should inquire regarding such coverage with the school or its agent or visit www.studentinsurance.com.

Notice: The Covered Person's actual expenses for covered services may exceed the stated (coinsurance percentage or co-payment amount) because actual provider charges may not be used to determine the Policy's and Covered Person's payment obligation.

Important Information: Please keep this brochure as a general summary of the insurance. This is only a brief description of the coverage available under policy series S30494NUFIC-NC. The Policy and Certificate on file at the University may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy and Certificate. A Certificate of Coverage is available to the Covered Student upon request. If there is any conflict between the contents of this brochure and the Policy, the Policy shall govern. This Plan also covers Mandated Benefits as required by the State of North Carolina.

Referrals

Student Health Services referral is required except:

- ◆ Medical Emergencies (follow-up treatment requires Student Health Services referral)
- ◆ Student Health Services is Closed
- ◆ Treatment is received more than 50 miles from Campus
- ◆ The Covered Person is not eligible for care at Student Health Services
- ◆ The Covered Person requires treatment for Maternity
- ◆ The Covered Person requires treatment for a Mental or Nervous Disorder

Benefits for Eligible Expenses incurred for medical care or treatment rendered for which no referral is obtained will be reduced by 30%. Deductibles and Copays apply to all exceptions to the Referral Requirement, and when referred.

Deductibles and Copays are waived only when services are rendered at Student Health Services

Claims Procedures

Please call 1-888-722-1668 for pre-notification of all hospital confinements and day surgery prior to admission.

1. Provider must photocopy the Covered Person's new insurance card. PPO Providers will submit the Covered Person's claims.
2. Claims must be submitted within 180 days.
3. Submit a completed claim form.
4. Claim forms can be obtained from the Student Health Services, from the claims office (1-888-722-1668) or from: www.studentinsurance.com
5. The Covered Person should get a copy of REFERRAL FORM for necessary care not available at the Student Health Services.
6. The Covered Person should retain one copy of claims information submitted for his or her records.
PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE (Hospital, Doctors, and others), UNLESS A PAID RECEIPT ACCOMPANIES THE BILL AT THE TIME THE CLAIM IS SUBMITTED.

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.

COVERED PERSON means a Covered Student while coverage under the Policy is in effect and those Dependents with respect to whom a Covered Student is insured.

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.

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 the covered services or supplies that are: (a) provided for the diagnosis, treatment, cure or relief of a health condition, illness, Injury or disease; and except as allowed for Clinical Trials, not for Experimental/Investigational or cosmetic purposes; (b) necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, illness, Injury or disease, or its symptoms; (c) within generally accepted standards of medical care in the community; (d) not solely for the convenience of the Covered Person, his or her Immediate Family, or the provider.

REASONABLE AND CUSTOMARY 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.

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

PPO Providers

For services rendered in the State of North Carolina, Persons insured under this plan may choose to be treated within or outside of the Medcost PPO Network. For services rendered outside of the State of North Carolina, Persons insured under this plan may choose to be treated within or outside of the First Health PPO Network. Reimbursement rates will vary according to the source of care as described under the Plan Summary of Basic Medical Expense Benefits herein. Assignment of a Network Provider does not guarantee eligibility or right to student health benefits.

It is the Covered Person's responsibility to verify that a provider is a Participating Provider prior to services being rendered.

Please be aware that if a Covered Person is treated at a PPO Hospital, it does not mean that all providers at the Hospital are PPO providers. In addition, if a Covered Person is referred by a PPO provider to another provider or facility, it does not mean that the provider or the facility to which the Covered Person is referred is also a PPO provider.

Pre-Existing Conditions

Pre-existing Conditions are not covered for the first 12 months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if:

(a) the Covered Person has been covered under the Policy for more than 12 months; or (b) the individual seeking coverage under the Policy has an aggregate of 12 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. Credit will be given for the time the individual was covered under the prior Creditable Coverage.

PRE-EXISTING CONDITION means a Sickness, or Injury or pregnancy for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person's effective date of coverage under the Policy.

Additional Plan Benefits

Maternity and Complications of Pregnancy - Paid as any Sickness - 80% of PPO Allowance In Network / 60% of Reasonable and Customary Out of Network.

Immunizations - up to a maximum benefit of \$100 per Policy Year. Payable at Student Health Center **ONLY**. Hepatitis B and Meningitis only.

Elective Abortion - \$500 Maximum, 80% of PPO Allowance In Network / 60% of Reasonable and Customary Out of Network.

Intercollegiate Sports - Paid as any other Injury to a maximum benefit of \$3,000 per Injury.

Club Sports - Paid as any other Injury to a maximum benefit of \$3,000 per Injury.

Pharmacy services provided by informedRx, an SXC company - please see detailed benefit information at www.studentinsurance.com

Medical Evacuation* and Repatriation - \$1,000,000 combined maximum benefit (Pre-Authorization required: 1-888-722-1668)

*When hospitalized for at least 5 consecutive days.

Accidental Death & Dismemberment - \$10,000 Principal Sum (See Policy for details)

North Carolina mandates coverage for the following benefits: diagnostic, therapeutic or surgical procedures involving any bone or joint of the jaw, face or head; anesthesia and hospital charges in connection with dental procedures under certain circumstances; hospital stay of 48 hours following a normal vaginal delivery and 96 hours following a cesarean section and post-delivery care in the event of earlier discharge; bone mass measurement for the diagnosis and evaluation of osteoporosis for qualified individuals; prescription contraceptives drugs or devices; colorectal cancer screening; emergency services expense; mammograms; examinations and laboratory tests for the screening for the early detection of cervical cancer; prostate specific antigen tests; diabetes equipment, supplies and outpatient self-management training; reconstructive breast surgery following mastectomy; hearing screening for dependent newborn children; health care services associated with participation in covered clinical trials; surveillance tests for women at risk for ovarian cancer; and any other applicable mandated benefits.

Additional Services

American Health Holding, Inc. 24-Hour Student Emergency Care Hotline - please see detailed benefit information at www.studentinsurance.com

Student Assist - Additional travel services are available with this plan - please see detailed benefit information at www.studentinsurance.com

Pre-Notification Requirement

1-888-722-1668

Required For Inpatient and Outpatient Procedures

It is the responsibility of the Covered Person to advise providers and ensure that pre-notification is accomplished prior to non-emergency health care being provided. Covered Persons should not agree to any admission, inpatient surgery or care, ambulatory or day surgery or treatment until benefits authorization is received from Pre-Notification.

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

EXTENSION OF BENEFITS:

If the Covered Person is confined to a Hospital on the date his or her coverage terminates as a result of Sickness or Injury for which benefits were payable prior to the date his or her coverage terminated, benefits will be payable for the Eligible Expenses incurred until the earliest of: (1) the end of Sickness or Injury; (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.

UNCG PLAN SUMMARY OF BASIC MEDICAL EXPENSE BENEFITS

BENEFIT CATEGORY	Health Care at Student Health Services	HEALTH CARE IN NETWORK MedCost PPO Network	HEALTH CARE OUT OF NETWORK
Policy Year Deductible per Person, including Newborns	None	\$300	
Emergency Room (within 72 hours of Injury or onset of Sickness) Follow up treatment requires Health Center Referral	Not Applicable	\$150 Copay (In addition to deductible) Copay waived if admitted to hospital	
		80% of PPO Allowance	60% of Reasonable & Customary
Maximum Benefit per Sickness/Injury per Policy Year Treatment must begin within 30 days of date of Injury	\$100,000 Maximum Benefit per Sickness or Injury per Policy Year		
Covered Students must visit Student Health Center first for treatment / referral. Penalty and exceptions are listed under Referrals			

INPATIENT with Health Services REFERRAL & Pre-Notification Required	Benefit Category	Health Care at Student Health Services	HEALTH CARE IN NETWORK MedCost PPO Network	HEALTH CARE OUT OF NETWORK
INPATIENT with Health Services REFERRAL & Pre-Notification Required	Room & Board except Intensive Care	Not Applicable	80% of PPO Allowance up to the Semi-Private Room Rate	60% of Reasonable & Customary up to the Semi-Private Room Rate
	Hospital Miscellaneous except Intensive Care Miscellaneous	Not Applicable	80% of PPO Allowance	60% of Reasonable & Customary
	Intensive Care / Intensive Care Miscellaneous	Not Applicable	80% of PPO Allowance / \$1,000 Aggregate Max per day	60% of Reasonable & Customary / \$1,000 Aggregate Max per day
	Physiotherapy	Not Applicable	Paid under Hospital Miscellaneous	
	Surgery	Not Applicable	80% of PPO Allowance	60% of Reasonable & Customary
	Assistant Surgeon	Not Applicable	25% of Surgery Allowance	25% of Surgery Allowance
	Anesthesia	Not Applicable	25% of Surgery Allowance	25% of Surgery Allowance
	Registered Nurse	Not Applicable	80% of PPO Allowance	60% of Reasonable & Customary
	Doctor's Visits (1 visit per day when not related to surgery)	Not Applicable	80% of PPO Allowance	60% of Reasonable & Customary
	Psychotherapy (1 visit per day)	Not Applicable	80% of PPO Allowance	60% of Reasonable & Customary
Pre-Admission Testing	Not Applicable	Paid under Hospital Miscellaneous		

OUTPATIENT Health Services REFERRAL and Pre-Notification Required*	Benefit Category	Health Care at Student Health Services	HEALTH CARE IN NETWORK MedCost PPO Network	HEALTH CARE OUT OF NETWORK
OUTPATIENT Health Services REFERRAL and Pre-Notification Required*	* Surgery	Not Applicable	80% of PPO Allowance	60% of Reasonable & Customary
	* Day Surgery Miscellaneous (Reasonable & Customary Charges are based on Outpatient Facility Charge Index)	Not Applicable	80% of PPO Allowance	60% of Reasonable & Customary
	* Assistant Surgeon	Not Applicable	25% of Surgery Allowance	25% of Surgery Allowance
	* Anesthesia	Not Applicable	25% of Surgery Allowance	25% of Surgery Allowance
	Doctor's Visits (1 visit per day when not related to surgery) when administered in the Doctor's office, includes injections for allergies and needle sticks HIV testing only	100% (no copay)	80% of PPO Allowance (after \$10 per visit copay)	60% of Reasonable & Customary (after \$10 per visit copay)
	Physiotherapy Outpatient Physiotherapy benefits are payable only for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; 2) within the 30 days immediately following the attending Doctor's release for rehabilitation. (1 visit per day)	Not Applicable	80% of PPO Allowance (after \$10 per visit copay)	60% of Reasonable & Customary (after \$10 per visit copay)
	X-rays, Laboratory, Tests and Procedures	100% (not subject to deductibles or copays)	80% of PPO Allowance (after \$10 per service copay)	60% of Reasonable & Customary (after \$10 per service copay)
	Chemotherapy / Radiation Therapy	Not Applicable	80% of PPO Allowance	60% of Reasonable & Customary
	Outpatient Prescription Drugs / Injections up to \$1,000 max per Policy Year, however obtained. (including prescription birth control). Limited to one 30 day supply per prescription or refill per month.	100% (not subject to deductibles or copays)	informedRx, an SXC company, participating pharmacies: 80% after \$10 generic copayment / \$25 brand name copay per 30-day supply.	
Psychotherapy (1 visit per day)	100% (when SHS fee not paid)	80% of PPO Allowance (after \$10 per visit copay)	60% of Reasonable & Customary (after \$10 per visit copay)	

OTHER BENEFITS	Benefit Category	Health Care at Student Health Services	HEALTH CARE IN NETWORK MedCost PPO Network	HEALTH CARE OUT OF NETWORK
OTHER BENEFITS	Ambulance	Not Applicable	80% of PPO Allowance	60% of Reasonable & Customary
	Durable Medical Equipment (replacement not covered)	100% (not subject to deductibles or copays)	80% of PPO Allowance	60% of Reasonable & Customary
	Consultant (when required and approved by Attending Doctor)	Not Applicable	80% of PPO Allowance (after \$10 per visit copay)	60% of Reasonable & Customary (after \$10 per visit copay)
	Alcoholism / Drug Abuse	Not Applicable	80% of PPO Allowance	60% of Reasonable & Customary
	Dental (injuries to sound natural teeth only)	Not Applicable	80% of PPO Allowance	60% of Reasonable & Customary

Program Exclusions

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

1. as a result of dental treatment except for treatment resulting from Injury to sound natural teeth.
2. for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the Student Health Service fee.
3. for eye examinations, eyeglasses, contact lenses or prescription for such; or treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process. Eye refraction is not covered.
4. for 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.
5. 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 scheduled airline maintaining regular published schedules on a regularly established route.
6. for Injury or Sickness resulting from war or act of war, declared or undeclared.
7. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law but only to the extent the Loss or Expenses are the liability of the employee, employer or Workers' Compensation carrier according to the final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
8. 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.
9. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. for cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
11. for preventive treatment, testing, or screening exams, medicines, serums, or vaccines except as specifically provided.
12. as a result of committing or attempting to commit an assault or felony or participation in a felony, riot, insurrection or civil commotion.
13. for Elective Treatment or elective surgery.
14. for any services rendered by a Covered Person's immediate family member.
15. for a treatment, service or supply which is not Medically Necessary.
16. as a result of suicide or any attempt at suicide.
17. for surgery and/or treatment of: acupuncture; gynecomastia; allergy testing; biofeedback-type services; breast implants or breast reduction unless Medically Necessary following a mastectomy; circumcision; corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical correction thereof; family planning except as specifically provided; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; hair growth or removal; impotence, organic or otherwise; learning disabilities; nonmalignant warts, moles and lesions; premarital examinations; sexual re-assignment surgery; sleep disorders; tubal ligation; vasectomy; and alopecia.
18. for routine physical examinations, health examinations or preschool physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided.
19. for elective sterilization or its reversal.
20. for organ transplants.
21. for Injury resulting from: the practicing for, participating in an intercollegiate or club sports in excess of \$3,000 Maximum per injury, any professional sports activity, hang gliding; parasailing; sky diving; glider flying; parachuting; or bungee cord jumping.
22. for Injury resulting from fighting except in self-defense.
23. for treatment of obesity, 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.
24. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.
25. for home health care.

Eligibility

A person is eligible for coverage if he or she is*:

1. A registered Student taking 6 or more credit hours; and

* **Enrollment in home study, correspondence, Internet classes and television (TV) do not fulfill the eligibility requirements.**

2. The Dependent(s) of a Covered Student. Eligible Dependents are the legal spouse and/or unmarried dependent children (includes natural child, adopted child, foster child, or child for whom the student is required to cover by court/administrative order) under 19 years of age (23 if enrolled as a full-time student) principally supported by the Covered Student; or 19 or more years of age and primarily supported by the Covered Student and incapable of self-sustaining employment by reason of mental or physical handicap. Newborn Children: Coverage for such child will be for Sickness and Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care. If an additional premium charge is due to cover the newborn child, the newborn child shall be covered from the moment of birth if an enrollment form and premium are submitted to Pearce & Pearce, Inc. within 30 days after the date of birth.

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been and continue to be met. If the Company discovers that the Policy eligibility requirements have not or are not being met, the Company's only obligation is refund of premium.

NOTE: Except as noted under Termination or as specifically provided under the Extension of Benefits, Dependent coverage expires concurrently with that of the Covered Student.

The Student Insurance Premium will appear on the Tuition Bill unless the student shows proof of other insurance coverage and waives coverage under this plan within the 31 day Open Enrollment Period.

Open Enrollment

Enrollment is only allowed during Open Enrollment Periods. Open Enrollment for students ends 31 days after the start of classes for the Fall and Spring/Summer Coverage Terms. Open Enrollment for spouses and dependent children ends 31 days after the listed coverage effective dates of the Fall and Spring/Summer Coverage Terms.

The only exceptions are the following Qualifying Events with appropriate documentation:

1. Adding a new Spouse or Dependent Child (within 31 days of marriage, birth or adoption).
2. Enrolling as a new or transfer Student (within 31 days of date of enrollment at the University)
3. Ineligibility under another creditable plan (within 31 days of loss of coverage).

Effective and Termination Dates

The Policy on file at the University becomes effective 12:01 a.m. on August 1, 2009 and terminates 11:59 p.m. July 31, 2010. Coverage for students automatically enrolled through the University will be effective on the Effective Date of the Coverage Term enrolled. Coverage for newly enrolling spouses and dependent children will be effective on the Effective Date of the Coverage Term elected or the day after Enrollment Card and correct premium are received - whichever is later. Those spouses and dependent children insured under the 2008-09 UNC Greensboro Student Insurance Plan through the Termination Date of the 2008-09 Policy Year will have 31 days after the 2009-2010 Policy Effective Date to re-enroll and maintain continuous coverage. Insurance will end for the Covered Person on the earliest of the date he or she becomes full time active duty in any Armed Forces*, or the end of the period for which premium was paid. *Excludes Reserve or National Guard duty for training unless it exceeds 31 days. Submit proof of service to receive a pro-rata refund of premium for this period.

Creditable Coverage

Coverage under this health program is "creditable coverage" under Federal law. When coverage terminates, the Covered Person can request a Certificate of Creditable Coverage which is evidence of his or her coverage under this health plan. The Covered Person may need such a certificate if he or she becomes covered under a group health plan or other health plan within 63 days after coverage under this health program terminates. If the subsequent health program excludes or limits coverage for medical conditions the Covered Person had before enrolling, this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage; please contact Pearce Administration at 1-888-722-1668.