

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

Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One Year Term Policy.

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

1st Semi-Annual	March 1, 2002
2nd Semi-Annual	August 30, 2002
Spring Semester	August 30, 2002

Coverage expires by premium payment option as follows:

The Master Policy on file at the school becomes effective at 12:01 a.m., August 30, 2001. 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 at 12:01 a.m., August 30, 2002. 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.

EFFECTIVE AND TERMINATION DATES

Optional Major Medical benefits may only be purchased at the time of initial enrollment in the plan and may not be added later.

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 dependent student at an accredited institution of higher learning, who are not self-supporting student.

All registered students taking 3 or more credit hours are eligible to enroll in the plan on a voluntary basis. Eligible dependents of students enrolled in the plan may participate in the plan on a voluntary basis. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, internet classes 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. If and whenever the Company discovers that the Policy Eligibility requirements have not been met, its only obligation is refund of 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 dependent student at an accredited institution of higher learning, who are not self-supporting student.

ELIGIBILITY

All registered students taking 3 or more credit hours are eligible to enroll in the plan on a voluntary basis. Eligible dependents of students enrolled in the plan may participate in the plan on a voluntary basis. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, internet classes 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. If and whenever the Company discovers that the Policy Eligibility requirements have not been met, its only obligation is refund of premium.

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 detailed copy of our privacy policy through your school, by calling us toll-free at 800 767-0700 or by visiting us at www.student-resources.net

STUDENT INJURY AND SICKNESS INSURANCE

*Designed Especially for
the Students of the*



UNIVERSITY OF PITTSBURGH 2001 - 2002 POLICY YEAR

COL-68-PA-PPO

37-368

CLAIM PROCEDURE

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

- 1) Report at once to the Student Health Service 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) Notification of Injury or Sickness must be provided to the Company within 90 days after the date of Injury or commencement of Sickness. Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to furnish proof. In no event except in the absence of legal capacity shall written proof of loss be furnished later than one year from the time proof is otherwise required.

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
1-800-767-0700
1-972-233-8200

Serviced By:

University Health Plans, Inc.

15 Broad Street
Boston, MA 02109
1-800-437-6448

Sales/Marketing

Student Resources
1-800-237-0903

ONLINE SERVICES:

Please Visit our Website at www.student-resources.net for Brochures, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services E-mail: info@student-resources.net.

Please keep this Brochure as a general summary of the insurance. 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 Brochure. The Master Policy is the contract and will govern and control payment of benefits.

School Policy Number: 2001-368-1
This Brochure is based on Policy
form number COL-68-PA-PPO

Expense Benefits.

Deductible. You must satisfy your Deductible before benefits are paid. Regardless of the provider, you are responsible for the payment of your Deductible. You must satisfy your Deductible before benefits are paid. We will pay according to the benefit limits in the Schedule of Medical Expense Benefits.

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

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

www.DEVONHEALTH.com.

The availability of specific providers is subject to change without notice. You should always confirm that a Preferred Provider is participating at the time services are required by calling us at 1-800-767-0700 and/or by asking the provider when you make an appointment for services. Preferred Providers can also be found on the Internet at www.DEVONHEALTH.com.

Network.

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in your local school area are Hospital and Physician Members of the Devon Healthcare Services Network.

INFORMATION

PREFERRED PROVIDER

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits After Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

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 12 months after the Termination Date.

AFTER TERMINATION

EXTENSION OF BENEFITS

The deadline for enrollment in this insurance Plan is September 30, 2001 for Annual or 1st Semi-Annual, February 15, 2002 for Spring; and March 30, 2002 for 2nd Semi-Annual. Applications received after these dates will be returned.

ENROLLMENT DEADLINE

If you do not meet the eligibility requirements of this policy, please call 1-800-406-2338 for information about alternative coverage. This information can also be accessed at our website: student-resources.net under Products & Services, then short term medical.Extension of Benefits

ALTERNATIVE COVERAGE

MATERNITY TESTING

licensed certified nurse midwives.

Benefits will be paid for services performed by and facilities used by

room and board; and 5) Hospital miscellaneous expenses.

Covered Medical Expenses include: 1) Physician's Visits; 2) Diagnostic services; 3) Obstetrical/surgical procedures; 4) Hospital

limited by the Schedule of Benefits.

\$250.00. Amounts payable for specific services under this benefit are for any other Sickness. Benefits for elective abortion are limited to Benefits will be paid for normal pregnancy and normal childbirth as

MATERNITY BENEFIT

800-767-0700.

Policy on file at the University or by calling Student Insurance at 1-

Coverage and Women's Preventive Health Service Benefits or any other mandated benefits which may become effective during the term of the Policy. A detail of these benefits may be found in the Master Care Benefits, Matromographic Examination, Newborn Infant Management and Treatment of Diabetes, Post Partum Home Health, Immunization, Medical Foods Benefit, Mastectomy Benefit, State Board of Insurance such as Benefits for Childhood

ADDITIONAL BENEFITS

Exclusions and Limitations Continued:

18. Prescription Drug Services - no benefits will be payable for: a) Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; b) Contraceptives, oral or other, whether medication or device; 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 unapproved cosmetic indications; f) Drugs used to treat or cure baldness, and 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;
19. Reproductive/Infertility services including but not limited to: birth control; family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception. Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproductive ability; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery;
20. Routine Newborn Infant care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
21. 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 under "Women's Preventive Health Services Benefits";
22. Services or supplies for foot care including flat foot conditions, supportive devices for the foot, the treatment of subluxations of the foot, care of corns, bunions (except capsular or bone surgery), or calluses; toenails, fallen arches, weak feet, chronic foot strain and symptomatic complaints of the feet;
23. Services provided normally without charge by the Health Service of the Policyholder;
24. Services, supplies and/or treatment for acne; acupuncture; allergy, including allergy testing; alopecia;
25. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery;
26. Skydiving, recreational 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;
27. Sleep disorders, supplies, treatment, or testing relating to sleep disorders;
28. Suicide or attempted suicide while sane or insane; or intentionally self-inflicted Injury;
29. Supplies, except as specifically provided in the Policy;
30. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices; or gynecmastia;
31. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
32. Vision services and supplies related to eye refractions or eye examinations, eyeglasses or contact lenses or prescriptions or fitting of eyeglasses and radial keratotomy, keratomileusis or excimer laser photo refractive keratectomy or similar type procedures or service except where treatment is a Medical Necessity due to a covered Injury, or when due to a disease process;
33. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
34. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity, surgery for removal of excess skin or fat and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

SCHEDULE OF BASIC MEDICAL EXPENSE BENEFITS - INJURY AND SICKNESS
UP TO \$50,000 MAXIMUM LIFETIME BENEFIT PAID AS SPECIFIED BELOW FOR EACH INJURY OR SICKNESS
DEDUCTIBLE - \$100 PER INSURED PERSON, PER POLICY YEAR

The Policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Lifetime Benefit of \$50,000. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. The Policy provides benefits for loss due to a covered Injury or Sickness. If you receive care 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 your 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 an emergency treatment, 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. The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto. Covered Medical Expenses include:

INPATIENT

	Preferred Providers	Out-of-Network Providers
Room & Board/Hospital Expenses , daily semi-private room rate; and general nursing care provided by the Hospital.	100% of Preferred Allowance/ \$1200 aggregate maximum per day	80% of Preferred Allowance \$1200 aggregate maximum per day
Miscellaneous expenses such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, pre-admission testing, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission shall be counted but not the date of discharge.		
Intensive Care/Hospital Expenses	100% of Preferred Allowance/ \$1500 aggregate maximum per day	80% of Preferred Allowance \$1500 aggregate maximum per day
Physiotherapy . . . . .	.Paid under Room & Board/Hospital Expenses	.Paid under Room & Board/Hospital Expenses
Surgeon's Fees , in accordance with data provided by Medicode, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision.	80% of Usual and Customary Charges/ \$4000 maximum	80% of Usual and Customary Charges/ \$4000 maximum
Assistant Surgeon Fees	20% of Surgery Allowance	20% of Surgery Allowance
Anesthetist	20% of Surgery Allowance	20% of Surgery Allowance
Registered Nurse's Services , private duty nursing care.	80% of Usual and Customary Charges	80% of Usual and Customary Charges
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	80% of Usual and Customary Charges	80% of Usual and Customary Charges
Pre-Admission Testing . . . . .	.Paid under Room & Board/Hospital Expenses	.Paid under Hospital Expenses
Psychotherapy . . . . .	.Paid as any other Sickness/ \$1000 maximum/Per Policy Year	.Paid as any other Sickness/ \$1000 maximum/Per Policy Year

OUTPATIENT

Surgeon's Fees , in accordance with data provided by Medicode, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision.	80% of Usual and Customary Charges/ \$4000 maximum	80% of Usual and Customary Charges/ \$4000 maximum
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.	80% of Usual and Customary Charges/ \$1500 maximum	80% of Usual and Customary Charges/ \$1500 maximum
Assistant Surgeons Fees	20% of Surgery Allowance	20% of Surgery Allowance
Anesthetist	20% of Surgery Allowance	20% of Surgery Allowance
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery or Physiotherapy.	80% of Usual and Customary Charges/ \$75 per day	80% of Usual and Customary Charges/ \$75 per day
Physiotherapy , benefits are limited to one visit per day. Outpatient Physiotherapy benefits are payable only for a condition that requires surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; 2) within the 30 days immediately following the attending physician's release for rehabilitation; or 3) when ordered by an attending physician. . . . .	.Paid under Physician's Visits	.Paid under Physician's Visits
Diagnostic X-Ray and Laboratory Services	80% of Usual and Customary Charges/ \$1500 maximum	80% of Usual and Customary Charges/ \$1500 maximum
Tests and Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-rays, and laboratory procedures. . . . .	.Paid under X-rays & Lab	.Paid under X-rays & Lab
Medical Emergency Expense , use of the emergency room and supplies.	80% of Usual and Customary Charges/ \$1500 maximum	80% of Usual and Customary Charges/ \$1500 maximum
Radiation Therapy & Chemotherapy	80% of Usual and Customary Charges	80% of Usual and Customary Charges
Prescription Drugs , There is a \$5.00 copay for generic and a \$10.00 copay for brand prescriptions. . . . .	. \$500 maximum (Per Policy Year)	. \$500 maximum (Per Policy Year)
Prescriptions must be filled by a PAID Prescription participating pharmacy.		
Psychotherapy . . . . .	. \$100 Deductible/\$50 per day maximum(Per Year)	. \$100 Deductible/\$50 per day maximum(Per Year)
OTHER		
Ambulance Services . . . . .	. \$300 maximum	. \$300 maximum
Consultant Physician Fees , when requested and approved by the attending Physician.	80% of Usual and Customary Charges \$50 maximum	80% of Usual and Customary Charges \$50 maximum
Dental Treatment , made necessary by Injury to Sound, Natural Teeth. . . . .	. \$100 per tooth	. \$100 per tooth
Alcoholism/Drug Abuse . . . . .	.Paid under Psychotherapy Benefits	.Paid under Psychotherapy Benefits
Maternity/Complications of Pregnancy . . . . .	.Paid as any other Sickness	.Paid as any other Sickness
Routine Well-Baby Care , payable only while Hospital confined. . . . .	.Paid under Maternity Benefit	.Paid under Maternity Benefit
Elective Abortion . . . . .	. \$250 maximum	. \$250 maximum
Repatriation, . . . . .	.Paid by Lifeguard Emergency Travel	.Paid by Lifeguard Emergency Travel
Medical Evacuation . . . . .	.Paid by Lifeguard Emergency Travel	.Paid by Lifeguard Emergency Travel

LIFEGUARD EMERGENCY TRAVEL

Through participation in the University of Pittsburgh, each Insured is eligible for the travel assistance services provided by Lifeguard Emergency Travel, Inc. through MONDIAL Assistance when traveling 100 miles or more away from the primary member's permanent home address. Call MONDIAL Assistance when in need of medical assistance.

Benefits include:

- Medical consultation, evaluation and referrals
- Hospital admission guarantee
- Evacuation to the nearest facility that can appropriately treat medical situations
- Critical care monitoring
- Medically supervised repatriation if medical assistance is required to return home
- Transportation of family member to join patient if traveling alone and expected to be hospitalized for more than seven days
- Emergency message transmission
- Legal referrals
- Language interpretation assistance
- Return of mortal remains

Within the United States call: (888) 965-9500
 Outside the United States call: (410) 257-9507

When calling MONDIAL Assistance, please have the following information ready:

1. Caller's name, relationship to patient, telephone and (if possible) fax number;
2. Patient's name, age, and ID number;
3. Nature of Injury or illness;
4. Name, location and telephone number of Hospital, if applicable;
5. Name and telephone number of the treating Physician;
6. Where can the Physician be reached now?

OPTIONAL MAJOR MEDICAL BENEFIT
\$200,000 MAXIMUM LIFETIME BENEFIT
(FOR EACH INJURY OR SICKNESS)

This optional benefit is subject to payment of an additional premium as specified on the enrollment card. Optional benefits may only be purchased at the time of initial enrollment in the plan and may not be added later.

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$50,000 has been paid by the Company.

The Company will pay 100% of additional covered medical expenses incurred up to the Major Medical Maximum of \$200,000. The total benefit payable under Major Medical is \$250,000 minus the Basic Benefits already paid.

No benefits will be paid under Major Medical for:

- 1 Preferred Provider Hospital Expenses which exceed 100% of Preferred Allowance/\$1,200 aggregate maximum per day;
2. Out-of-Network Hospital Expenses which exceed 80% of Preferred Allowance/\$960 aggregate maximum per day;
3. Dental treatment;
4. Psychotherapy;
5. Outpatient Physiotherapy; and
6. Services designated as "No Benefits" in the Basic Expense Benefits Schedule of Benefits.

ADDITIONAL BENEFITS

Benefits are provided as mandated by Pennsylvania Department of Insurance such as Newborn Infant Coverage, Mammographic Examination Benefit, Childhood Immunization, Women's Preventive Health Services, Medical Foods, Mastectomy, Management and Treatment of Diabetes and Post Partum Home Health Care Benefit. A detail of these benefits may be found in the Master Policy on file at the University

PAID PRESCRIPTIONS L.L.C.
PHARMACY BENEFITS

When you use one of the following PAID Prescriptions participating pharmacies to obtain a 30-day supply of drugs prescribed for a Covered Injury or Sickness, you will only be required to pay a copayment. Please present your ID card to the pharmacy when the prescription is filled.

If you do not present your ID card or you do not use a participating pharmacy, you will be responsible for paying the full cost of the prescription. If this happens, please call PAID Prescriptions to obtain a claim form. You will need to submit the completed form and the receipt to PAID Prescriptions in order to be reimbursed.

To obtain PAID Prescriptions claim forms or information about a participating pharmacy near you, please call Member Services at 1-800-717-6635, or visit the PAID Prescriptions web site at www.merckmedco.com.

DEFINITIONS

INJURY means bodily injury: 1) causing loss directly or independently of all other causes; 2) treated by a Physician within 30 days after the date of accident; and 3) which is sustained on or after the Effective Date of insurance as to the Insured Person during the term of the policy.

SICKNESS means sickness or disease of the Insured Person which causes loss 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.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Braces and appliances;
2. Congenital conditions for cosmetic purposes only, except as specifically provided for Newborn or adopted Infants; circumcision;
3. 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; hirsutism; warts, moles and lesions for cosmetic purposes only;
4. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
5. Elective Treatment and Elective Surgery as defined in the Policy; except cosmetic surgery necessitated by a covered Injury;
6. 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;
7. 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; except where treatment is a Medical Necessity due to a covered Injury, or as a result of the disease process;
8. Patient controlled analgesia (PCA);
9. Immunizations services and supplies related to immunizations, except as specifically provided in a benefit section; preventive medicines or vaccines, except where required for treatment of a covered Injury;
10. Injury caused by, contributed to, or resulting from the Insured's being intoxicated or under the influence of any narcotic, hallucinogenics, or illegal drugs, unless administered on the advice of a Physician;
11. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
12. No benefits under the policy will duplicate any benefits provided by the Pennsylvania Motor Vehicle Financial Responsibility Law;
13. Lipectomy services and supplies related to surgical or suction-assisted lipectomy;
14. Mental and Behavioral Problems - services and supplies for conditions related to autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
15. Experimental organ transplants;
16. 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;
17. Participation in a riot or civil disorder; commission of or attempt to commit a felony;