



Student Health Insurance Summary of Benefits Booklet

For The University of Oklahoma Health Sciences Center

Administrator Policy Number AMH9026810
Underwriter Reference Number CAS9710390

This booklet is a general summary of the plan benefits and it is not intended as a Master Policy. The Master Policy on file is in the office at the University and contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this booklet. If any discrepancy exists between this booklet and the Master Policy, the Master Policy will govern and control the payment of benefits.

2009-2010

Academic Year



IMPORTANT! STUDENTS PLEASE NOTE: In order to provide a more affordable health insurance policy, this plan was designed to provide coverage for services NOT available from your on-campus FMC. (Services at FMC are paid by your mandatory Student Health Fee.) Please read page 5.

Health Insurance Overview

This Student Health Insurance Plan has been developed especially for HSC students. The plan provides benefits for covered Sicknesses and Accidents that occur on and off campus. The plan also includes special design features to help keep coverage and medical services affordable. Examples include:

1. **Student Health Fee Coordination:** All HSC students pay a mandatory Student Health Fee which entitles you to acute care visits, chronic illness management, routine health care, in-house doctor-ordered lab and/or x-ray and professional office charges at the Family Medicine Center (FMC). Student Health Insurance Plan benefits cover Eligible Expenses resulting from covered Accidents and Sickness requiring hospitalization, emergency room charges, obstetrical care, specialized care (i.e., dermatology, orthopedic care, etc.), off-campus lab, x-ray, MRI and CT scans. (Schedule of Benefits, pages 6-7 in this booklet).
2. **Preferred Providers Organization (PPO):** First Health and Preferred Community Choice provide a 24-hour helpline and web support at www.macori.com/OUHSC. The contracted PPO is a group of doctors, hospitals and other health care providers who provide medical services at reduced rates for HSC insured students and their families requiring medical care outside of the FMC. These discounts significantly reduce your out-of-pocket expense by reducing your co-insurance payments.
3. **Pharmacy Benefit Manager: Plan I:** Catalyst Rx is a nationwide pharmacy benefits manager providing a 24-hour helpline staffed by licensed pharmacy technicians. Catalyst RX has contracted with Macori Administration to provide prescription drug support services and discount pharmacy benefits to HSC students and their dependents insured under Plan I.
4. **Value Added Services:** You are also entitled to take advantage of special services and discount programs designed to promote good health and provide savings. Services include Ameritas Dental, Amacore Vision Plan and Fitness Programs, Details may be accessed online at www.macori.com/OUHSC.

FREQUENTLY ASKED QUESTIONS

1. **What is the Policy number?** AMH9026810
2. **Am I required to use the Family Medical Clinic?** In order to provide a more affordable health insurance policy, this plan is designed to provide benefits for services NOT available from the FMC clinics, which are NOT covered by your Student Health Fee. Therefore, students are encouraged to use the resources available from the FMC clinics prior to seeking treatment from a PPO provider. Exceptions to the referral requirement are provided on page 5 of the Student Health Insurance booklet.
3. **Am I required to enroll in this insurance plan?** The University requires all students to purchase this insurance plan or provide proof of acceptable alternate insurance coverage prior to enrollment each semester.
4. **How/Where do I pay for the insurance?** Students and their eligible dependents may enroll online at www.macori.com/OUHSC or complete the Enrollment Form and follow the payment instructions listed on the form.

5. **What is the deadline to purchase the insurance?** The University requires all students to enroll in this plan or provide proof of other insurance at each registration. Deadline dates are provided on page 4 of the Student Health Insurance booklet. Booklets are available at www.macori.com/OUHSC.
6. **What if I get married or have a child after the enrollment deadline and want to add my Dependent?** Students may elect to purchase coverage for dependents after the deadline if the Enrollment Form and premium and proof of change are received within 31 days of a change in family composition.
7. **If I enroll in this Plan, do I also need to purchase Medical Evacuation and Repatriation Coverage?** No. The Medical Evacuation and Repatriation Coverage Benefits are included.
8. **What is my deductible?** Per Policy year: Plan I = \$200 outpatient, \$200 inpatient, \$50 prescription drug. Plan II = \$1,000.
9. **How do I file a claim?** Claim Forms submission is available at www.macori.com/OUHSC. Medical bills should be forwarded to Macori Administration, PO Box 2567, Spring, TX 77383.
10. **Who do I call to check status of a claim?** Macori Administration at 1-800-285-8133 or log on to www.macori.com/OUHSC.
11. **If I enroll in this Plan, do I also need to purchase Needlestick Coverage?** A \$500.00 Needlestick Benefit is included under Plan I. A \$1000.00 Needlestick Benefit is available for an additional \$17.00 per Policy Year for all students under Plan I, Plan II, or a parent/employer plan.

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Endorsed Student Health Plan Eligibility & Enrollment Deadlines

As part of the acceptance criteria at the University of Oklahoma Health Sciences Center, all students are required to have medical coverage. Home study, correspondence, television and online courses do not fulfill eligibility requirements.

The University will require each active student to submit a copy of the student's health insurance policy. Therefore, all students must either enroll in the Policy offered by National Union Fire Insurance Company of Pittsburgh, Pa. ("the Company") or provide proof of acceptable alternate insurance coverage prior to enrollment in any university class or program each semester. A student must maintain his or her health insurance coverage or the student will not be allowed to re-enroll the following semester.

Students who purchase coverage under the Student Health Plan must actively attend classes or other required course work for at least the first 31 calendar days after his/her effective date of coverage. Medical withdrawal due to a covered Injury or Sickness shall not void a Covered Person's coverage for that semester.

Coverage for Covered Persons withdrawing from the school after the first 31 calendar days and not entering military service shall remain in effect until the policy term for which premium was paid. No student shall be entitled to a refund of premium due to withdrawal from the school after the 31st calendar day.

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

The deadline for receiving Student and eligible Dependent premium by Macori Administration is 30 days from the effective date of the Term of Coverage you are purchasing shown on page 4 of this Booklet for your particular college/program. Students may elect to purchase coverage after the enrollment deadline only under the following conditions*:

- Within 31 days of changes in family composition due to marriage, birth or adoption of a child, or divorce.
- Loss of coverage under their group plan due to ineligibility (within 31 days of loss of eligibility).
- New or Transfer Student (within 31 days of date of enrollment).

**Proof is required at the time the Enrollment Form is submitted.*

Covered Persons may purchase coverage for eligible Dependent(s).

Newborn children are covered for Injury or Sickness from birth until 31 days old. Coverage may be continued for that child when the Company is notified in writing within 31 days from the date of birth and required premium is paid.

(Refer to "Definitions" for the definition of Dependent).

Value Added Needlestick / Body Fluid Exposure Coverage is available to ALL students for an additional \$17.00 premium.

Students can enroll online at
www.macori.com/OUHSC.

How to Enroll

You may enroll on-line at www.macori.com/OUHSC. In the upper left hand corner of the web site, select your state, Click on OK, and select University of Oklahoma Health Sciences Center. You may complete an Enrollment Form online; or you may print a hard copy of the form, complete and mail the applicable premium to Macori, P. O. Box 2567, Spring, Texas 77383-2567. Make checks payable to "National Union Fire Insurance Company of Pittsburgh, Pa.", submit a money order in U.S. dollars and drawn on a U.S. bank or U.S. bank affiliate or see Enrollment Form for credit card application. The correct premium must be remitted for the full period of coverage requested on the Enrollment Form.

Choosing Your Coverage: Plan I or Plan II

Plan I is recommended because it provides greater benefits and prescription drug coverage. However, students can elect to purchase Plan I or Plan II. A Covered Person will neither be allowed to change choice of plans during any policy year, nor will he/she receive a "gain" in subsequent years by purchasing Plan I for a condition for which benefits or the Pre-existing Condition Limitation waiting period began while covered under Plan II.

Coverage Dates

EFFECTIVE DATE OF INSURANCE

The insurance will become effective on the latest of:

- The Policy Effective Date: July 1, 2009, 12:01 a.m.
- The effective date of the Period of Coverage for which premium has been paid for the Covered Person's specific program (see page 4); or
- The date the Enrollment Form and premium are received by Macori.

TERMINATION OF INSURANCE

The insurance will terminate on the earliest of:

- The last date for which premium has been paid for the Covered Person;
- The date the Covered Person ceases to be eligible to purchase the insurance;
- The date the Covered Person enters military service, in which case a pro-rata refund of premium will be given upon request; or
- the Termination Date of the Policy: August 14, 2010, 11:59 p.m.

Covered Persons entering military service are automatically terminated on the date immediately preceding the date on which he or she enters service. A refund of the unearned premium will be made, provided written request is received by Macori Administration within three months of the date the insurance terminated.

There are no refunds of premiums except as stated above.

24/7 ONLINE SERVICE

Please visit www.macori.com/OUHSC, to access online services — enrollment, claim forms submission, claim status, eligibility, premium payment, FMC link, PPO information and access to our value added services.

2009/2010 Student Insurance Coverage Dates and Payment Due Dates The University of Oklahoma Health Sciences Center

The Covered Person's effective date will be concurrent with his or her coverage term date under the previous policy, provided continuous insurance and eligibility is maintained. Therefore, there will neither be a break in coverage nor duplication of benefits during this period.

**Payment plans constitute installments for Annual coverage; therefore the payment plans are available commencing in the Fall only. Payment methods must be the same for a student and anyone added as his/her dependent. If you enroll in the quarterly payment plan, your payments will automatically be drafted on the scheduled due date from the bank account information provided at initial enrollment. If the due date falls on a weekend or holiday, the draft will occur on the following business day. Please contact our office at least 10 days prior to the due date if there is any change in account information.*

*Coverage will **expire** if premium is not received on or before the termination date shown for each coverage period, whether or not the Covered Person receives a notice. We urge you to compare the options presented in the attached booklet, because **you must make a choice prior to enrollment**, and you may not change your plans until the next policy year. A covered person will neither be allowed to change choice of plans during any policy year, nor will he/she receive a "gain" in subsequent years by purchasing Plan I for a condition which benefits or the pre-existing waiting period began while covered under Plan II.*

PERIODS OF COVERAGE			
Program	Annual	*Two Payment Plan (Available in Fall only)	*Quarterly Payment Plan (Installments available in Fall only)
College of Allied Health <i>Deadline for Enrollment 09/14/09</i>	08/15/09— 08/14/10	08/15/09 - 01/14/10 01/15/10 - 08/14/10	08/15/09 - 11/15/09 11/16/09 - 02/15/10 02/16/10 - 05/15/10 05/16/10 - 08/14/10
College of Dentistry <i>Deadline for Enrollment 09/14/09</i>	08/15/09—08/14/10	08/15/09 - 01/14/10 01/15/10 - 08/14/10	08/15/09 - 11/15/09 11/16/09 - 02/15/10 02/16/10 - 05/15/10 05/16/10 - 08/14/10
Graduate Colleges <i>Deadline for Enrollment 09/14/09</i>	08/15/09—08/14/10	08/15/09 - 01/14/10 01/15/10 - 08/14/10	08/15/09 - 11/15/09 11/16/09 - 02/15/10 02/16/10 - 05/15/10 05/16/10 - 08/14/10
College of Medicine I & II <i>Deadline for Enrollment 09/14/09</i>	08/15/09—08/14/10	08/15/09 - 01/14/10 01/15/10 - 08/14/10	08/15/09 - 11/15/09 11/16/09 - 02/15/10 02/16/10 - 05/15/10 05/16/10 - 08/14/10
College of Medicine III, IV & Physician Assist./PA <i>Deadline for Enrollment 07/31/09</i>	07/01/09—06/30/10	07/01/09 - 01/14/10 01/15/10 - 06/30/10	07/01/09 - 11/15/09 11/16/09 - 02/15/10 02/16/10 - 05/15/10 05/16/10 - 06/30/10
College of Nursing <i>Deadline for Enrollment 09/14/09</i>	08/15/09—08/14/10	08/15/09 - 01/14/10 01/15/10 - 08/14/10	08/15/09 - 11/15/09 11/16/09 - 02/15/10 02/16/10 - 05/15/10 05/16/10 - 08/14/10
College of Pharmacy <i>Deadline for Enrollment 08/31/09</i>	08/01/09—07/31/10	08/01/09 - 01/14/10 01/15/10 - 07/31/10	08/01/09 - 11/15/09 11/16/09 - 02/15/10 02/16/10 - 05/15/10 05/16/10 - 07/31/10
College of Public Health <i>Deadline for Enrollment 09/14/09</i>	08/15/09—08/14/10	08/15/09 - 01/14/10 01/15/10 - 08/14/10	08/15/09 - 11/15/09 11/16/09 - 02/15/10 02/16/10 - 05/15/10 05/16/10 - 08/14/10

PERIODS OF COVERAGE		
ALL Programs	Spring/Summer <i>(New Insureds)</i>	Summer Only <i>(New Insureds)</i>
All Colleges/Programs	01/06/10-08/14/10 <i>Deadline for Enrollment 02/05/10</i>	06/01/10 - 08/14/10 <i>Deadline for Enrollment 07/01/10</i>

IMPORTANT REQUIREMENTS *READ CAREFULLY!*

The cost containment features **listed below** are included in the Plan to keep your health care costs more affordable, please take the time to read each so you will be familiar with your benefits:

1. Referral Requirement (students only) seek medical care at your designated on-campus facility or benefits will be reduced as listed below.
2. Preferred Provider Organizations (PPO):
In Oklahoma (OKC Campus): First Health
In Oklahoma (Tulsa Campus): Preferred Community Choice
All other states: First Health
Prescription Drugs: Catalyst Rx
3. Inpatient Service (Hospitalization):
Requires Pre-Admission Notification.

1). REFERRAL REQUIREMENT

Resources are available from the HSC on-campus student health care facility as follows:

For Oklahoma City Campus: (M-F, 8:30AM—12, 1:30-4:30 PM)
Family Medicine Center (FMC)
900 NE 10th Street, Oklahoma City, OK 73104
Appointment Telephone: 405-271-4311
Immunizations Records/Student Health Benefits: 405-271-2577
Health Questions: www.studenthealthnurse@ouhsc.edu
Billing Questions: studenthealthbillingquestions@ouhsc.edu

For Tulsa Campus:
Oklahoma University Family Medicine Center
Tulsa Student Health, 1111 South St. Louis Ave., Tulsa, OK 74120
Appointment Telephone: 918-619-4600

Treatment will be administered at these facilities, or referral issued only for services not available at the on-campus FMC. Expenses incurred for medical treatment rendered outside FMC for which no referral was obtained **will be** reduced by 30%, except as follows:

1. Medical Emergency. The student must return to the FMC for necessary follow-up care, if open.
2. When the FMC is closed during official University-scheduled holiday breaks. The student must return to the FMC for necessary follow-up care, if open.
3. Medical care received when the student is more than 50 miles from campus. The student must return to the FMC for necessary follow-up care (including tests), if open.
4. Medical care obtained when a student is no longer able to use the FMC facility due to a change in student status.
5. Maternity
6. An annual well woman benefit is available outside FMC.
7. Psychiatric care.
8. Dependent spouses and children are not included in the HSC Student Health Fee. Therefore, they are exempt from the referral requirement.

Note: See page 2 for examples of services covered by the Student Health Fee. (See #1, under Health Insurance Overview.)

2). PREFERRED PROVIDER ORGANIZATION (PPO)

In Oklahoma (OKC Campus): First Health
In Oklahoma (Tulsa Campus): Preferred Community Choice
All other states: First Health

The benefits stated in this plan are based upon medical treatment being received from a Preferred Provider Organization (PPO). If a Covered Person seeks treatment from a non-participating provider, **benefits will be reduced to the amount shown in the Schedule of Benefits.** 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 facility to which the Covered Person is referred is also a PPO provider. It is the Covered Person's responsibility to verify that the provider is part of the PPO. **A list of Preferred Providers is available for your review at the FMC and via the Internet at:**

INSIDE OKLAHOMA — Oklahoma City Campus: First Health
www.firsthealth.com Toll-Free: 1-800-226-5116

INSIDE OKLAHOMA — Tulsa Campus: Preferred Community Choice PPO
www.cok.com Toll-Free: 1-800-884-4776

OUTSIDE OKLAHOMA: First Health
www.firsthealth.com
Click on "Search" for a doctor, hospital or facility
Toll-Free: 1-800-226-5116

3). INPATIENT PRE-ADMISSION NOTIFICATION REQUIREMENT

Important: Pre-Admission Notification Requirement
All inpatient stays should be reported.

You are responsible for advising your doctor of the pre-admission notification requirement of this plan:

- A. Pre-Notification of Non-Emergency Hospitalizations: The patient, doctor or hospital must telephone 1-877-266-7778 at least 5 days prior to the planned admission.
- B. Notification of Emergency Admissions: The patient, patient's representative, doctor or hospital must telephone 1-877-266-7778 within one (1) working day of admission.
- C. If the patient needs continued stay hospitalization beyond the time initially certified, additional necessary hospital days should be approved. Expenses incurred beyond the number of authorized days may not be considered unless this procedure has been followed.
- D. If you fail to comply with the above guidelines, covered benefits will be reduced by \$500.

IMPORTANT:

Pre-Notification is NOT a guarantee that benefits will be paid.
(Please refer to Schedule of Benefits, page 6.)

Pre-Notification calls will be taken between the hours of 9:00 a.m. to 4:00 p.m. Central Time at 1-877-266-7778, Monday - Friday.

— SCHEDULE OF BENEFITS —

ELIGIBLE MEDICAL SERVICES INCLUDE:	PLAN I	PLAN II
<i>(Benefits listed as payable in percentages are based on percentages of Eligible Expenses)</i>		
Maximum	\$500,000 per policy year not to exceed \$1,000,000 lifetime, including \$25,000 for combined in-patient and outpatient mental or nervous care	\$500,000 lifetime, including \$25,000 for combined inpatient and outpatient mental or nervous care
Deductible \$50 deductible per policy year for outpatient prescription drugs	\$200 outpatient deductible per policy year \$200 inpatient deductible per policy year	\$1,000 per policy year for each Covered Person
Out of Pocket Maximum (excluding deductibles, co-payments, prescription drugs, and mental and nervous care)	\$10,000 PPO, \$20,000 Non-PPO	No Out-of-Pocket Maximum
INPATIENT SERVICES (Pre-Admission Notification Required)		
Anesthetist	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Hospital miscellaneous expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapy services and supplies	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Intensive Care	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Doctor Visits (not payable for mental or nervous or surgery care)	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Mental or Nervous Disorder (except Severe Mental Illness) (not to exceed 30-day maximum per Policy Year)	50% PPO, 50% non-PPO	50% PPO, 50% non-PPO
Room and Board expense, daily semi-private room rate and general nursing care provided by the hospital	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Routine newborn nursery care (nursery charges only)	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Surgical Services (doctor charges)	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
OUTPATIENT SERVICES (Referral Requirement, see page 5)		
Anesthetist	80% PPO, 60% non PPO	70% PPO, 60% non-PPO
Day surgery miscellaneous (facility charges)	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Emergency accident care (Emergency room charges for treatment of a medical emergency resulting from an Injury)	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Emergency medical care (Emergency room charges for treatment of a medical emergency resulting from Sickness)	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Outpatient miscellaneous benefits, including doctor's visits, physiotherapy, diagnostic x-ray services, laboratory procedures, chemotherapy, dialysis, & specific childhood immunizations	80% PPO, 60% non-PPO. (\$500 maximum per Policy Year for physiotherapy)	70% PPO, 60% non-PPO (\$500 maximum per Policy Year for physiotherapy)
Mental or Nervous Disorders: (except Severe Mental Illness) includes treatment for mental illness, drug abuse and alcoholism	50% of Eligible Expenses. 26 visits maximum per Policy Year	50% of Eligible Expenses 26 visits maximum per Policy Year
Routine gynecological exam (limited to one exam per policy year)	80% PPO, 60% non-PPO (no deductible)	70% PPO, 60% non-PPO (no deductible)
Surgical Services (doctors charges)	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
OTHER (Referral Requirement, see page 5)		
Ambulance service (no deductible)	80% of Eligible Expenses	80% of Eligible Expenses
Braces and appliances Durable Medical Equipment (\$500 maximum per Policy Year)	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Dental - Accidental Injury to sound natural teeth provided not caused by biting or chewing.	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Home health care services (30 visits per Policy Year)	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Hospice services	80% PPO, 60% non-PPO (\$6,000 maximum per Policy Year)	70% PPO, 60% non-PPO (\$6,000 maximum per Policy Year)
Human organ and tissue transplant.	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Mammography (no deductible)	100% of Eligible Expenses / \$115 maximum per Policy Year	100% of Eligible Expenses/\$115 max per Policy Year
Maternity services and routine well baby nursery care for Pregnancy	Paid as any other Sickness (Refer to page 7)	Paid as any other Sickness (Refer to page 7)
Medical Evacuation/ and Repatriation	\$1,000,000 Combined Maximum Benefit	\$1,000,000 Combined Maximum Benefit
Prescription drugs (see page 7) Catalyst Rx pharmacy only However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Maximum	80% of Eligible Expenses; \$2,000 maximum per Policy Year \$50 prescription drug deductible; \$25 co-pay for formulary birth control pills. See page 7	No Benefits
Private duty nursing services	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Radiation therapy	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Rehabilitation care (30 days per policy year)	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Immunizations -Students Only - Limited to OUHSC Department Required Immunizations administered at the FMC (See Page 8)	100% for the first \$150/ Not subject to the Deductible	70% PPO, 60% non-PPO
Skilled nursing facility services (30 days per policy year)	80% PPO, 60% non-PPO	70% PPO, 60% non-PPO
Supplemental Injury coverage (no deductible)	100% of Eligible Expenses; \$500 maximum per Policy Year	None
Well Child	See page 7	See page 7

BENEFITS

OUTPATIENT PRESCRIPTION DRUGS

Plan I Only

Plan I of the Student Health Insurance program also provides pharmacy coverage through a prescription card program administered by Catalyst Rx. You may purchase prescription drugs at over 45,000 network pharmacies nationwide. You may check the latest listing of participating pharmacies by calling the Catalyst Rx help desk at 1-888-869-4600.

Prescription Benefits are based on a Mandatory Generic Catalyst Rx Formulary, which means that Catalyst Rx participating pharmacies will fill generic prescriptions on all covered formulary medications if there is a generic drug on the market. If you or your doctor chooses a brand-name drug, you will pay the difference between the brand name and the generic.

Prescription benefits are subject to all Policy provisions. **Please refer to the Schedule of Benefits for your deductible, coinsurance and maximum benefit information.**

Prescription benefits are available once premium has been received for the coverage period selected. **Benefits will not be available during periods when premium has not been received by Macori.**

As part of your pharmacy plan, Diabetic Sense is offered as a mail service provider. The program is designed to support the appropriate monitoring of blood glucose levels. The program focuses on diabetes testing and does not duplicate coverage of diabetes medications which are covered as part of Plan I. Diabetic Sense will be the mail order supplier of blood glucose monitors, lancets and lancing devices, syringes and alcohol swabs for members. To enroll in the program, simply call 1-888-884-9527. (Co-pay at Diabetic Sense \$0 for a 90-day supply of diabetes test supplies; and free monitor trade-in program to obtain a new monitor).

Birth Control Pills: Catalyst Pharmacies are able to provide formulary birth control pills subject to the \$50.00 prescription drug deductible, \$25.00 co-pay per prescription and the \$2,000 prescription drug maximum.

BONE DENSITY TESTING

(\$150 limit per Policy year)

Bone density testing when ordered or performed by a doctor or other provider, limited to female Covered Persons age 45 or older who:

- have an estrogen hormone deficiency with: vertebral abnormalities; primary hyperparathyroidism; or a history of fragility bone fractures;
- are receiving long-term glucocorticoid; or
- are currently under treatment for osteoporosis.

MATERNITY EXPENSE

Benefits for maternity expenses are payable on the same basis as Sickness for the Covered Student and Dependent spouse only. Inpatient care for an insured mother and newborn includes 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated cesarean section. All other Policy provisions and limitations apply. Voluntary or elective abortions are not covered.

Maternity benefits apply to Covered Student or Dependent spouse only. Benefits are not available to cover pregnancies of Dependent children.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss of Life, Limb or Sight: If such Injury shall independently of all other causes and within 365 days from the date of Injury solely result in any one of the following specific losses, the Covered Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the Policy Maximum Lifetime Benefit. Loss of a 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 hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. Loss of speech means total and irrecoverable loss of the entire ability to speak. "Severance" means the complete separation and dismemberment of the part from the body.

Loss of Life	\$2,000
Loss of Both Feet, Both Hands or Both Eyes	\$2,000
Loss of One Hand and One Foot	\$2,000
Loss of One Hand and One Eye or One Foot and One Eye	\$2,000
Loss of One Hand, One Foot or One Eye	\$1,000
Loss of Speech and Hearing	\$2,000
Loss of Speech or Hearing	\$1,000
Loss of Thumb and Index Finger of the Same Hand	\$ 500

CHILDHOOD IMMUNIZATIONS & WELL-BABY CARE

A. Benefits include childhood immunization, vaccines from birth through the date the child is 18 years old. Covered immunizations are those determined by the Department of Health to conform to the standards of the Advisory Committee on Immunization Practices of the Center for Disease Control, U. S. Department of Health and Human Services. These immunizations include, but are not limited to: Diphtheria; Hepatitis A & B; Measles; Mumps; Pertussis; Polio; Rubella; Tetanus; Varicella; and Hemophilia; Influenza Type B. Does not include office visit charges except as stated below as part of well baby exams.

These benefits are exempt from the deductible, co-payment or coinsurance limits shown in the Schedule of Benefits.

B. Well-baby exams are available up to age 6 months only at FMC.

This provision is subject to all of the terms of the Policy.

BENEFITS, CONTINUED ON PAGE 8

BENEFITS, Continued ...

OUHSC DEPARTMENT REQUIRED IMMUNIZATIONS

Plan I Only

Plan I of the Student Health Insurance program provides a \$150 Routine Immunization benefit outside of the deductible for Students obtaining immunizations/titers required by their OUHSC College/Program at the on campus clinic. Charges exceeding \$150 in a single Policy year will be considered per plan provisions, including the annual deductible.

EXCLUSIONS

The Company will not pay benefits for:

1. Treatment, services or supplies which:
 - Are not Medically Necessary;
 - Are determined to be Experimental/Investigational in nature by the Company;
 - Are received without charge or legal obligation to pay;
 - Would not routinely be paid in the absence of insurance;
 - Are received from an Immediate Family Member.
2. Expenses incurred as a result of loss due to any war or act of war, declared or undeclared, while serving in the military forces or any auxiliary unit attached thereto except Reserve or National Guard Duty for training unless it exceeds 31 days.
3. Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane.
4. Injury or Sickness for which the Covered Person is entitled to benefits under any Workers' Compensation Act or similar law.
5. Loss due to voluntary use of any narcotic except as prescribed by a doctor.
6. 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.
7. Cosmetic surgery or complications there from, except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
8. Fighting (except in self-defense) or participation in a riot or insurrection.
9. Commission or attempt to commit a felony.
10. Surgery and/or treatment for: biofeedback-type services; breast reduction; circumcision; submucous resection and/or other surgical correction for deviated nasal septum other than for required treatment of acute purulent sinusitis or Injury; family planning; impotence, organic or otherwise; learning disabilities; sexual reassignment surgery; preventive medicines or vaccines, except where required for the treatment of Injury; sleep disorders, including testing thereof; treatment for infertility and invitro fertilization; tubal ligation; vasectomy.
11. Acupuncture, speech therapy, occupation therapy and any related diagnostic testing, except as provided by a Hospital or rehabilitation facility as part of a covered inpatient stay.
12. Treatment for obesity or any complication resulting from weight loss treatments or procedures.
13. Addiction and co-dependency services and supplies related to nicotine addiction.
14. Dental treatment or dental x-rays, except as otherwise provided and only when Injury occurs to sound natural teeth.
15. Preventive medicines, prescription serums, vaccines, vitamins, except as specifically provided.
16. Eye glasses, contact lenses, orthodontic braces, orthodontic appliances, or examinations or prescriptions therefore.
17. Eye surgery such as radial keratotomy when the primary purpose is to correct myopia (nearsightedness), hyperopia (farsightedness) or astigmatism (blurring).
18. Treatment in any Veteran's Administration or Federal Hospital, except if there is a legal obligation to pay.
19. Elective Abortions.
20. Practice or play in any intercollegiate or varsity sports activity, including travel to and from the activity and practice.
21. Bobsledding, travel in or upon a snowmobile, an all-terrain vehicle (ATV) or any other 2 or 3 wheeled motor vehicle.
22. Services or supplies normally provided without charge by the Policyholder or by any person employed or retained by the Policyholder or which are covered by the student fee.
23. Prescription Drugs, except as specifically provided.
24. Routine medical care, except as specifically provided.
25. Custodial care or rest cures.
26. Maternity expense for Dependent child, except complications of pregnancy.
27. Hearing aids, tinnitus maskers or examinations for prescribing or fitting them. Hearing examinations not related to the prescription or fitting of hearing aids will be a Covered Charge only when performed in connection with the diagnosis or treatment of Sickness or Injury.
28. For international Covered Persons, charges incurred within the Covered Person's home country of domicile.

— PRE-EXISTING CONDITION LIMITATION —

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:

1. The individual was covered under the Policyholder's prior Policy for 12 consecutive months immediately preceding the effective date of coverage under the Policy; or
2. a. The individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. The Company will credit the time the individual was under prior creditable Coverage; and
- b. Whose most recent prior Creditable Coverage was under an employer group health plan; and
- c. Who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

Creditable Coverage: means coverage of the individual under any of the following: a group health plan; health insurance coverage; Part A or Part B, Title XVIII of the Social Security Act; Title XIX of the Social Security Act other than coverage consisting solely of benefits under §1928; Chapter 55, Title 10 of the United States Code; a medical care

program of the Indian Health Service or of a tribal organization; any other publicly sponsored program provided in this state or elsewhere, of medical, hospital and surgical care; a health plan offered under Chapter 89 of Title 5, United States Code; a public health plan as defined in regulations; a health benefit plan under §5(e) of the Peace Corps Act (22 U.S.C. 2504(e)).

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.

Eligible Expense: as used herein 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.

Dependent means: (a) the Covered Student's Spouse residing with the Covered Student; and (b) the Covered Student's unmarried child under age 19. An unmarried child age 19 is a dependent if he or she is dependent upon the Covered Student for support.

Emergency: A Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms, which are sufficiently severe (including severe pain) that without immediate medical care could reasonably be expected to result in any of the following:

- The patient's life or health would be in serious jeopardy
- Bodily functions would be seriously impaired
- A body organ or part would be seriously damaged

Experimental/Investigational means a drug, device or medical care or treatment that meets the following: (a) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished; (b) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law; (c) the drug, device, medical care or treatment or the patient's informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval; (d) reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or (e) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, medical care or treatment is that further studies or clinical trials are necessary to determine its maximum

tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with standard means of treatment or diagnosis.

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.

Immediate Family Member(s) means a person who is related to the Covered Person in any of the following ways: Spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Injury: Bodily injury due to an Accident which:

- Results solely, directly and independently of disease, bodily infirmity or any other causes;
- Occurs after the Covered Person's effective date of coverage;
- 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 a single Injury.

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.

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.

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.

DEFINITIONS, Continued on page 10

DEFINITIONS, Continued ...

Pre-existing Condition: 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.

Reasonable and Customary Charges, Fees or Expenses: "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.

Severe Mental Illness: Any of the following biologically based mental illnesses for which the diagnostic criteria are prescribed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders: schizophrenia; bipolar disorder (manic-depressive illness); major depressive disorder; panic disorder; obsessive-compulsive disorder; and schizo-affective disorder.

Sickness means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes pregnancy and Complications of Pregnancy.

COORDINATION OF BENEFITS

The Policy will coordinate benefits with any valid collectible insurance or plan as described in the Policy.

IMPORTANT INFORMATION

- 1. Mandated Benefits:** Oklahoma mandates coverage for the following benefits to be paid as any other Sickness: diabetes equipment, supplies and self management training; postpartum home care following a vaginal delivery if childbirth occurs at home, or in a birthing center licensed as a birthing center, or if the mother and newborn infant are discharged earlier than 48 hours following a vaginal delivery or 96 hours following delivery by caesarean section based on the judgment of the attending doctor or certified nurse midwife; treatment of severe mental illness; blood transfusion, including materials, services and equipment (blood cost is included); and immunization expense for Dependent children through age 18. The Policy covers any other mandated benefits as required by the State of Oklahoma.
- 2. Maximum Policy Amount:** In no event shall the total combined benefits (either in a single Policy year or through continuing years of coverage) exceed the Maximum Policy Amount.
- 3. Non-Duplication of Coverage – The Policy:** If benefits are payable under more than one provision in the Policy, then benefits will be provided only under the provision providing the greater benefit.
- 4. Policy Year:** The Policy is rated on a single academic year basis. A Covered Person must re-enroll each academic year. Any deductible and/or co-insurance will not be carried forward; however, continuity of coverage will be granted provided there has been no break in premium payment and enrollment under this health plan.

- 5. Refund of Premium:** Premiums received by the Company will be considered fully earned and non-refundable. Refund of premium will be considered only if the Covered Person ceases to be eligible for the insurance or as described for entry into military service. Please see page 3 for details.
- 6. Subrogation:** If the Company has paid benefits to a Covered Person for Injuries received in a covered Accident, and in their opinion a third party might be liable, the Company will be subrogated to the extent of such payment and to all of the rights of the Covered Person regarding the recovery of proceeds in any form from or on behalf of the third party, including but not limited to recovery from any person, corporation, entity, no-fault coverage, uninsured coverage, other group or group-type insurance policies or fund, which results from the exercise of these rights. The Covered Person agrees to sign papers and do whatever else is necessary to transfer his or her rights to the Company. The Company will exercise such rights on the Covered Person's behalf. The Covered Person further agrees to furnish the Company with all relevant information and documents.

CONTINUATION PRIVILEGE AFTER TERMINATION

If the Covered Person becomes ineligible under this plan, he or she is eligible for six months of coverage under a Continuation Plan. Payment for coverage under the Continuation Plan must be made from the date the Covered Person ceases to be a Covered Person under the Student Health Plan. Written application for a Continuation Plan must be made to Macori Administration no later than 31 days after the Covered Person ceases to be eligible under the plan. A Continuation Plan will **not** be available if the Covered Person is:

- A Dependent who is covered under any Policy of benefits for hospital and surgical/medical care and services provided by an employer or group; or
- Any Covered Person who ceases to be eligible due to cancellation of the contract, unless approved by the Company.
- Any Covered Person who has met the Maximum Policy Benefit under the Student Health Plan.

CERTIFICATE OF CREDITABLE COVERAGE

Coverage under this health plan is "creditable coverage" under Federal law. When the Covered Person's coverage terminates, he or she can request a Certificate of Creditable Coverage, which is evidence of 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 his or her coverage under this health plan terminates. If the subsequent health plan 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, the Covered Person should complete a Certificate of Creditable Coverage request form at www.macori.com/OUHSC or send a written request to:

Macori Administration
P. O. Box 2567
Spring, Texas 77383-2567.

CLAIM FILING PROCEDURES

In the event of an Injury or Sickness, the Covered Person should seek immediate medical care as directed on page 5 of this booklet.

Secure a Company Claim Form while visiting the on-campus health care facility or by logging on to www.macori.com/OUHSC.

Complete the front of the Claim Form and mail with the itemized hospital and/or medical bills to the Claims Office:

Macori Administration

c/o Macori, Inc.

P. O. Box 2567, Spring, TX 77383-2567

Fax: 281-651-8808

Please do not depend on the medical provider to file the claim form! Only one claim form is required per Sickness/Injury. After filing the initial claim, additional bills may be forwarded with name, social security number and school name/Policy number.

TRAVEL ASSIST AND STUDENT ASSIST SERVICES

Procedures on How to Access Travel Assist and Student Assist Services 24-Hour Assistance Call Center

How to Contact Travel Assist:

- Inside the US and Canada, dial 1-877-249-5362 toll-free.
- Outside the US and Canada:
 - Request an international operator.
 - Ask the international operator to connect to an AT&T operator.
 - Request the AT&T operator to place a **collect call to the USA at 1-715-295-9625**.
 - Our fax number is 1-713-974-3422.

When to Contact Travel Assist:

- Before you incur expenses.
- If you are 100+ miles from home and require medical assistance or have a medical emergency.
- If you are 100+ miles from home and need assistance with a non-medical situation such as lost luggage, lost documents, legal help, etc.

**Travel Assist is available
24-hours-a-day/7-days-a-week/365-days-a-year**

Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home.

The Travel Assist Medical Staff consists of full-time, on-site Registered Nurses and Emergency Physicians who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24-hours; a physician has daily responsibility for a 24-hour period and is on-site during daytime hours.

What information will you need to provide Travel Assist when you call:

- Advise Travel Assist your TPA is Macori Administration
- Provide your Policy Number or School Name
- Advise Travel Assist regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Assist needs to call you back.

Description of Services

General Information: Services listed below include advice and information regarding travel documentation, immunization

requirements, political/environmental warnings, and information on global weather conditions. Travel Assist can also provide information on available currency exchange rates, local Bank/Government holidays, and by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Assist also provides emergency message storage & relay and translation services.

- Visa & Immunization
- Weather & Exchange Rates
- Environmental & Political Warnings

Technical: Services listed below include assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Assist can arrange cash transfers & vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter enroute emergencies that force them to interrupt their trips.

- Legal Referral
- Enroute Travel Assistance
- Embassy/Consulate Information
- Claims-related Assistance
- Lost/Stolen Luggage & Personal Effects Assistance
- Telephone Interpretation
- Lost Document Assistance & Cash Transfer Assistance

Medical: These services are the most complicated of those offered and can last up to several weeks. They involve Travel Assist's Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include physician/dental/hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains and insurance claims coordination.

Medical Assistance:

- Medical Referral
- Out-patient Assistance
- In-patient Assistance

Medical Transport: as shown below.

- Evacuation
- Repatriation of Mortal Remains

REPATRIATION AND MEDICAL EVACUATION BENEFITS

(Benefits for Repatriation of Mortal Remains and Medical Evacuation are provided by National Union Fire Insurance Company)

Combined Maximum Limit of \$1,000,000

REPATRIATION OF MORTAL REMAINS

In the event an Injury or Sickness causes your death while you are outside your home country, the plan will reimburse covered expenses incurred for preparation and transportation of the body remains.

MEDICAL EVACUATION

The plan will pay for evacuation to the nearest adequate medical facility following a covered Injury or Sickness if you are outside your home country and your doctor determines that adequate medical treatment is not locally available.

Travel Assist must make all arrangements and must authorize all expenses in advance for these benefits to be payable. If it was not reasonably possible to contact Travel Assist in advance, the Company reserves the right to determine the benefits payable, including any reductions.

TRAVEL ASSIST/STUDENT ASSIST, Continued on page 12

TRAVEL ASSIST/STUDENT ASSIST, Continued

STUDENT ASSIST SERVICES

Concierge Services: You receive the comforts, care, and attention of Student Assist's Personal Assistance Coordinators available 24/7 to respond to virtually any request – large or small.

Personal Security Assistance: You can feel safe and secure with Student Assist's Personal Security Assistance at home or while traveling. To activate personal security services, please log on to: www.aig.com/personalsecurity. For initial setup, your login is "9710390" and the password is "security".

For more details visit the Macori, Inc. website at: www.macori.com/OUHSC.

AMACORE VISION

A Product of the Amacore Group, Inc.

(AMACORE is not affiliated with National Union Fire Insurance Company of Pittsburgh, Pa.)

Amacore Vision is one of the nation's leading vision care discount plans providing point-of-service savings at over thousands of eye care facilities nationwide including ophthalmologists (M.D.s), optometrists, opticians and optical outlets. This is not an insurance program — but a discount plan. Simply present your Identification Card at the time of service to receive your savings.

How to Use Your Discount Card

1. Locate a provider on OUHSC's dedicated webpage at www.macori.com/OUHSC. Then call Amacore's toll free number, 1-800-354-8336 and have a Patient Advocate call to confirm provider participation and program fee schedule. Please note: The free eye exam benefit is subject to participating providers.
2. Present your member ID card at the time of your visit to the provider.
3. You are responsible for the total bill, less the applicable savings, at the time the service is rendered.

AMERITAS DENTAL

(Ameritas Dental is not affiliated with National Union Fire Insurance Company of Pittsburgh, Pa.)

Students and Dependents who are enrolled in the student medical program are eligible to enroll in the voluntary Ameritas fully insured Dental Program. Ameritas has over 30 years experience in providing dental programs. Program specifics for University of Oklahoma Health Sciences Center can be found by visiting www.macori.com/OUHSC. Students can enroll by going to OUHSC's dedicated webpage at www.macori.com/OUHSC.

Student Annual Rate	\$182.00
Spouse Annual Rate	\$198.00
Child(ren) Annual Rate	\$284.00

AMERICAN HEALTH HOLDING, INC.

24-Hour Student Emergency Care Hotline

(American Health Holding, Inc. is not affiliated with National Union Fire Insurance Company of Pittsburgh, Pa.)

For confidential health care advice and information, 24 hours a day, 365 days a year,

CALL TOLL-FREE 866-315-8756.

- **Comprehensive Resources and Advice from Registered Nurses**
 - Direct access to an extensive Health Information Library, covering issues ranging from women's health to pediatrics. Detailed directories with topic codes and instructions for access to health-related topics.
 - Choose to talk directly to a nurse. Discuss a current illness or health issue, or receive counseling on chronic conditions. Nurses can also educate callers about treatments, lifestyle choices and self-care strategies.
 - Integrated phone services to specially trained personnel, trained to provide referral services for mental health concerns.
- **Special Care for Real Emergencies**
 - Integrated Emergency Support Services are available whenever members are in an emergency room or unexpectedly hospitalized. In serious emergencies, the clinical team including doctors and registered nurses, assist patients and their families so they can make informed decisions about their care and treatment.
 - The clinical team provides emotional reassurance, explains medical terms, discusses hospital culture and common routines, recommends resources and facilitates communications between patient and family to help them through the emergency.

IMPORTANT NUMBERS & CONTACT INFORMATION
University of Oklahoma Health Sciences Center

Family Medicine Center

Oklahoma City Campus:

900 NE 10th Street, Oklahoma City, OK 73104

Appointment Telephone: 405-271-4311

Immunizations Records/Student Health Benefits: 405-271-2577

Health Questions: www.studenthealthnurse@ouhsc.edu

Billing Questions: studenthealthbillingquestions@ouhsc.edu

Family Medicine Center

For Tulsa Campus:

Oklahoma University Family Medicine

Tulsa Student Health, 1111 South St. Louis Ave., Tulsa, OK 74120

Appointment Telephone: 918-619-4600

MACORI, INC. & MACORI ADMINISTRATION
Claims & Enrollment Questions: 1-800-285-8133

Check www.macori.com/OUHSC for these online services

- Benefit/Enrollment Information
- Online Enrollment
- ID Cards
- Claim Form Submission
- PPO Lookup and Maps
- My Account (Claims/Enrollment Status)
- Catalyst Rx Pharmacy Lookup
- Helpful Links

PREFERRED PROVIDER ORGANIZATIONS (PPO)

INSIDE OKLAHOMA — Oklahoma City: First Health

www.firsthealth.com

Toll-Free: 1-800-226-5116

INSIDE OKLAHOMA — Tulsa Campus: Preferred Community Choice PPO

www.ccok.com

Toll-Free: 1-800-884-4776

OUTSIDE OKLAHOMA — First Health

www.firsthealth.com

Click on "Search" for a doctor, hospital or facility


Toll-Free: 1-800-226-5116

EMERGENCY NUMBERS:

EMERGENCY CONTACT:

Temporary/Replacement ID Card



The information shown below reads exactly the same as your Permanent I.D. Card and may be utilized as both a temporary card and/or replacement for lost cards.



Policyholder:
University of Oklahoma Health Sciences Center
STUDENT INSURANCE IDENTIFICATION CARD
Insurance Company:
National Union Fire Insurance Company of Pittsburgh, Pa.

Covered Student: _____
Identification #: _____
Date of Birth: _____

Administrator Policy Number: AMH9026810
Underwriter Reference Number: CAS9710390
PREFERRED PROVIDERS (off campus):
In OKLAHOMA - Oklahoma City: First Health
www.firsthealth.com Telephone: 1-800-226-5116
In OKLAHOMA - Tulsa: Preferred Community
Choice PPO
www.ccok.com Telephone: 1-800-884-4776
All Other States: First Health
www.firsthealth.com Telephone: 1-800-226-5116
-See Reverse Side for Important Information

Need help, visit the Macori website: <http://www.macori.com/OUHSC> for the following services:

- Preferred Provider (PPO) Links
- Verify Coverage Dates
- Verify Premium Received
- File a Claim
- Check Claim Status
- ID Cards
- Catalyst Rx 24 Hour Help Line

QUESTIONS REGARDING COVERAGE, CLAIMS PROCEDURES AND/OR CLAIMS STATUS SHOULD BE DIRECTED TO:

CUSTOMER SERVICE AGENCY:

MACORI, INC.
Health Insurance for Students/Scholars

CLAIMS ADMINISTRATOR:
MACORI ADMINISTRATION
P.O. Box 2567
Spring, Texas 77383-2567

Web address: www.macori.com
Email: macori@macori.com

TELEPHONE:
Houston Area: 281-651-8787
Toll-Free Outside Houston: 1-800-285-8133

FOR PROVIDERS INQUIRING ABOUT CLAIMS/BENEFITS:

TOLL-FREE: 1-877-266-7778
HOUSTON AREA: 281-528-8949

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

"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".

NON-RENEWABLE ONE-YEAR TERM INSURANCE

The insurance is a non-renewable one-year term insurance. Similar coverage may be purchased for the following academic year. It is the Covered Person'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.

COVERAGE VERIFICATION

Macori Administration

Students: 1-800-285-8133 Providers: 1-877-266-7778
Covered Persons must complete a College Claim Form available at
FMC or from Macori. Website & telephone number listed below.

MAIL CLAIMS TO:

Macori Administration
c/o Macori, Inc.

P.O. Box 2567
Spring, Texas 77383-2567

Website: www.macori.com/OUHSC Provider Tel: 1-877-266-7778

Prescription Drug Information – Plan I Only



24 Hour Help Line: 1-888-869-4600

Group: CATRX

See Your Summary of Benefits Booklet for FMC referral information.

This is a brief description of the coverage available under policy series S30494NUFIC. The Policy contains definitions, reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the policy, the Policy shall govern.

**University of Oklahoma Health Sciences Center
2009/2010 Student Health Insurance Plan**

Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa.
Administrator Policy Number: AMH9026810 Underwriter Reference Number: CAS9710390

<p>PLAN I</p> <p><i>Plan II is on reverse side</i></p>

All students must complete this form.

FOLLOW THESE 2 STEPS:

1. Complete **Section A** to enroll in the Student Health Insurance Plan I.
2. Complete **Section B only** if you have comparable insurance coverage and are requesting to **waive** the Student Health Insurance Plan. Waivers must be approved by the University.

Note: You have a choice of Plans: We recommend Plan I, because it has more comprehensive coverage than Plan II. You may pay via Visa or MasterCard charge cards, check, or money order.

We urge you to compare the options presented in the attached booklet, because **you must make a choice prior to enrollment**, and you may **not** change your choice of plans until the next policy year. A covered person will neither be allowed to change choice of plans during any policy year, nor will he/she receive a "gain" in subsequent years by purchasing Plan I for a condition for which benefits or the pre-existing waiting period began while covered under Plan II. Students and dependents (if dependents are added) must be insured under the same plan.

_____ (Plan II rates are on the reverse side of this form.)

Student Name: _____ Date of Birth: _____ Sex: M or F
Last First Middle

Address: _____
Street City State Zip

Email Address: _____ Telephone No.: _____ Student ID No.: _____

"I have read the booklet regarding the Student Health Insurance Plan and elect to enroll myself and (if applicable) my dependents as shown below."

Signature of Student: _____ Date Signed: _____

College Enrolled in: Allied Health Dentistry Public Health Grad Studies Pharmacy Nursing Med I & II Med III, IV, P/A
Campus you attend: OKC Tulsa Lawton Ada Woodard Bartlesville

Check the coverage period for which you are enrolling:

The following payment plans constitute installments for Annual Coverage; therefore the payment plans are available commencing in the Fall only. Payment methods must be the same for a student and anyone added as his/her dependent.	PLAN I COVERAGE PERIOD:	ANNUAL	SEMI-ANNUAL	QUARTERLY *Bank Draft	SPRING/SUMMER New Insured's Only	SUMMER ONLY				
	COVERAGE DATES:	<i>Please refer to page 4 of the booklet for specific dates for your specific college/program.</i>								
Student Only	<input type="checkbox"/>	\$1,691	<input type="checkbox"/>	\$846	<input type="checkbox"/>	\$423	<input type="checkbox"/>	\$1,128	<input type="checkbox"/>	\$423
Student & Spouse	<input type="checkbox"/>	\$6,149	<input type="checkbox"/>	\$3,075	<input type="checkbox"/>	\$1,538	<input type="checkbox"/>	\$4,101	<input type="checkbox"/>	\$1,538
Student & Child(ren)	<input type="checkbox"/>	\$3,847	<input type="checkbox"/>	\$1,924	<input type="checkbox"/>	\$962	<input type="checkbox"/>	\$2,566	<input type="checkbox"/>	\$962
Family	<input type="checkbox"/>	\$7,933	<input type="checkbox"/>	\$3,967	<input type="checkbox"/>	\$1,984	<input type="checkbox"/>	\$5,292	<input type="checkbox"/>	\$1,984

"If you enroll in the quarterly payment plan, your payments will automatically be drafted on the scheduled due date from the bank account information provided at initial enrollment. If the due date falls on a weekend or holiday, the draft will occur on the following business day. Please contact our office at least 10 days prior to the due date if there is any change in account information."

Premium is not prorated other than as listed above. No enrollment form will be accepted beyond 30 days from the effective date of each coverage period shown on page 4 of the booklet.

Complete this section if you are electing dependent coverage:

DEPENDENT NAMES	RELATIONSHIP	SEX	DATE OF BIRTH
_____	_____	_____	_____
_____	_____	_____	_____

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Mail enrollment form with check or money order made payable to "National Union Fire Insurance Company" to: Macori, P.O. Box 2567, Spring, Texas 77383-2567.

Complete if paying by Visa/MasterCard & mail to above address: Charge Card Authorization: Visa MasterCard

Card No.: _____ Charge this amount: \$ _____ Expiration Date: _____

Signature of Cardholder _____ (Print) Name of Cardholder _____

_____ **Complete this section only if you have proof of alternate health insurance available.**

Student Name: _____ Date of Birth: _____
Last First Middle

Address: _____ College Enrolled In: _____
Street City State Zip

Email Address: _____ Telephone No.: _____ Student ID No.: _____

Name of Insurance Company/Claims Administrator: _____ Telephone No.: _____

Policy No.: _____ Name of Policyholder/Insured: _____

Relationship of Policyholder/Insured to Student: _____

I authorize the University and/or its representative to obtain eligibility verification and benefit information as necessary to process this waiver request.

Signature of Student: _____ Date: _____

**University of Oklahoma Health Sciences Center
2009/2010 Student Health Insurance Plan**

Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa.
Administrator Policy Number: AMH9026810 Underwriter Reference Number: CAS9710390

<p>PLAN II</p> <p><i>Plan I is on reverse side</i></p>

All students must complete this form.

FOLLOW THESE 2 STEPS:

1. Complete **Section A** to enroll in the Student Health Insurance Plan II.
2. Complete **Section B** only if you have comparable insurance coverage and are requesting to **waive** the Student Health Insurance Plan. Waivers must be approved by the University.

Note: You have a choice of Plans: We recommend Plan I, because it has more comprehensive coverage than Plan II.

We urge you to compare the options presented in the attached booklet, because **you must make a choice prior to enrollment**, and you may **not** change your choice of plans until the next policy year. A covered person will neither be allowed to change choice of plans during any policy year, nor will he/she receive a "gain" in subsequent years by purchasing Plan I for a condition for which benefits or the pre-existing waiting period began while covered under Plan II. Students and dependents (if dependents are added) must be insured under the same plan.

_____ (Plan I rates are on the reverse side of this form.)

Student Name: _____ Date of Birth: _____ Sex: M or F
Last First Middle

Address: _____
Street City State Zip

Email Address: _____ Telephone No.: _____ Student ID No.: _____

"I have read the booklet regarding the Student Health Insurance Plan and elect to enroll myself and (if applicable) my dependents as shown below."

Signature of Student: _____ Date Signed: _____

College Enrolled in: Allied Health Dentistry Public Health Grad Studies Pharmacy Nursing Med I & II Med III, IV, P/A
Campus you attend: OKC Tulsa Lawton Ada Woodward Bartlesville

Check the coverage period for which you are enrolling:

The following payment plans constitute installments for Annual Coverage ; therefore the payment plans are available commencing in the Fall only. Payment methods must be the same for a student and anyone added as his/her dependent.	PLAN II COVERAGE PERIOD:	ANNUAL	SEMI-ANNUAL	QUARTERLY **Bank Draft	SPRING/SUMMER New Insured's Only	SUMMER ONLY
	COVERAGE DATES:	<i>Please refer to page 4 of the booklet for specific dates for your specific college/program.</i>				
Student Only	<input type="checkbox"/>	\$850	<input type="checkbox"/>	\$426	<input type="checkbox"/>	\$213
Student & Spouse	<input type="checkbox"/>	\$3,282	<input type="checkbox"/>	\$1,642	<input type="checkbox"/>	\$821
Student & Child(ren)	<input type="checkbox"/>	\$2,049	<input type="checkbox"/>	\$1,025	<input type="checkbox"/>	\$513
Family	<input type="checkbox"/>	\$4,253	<input type="checkbox"/>	\$2,127	<input type="checkbox"/>	\$1,064

***If you enroll in the quarterly payment plan, your payments will automatically be drafted on the scheduled due date from the bank account information provided at initial enrollment. If the due date falls on a weekend or holiday, the draft will occur on the following business day. Please contact our office at least 10 days prior to the due date if there is any change in account information.*

***Catalyst RX Discount Card** \$84 per person enrollment fee x _____ persons = \$_____ remitted.
Needlestick Benefit \$17 per person enrollment fee

**Prescription Discount Card entitles cardholder to discounts off the full retail prescription price. For information call Catalyst Rx at 1-888-869-4600.*

Premium is not prorated other than as listed above. No enrollment form will be accepted beyond 30 days from the effective date of each coverage period shown on page 4 of the booklet.

Complete this section if you are electing dependent coverage:

DEPENDENT NAMES	RELATIONSHIP	SEX	DATE OF BIRTH
_____	_____	_____	_____

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Mail enrollment form with check or money order made payable to "National Union Fire Insurance Company"
To: Macori, P.O. Box 2567, Spring, Texas 77383-2567.

Complete section if paying by Visa/MasterCard & mail to above address: Charge Card Authorization: Visa MasterCard

Card No.: _____ Charge this amount: \$ _____ Expiration Date: _____

Signature of Cardholder _____ (Print) Name of Cardholder _____

_____ **Complete this section only if you have proof of alternate health insurance available.**

Student Name: _____ Date of Birth: _____
Last First Middle

Address: _____ College Enrolled In: _____
Street City State Zip

Email Address: _____ Telephone No.: _____ Student ID No.: _____

Name of Insurance Company/Claims Administrator: _____ Telephone No.: _____

Policy No.: _____ Name of Policyholder/Insured: _____

Relationship of Policyholder/Insured to Student: _____

I authorize the University and/or its representative to obtain eligibility verification and benefit information as necessary to process this waiver request.

Signature of Student: _____ Date: _____