



MEDICAL INSURANCE FOR SUFFIELD ACADEMY STUDENTS

Suffield Academy requires that all enrolled students have insurance to cover emergency and other medical services that may be needed while they are at school. Suffield Academy offers an insurance package through the Student Insurance Division of the Mega Insurance Companies. This coverage is used by many independent schools, as well as colleges and universities. This Suffield Academy Insurance Plan is designed for students who do not have existing coverage. A brief description of the coverage follows this form. Your child will receive an identification card and full description of benefits if you enroll in the program for the 2012-2013 school year. Our Health Center coordinates the interaction between health care providers and the insurance company.

The premium cost for the plan offered is \$1,720 and it covers the ten-month period from August 15, 2012, through June 14, 2013.

If you have any questions, you may call the Business Office at 860-668-7315, or email pbooth@suffieldacademy.org.

If you already have medical insurance coverage that will cover your child's expenses while at Suffield Academy, and you have provided written documentation of that coverage (attach a copy of your insurance card to the Permission for Medical or Surgical Treatment form, or scan and email your insurance card), please check Box A, sign and return this Waiver/Enrollment form. **If you cannot provide such documentation, you will be required to purchase the Suffield Academy Insurance Plan coverage.** In order to enroll your child in the insurance program at Suffield, please check Box B on this Waiver/Enrollment form, sign the form and return it with your check (in U.S. dollars).

STUDENT HEALTH INSURANCE WAIVER/ENROLLMENT

NAME OF STUDENT

First Name

Last Name

Middle Name

PLEASE CHOOSE EITHER OPTION A (WAIVER) OR B (ENROLLMENT) AND SIGN THE FORM BELOW

A: WAIVER (If you have existing medical insurance coverage)

As parent (guardian), I certify that the student listed above has medical insurance which will cover expenses incurred by illness or injury while attending Suffield Academy. I have provided a copy of the front and back of the insurance card, which will be on file in the Suffield Academy Health Center. I decline enrollment in the Suffield Academy Insurance Plan.

B: ENROLLMENT

If you do not have existing medical insurance for your child, you must enroll in Suffield Academy Insurance Plan. Premium cost is \$1,720 (for coverage through June 14, 2013). Please enroll the above named student in the medical insurance program offered through Suffield Academy. I have enclosed payment in U.S. Dollars for the premium cost of the Suffield Academy Insurance Plan; I understand that the coverage will begin August 15, 2012, or when I pay the premium, whichever date is later. Please print this form and send it along with payment to **Suffield Academy, Attn. Patrick Booth, 185 North Main Street, Suffield, CT 06078.**

Parent or Guardian Name (please print and sign here if you intend to use a printed copy of this form)

Date

By checking this box and entering the student ID number above, you are signing this document electronically.

2012-2013

STUDENT INJURY AND SICKNESS INSURANCE PLAN



Designed Especially for Students of

Suffield Academy Connecticut

This Certificate does not provide coverage for:

Skydiving, 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.



Table of Contents

Privacy Policy	1
Eligibility	1
Effective And Termination Dates	1
Extension of Benefits After Termination	2
Pre-Admission Notification	2
Schedule of Medical Expense Benefits	3
Maternity Testing	5
UnitedHealthcare Network Pharmacy Benefits	6
Mandated Benefits	7
Benefits for Accidental Ingestion of a Controlled Drug	7
Benefits for Hypodermic Needles or Syringes	7
Benefits for Reconstructive Breast Surgery	8
Benefits for Home Health Care	8
Benefits for Mammography and Comprehensive Ultrasound Screening	9
Benefits for Ostomy Appliances and Supplies	9
Benefits for Autism Spectrum Disorders	9
Benefits for Treatment of Tumors and Leukemia	10
Benefits for Prostate Cancer Testing	10
Benefits for Colorectal Cancer Screening	10
Benefits for Cancer Clinical Trial	10
Benefits for Diabetes	10
Benefits for Postpartum Care	11
Benefits for Amino Acid Modified Preparations and Low Protein Modified Food Products	11
Benefits for Lyme Disease Treatment	11
Benefits for Isolation Care and Emergency Services	11
Benefits for Diabetic Outpatient Self-Management Training	12
Benefits for Inpatient Dental Services	12
Benefits for Treatment of Craniofacial Disorders	12
Benefits for Mental or Nervous Conditions	12
Benefits for Pain Management	13
Benefits for Infertility Treatment	13
Benefits for Epidermolysis Bullosa Treatment	14
Definitions	14
Exclusions And Limitations	14
General Provisions	16
Scholastic Emergency Services: Global Emergency Medical Assistance	17
Claim Procedure	Back Cover

THIS LIMITED HEALTH BENEFITS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS A BASIC OR LIMITED BENEFITS POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS. IT CONTAINS SPECIFIC DOLLAR LIMITS THAT WILL BE PAID FOR MEDICAL SERVICES WHICH MAY NOT BE EXCEEDED. IF THE COST OF SERVICES EXCEEDS THOSE LIMITS, THE INSURED AND NOT THE COMPANY IS RESPONSIBLE FOR PAYMENT OF THE EXCESS AMOUNTS. THE SPECIFIC DOLLAR LIMITS ARE SPECIFIED IN THE SCHEDULE OF BENEFITS.

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 copy of our privacy practices by calling us toll-free at 800-767-0700 or by visiting us at www.uhcsr.com.

Eligibility

All Domestic students registered for credit courses are eligible to enroll in this insurance Plan.

All International students registered for credit courses are automatically enrolled in this insurance Plan at registration, unless proof of comparable coverage is furnished.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Alternative Coverage - If you do not meet the Eligibility requirements of the Plan, please call 1-800-406-2338 for more information on alternative coverage. This information can also be accessed at <http://www.goldenrulehealth.com/studentresources>.

Effective And Termination Dates

The Master Policy on file at the school becomes effective at 12:01 a.m., August 15, 2012. 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 11:59 p.m., June 15 2013. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

Refunds of premiums are allowed only upon entry into the armed forces.

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

Extension of Benefits After Termination

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Totally Disabled 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 90 days after the Termination Date.

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" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Pre-Admission Notification

UMR Care Management should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATION:** The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
2. **NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide notification of any admission due to Medical Emergency.

UMR Care Management is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

Schedule of Medical Expense Benefits

Injury and Sickness

Up to \$250,000 Maximum Benefit (For each Injury or Sickness)

Coinsurance 100%

The policy provides benefits for 100% of Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$250,000 for each Injury or Sickness.

Usual & Customary Charges are based on data provided by FAIR Health, Inc. using the 90th percentile based on location of provider.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

max = maximum	U&C = Usual & Customary Charges
INPATIENT	
Room & Board Expense , daily semi-private room rate; and general nursing care provided by the Hospital.	U&C
Hospital Miscellaneous Expenses , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	U&C
Intensive Care	U&C
Physiotherapy	U&C
Surgeon's Fees , in accordance with data provided by FAIR Health, Inc. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	U&C
Assistant Surgeon	30% of Surgery Allowance
Anesthetist , professional services administered in connection with inpatient surgery.	U&C
Registered Nurse's Services , private duty nursing care.	U&C
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	U&C
Pre-Admission Testing , payable within 7 working days prior to admission.	U&C
Mental or Nervous Conditions	Paid as any other Sickness

OUTPATIENT

Surgeon's Fees , in accordance with data provided by FAIR Health, Inc. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	U&C
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.	U&C
Assistant Surgeon	30% of Surgery Allowance
Anesthetist , professional services administered in connection with outpatient surgery.	U&C
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	U&C
Physiotherapy/ Occupational Therapy , benefits are limited to one visit per day. <i>Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.</i>	U&C
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	U&C
Diagnostic X-ray & Laboratory Services	U&C
Radiation Therapy	U&C
Chemotherapy	U&C
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	U&C
Injections , when administered in the Physician's office and charged on the Physician's statement.	U&C
Prescription Drugs , UnitedHealthcare Network Pharmacy, \$0 copay per prescription tier 1, tier 2, tier 3 / up to a 31 day supply per prescription. Out-of-Network prescription drugs paid at 100% actual billed charges, \$0 Deductible per prescription up to a 31 day supply, \$1,500 maximum Per Policy Year combined in and out of network. <i>Diabetic insulin and supplies are not subject to the \$1,500 prescription drug maximum benefit. See Benefits for Diabetes.</i>	\$1,500 max (Per Policy Year)
Mental or Nervous Conditions	Paid as any other Sickness

OTHER

Ambulance Services , when medically necessary transport to a Hospital.	Maximum allowable rate established by the Department of Public Health
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	U&C
Alcoholism / Drug Abuse	See Benefit for Treatment of Mental or Nervous Conditions
Consultant Physician Fees , when requested and approved by the attending Physician.	U&C
Dental Treatment , made necessary by Injury to Sound, Natural Teeth; Exception: See Benefits for In-patient Dental Services.	U&C
Maternity & Complications of Pregnancy	Paid as any other Sickness
Interscholastic Sports	Paid as any other Injury
Eating Disorders	U&C / \$5,000 max
Home Health Care	See Benefits for Home Health Care
Preventive Care , <i>Preventive Care benefits are based on guidelines from UnitedHealthcare, the U.S. Preventive Services Task Force and recommendations of the National Immunizations Program of the Centers for Disease Control Prevention, except as specifically provided in the Mandated Benefit.</i>	U&C
Urgent Care Clinic Fee , <i>Benefits are limited to the Urgent Care Clinic fee billed by the Urgent Care Clinic/Hospital. All other services rendered during the visit are payable as specified in the Schedule of Benefits.</i>	U&C

Maternity Testing

This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered if all other policy provisions have been met: **Initial screening at first visit** – Pregnancy test: Urine human chorionic gonatropin (hCG), Asymptomatic bacteriuria: Urine culture, Blood type and Rh antibody, Rubella, Pregnancy-associated plasma protein-A (PAPPA) (first trimester only), Free beta human chorionic gonadotrophin (hCG) (first trimester only), Hepatitis B: HBsAg, Pap smear, Gonorrhea: Gc culture, Chlamydia: chlamydia culture, Syphilis: RPR, HIV: HIV-ab, and Coombs test; **Each visit** – Urine analysis; **Once every trimester** – Hematocrit and Hemoglobin; **Once during first trimester** – Ultrasound; **Once during second trimester** – Ultrasound (anatomy scan); Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a; **Once during second trimester if age 35 or over** - Amniocentesis or Chorionic villus sampling (CVS); **Once during second or third trimester** – 50g Glucola (blood glucose 1 hour postprandial); and **Once during third trimester** - Group B Strep Culture. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

UnitedHealthcare Network Pharmacy Benefits

Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by a UnitedHealthcare Network Pharmacy. Benefits are subject to supply limits and copayments that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

Prescription Drugs which require notification are:

Actiq, Anzemet, Avita-Penderm, Avodart, Copegus, Differin-Gladerma, Diflucan, Elidel, Emend, Genotropin, Humatrope, Increlex, Infergen, Intron-A, Iplex, Kytril, Lamisil, Lotronex, Norditropin, Nutropin, Nutropin AQ, Nutropin Depot, PEG-Intron, Pegasys, Proscar, Protopic, Protropin, Provigil, Raptiva, Regranex, Relenza, Retin-A, Retin-A Micro Ortho, Rebetol, Rebetron, Restasis, Revatio, Roferon, Sporanox, Saizen, Serostim, Tamiflu, Tazorac, Tracleer, Ventavis, Wellbutrin SR, Wellbutrin XL, Zelnorm, Zofran, Zorbtive.

You are responsible for paying the applicable copayments. Your copayment is determined by the tier to which the Prescription Drug Product is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please call 877-417-7345 for the most up-to-date tier status.

\$0 copay per prescription or refill for tier 1 Prescription Drug up to 31 day supply.

\$0 copay per prescription or refill for tier 2 Prescription Drug up to 31 day supply.

\$0 copay per prescription or refill for tier 3 Prescription Drug up to 31 day supply.

Your maximum allowed benefit is \$1,500 Per Policy Year.

Diabetic insulin and supplies are not subject to the \$1,500 Prescription Drugs maximum benefit but are subject to the overall Policy Maximum Benefit.

Please present your ID card to the network pharmacy when the prescription is filled. If you do not present the card, you will need to pay for the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please visit www.uhcsr.com and log in to your online account or call 877-417-7345.

When prescriptions are filled at pharmacies outside the network, the Insured must pay for the prescriptions out-of-pocket and submit the receipts for reimbursement to UnitedHealthcare **Student**Resources, P.O. Box 809025, Dallas, TX 75380-9025. See the Schedule of Benefits for the benefits payable at out-of-network pharmacies.

Additional Exclusions

In addition to the policy Exclusions and Limitations, the following Exclusions apply to Network Pharmacy Benefits:

1. Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
2. Experimental or Investigational Services or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by the Company to be experimental, investigational or unproven.
3. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier-3.

4. Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed, unless the Company has designated the over-the-counter medication as eligible for coverage as if it were a Prescription Drug Product and it is obtained with a Prescription Order or Refill from a Physician. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent, unless a Medical Necessity. Certain Prescription Drug Products that the Company has determined are Therapeutically Equivalent to an over-the-counter drug, unless Medical Necessity. Such determinations may be made up to six times during a calendar year, and the Company may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.
5. Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury, except as required by state mandate.

Definitions:

Network Pharmacy means a pharmacy that has:

- Entered into an agreement with the Company or an organization contracting on our behalf to provide Prescription Drug Products to Insured Persons.
- Agreed to accept specified reimbursement rates for dispensing Prescription Drug Products.
- Been designated by the Company as a Network Pharmacy.

Prescription Drug or Prescription Drug Product means a medication, product or device that has been approved by the U.S. Food and Drug Administration and that can, under federal or state law, be dispensed only pursuant to a Prescription Order or Refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of the benefits under the policy, this definition includes insulin.

Prescription Drug List means a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to the Company's periodic review and modification (generally quarterly, but no more than six times per calendar year). The Insured may determine to which tier a particular Prescription Drug Product has been assigned through the Internet at www.uhcsr.com or call Customer Service at 1-877-417-7345.

Mandated Benefits

Benefits for Accidental Ingestion of a Controlled Drug

Benefits will be paid for accidental ingestion or consumption of a controlled drug as required by Connecticut statute. When inpatient treatment in a Hospital, whether or not operated by the State, is required as a result of accidental ingestion or consumption of a controlled drug, benefits will be paid for the Usual and Customary Charges incurred up to a maximum of 30 days Hospital Confinement. Benefits will be paid for outpatient treatment resulting from accidental ingestion or consumption of a controlled drug up to a maximum of \$500 for any one accident.

Benefits for Hypodermic Needles or Syringes

Benefits will be paid for the Usual and Customary Charges incurred for hypodermic needles or syringes prescribed by a licensed Physician for the purpose of administering medications for any Injury or Sickness, provided such medications are covered under the policy.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Reconstructive Breast Surgery

Benefits will be paid for the Usual and Customary Charges incurred for reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a nondiseased breast to produce a symmetrical appearance. Reconstructive surgery includes, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Home Health Care

Benefits will be paid as specified below for Injury or Sickness for home health care to residents in Connecticut.

Benefits payable shall be limited to eighty visits in any calendar year or in any continuous period of twelve months for each Insured, except in the case of an Insured diagnosed by a Physician as terminally ill with a prognosis of six months or less to live, the yearly benefit for medical social services shall not exceed two hundred dollars (\$200.00). Each visit by a representative of a home health agency shall be considered as one home health care visit; four hours of home health aide service shall be considered as one home health care visit.

Home health care benefits are subject to an annual Deductible of fifty dollars (\$50.00) for each Insured and will be subject to a coinsurance provision of not less than seventy-five percent (75%) of the Usual and Customary Charges for such services. If an Insured is eligible for home health care coverage under more than one policy, the home health care benefits shall only be provided by that Policy which would have provided the greatest benefits for hospitalization if the person had remained or had been hospitalized.

"Home health care" means the continued care and treatment of a covered person who is under the care of a Physician if:

- (1) continued hospitalization would otherwise have been required if home health care was not provided, except in the case of an Insured diagnosed by a Physician as terminally ill with a prognosis of six months or less to live, and,
- (2) the plan covering the home health care is established and approved in writing by such Physician within seven days following termination of a hospital confinement as a resident inpatient for the same or a related condition for which the Insured was hospitalized, except that in the case of an Insured diagnosed by a Physician as terminally ill with a prognosis of six months or less to live, such plan may be so established and approved at any time irrespective of whether such Insured was so confined or, if such Insured was so confined, irrespective of such seven-day period, and
- (3) such home health care is commenced within seven days following discharge, except in the case of a covered person diagnosed by a Physician as terminally ill with a prognosis of six months or less to live.

Home health care shall be provided by a home health agency. **"Home health agency"** means an agency or organization which meets each of the following requirements:

- (1) It is primarily engaged in and is federally certified as a home health agency and duly licensed by the appropriate licensing authority to provide nursing and other therapeutic services.
- (2) Its policies are established by a professional group associated with such agency or organization, including at least one Physician and at least one Registered Nurse, to govern the services provided.
- (3) It provides for full-time supervision of such services by a Physician or by a Registered Nurse.
- (4) It maintains a complete medical record on each patient.
- (5) It has an administrator.

Home health care shall consist of, but shall not be limited to, the following:

- (1) Part-time or intermittent nursing care by a Registered Nurse or by a licensed practical nurse under the supervision of a Registered Nurse, if the services of a Registered Nurse are not available;
- (2) Part-time or intermittent home health aide services, consisting primarily of patient care of a medical or therapeutic nature by other than a Registered Nurse or licensed practical nurse;
- (3) Physical, occupational or speech therapy;
- (4) Medical supplies, drugs and medicines prescribed by a Physician and laboratory services to the extent such charges would have been covered under the Policy or contract if the Insured had remained or had been confined in the Hospital;
- (5) Medical social services provided to or for the benefit of a covered person diagnosed by a Physician as terminally ill with a prognosis of six months or less to live. "Medical social services" mean services rendered, under the direction of a Physician by a qualified social worker, including but not limited to:
 - (A) assessment of the social, psychological and family problems related to or arising out of such covered person's illness and treatment;
 - (B) appropriate action and utilization of community resources to assist in resolving such problems;
 - (C) participation in the development of the overall plan of treatment for such Insured.

Benefits shall be subject to all other limitations and provisions of the policy.

Benefits for Mammography and Comprehensive Ultrasound Screening

Benefits will be paid the same as any other Covered Medical Expenses as shown on the Schedule of Benefits for mammographic examinations to any woman insured under this policy which are equal to the following requirements: 1) a baseline mammogram for any woman who is thirty-five to thirty-nine years of age, inclusive; and 2) a mammogram every year for any woman who is forty years of age or older.

Additional benefits will be provided for comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications as determined by a woman's Physician or advanced practice Registered Nurse.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Ostomy Appliances and Supplies

Benefits will be paid for the Usual and Customary Charges for Medically Necessary appliances and supplies relating to an ostomy including, but not limited to, collection devices, irrigation equipment and supplies, skin barriers and skin protectors up to a maximum benefit of \$1,000 per Policy Year.

"Ostomy" shall include colostomy, ileostomy and urostomy.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Autism Spectrum Disorders

Benefits will be paid the same as any other Sickness for physical therapy, speech therapy, and occupational therapy services for the treatment of Autism Spectrum Disorders, as set forth in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders".

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Treatment of Tumors and Leukemia

Benefits will be paid the same as any other Sickness for the surgical removal of tumors and for treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any non-dental prosthesis, including any maxillofacial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis and outpatient chemotherapy following surgical procedures in connection with the treatment of tumors, and a wig if prescribed by a licensed oncologist for a patient who suffers hair loss as a result of chemotherapy.

Benefits per policy year shall be at least \$1,000 for the removal of any breast implant, \$500 for the surgical removal of tumors, \$500 for reconstructive surgery, \$500 for outpatient chemotherapy and \$300 for prosthesis, except that for purposes of the surgical removal of breasts due to tumors the yearly benefit for prosthesis shall be at least \$300 for each breast removed, and \$350 for a wig.

If the policy provides benefits for Prescription Drugs, benefits will be provided for prescribed orally administered anticancer medications on a basis that is no less favorable than intravenously administered anticancer medications.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Prostate Cancer Testing

Benefits will be paid the same as any other Sickness for laboratory and diagnostic tests, including, but not limited to, prostate specific antigen (PSA) tests to screen for prostate cancer for Insureds who are symptomatic, whose biological father or brother has been diagnosed with prostate cancer, and for all Insureds fifty (50) years of age or older.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Colorectal Cancer Screening

Benefits will be paid the same as any other Sickness for colorectal cancer screening, including, but not limited to: (1) an annual fecal occult blood test, and (2) colonoscopy, flexible sigmoidoscopy or radiologic imaging, in accordance with the recommendations established by the American College of Gastroenterology, after their consultation with the American Cancer Society, based on the ages, family histories and frequencies provided in the recommendations.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Cancer Clinical Trial

Benefits will be paid the same as any other Sickness for the medically necessary treatment for Routine Patient Care Costs associated with Cancer Clinical Trials.

Benefits are subject to all Deductible, copayment, terms, conditions, restrictions, Exclusions and Limitations of the policy.

A detailed description of the benefits and restrictions for Cancer Clinical Trials is available in the Master Policy on file at the school or by calling the Company at 1-800-767-0700.

Benefits for Diabetes

Benefits will be paid the same as any other Sickness for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin-using diabetes. Such coverage shall include Medically Necessary equipment, in accordance with the Insured Person's treatment plan, drugs and supplies prescribed by a Physician.

If the policy contains a Prescription Drugs maximum benefit, diabetic insulin and supplies shall not be subject to the Prescription Drugs maximum benefit specified in the Schedule of Benefits. Benefits shall be subject to all other Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Postpartum Care

If an Insured and Newborn Infant are discharged from inpatient care less than forty-eight hours after a vaginal delivery or less than ninety-six hours after a cesarean delivery, benefits will be provided on the same basis as any other Covered Medical Expenses as shown on the Schedule of Benefits for a follow-up visit within forty-eight hours of discharge and an additional follow-up visit within seven days of discharge. Any decision to shorten the length of inpatient stay to less than forty-eight hours after a vaginal delivery or ninety-six hours after a cesarean delivery shall be made by the Physician after conferring with the Insured.

Follow-up services shall include, but not be limited to, physical assessment of the Newborn, parent education, assistance and training in breast or bottle feeding, assessment of the home support system and the performance of any Medically Necessary and appropriate clinical tests. Such services shall be consistent with protocols and guidelines developed by attending providers or by national pediatric, obstetric and nursing professional organizations for these services and shall be provided by qualified health care personnel trained in postpartum maternal and Newborn pediatric care.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Amino Acid Modified Preparations and Low Protein Modified Food Products

Benefits will be paid the same as any other outpatient Prescription Drug for Amino Acid Modified Preparations and Low Protein Modified Food Products for the treatment of Inherited Metabolic Diseases if the Amino Acid Modified Preparations or Low Protein Modified Food Products are prescribed for the therapeutic treatment of Inherited Metabolic Diseases and are administered under the direction of a Physician.

If the policy does not provide benefits for outpatient Prescription Drugs, benefits will be provided subject to the policy maximum benefit including any Deductible, copayment or coinsurance requirements.

"Inherited metabolic disease" means (A) disease for which newborn screening is required under Connecticut Statute Title 38a, Chapter 700c, Section 19a-55, and (B) Cystic Fibrosis.

"Low protein modified food product: means a product formulated to have less than one gram of protein per serving and intended for the dietary treatment of an inherited metabolic disease under the direction of a physician.

"Amino acid modified preparation" means a product intended for the dietary treatment of an inherited metabolic disease under the direction of a Physician.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Lyme Disease Treatment

Benefits will be paid the same as any other Sickness for Lyme disease treatment including not less than thirty days of intravenous antibiotic therapy, sixty days of oral antibiotic therapy, or both, and shall provide benefits for further treatment if recommended by a Physician.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Isolation Care and Emergency Services

Benefits will be paid the same as any other Injury or Sickness for isolation care and emergency services provided by the state's mobile field Hospital.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Diabetic Outpatient Self-Management Training

Benefits will be paid the same as any other Sickness for outpatient self-management training for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin-using diabetes if the training is prescribed by a Physician.

Outpatient self-management training includes, but is not limited to, education and medical nutrition therapy. Diabetes self-management training shall be provided by a Physician, as defined in the Policy, trained in the care and management of diabetes and authorized to provide such care within the scope of the Physician's practice.

Covered Medical Expenses shall include:

- 1) Initial training visits provided to an Insured after the Insured is initially diagnosed with diabetes that is Medically Necessary for the care and management of diabetes, including, but not limited to, counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes, up to a maximum of ten hours.
- 2) Training and education that is Medically Necessary as a result of a subsequent diagnosis by a Physician of a significant change in the Insured's symptoms or condition which requires modification of the Insured's program of self-management of diabetes, up to a maximum of four hours.
- 3) Training and education that is Medically Necessary because of the development of new techniques and treatment for diabetes up to a maximum of four hours.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Inpatient Dental Services

Benefits will be paid the same as any other Sickness for general anesthesia, nursing and related Hospital services provided in conjunction with inpatient, outpatient or one day dental services if the following conditions are met:

- 1) The anesthesia, nursing and related Hospital services are deemed Medically Necessary by the treating Physician.
- 2) The Insured is either a) a person who is determined by a Physician to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a Hospital, or b) a person who has a developmental disability, as determined by a Physician, that places the person at serious risk.

The expense of anesthesia, nursing and related Hospital services shall be deemed a Covered Medical Expense and shall not be subject to any limits on dental benefits in the Policy.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Treatment of Craniofacial Disorders

Benefits will be paid the same as any other Sickness for medically necessary orthodontic processes and appliances for the treatment of craniofacial disorders for Insureds eighteen years of age or younger. The processes and appliances must be prescribed by a craniofacial team recognized by the American Cleft Palate-Craniofacial Association. No benefits are provided for cosmetic surgery.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Mental or Nervous Conditions

Benefits will be paid the same as any other Sickness for the diagnosis and treatment of Mental or Nervous Conditions.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Pain Management

Benefits will be paid the same as any other Sickness for Pain treatment ordered by a Pain Management Specialist, which may include all means Medically Necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.

"Pain" means a sensation in which a person experiences severe discomfort, distress or suffering due to provocation of sensory nerves, and "pain management specialist" means a Physician who is credentialed by the American Academy of Pain Management or who is a board-certified anesthesiologist, neurologist, oncologist or radiation oncologist with additional training in pain management.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Infertility Treatment

Benefits will be paid the same as any other Sickness for an Insured Person for the medically necessary expenses of the diagnosis and treatment of Infertility, including, but not limited to, ovulation induction, intrauterine insemination, in-vitro fertilization, uterine embryo lavage, embryo transfer, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer. Such infertility treatment must be performed at facilities that conform to the standards and guidelines developed by the American Society of Reproductive Medicine or the Society of Reproductive Endocrinology and Infertility.

For the purposes of this section "Infertility" means the condition of a presumably healthy individual who is unable to conceive or produce conception or sustain a successful pregnancy during a one year period.

Benefits are subject to the following limitations:

- 1) Benefits are available up to the Insured Person's fortieth (40) birthday.
- 2) Benefits for ovulation induction are subject to a lifetime limit of four (4) cycles.
- 3) Benefits for intrauterine insemination are subject to a lifetime limit of three (3) cycles.
- 4) Benefits for in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer, and tubal ovum transfer are subject to a lifetime limit of two (2) cycles, with not more than two (2) embryo implantations per cycle.
- 5) Benefits for in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer are payable only to those Insured Persons who:
 - a) Have been unable to conceive or produce conception or sustain a successful pregnancy through less expensive and medically viable infertility treatment or procedures covered by this policy. However benefits will not be denied on this basis for any Insured Person who forgoes a particular infertility treatment or procedure if the Insured Person's Physician determines that such treatment or procedure is likely to be unsuccessful.
 - b) Have been covered under the school's student insurance policy for at least 12 months.
 - c) Provide disclosure of any previous infertility treatment or procedures for which such Insured Person received coverage under a different health insurance policy.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Epidermolysis Bullosa Treatment

Benefits will be paid for the Usual and Customary Charges for wound-care supplies that are Medically Necessary for the treatment of Epidermolysis Bullosa provided such benefits are administered under the direction of a Physician.

"Epidermolysis Bullosa" is a genetic disorder caused by a mutation in the keratin gene. The disorder is characterized by the presence of extremely fragile skin and recurrent blister formation, resulting from minor mechanical friction or trauma.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Definitions

Injury means accidental bodily injuries sustained by the Insured Person which: 1) are the direct cause, independent of disease or bodily infirmity or any other cause; 2) are treated by a Physician within 30 days after the date of accident; and occurs while this policy is in force, subject to the policy Pre-existing Condition provisions. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy, subject to the policy Pre-existing Condition provisions.

Sickness means sickness or disease of the Insured Person which causes loss while the Insured Person is covered under this policy, subject to the policy Pre-existing Condition provisions. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

Totally Disabled means a condition of a Named Insured which, because of Sickness or Injury, renders the Insured unable to actively attend class.

Usual and Customary Charges means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality where service is rendered. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

Exclusions And Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acupuncture, allergy testing;
2. Biofeedback;
3. Circumcision;
4. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
5. 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;
6. Dental treatment, except as specifically provided in the Policy;
7. Elective Surgery or Elective Treatment;
8. Elective abortion;
9. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses; except when due to a disease process;
10. Foot care including: care of corns, bunions (except capsular or bone surgery) and calluses;
11. Hearing examinations or hearing aids or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
12. Hirsutism; alopecia;

13. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury, except as specifically provided in the policy;
14. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
15. Lipectomy;
16. Organ transplants;
17. Participation in a riot, civil disorder or a felony, except when Injury occurs when the Insured Person has an elevated blood alcohol content or when under the influence of intoxication liquor or any drug or both. Participation means to voluntarily take a part or share with others assembled together in some activity. Riot means a violent public disturbance of the peace by a number of persons assembled together;
18. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
 - a) Therapeutic devices or appliances, including: hypodermic needles and syringes, except for hypodermic needles or syringes prescribed by a Physician for the purpose of administering medications for medical conditions, provided such medications are covered under the policy, support garments and other non-medical substances;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution-limited by federal law to investigational use" or experimental drugs except for drugs for the treatment of cancer that have not been approved by the Federal Food and Drug Administration, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following established reference compendia: (1) The U.S. Pharmacopeia Drug Information Guide for the Health Care Professional (USP DI); (2) The American Medical Association's Drug Evaluations (AMA DE); or (3) The American Society of Hospital Pharmacist's American Hospital Formulary Service Drug Information (AHFS-DI);
 - d) Products used for cosmetic purposes;
 - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f) Anorectics- drugs used for the purpose of weight control;
 - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra; except as specifically provided in the Benefits for Infertility Treatment;
 - h) Growth hormones; or
 - i) 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: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; except as specifically provided in the Benefits for Infertility Treatment;
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; except as specifically provided in the policy;
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 in the policy;

22. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except as specifically provided in the Benefits for Treatment of Craniofacial Disorders;
23. Skydiving, 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;
24. Sleep disorders;
25. Unless specifically covered under Benefits for Mental or Nervous Conditions, Injury resulting from suicide or attempted suicide while sane or insane (including intentional drug overdose); or intentionally self-inflicted Injury;
26. Supplies, except as specifically provided in the policy;
27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the Benefits for Reconstructive Breast Surgery and Benefits for Treatment of Tumors and Leukemia;
28. Treatment in a Government hospital for which the Insured is not charged, unless there is a legal obligation for the Insured Person to pay for such treatment;
29. 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
30. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia, except as specifically provided in the policy. Exception: benefits will be provided or the treatment of dehydration and electrolyte imbalance associated with eating disorders.

General Provisions

The Insurer will furnish the Insured the necessary forms for filing proof of loss. Claim forms may be obtained at the Company, P.O. Box 809025, Dallas, Texas 75380-9025.

If the person making claim does not receive the necessary claim forms before the expiration of 15 days after first requesting such forms, the Insured Person shall be deemed to have complied with the requirements as to the proof of loss upon submitting to the Insured within 90 days written proof covering the occurrence, character and extent of the loss for which claim is made.

Written proof of loss must be submitted to the Company at P.O. Box 809025, Dallas, Texas 75380-9025 within 90 days after expense is incurred, or as soon thereafter as reasonably possible.

The Company, at its own expense, shall have the right and opportunity to examine the Insured as often as it may reasonably require and also may make an autopsy in case of death if not prohibited by law. Failure of an insured to present himself or herself for examination by a Physician when requested shall authorize the Company to: 1) withhold any payment of Covered Medical Expenses until such examination is performed and Physician's report received; and 2) deduct from any amounts otherwise payable hereunder any amount for which the Company has been obligated to pay a Physician retained by the Company to make an examination for which the insured failed to appear. Said deduction shall be made with the same force and effect as a Deductible herein defined.

All benefits payable under the Policy will be paid upon receipt of due written proof of loss. All benefits are payable to the Insured or his designated beneficiary or beneficiaries or to his estate, except that if the person insured be a minor, such benefits may be made payable to his parents, guardian or other person actually supporting him. Subject to any written direction of the Insured, all or a portion of any benefits payable under the Policy may be paid directly to the Hospital, Physician or person rendering the service or treatment.

No action shall be brought under the Policy prior to the expiration of 60 days after filing written proof of loss and no action may be brought after 3 years from the date within which proof of loss is required by the Policy.

Scholastic Emergency Services: Global Emergency Medical Assistance

If you are a student insured with this insurance plan, you are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows:

International Students: You are eligible to receive SES worldwide, except in your home country.

Domestic Students: You are eligible for SES when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

SES includes Emergency Medical Evacuation and Return of Mortal Remains that meet the US State Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES, Inc.; any services not arranged by SES, Inc. will not be considered for payment.

Key Services include:

- * Medical Consultation, Evaluation and Referrals
- * Foreign Hospital Admission Guarantee
- * Emergency Medical Evacuation
- * Medically Supervised Repatriation
- * Emergency Counseling Services
- * Lost Luggage or Document Assistance
- * Care for Minor Children Left Unattended Due to a Medical Incident
- * Prescription Assistance
- * Critical Care Monitoring
- * Return of Mortal Remains
- * Transportation to Join Patient
- * Interpreter and Legal Referrals

Please visit your school's insurance coverage page at www.uhcsr.com for the SES Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

(877) 488-9833 Toll-free within the United States

(609) 452-8570 Collect outside the United States

Services are also accessible via e-mail at medservices@assistamerica.com.

When calling the SES Operations Center, please be prepared to provide:

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient;
2. Patient's name, age, sex, and Reference Number;
3. Description of the patient's condition;
4. Name, location, and telephone number of hospital, if applicable;
5. Name and telephone number of the attending physician; and
6. Information of where the physician can be immediately reached.

SES is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by SES, Inc. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure or Program Guide at www.uhcsr.com for additional information, including limitations and exclusions pertaining to the SES program.

Claim Procedure

In the event of Injury or Sickness, students should:

- 1) Report at once to the Student Health Service or Infirmary for treatment, or when not in school, to the nearest Physician or Hospital.
- 2) Secure a Company claim form from the Student Health Service or from the address below, fill out the form completely, attach all medical and hospital bills and mail to the address below.
- 3) File claim within 30 days of Injury or first treatment for a Sickness. Bills must be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

The Plan is Underwritten by:

UnitedHealthcare Insurance Company

Submit all Claims or Inquiries to:

UnitedHealthcare **Student**Resources
P.O. Box 809025
Dallas, Texas 75380-9025
1-888-455-9402

Sales/Marketing Service:

UnitedHealthcare **Student**Resources
805 Executive Center Drive West, Suite 220
St. Petersburg, FL 33702

Please keep this Certificate as a general summary of the insurance. The Master Policy on file at the school contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Certificate.

The Master Policy is the contract and will govern and control payment of benefits.

This Certificate is based on Policy
2012-1806-1