The Kansas Board of Regents (KBOR) is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. Domestic undergraduate degree seeking students who are enrolled during Fall and/or Spring semester who are taking 6 or more credit hours (3 or more credit hours during the Summer Semester) or on a school approved/sponsored internship, or International students on Optional Practical Training are eligible to enroll in this insurance plan.

Masters students taking 3 credit hours per semester or participants in a school approved/sponsored internship, Doctoral students, and Post Doctoral students are eligible to enroll in this insurance plan. The following categories of students must enroll in this plan or show proof of coverage in an alternative plan: Health Science Students, F-1 international students and J-1 exchange visitors.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- Up to $100,000 per Injury or Sickness Per Policy Year Maximum Benefit for Covered Medical Expenses.
- $250 deductible Per Policy Year for students, $500 deductible per Insured Person Per Policy Year for dependents.
- Covered Medical Expenses for Preferred Providers are payable at 80% (70% for dependents) of Preferred Allowance and Out of Network benefits are payable at 60% (50% for dependents) of Usual and Customary charges (all benefits are subject to satisfaction of the deductible, specific benefit limitations, maximums and copays as described in the policy).
- Prescription Drug Benefits at a UnitedHealthcare Network Pharmacy: $15 copay for Tier 1 / 30% coinsurance for Tier 2 up to a 31-day supply per prescription. Prescription Drug Benefits at the Student Health Center: $5 copay for generic / 30% coinsurance for name brand. ($1,000 maximum per policy year.)
- Coverage is available for eligible dependents.
- Scholastic Emergency Services – Domestic Students are covered when 100 miles or more away from their campus or home address. International Students are covered worldwide except in their home country.
- MyAccount, available through www.UHCSR.com, allows insured students access 24/7 to check their claim status, search for network providers, print ID cards, enter accident details, view EOBs and enter additional insurance information online.
- Included with every policy, the UnitedHealth Allies® discount program provides 5% to 50% savings on dental and vision services, fitness clothing and equipment, and textbooks from McGraw-Hill Professional. The UnitedHealth Allies program is not insurance and is offered by UnitedHealth Allies, a UnitedHealth Group company.

<table>
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<th>Rates</th>
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This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2009-20118-1.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to the plan brochure available at www.UHCSR.com.

For online enrollment visit our website at www.UHCSR.com, click on "Find My School's Plan" link and follow the online instructions or call 888-344-6104.

If you have any questions, please contact Customer Service at 888-344-6104 or customerservice@uhcsr.com.

The Policy is a Non-Renewable One-Year Term Policy.
Pre-Existing Condition means: 1) the existence of symptoms within the 180 days immediately prior to the Insured’s Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 180 days immediately prior to the Insured’s Effective Date under the policy.

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. Automobile Excess-No payment will be made for Hospital, medical or other health services resulting from accidental bodily Injury arising out of a motor vehicle accident to the extent that benefits are payable under any medical expense payment provision of any automobile insurance policy, including such benefits mandated by law;
2. Congenital conditions, except as specifically provided for Newborn or adopted infants; circumcision;
3. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children;
4. Custodial Care services and supplies related to custodial care such as care provided in rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care. Extended care in treatment or substance abuse facilities also are not covered for domiciliary or custodial care;
5. Acne; acupuncure; alopecia; biofeedback-type services; breast implants; breast reduction; corns, calluses and bunions; deviation of the ear, nose and sinus septum; gynecomastia; hirsutism; learning disabilities; nasal and sinus surgery; nicotine addiction; nonsurgical warts, moles and lesions for cosmetic reasons; obesity and any condition resulting therefrom; patient controlled analgesia (PCA); skeletal irregularities of one or both jaws, including orthognathia and mandibular retractions; sleep disorders, including testing therefor; temporomandibular joint dysfunction; Elective and Experimental Surgery or Treatment;
6. Elective abortion;
7. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
8. Injury sustained while (a) participating in any intercollegiate, interscholastic, club or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
9. 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;
10. Immunizations services and supplies related to immunizations, except as specifically provided in a benefit section; preventive medicines or vaccines, except where required for treatment of a covered Injury;
11. Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogens, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person’s Physician;
12. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation;
13. Organ transplants, including organ donation;
14. Pre-existing Conditions except for: 1) individuals who have been continuously insured for at least 9 months under any plan as defined under Creditable Prior Coverage if the previous coverage was continuous to a date not more than 63 days prior to the Insured’s Effective Date under the Policy; or 2) individuals who have been continuously insured for at least 9 months under the school’s student insurance policy; or 3) a child that is adopted or placed for adoption before attaining eighteen years of age.

“Creditable Prior Coverage” means any individual or group policy, contract or program provided by an HMO, Insurer, self-insured employer plan or any other entity that arranges or provides medical, hospital or surgical coverage, not designed to supplement other private or governmental plans. It should include prior coverage under a group or individual sickness and accident policy, provided by a government plan (such as Medicaid and Medicare) COBRA, CHAMPUS, the Federal Employee Health Benefits Plan, Peace Corps Plans, the Indian Health Service, coverage provided through state high risk pools and other public plans.

Insured Persons who have been insured under a coverage as defined in Creditable Prior Coverage and have no gap in such coverage that exceeds 63 days immediately prior to enrollment in this plan will receive the applicable amount of credit for prior coverage. If an Insured Person has 9 months prior creditable coverage with no gap in coverage exceeding 63 days immediately prior to enrollment in this plan the pre-existing limitation is satisfied.

15. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
16. Prescription Drug services or supplies as follows, except as specifically provided in the policy:
   a) Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
   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 are a recognized treatment in one of the standard reference compendia or in substantially accepted peer reviewed medical literature;
   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 Parelode, Pertconal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
   h) Growth hormones; or
   i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
17. 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. Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproductive ability; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery;
18. 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;
19. 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;
20. Skydiving, parachuting, hang gliding, glider flying, sail planning, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
21. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
22. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
24. 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).