

DOMESTIC

Summary of Benefits for the Basic and Enhanced Plans



UNIVERSITY
OF
LOUISIANA
L a f a y e t t e

Lafayette, Louisiana 70504
"the Policyholder"

2012-2013 Academic Year

DOMESTIC INJURY AND SICKNESS INSURANCE PLAN

Administrator Policy Number: CHH0071553

Underwriter Reference Number: CAS9492866

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

CHARTIS[®] 

Dear Student:

The administration is making available to students and their dependents, a plan of Blanket Injury and Sickness Insurance. The coverage is designed to provide benefits for medical expenses arising from an Injury or Sickness including those which occur off campus and during interim vacations. Any questions about the Policy should be directed to:

Macori, Inc.
P.O. Box 2567
Spring, Texas 77383-2567
Toll Free: 1-800-285-8133 • Email: macori@macori.com

- ELIGIBILITY -

International Students are not eligible for this coverage but are eligible for a separate plan. Students enrolled in on-line correspondence, or television courses only are not eligible to participate in this plan.

Except in the case of withdrawal due to Injury or Sickness, any student withdrawing from school during the first 31 days of the period for which he or she is enrolled will not be covered under the Policy and a full refund of premium will be made, less any claims paid. Students who withdraw after such 31 days will remain covered under the Policy and no refund will be made. Macori Administration (the Plan Administrator) should be notified at that time by the student. Students who enroll in the spring and are planning to continue in the following fall semester may be covered in the period between the spring semester and the fall semester by paying the appropriate premium during the summer semester enrollment period. Students who enroll in this Plan may secure family coverage. Eligible dependents are the Covered Student's spouse residing with the Covered Student, and unmarried children and grandchildren under age 24 who are not self-supporting and reside with the Covered Student (older if incapable of self-support due to mental or physical incapacity). Dependents must be enrolled for the same plan and period of coverage as the Insured participant.

OPTION I—BASIC PLAN: All registered undergraduate students taking 7 or more credit hours in the spring and fall (4 hours in summer) and all registered graduate students taking 6 or more credit hours (3 hours in summer) are automatically enrolled in this insurance plan at registration and the premium for coverage is added to their tuition billing. The insurance coverage described in this brochure is available to part-time students on a voluntary basis.

OPTION II—ENHANCED PLAN: All registered students eligible for the Basic Plan are eligible to enroll in this Plan. If elected, Option II—Enhanced Plan will replace Option I—Basic Plan. Selection of the Option II—Enhanced Plan must be made at the initial enrollment each Policy Year.

When the Covered Person's Injury or Sickness requires treatment by a Doctor, the Company will pay for covered Eligible Expenses incurred up to 52 weeks from the date of the Injury or the date of first medical treatment of a Sickness. A person will neither be allowed to change choice of plans during any policy year, nor will he or she receive a "gain" in subsequent years by purchasing the Option II - Enhanced Plan for a condition for which benefits or the pre-existing waiting period began or was in effect while covered under the Option I

—Basic Plan. The Option II—Enhanced Plan is not available on the student tuition billing. Enrollment forms must be completed and mailed with the appropriate premium directly to Macori Administration or completed on-line at www.macori.com/ULL.

- EFFECTIVE DATE AND EXPIRATION DATES -

Coverage becomes effective on the latest of:

- *The Policy Effective Date (12:01 A.M. on 6/30/12);
- **12:01 A.M. on 8/15/12;
- At 12:01 on the first day of the coverage term for which the proper premium has been received; or
- 12:01 A.M. following the date the envelope containing the completed Enrollment Form and proper premium for the period of coverage is postmarked by the U.S. Postal Service.

All coverage expires at 11:59 P.M. on the first of these to occur:

- the Policy Termination Date (08/14/13); or
- the last day for which any required premium has been paid.

Newborn children are covered for Injury or Sickness from birth until 31 days old and until such time as the infant is well enough to be discharged from a hospital or neonatal special care unit to his or her home, whichever period is longer. Written notification of birth and premium must be received within 31 days after the birth in order for the child to remain continuously insured.

*A new student arriving on campus early may elect to purchase coverage for the period 6/30/12 through 8/14/12 for an additional premium amount of \$4 if enrolled in Option I - Basic Plan or \$105 if enrolled in Option II - Enhanced Plan. Students enrolled in Option I - Basic Plan may not elect to change to Option II - Enhanced Plan for the Fall Semester. If elected, Option II - Enhanced Plan will replace Option I - Basic Plan. Selection of Option II - Enhanced Plan must be made at the initial enrollment each Policy Year.

**8/17/12 for Covered Persons maintaining continuous coverage from the 2011-2012 Policy Year who: 1) are enrolling in this Plan (without a break); and 2) who had an 8/16/12 Expiration Date.

- ADDITIONAL BENEFITS -

The Plan will pay Eligible Expenses for the following benefits in accordance with Louisiana insurance mandates: Annual Pap Smears/Cervical Cancer Screening; Mammography; Annual Prostate Cancer Screening; Mastectomy; Breast Reconstruction and Prostheses; Bone Mass Measurement/Osteoporosis Screening; Off Label Drugs; Inherited Metabolic Disease; Diabetes Equipment, Supplies and Outpatient Self-Management Training and Education; Hearing Impaired Transliteration Services; Cancer Clinical Trials; Immunizations for Dependent Children; Cleft Lip and Cleft Palate; Dental Anesthesia; Hearing Aids for Dependent Children; Colorectal Cancer Screening; Severe Mental Illness; ADD/Hyperactivity; and any other applicable mandated benefits.

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OPTION I—BASIC PLAN SCHEDULE OF BENEFITS

When the Covered Person's Injury or Sickness requires treatment by a Doctor, the Company will pay for covered Eligible Expenses incurred up to 52 weeks from the date of the Injury or the date of first medical treatment of a Sickness.

PART A: INJURY & SICKNESS BENEFIT		\$2,500 Maximum each Injury or each Sickness, subject to the following limits:	
ELIGIBLE EXPENSES	INJURY BENEFIT	SICKNESS BENEFIT	
I. Inpatient	LIMITS	LIMITS	
Hospital Room and Board	\$100/day	\$100/day	
Hospital Intensive Care Unit (<i>in lieu of Hospital Room and Board</i>)	\$200/day, up to 10 days	\$200/day, up to 10 days	
Hospital Miscellaneous	Up to \$2,250	Up to \$2,250	
Radiation Therapy	R&C	Up to \$275	
Surgical Expense (<i>Paid at 70th percentile of the MDR Schedule</i>)	Maximum of \$1,200	Maximum of \$1,200	
Anesthetist	25% of Surgical Allowance	\$100 per confinement	
Doctor's Non-Surgical Visits (<i>Not paid day of surgery</i>)	\$75/visit/only one (1) per day, up to 35 visits	\$75/visit/only one (1) per day, up to 35 visits	
Registered Nurse	R&C	R&C	
Treatment of Severe Mental Illness	The same as any other Sickness, limited to: up to 45 days per policy year. Two days of partial hospitalization or two days of residential treatment center hospitalization may be exchanged for each inpatient day of treatment.		
II. Outpatient			
Ambulatory Surgery Miscellaneous	Up to \$2,250	Up to \$2,250	
Surgical Expense (<i>Paid at 70th percentile of the MDR Schedule</i>)	Maximum of \$1,200	Maximum of \$1,200	
Anesthetist	25% of Surgical Allowance	Up to \$100	
Doctor's Non-Surgical Visits (<i>not paid day of surgery</i>)	\$75/visit; one (1) visit per day; begins with 2nd visit; up to 3 visits	\$75/visit; one (1) visit per day; begins with 2nd visit; up to 3 visits	
Physiotherapy/Chiropractor	Paid under Doctor's Non-Surgical Visit	Paid under Doctor's Non-Surgical Visit	
Hospital Emergency Room (<i>When medically necessary</i>)	Up to \$125	Up to \$125	
Diagnostic X-rays & Laboratory Services	Up to \$450	Up to \$400, not surgically related	
Injections (<i>administered in doctor's office</i>)	R&C	No benefits	
Prescription Drugs	No benefits	No benefits	
Treatment of Severe Mental Illness	The same as any other Sickness, limited to: up to 52 visits per policy year. One inpatient day of treatment may be exchanged for four outpatient visits, or four outpatient visits may be exchanged for one inpatient day of treatment.		
Student Health Service Benefits—various services may be provided, please inquire at the Student Health Center.			
III. Other			
Ambulance Services (<i>ground service only</i>)	Up to \$175	Up to \$175	
Braces and Appliances (<i>when medically necessary</i>)	R&C	No benefits	
Consultant Doctor (<i>when requested by attending Doctor</i>)	Up to \$150	Up to \$150	
Dental treatment (<i>injury only</i>)	\$150/tooth; up to \$450	No benefits	
Mental and Nervous Disorders (<i>inpatient only</i>)	No benefits	Same as any other Sickness	
Substance Abuse	No benefits	Paid under Mental & Nervous Disorders	
Maternity Benefits	No benefits	Same as any other Sickness	
Motor Vehicle Injury	Up to \$1,500	No benefits	
Mammography as state mandated based on the following schedule: (1.) One baseline mammogram for any woman who is thirty-five (35) through thirty-nine (39) years of age. (2.) One mammogram every twenty-four (24) months for every woman who is forty (40) through forty-nine (49) years of age, or more frequent if recommended by her Doctor. (3.) One mammogram every twelve (12) months for any woman if fifty (50) years of age or older. Paid same as any other Sickness.			

OPTION I—BASIC PLAN SCHEDULE OF BENEFITS, Continued

PART B: Supplemental Injury & Sickness Benefits—After \$2,500 has been paid under PART A of the OPTION I—Basic Plan, Eligible Expenses will then be paid at 80% of the Reasonable and Customary charges, not to exceed \$15,000, as a result of any one Accident/Injury or Sickness. This maximum includes both benefits under PART A and PART B. No benefits are payable for mental/nervous disorders or dental treatment.

PART C: ACCIDENTAL DEATH AND DISMEMBERMENT

If, within 100 days from the date of an Accident covered by the Policy, Injury from such Accident results in Loss listed below, the Company will pay the benefit set opposite such Loss. If the Covered Person sustains more than one such Loss as the result of one Accident, the Company will pay only one amount, the largest to which he/she is entitled. The amount will not exceed the Principal Sum which applies for the Covered Person.

Loss of Life.....	\$2,500
Loss of Two Members.....	\$2,500
Loss of One Member.....	\$1,500
Loss of Thumb & Index Finger of Same Hand	\$750

Member means hand, foot or eye. Loss of hand or foot means complete Severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (joints between the fingers and the hand.)

“Severance” means the complete separation and dismemberment of the part from the body.

PART D: PREMIUMS—OPTION I—BASIC PLAN

COVERAGE PERIOD:	Fall Semester * 08-15-12 to 01-13-13	Spring Semester 01-14-13 to 06-04-13	Summer Semester 06-05-13 to 08-14-13
Spouse	\$28.00	\$28.00	\$18.00
Each child	\$18.00	\$18.00	\$12.00

Eligibility requirements must be met each time premium is paid to continue coverage. The Company maintains the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If it is discovered that the Policy eligibility requirements have not been met, the Company's only obligation is to refund premium less any claims paid. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. Dependents must enroll in the Plan when the student first enrolls in the Plan each Policy Year, and must enroll for the same coverage as the student. No enrollment form will be accepted beyond 31 days from the effective date of each coverage period.

*** 08-17-12 Effective Date for Covered Persons maintaining continuous coverage from the 2011/2012 Policy who: 1) are enrolling in this Plan (without a break); and 2) who had an 08-16-12 Expiration Date.**

OPTION II—ENHANCED PLAN SCHEDULE OF BENEFITS

When the Covered Person's Injury or Sickness requires treatment by a Doctor, the Company will pay for covered Eligible Expenses incurred up to 52 weeks from the date of Injury or the date of first Medical treatment for a Sickness.

PART A: INJURY & SICKNESS BENEFIT		\$15,000 Maximum each Injury or each Sickness, subject to the following limits:	
ELIGIBLE EXPENSES	IN-NETWORK	OUT-OF-NETWORK	
I. Inpatient	Allowable Charges	Reasonable & Customary (R&C)	
Hospital Expense: daily semi-private room rate; general nursing care provided by the Hospital. Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-rays 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.	80% of Allowable Charges	60% of R&C	
Radiation Therapy	80% of Allowable Charges	60% of R&C	
Intensive Care	Paid Under Hospital Expense		
Routine Newborn Care: while Hospital Confined; and routine nursery care provided immediately after birth. 4 days Hospital Confinement expense maximum.	Paid as any other Sickness		
Treatment of Severe Mental Illness	The same as any other Sickness, limited to: up to 45 days per policy year. Two days of partial hospitalization or two days of residential treatment center hospitalization may be exchanged for each inpatient day of treatment.		
Physiotherapy - up to \$500 maximum	100% of Allowable Charges	100% of R&C	
Surgical Expense: in accordance with data provided by MDR Schedule. 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 value of the second procedure and 50% of the value for all subsequent procedures.	80% of Allowable Charges	60% of R&C	
Anesthetist: professional services administered in connection with inpatient surgery.	80% of Allowable Charges	60% of R&C	
Registered Nurse: private duty nursing care	Paid under Hospital Expense		
Doctor's Non-surgical Visits: benefits are limited to one visit per day and do not apply when related to surgery or on day of surgery.	80% of Allowable Charges	60% of R&C	
Pre-Admission Testing: payable within 3 working days prior to admission	Paid under Hospital Expense		
Mental and Nervous Disorders: 30 days maximum. Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness		
II. Outpatient			
Surgical Expense: in accordance with data provided by MDR Schedule. 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 value of the second procedure and 50% of the value for all subsequent procedures.	80% of Allowable Charges	60% of R&C	
Ambulatory Surgery Miscellaneous: related to surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs and medicines; and supplies. Reasonable & Customary charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	80% of Allowable Charges	60% of R&C	
Anesthetist: professional services administered in connection with outpatient surgery.	80% of Allowable Charges	60% of R&C	
Doctor's Non-surgical Visits: benefits are limited to one visit per day. Benefits for Doctor's Visits do not apply when related to surgery or Physiotherapy.	80% of Allowable Charges \$10 co-pay per visit	60% of R&C \$10 Deductible per visit	

OPTION II—ENHANCED PLAN SCHEDULE OF BENEFITS, Continued

PART A: INJURY & SICKNESS BENEFIT, CONTINUED		\$15,000 Maximum each Injury or each Sickness, subject to the following limits:
ELIGIBLE EXPENSES	IN-NETWORK	OUT-OF-NETWORK
II. Outpatient, Continued	Allowable Charges	Reasonable & Customary (R&C)
Physiotherapy/Chiropractor (up to \$300 maximum): benefits are limited to one visit per day. Benefits are payable only when services is rendered at the Student Health Center or referral is issued by the Student Health Center.	100% of Allowable Charges	100% of R&C
Hospital Emergency Room: use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	80% of Allowable Charges \$100 Co-pay per visit	80% of R&C \$100 Deductible per visit
Diagnostic X-rays and Laboratory Services	80% of Allowable Charges	60% of R&C
Injections: when administered in the Doctor's office and charged on the Doctor's statement. Allergy injections are not payable.	80% of Allowable Charges	60% of R&C
Tests & Procedures: diagnostic services and medical procedures performed by a Doctor, other than Doctor's Visits, Physiotherapy, X-ray and Lab Procedures.	80% of Allowable Charges	60% of R&C
Chemotherapy & Radiation Therapy	80% of Allowable Charges	60% of R&C
Prescription Drugs: \$750 maximum Per Policy Year	100% of R&C after \$10 Generic / \$30 Brand name co-pay per prescription, up to a 31 day supply per prescription	
Mental and Nervous Disorders: \$300 maximum. Benefits are limited to one visit per day, including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder.	50% of Allowable Charges \$10 co-pay per visit	50% of R&C \$10 deductible per visit
Ambulance Services: \$250 maximum, benefits are payable for ground transportation only.	80% of Allowable Charges	80% of R&C
Braces and Appliances: \$1,000 maximum per Policy Year. Benefits are payable only upon Doctor's written prescription. Replacement equipment is not covered.	80% of Allowable Charges	80% of R&C
Consultant Doctor Fees: when requested and ordered by the attending Doctor	80% of Allowable Charges \$10 co-pay per visit	60% of R&C \$10 deductible per visit
Dental Treatment: \$200 maximum per Policy Year. Benefits paid for Injury to Sound, Natural Teeth only.	80% of Allowable Charges	80% of R&C
Maternity Benefits including Complications of Pregnancy	Paid as any other Sickness	
Substance Abuse	Paid under Mental and Nervous Disorders	
Motor Vehicle Injuries: \$1,000 maximum	80% of Allowable Charges	60% of R&C
Treatment of Severe Mental Illness	The same as any other Sickness, limited to: up to 52 visits per policy year. One inpatient day of treatment may be exchanged for four outpatient visits, or four outpatient visits may be exchanged for one inpatient day of treatment.	
Student Health Service Benefits (UL Lafayette Student Health Center)	100% of Eligible Expenses provided by the Student Health Service with no co-pay or deductible	
PART B: Supplemental Injury & Sickness Benefits — After \$15,000 has been paid under PART A of the OPTION II—Enhanced Plan, Eligible Expenses will then be paid at 80% of the Reasonable & Customary charges, not to exceed \$50,000, as a result of any one Accident/Injury or Sickness. This maximum includes both benefits under PART A and PART B.		
PART C: ACCIDENTAL DEATH AND DISMEMBERMENT		
If, within 100 days from the date of an Accident covered by the Policy, Injury from such Accident results in Loss listed below, the Company will pay the benefit set opposite such Loss. If the Covered Person sustains more than one such Loss as the result of one Accident, the Company will pay only one amount, the largest to which he/she is entitled. The amount will not exceed the Principal Sum which applies for the Covered Person.		
Loss of Life.....	\$2,500	
Loss of Two Members.....	\$2,500	
Loss of One Member.....	\$1,500	
Loss of Thumb & Index Finger of the Same Hand.....	\$750	
Member means hand, foot or eye. Loss of hand or foot means complete Severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (joints between the fingers and the hand).		
“Severance” means the complete separation and dismemberment of the part from the body.		

OPTION II—ENHANCED PLAN SCHEDULE OF BENEFITS, Continued

PART D: PREMIUMS— OPTION II—ENHANCED PLAN

COVERAGE PERIOD:	Fall Semester *08-15-12 to 01-13-13	Spring Semester 01-14-13 to 06-04-13	Summer Semester 06-05-13 to 08-14-13
Student	\$295	\$295	\$190
Spouse (Add to Student Rate)	\$470	\$470	\$296
Each child (Add to Student Rate)	\$490	\$490	\$309

Eligibility requirements must be met each time premium is paid to continue coverage. The Company maintains the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If it is discovered that the Policy eligibility requirements have not been met, the Company's only obligation is to refund premium less any claims paid. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. Dependents must enroll in the Plan when the student first enrolls in the Plan each Policy Year, and must enroll for the same coverage as the student. No enrollment form will be accepted beyond 31 days from the effective date of each coverage period.

*** 08-17-12 Effective Date for Covered Persons maintaining continuous coverage from the 2011/2012 Policy who: 1) are enrolling in this Plan (without a break); and 2) who had an 08-16-12 Expiration Date.**

- 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.

"Allowable Charges" means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

"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.

"Doctor" means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term "Doctor" does not include a Covered Person's immediate family member.

"Elective Treatment" means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person's effective date of coverage.

Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction unless as a result of mastectomy; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; botox injections; treatment of infertility and routine physical examinations except as specifically provided under the Policy.

"Eligible Expense" means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while the Policy is in force as to the Covered Person.

"Emergency Medical Condition" means a medical condition of recent onset and severity, including severe pain, that would lead a prudent lay-person, acting reasonably and possessing an average knowledge of medicine and health, to believe that the absence of immediate medical attention could reasonably be expected to result in: (a) placing the health of the person, or with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, (b) serious impairment to such person's bodily functions; (c) serious impairment or dysfunction of any bodily organ or part of such person; (d) serious disfigurement of such person.

"Hospital" means a facility which meets all of these tests:

(a) it provides in-patient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

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

"Injury" means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person's effective date of coverage; and (c) occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

DEFINITIONS continued.

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

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

It does not include emergency services necessary to screen and stabilize a Covered Person. Services for such Emergency Medical Condition shall not require any prior authorization before benefits under the Policy become payable. When the benefit payment for such services has been authorized, the Company will not subsequently retract its authorization after benefit payment has been made or reduce payment for an item, treatment or service furnished in reliance upon approval, unless approval was based upon a material omission or misrepresentation about the Covered Person’s health condition made by the provider of Emergency Services. For immediately required post-evaluation or post-stabilization services, the Company will be available 24 hours a day, 7 days a week, to facilitate review.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

“Mental or Nervous Disorder(s)” means a nervous, mental, emotional and mental disease, illness, syndrome or dysfunction classified in the most recent edition of the International Classification of Diseases as a mental disorder (other than those conditions deemed Severe Mental Illness, as defined) on the date the medical care or treatment is rendered to a Covered Person.

“Pre-Existing Condition” means a Sickness or Injury 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 or a pregnancy existing on the Covered Person’s effective date of coverage under the Policy. The Policy does not impose any pre-existing condition exclusion on the basis of genetic information of a Covered Person.

“Reasonable and Customary” (R&C) means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the

charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

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

Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date shown in the Schedule of Benefits.

“Severe Mental Illness” means any of the following diagnosed severe mental illnesses: schizophrenia or schizoaffective disorder; bipolar disorder; pervasive developmental disorder or autism; panic disorder; obsessive-compulsive disorder; major depressive disorder; anorexia/bulimia; Asperger’s disorder; intermittent explosive disorder; post-traumatic stress disorder; psychosis NOS (not otherwise specified) when diagnosed in a child under seventeen years of age; Rett’s disorder; Tourette’s disorder.

“Sickness” means disease, illness or Complication of Pregnancy which begin after the effective date of the Covered Person’s coverage. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

All Sicknesses due to the same or a related cause are considered One Sickness.

- EXCLUSIONS -

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

1. as a result of dental treatment, or dental x-rays 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, replacement of eyeglasses or prescription for such except for aphakic patients (including lenses required after cataract surgery and soft lenses or sclera shells to treat Sickness or Injury); radial keratotomy or laser surgery; hearing aids; orthodontic braces and orthodontic appliances or prescriptions or examinations for such except as required for repair caused by a covered Injury 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. Vision examinations not related to prescription or fitting of lenses will be covered only when performed in connection with the diagnosis or treatment of Sickness or Injury. Eye refraction is not covered.
4. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline maintaining regular published schedules on a regularly

established route. **This exclusion does not apply to insured students while taking flight instruction for University credit.**

5. for Injury or Sickness resulting from war or act of war, declared or undeclared.
6. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
7. 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.
8. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. 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.
10. for preventive treatment, testing, medicines, serums, vaccines, vitamins or oral contraceptives except as specifically provided in the Policy.
11. as a result of committing or attempting to commit an assault or felony or participation in a felony, riot, illegal occupation, insurrection or civil commotion.
12. as a result of suicide or any attempt at suicide, including drug overdose or intentionally self-inflicted Injury, or any attempt at self-inflicted injury.
13. for treatment of mental and nervous disorders except as specifically provided in the Policy.
14. for the treatment of alcoholism or substance abuse except as specifically provided in the Policy.
15. for any services rendered by a Covered Person's immediate family member.
16. for a treatment, service or supply which is not Medically Necessary.
17. for loss sustained or contracted in consequence of the Covered Person's being intoxicated or under the influence of narcotics unless administered on the advice of a Doctor.
18. for Injury due to being legally intoxicated, as defined by the jurisdiction in which an Accident occurs, while operating a motor vehicle.
19. for orthopedic appliances or braces which are used mainly to protect an Injury so that the Covered Person can take part in interscholastic or intercollegiate sports.
20. for or in relation to orthopedic shoes or devices intended to be placed inside shoes or other footwear.
21. as a result of a motor vehicle Accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place.
22. for treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception

elective sterilization or its reversal, artificial insemination or in vitro fertilization unless such infertility is a result of Injury or Sickness.

23. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from intercollegiate, professional and semi-professional sports activity, including travel to and from the activity and practice; sporting events racing or speed contests; skin diving; scuba diving*; hang gliding; parasailing; sky diving; boating; flight in an ultra light aircraft; glider flying; sail planing; parachuting; ballooning; or mountaineering (where ropes or guides are customarily used. ***This exclusion does not apply to insured students while taking scuba diving instruction for University credit.**
24. for outpatient prescriptions drugs, except as specifically provided in the policy.
25. for treatment of obesity, (except resulting from diabetes), regardless of the history or diagnosis, including, but not limited to the following: weight reduction or dietary control programs, prescription or nonprescription drugs or medications such as vitamins (whether taken orally or by injection), minerals, appetite suppressants, or nutritional supplements and any complication resulting from weight loss treatments or procedures.
26. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.
27. for elective treatment or elective surgery.
28. for elective abortions unless otherwise provided in the Policy.

- PRE-EXISTING CONDITION LIMITATION -

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 Policyholder's prior Policy for 12 consecutive months immediately preceding his or her effective date of coverage under the current Policy; 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 this 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.

CREDIT FOR PRIOR COVERAGE: A Covered Person whose coverage under prior Creditable Coverage ended no more than 63 days before the Covered Person's effective date under this Policy, will have any applicable Pre-Existing Condition limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the Company will credit only the days of such coverage after the break. Creditable Coverage means coverage under any of the following: (a) Any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employee plan, or any other entity, and that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans. The term

Eligibility and Claims: 800-285-8133 or 281-651-8787

PREFERRED PROVIDER INFORMATION:

Private Healthcare System

Toll Free: 888-560-7427

www.macori.com/ULL

CLAIM FILING ADDRESSES:

Providers:

Macori Administration

P.O. Box 2478

Spring, TX 77383-2478

EDI# 22195 Phone: 800-285-8133

Email: macori@macori.com



Covered Persons may complete a Claim Notification Form online at www.macori.com/ULL

CLAIM PROCEDURE

When a Covered Person incurs expenses covered by the Policy, he or she may file a claim online at www.macori.com/ULL. Submit all itemized medical bills to Claims Office listed below:

INQUIRING ABOUT CLAIMS/BENEFITS:

CLAIM FORMS MUST BE FILED WITHIN 90 DAYS AFTER THE DATE OF INJURY OR FIRST TREATMENT FOR SICKNESS.

Claims Office:

Macori Administration

P. O. Box 2478, Spring, Texas 77383-2478



Macori, Inc.

Health Insurance for Students/Scholars


P. O. Box 2478, Spring, Texas 77383-2478



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

Please keep this brochure as a general summary of the insurance coverage available under Policy Series S30494NUFIC-LA. The Policy on file at the University contains all of the provisions, definitions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between brochure and Policy, the Policy will govern in all cases.

The Policy is a non-renewable one-year term insurance policy. Similar coverage may be purchased for the following academic year. It is the Covered Student's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new policy year.

Domestic Plan ID Card	
National Union Fire Insurance Company of Pittsburgh, Pa.	
Policy Holder: University of Louisiana Lafayette Domestic Injury & Sickness Insurance Plan	Policy #: CHH0071553 Reference #: CAS9492866
Covered Student: _____	
ID Number: _____	
KEEP THIS CARD IN YOUR POSSESSION AT ALL TIMES FOR PRESENTATION TO YOUR MEDICAL PROVIDER NOTE: Hospital admissions notification recommended.	
Preferred Providers (See Reverse for Filing Claims)	
	
This card is for policy identification purposes only. It is not a guarantee of benefits.	