

STUDENT HEALTH INSURANCE

Underwritten by:

National Union Fire Insurance Company of Pittsburgh, Pa.,
a subsidiary of American International Group, Inc. (AIG)
with its principal place of business in New York, NY ("the Company")

Designed for the Students of

UNIVERSITY OF HOUSTON Clear Lake

**2008-2009
Academic Year**

**ATTENTION: READ CAREFULLY –
SOME BENEFITS MAY BE REDUCED IF YOU DO NOT HAVE
A STUDENT HEALTH CENTER REFERRAL.
(SEE PANELS 3 & 4)**

University of Houston Student Accident and Sickness Insurance Program

The following is a brief description of the benefits of the Accident and Sickness Plan for students of the University of Houston. This is a non-renewable one-year term insurance plan. Complete details of coverage are in the Master Policy issued to the University. It may be inspected during normal business hours at the Student Health Center.

Any provision of the Policy or brochure which is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of the state statutes.

This information is a brief description of the coverages available under policy series S30494NUFIC-TX. The Policy may contain reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between this document and the Policy, the Policy shall govern. Please keep this information as a reference.

**ADMINISTRATOR POLICY NUMBER: AMH9073389
UNDERWRITER REFERENCE NUMBER: CAS9710392**

STUDENT HEALTH CENTER INFORMATION

HOURS:

Regular Semester Schedule

Monday through Thursday:

9:00 A.M. - 7:00 P.M.

Friday: 8:00 A.M. - 12:00 P.M.

Summer and semester break hours as posted.

Telephone Number - (281) 283-2626

NO-COST SERVICES

These services are offered at no charge to the students of UH-Clear Lake:

- Nursing Assessments;
- First Aid for Sickness and Injury;
- Health Counseling and Education;
- Hypertension Screening;
- Student Health Insurance Information;
- Support Services for Students with Disabilities;
- Unit Dose Medications.

LOW-COST SERVICES

The following services are available from the Health Center staff at a minimal charge:

- Flu Shots;
- Cholesterol Testing and Evaluation;
- HIV Screening and Counseling;
- Immunizations and Injections like allergy, tetanus/diphtheria and hormone;
- Laboratory tests (See staff for full list);
- TB screening test;
- Class D Pharmacy is directed by a consulting pharmacist. This service enables the nursing staff to provide medications as prescribed by the staff Doctors;
- Women's Health Care Clinic offers pregnancy testing, hormone replacement therapy, annual gynecological exams, contraceptive information and birth control pills (by appointment only);
- Medical Clinic (by appointment only);
- Over the counter medications.

While appointments are not required for most services, it is suggested that appointments be made for your convenience. Services and hours are subject to change without notice.

Counseling Center — located in the Student Services Classroom Building (SSCB) Room 3.103. Services include individual and group counseling for personal and emotional concerns. Information and referral for community mental health resource is also available - (281) 283-2580.

Disability Services — The coordinator for persons with disabilities is located in the Student Services Classroom Building (SSCB) Room 1.301 - (281) 283-2626.

The University seeks to provide equal educational opportunities without regard to race, color, religion, national origin, sex, age, handicap or veteran status.

Director - Susan Leitner Prihoda, RN, FNP

IMPORTANT HEALTH INSURANCE INFORMATION

UH-CL STUDENT HEALTH CENTER (SHC) REFERRAL REQUIRED FOR OUTPATIENT TREATMENT

The student must first use the resources of the Student Health Center, where treatment will be administered or an outside medical referral will be issued. Benefits for expenses incurred for medical treatment rendered outside the Student Health Center (except as shown below) for which no referral was obtained **will be reduced by 20%**. A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is necessary, except under the following conditions:

1. Medical emergency. The student must return to SHC for necessary follow-up care;
2. When the Student Health Center is closed;
3. Medical care received when the student is more than 50 miles from campus;
4. Medical care obtained when a student is no longer able to use the SHC due to a change in student status;
5. Maternity.

PRIVATE HEALTHCARE SYSTEMS (PHCS)

In order to maximize the benefits offered under this plan, you should seek treatment from the PHCS Preferred Provider Network (PPO). PHCS consists of Hospitals, Doctors, Ancillary and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates will vary according to the source of care as described under the "Description of Insurance Benefits" section. A listing of participants is available: 1) by calling (888) 560-7427; or 2) through the University of Houston's personalized website accessible from www.macori.com.

ELIGIBILITY

All Domestic students attending UH-Clear Lake who are enrolled for 6 or more credit hours (3 for summer session) are eligible for coverage hereunder. Home study, correspondence, television and on-line courses do not fulfill credit hour requirements for Students residing and taking classes outside the State of Texas. Insurance is mandatory for all International Students. Non-Immigrant International Students enrolled in credit hours will be billed each semester (for the Basic Plan only) unless proof of other insurance is presented and a waiver obtained. Non-immigrant International Students who are carrying credit hours will be automatically enrolled and charged for the Basic Plan only each semester to satisfy the University policy regarding maintaining acceptable health insurance coverage. A waiver of the health insurance fee may be obtained only at the Office of Admissions with proof of alternate acceptable insurance. **The 12th day of classes for EACH FALL, SPRING, AND AS POSTED IN THE OFFICE OF ADMISSIONS FOR SUMMER SEMESTER, is the last day to obtain a waiver. No waivers are allowed after that date.** Students who purchase coverage must actively attend classes or other required coursework for at least the first 31 days following the effective date of coverage. In the case of medical withdrawal due to a covered Accident or Sickness, coverage will continue in force for the period of coverage purchased. **If you do not meet the Eligibility requirements of this Plan, or desire dependent coverage, please call Macori, Inc. at (281) 651-8787 for information on alternate insurance plans.**

The Student Health Center will be notified as soon as your coverage goes into effect. **Your I.D. card is attached to the enrollment form.** This card shows the Policy number and the number for medical providers to call for verification of benefits. Cards are available from www.macori.com.

DESCRIPTION OF INSURANCE BENEFITS

I. SPECIAL STUDENT HEALTH CENTER BENEFITS

In the event of a covered Accident or Sickness, the Plan will pay 100% of covered charges (subject to co-payments and limitations) for services provided at the UH Clear Lake Student Health Center as follows:

Covered Services	Services Not Covered
<ol style="list-style-type: none">1. Lab fees, subject to a \$10 co-payment per day;2. Prescription drugs (including oral contraceptives and outpatient contraceptive services); \$500 maximum per policy year (limited) as prescribed by a staff Doctor. (The University Health Center stocks only medications routinely prescribed by Health Center Doctors.) Each 30 day supply is subject to: \$25 co-payment for each brand name drug, \$15 co-payment for each generic drug (or the usual cost, whichever is lower).3. Doctor's fees (after \$2 co-payment per visit).4. HPV Vaccine Series, subject to a \$25 co-payment per injection	<ol style="list-style-type: none">1. Allergy Injection;2. Elective treatment;3. Immunizations;4. Over-the-counter items

All Policy "Exclusions" listed in this brochure apply to these Student Health Center Benefits.

PLEASE NOTE: The above benefits are being offered as an added benefit to encourage students to utilize the Health Center. If the Health Center is closed or not available, a Student should not expect these added benefits to apply for treatment received elsewhere.

II. BASIC PLAN BENEFITS \$50,000 MAXIMUM

If in the event an Accident is sustained while coverage is in force and requires treatment within 30 days, or a Sickness requires medical treatment or Hospitalization, the Plan will pay **80% of Reasonable and Customary Charges**, unless otherwise stated (subject to the following deductibles, limitations and exclusions) not to exceed a Maximum Policy Benefit of \$50,000 for each Accident or each Sickness.

Deductibles: **Outpatient: \$250 per Policy year**
 Inpatient: \$150 per confinement

These deductibles do not apply to covered services provided at the UH Student Health Center–Clear Lake.

ELIGIBLE EXPENSES Include:

A. IN-HOSPITAL EXPENSES

1. Room and Board - 80% of Reasonable and Customary Charges (If a non-PPO provider is utilized the 80% of Reasonable and Customary Charges will be reduced by 20%).
2. Hospital Miscellaneous items such as laboratory fees, drugs, medications, X-ray treatments, services of a registered nurse, operating room, ambulance and anesthesia (including administration thereof if billed by the Hospital) - 80% of Reasonable and Customary Charges (If a non-PPO provider is utilized the 80% of Reasonable and Customary Charges will be reduced by 20%).
3. Doctor's in-Hospital visits (non-surgical).

B. OUT OF HOSPITAL EXPENSES

(Student Health Center Referral Required, refer to Panel 3).

1. Expenses for treatment administered by or directed by a Doctor such as diagnostic X-rays; laboratory; emergency room; drugs or medication administered by a Doctor during treatment in the office or obtained at University of Houston Student Health Center (allergy injections and accutane treatments are not covered) and the services of a registered nurse.
2. Day Surgery Hospital Miscellaneous expenses include anesthesia, operating room, laboratory tests and X-rays, drugs and medicines (administered by a Doctor during treatment in the Hospital or obtained at the Student Health Center), or the services of a registered nurse; dressings and other prescribed necessary Hospital expenses (excluding take home drugs).
3. Dental expense for treatment of Injury to Sound Natural Teeth, up to a Maximum Policy limit of \$250. This benefit is separate from **CAREINGTON** (See Panel 11).

C. SURGICAL EXPENSE – IN OR OUT OF HOSPITAL

Benefits are payable in accordance with the Ingenix, Inc. Surgical Schedule at the 80th percentile for the primary procedure. Any other procedures performed during the same operative session will be reduced to a percentage not to exceed 50% of the amount payable for each procedure and not to exceed an aggregate of 50% of the amount payable for the primary procedure. Anesthetist benefits are payable at 25% of the Surgery Allowance.

D. MATERNITY EXPENSE

Benefits for pregnancy expenses are payable for the Covered Student on the same basis as Sickness. In-patient care for a Covered Student and newborn include 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated caesarean section. Newborn children are covered for Injury or Sickness from birth until 31 days old. This benefit **ONLY** applies if the mother is a Covered Student on this plan. All other Policy provisions and limitations apply. Voluntary or elective abortions are not covered.

E. MENTAL/NERVOUS DISORDERS EXPENSE

Benefits for in-patient mental and nervous disorders shall not exceed a maximum Policy limit of \$4,000 per Policy year.

F. OUTPATIENT PHYSIOTHERAPY (Refer to exclusion #8).

1. Covered Accident or Sickness requiring Hospitalization or surgery: Benefits are payable for Eligible Expenses only, not to exceed 50% of the Reasonable and Customary Charges, provided physiotherapy commences within 30 days of the attending Doctor's release for rehabilitation. Benefits shall not exceed a \$4,000 Maximum Policy limit.

2. Covered Accident or Sickness for which no Hospitalization or surgery is required will be payable not to exceed: a) \$20 per visit, b) 5 visit maximum and \$75 for necessary diagnostic testing including lab and X-ray, coinsurance does not apply.

III. ACCIDENTAL DEATH AND DISMEMBERMENT

If a Covered Student's Injury results in any of the following losses within 100 days of a covered Accident, the Company will pay the amount shown for that loss. The loss must result solely and independently from all other causes from a covered Accident. The Company will pay only one benefit, the largest, for all losses due to the same covered Accident.

Loss of: Life	\$1,000
Two or More Members.....	\$1,000
One Member	\$ 750
Thumb & Index Finger	\$ 375

Member means hand, foot, or eye. "Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means the total, irrevocable loss of the entire sight in that eye. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

IV. OPTIONAL MAJOR MEDICAL PLAN \$150,000 MAXIMUM

Please read the following information pertaining to the Optional Major Medical Plan because some benefits, exclusions and provisions do vary from the Basic Plan.

When this coverage is purchased, payment will be made for 80% of Reasonable and Customary Charges for Eligible Expenses incurred in excess of \$50,000 for any one Accident or Sickness, up to a Maximum Policy Benefit of \$150,000, payable in total under this Optional Major Medical Plan.

ELIGIBLE EXPENSES under the Optional Major Medical Plan include: Necessary expenses for Doctors and surgeons, Hospital confinement, X-rays, laboratory tests, nurses, prescribed medicines, casts, surgical dressings, use of an ambulance and other necessary Reasonable and Customary Charges incurred during the term insured.

All exclusions listed under the Basic Plan also apply. Also, this option does not include expenses for: treatment for mental/nervous disorders (including chemical dependency), physiotherapy, repatriation, or medical evacuation.

ELIGIBILITY, ENROLLMENT & TERMINATION

Only students enrolled in the Basic Plan are eligible to purchase this Optional Major Medical Plan. Purchase must be made at the time of initial enrollment into the Basic Plan (additional premium required). The enrollment deadlines applicable to a Term of Coverage for the Basic Plan shall also apply to the Optional Major Medical Plan.

Please note that the Continuous Coverage provision (See Panel 8) applies separately to the Optional Major Medical Plan. In no event will benefits be paid for a Covered Student under the Optional Major Medical Plan for a Pre-Existing Condition that preceded purchase of the Optional Major Medical Plan. If the Basic Plan coverage was in force for the Covered Student during the prior year, Pre-Existing Conditions are limited under the Policy to the benefit amounts provided by the Basic Plan. **An Injury sustained or a Sickness originating before the Covered Student's Effective Date of Continuous Coverage under the Optional Major Medical Plan will not be covered for the first 12 months following Effective Date of coverage under the Optional Major Medical Plan.**

The Optional Major Medical Plan will terminate simultaneously with the Basic Plan.

COMBINED MAXIMUM PAYMENT FOR BASIC PLAN AND THE OPTIONAL MAJOR MEDICAL PLAN

For all Accidents or Sicknesses, the aggregate (combined) payment under the Policy will never exceed the Maximum Benefit of \$200,000.

V. EUROP ASSISTANCE USA PLAN (formerly Worldwide Assistance Services, Inc.)

(Additional Premium Required)

Benefits include:

- **EMERGENCY EVACUATION**
- **MEDICALLY NECESSARY REPATRIATION**
- **REPATRIATION OF REMAINS**

Benefits provided by Europ Assistance USA (EA) up to a combined maximum limit of \$50,000 (See Panels 12 and 13 for full Description of Assistance Services)

MANDATORY for all Non-immigrant International Students.

OPTIONAL for all other Students including Domestic Students studying abroad at a branch of the University of Houston or enrolled in an exchange program.

EXCLUSIONS

The Company won't 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 any Immediate Family Member.
- 2) Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
- 3) Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
- 4) Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane.
- 5) Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
- 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) Surgery and/or treatment for acne; acupuncture; biofeedback-type services; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis or Injury occurring while coverage is in force; family planning, except as specifically provided at the Student Health Center; impotence, organic or otherwise; learning disabilities; obesity and any condition resulting therefrom, except obesity resulting from diabetes, as specifically mandated; premarital examinations; sexual reassignment surgery; sleep disorders, including testing thereof; tubal ligation; vasectomy; hyperhidrosis; and weight reduction.
- 8) Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column except as specifically provided.
- 9) Treatment of mental or nervous disorders, except as specifically provided.
- 10) Expense incurred as the result of dental treatment, except as specifically provided.
- 11) Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription therefor, or radial keratotomy or laser surgery; hearing aids, except as required for repair caused by Injury.
- 12) Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
- 13) Injury sustained as the result of an Accident involving any two- or three-wheeled motor vehicle and/or off-road four-wheeled motorized vehicles.
- 14) Elective abortions.
- 15) Fighting, except in self-defense.
- 16) Outpatient Prescription Drugs, except as specifically provided at the Student Health Center.

EXCLUSIONS continued

- 17) Breast reconstruction and implantation or removal of breast prostheses unless such care and services are performed solely and directly as a result of a mastectomy as mandated by the state.
- 18) Congenital conditions, except as required for Dependent newborn infants, or as specifically mandated.
- 19) Breast reduction and complications arising therefrom, except for breast reconstruction incident to a mastectomy as mandated.
- 20) Participating in the practice or play in any intercollegiate, professional and semi-professional sports.
- 21) Routine or periodic physical examinations, preventive medicines and vaccines including injections, except as specifically provided.
- 22) Cosmetic surgery, reconstructive surgery, or complications arising therefrom (except as Medically Necessary to restore the natural body after a covered Injury occurring while the Policy is in force, or as mandated after a mastectomy); elective surgery or treatment or complications arising therefrom.
- 23) Expense incurred for Injury or Sickness caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor.
- 24) Botox injections.
- 25) for Electro Medicine including electric nerve stimulation.

WHEN IS MY COVERAGE IN EFFECT?

The plan covers all participating students 24 hours a day anywhere in the world, at school, at home or while traveling including all vacation periods.

Coverage becomes effective at 12:01 a.m. either on the beginning date of the Term of Coverage which you are purchasing, or the date the premium is received by Macori, Inc. (or their authorized representative), whichever is later. No premium will be accepted beyond the 31st day after the beginning date of each Term of Coverage (as shown on the enrollment form).

Three days travel time (only for Accidents occurring while traveling to UH directly from place of residence) will be allowed immediately preceding *August 25, 2008 provided the enrollment form and premium have been submitted prior to the student leaving home.

For the specific Term of Coverage dates, please refer to the enrollment form.

*8/20/08 for students maintaining continuous coverage from the previous policy year.

WHAT IS MY EXPIRATION DATE? INDIVIDUAL TERMINATION

The Master Policy expires August 24, 2009 at 11:59 p.m. Individual coverage terminates at the earliest of:

- the termination of the Policy;
- the last day of the Term of Coverage for which premium is paid;
- the date a Covered Person enters full time active military service. Upon written request within three months of leaving school, We will refund any unearned pro-rated premium with respect to such person.

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, their only obligation is refund of premium.

Benefits are payable only for those Eligible Expenses incurred while the Policy is in effect for the Covered Student. Expenses incurred after the Covered Student's termination of insurance are not covered except as shown under "Extension of Benefits".

The student must attend classes at UH-Clear Lake for at least the first 31 days after his/her effective date of coverage. Except in the case of medical withdrawal due to Sickness or Injury, any student withdrawing from school during the first 31 days of the period for which coverage is purchased will not be covered under the Policy and a full refund of premium will be made upon Macori Inc.'s receipt of written notification of such withdrawal. Students withdrawing after such 31 days will remain covered under the Policy until the end of the period for which premium was paid and no refund will be allowed. Eligibility requirements must be met each time premium is paid to continue coverage.

Should a student enter military service, his/her insurance is 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, Inc. within three months of the date of entry into the military service.

There will be no refund of premiums except as stated above.

CONTINUOUS COVERAGE

If the Covered Student has remained continuously covered under this Policy and prior Student Health Insurance policies issued to the University, he or she will be covered for a condition originating while continuously insured, provided continuous insurance is maintained. However, continuous coverage will not apply to the Optional Major Medical coverage, if purchased after initial enrollment. Previously insured persons who re-enroll for coverage on or before the specified Effective Date for the next coverage period will have maintained continuous insurance. A person who is not so enrolled will have a break in coverage, and any condition originating during or before the break will not be covered if it is a Pre-existing Condition.

This provision applies separately to the Optional Major Medical Benefit, if purchased.

SEMESTER “STOP OUT”

If you need to take a semester off, you are eligible to extend your student insurance for one more semester by completing a “Stop Out” form at the Student Health Center. The signed “Stop Out” form and full premium must be received by Macori, Inc. **on or before the Effective Date shown on the enrollment form for the semester you will not be attending.** This option is available only one time during your attendance at UH. You will not be eligible to utilize the Student Health Center during your “Stop Out” semester since you will not be a registered student (all Policy provisions, limitations, and exclusions still apply).

MANDATED BENEFITS

Texas mandates coverage for the following benefits to be paid the same as any other Sickness: annual mammograms age 35 and older; formula necessary for the treatment of phenylketonuria or other heritable diseases to the same extent as for Prescription Drugs; Hospital confinement of 48 hours following a mastectomy and 24 hours following a lymph node dissection for treatment of breast cancer; diagnostic or surgical treatment of skeletal joints, including the temporomandibular joint, jaw, or the craniomandibular joint resulting from Injury, trauma, congenital defect, developmental defect or pathology; bone mass measurement for the detection of low bone mass in an Osteoporosis Qualified Individual; diabetes equipment, supplies and self-management training; annual prostate cancer screening; Hospital Confinement for the covered mother and her newborn child for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarean section; services and supplies provided through Telemedicine and Telehealth Services; reconstruction of a breast incident to mastectomy to restore or achieve breast symmetry; colorectal cancer screening examinations; off-label drugs prescribed to treat chronic, disabling or life-threatening illnesses to the same extent as for Prescription Drugs; and therapies and services as a result of and related to an Acquired Brain Injury. The following are mandated offers not accepted by the Policyholder: Treatment of loss or impairment of speech or hearing; Outpatient expense for in vitro fertilization procedures; and Treatment of Mental or Nervous Disorders in a Hospital, Psychiatric Day Treatment Facility, or a Crisis Stabilization Unit, the same as any other Sickness. **Please see the complete Policy on file with the Policyholder for full details.**

NOTICE OF THE RIGHT OF CONTINUATION

The right to continue this coverage is available to a Covered Student who has lost eligibility by graduating. A Covered Student has the option to continue coverage for up to 6 months starting from the date insurance would otherwise terminate at a premium that is 2% higher than that charged for coverage under the Policy. In no event will the option to continue coverage be extended beyond the number of months initially requested. Continuation of coverage will be subject to all of the terms and conditions of the Policy in effect on the date the Covered Student becomes eligible for continuation of coverage. Written request for continuation, proof of graduation and payment of premium must be received by Macori, Inc. within 31 days following the later of: the date the coverage under the Policy terminates; or the date notice of the right of continuation is given by the Policyholder. The Right of Continuation does not apply to repatriation or medical evacuation.

EXTENSION OF BENEFITS

If a Covered Student is hospitalized on his/her expiration day of coverage, benefits will continue to be paid until the completion of his/her Hospital stay but not to exceed either a period of 90 days from the expiration date of coverage or the maximum benefit allowable, whichever occurs first.

There are no benefits for expenses incurred after the Covered Student's date of termination, except as described in Notice of the Right of Continuation and under the Extension of Benefits provision.

CERTIFICATE OF CREDITABLE COVERAGE

Your coverage under this health plan is “creditable coverage” under Federal Law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this certificate may be used to reduce or eliminate those exclusions or limitations. A Certificate of Creditable Coverage may be requested in writing from Macori Administration or on-line at www.macori.com.

DEFINITIONS

Accident: A sudden, unforeseeable, external event which results in an Injury.

Emergency Medical Condition: A medical condition of a recent onset and severity, including but not limited to severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the person's condition, Sickness, or Injury is of such a nature that failure to get immediate medical care could result in:

- placing the patient's health in serious jeopardy;
- serious impairment to bodily functions;
- serious dysfunction of any bodily organ or part;
- serious disfigurement; or
- in the case of a pregnant woman, serious jeopardy to the health of the fetus.

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.

Insured must seek initial treatment within 30 days of Injury.

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.

Reasonable and Customary (R&C): means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

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

Sickness: Sickness, disease, pregnancy and Complications of Pregnancy which begin after the effective date of a Covered Person's coverage. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

LIMITATIONS AND REDUCTIONS

1. 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:
 - The individual has been continuously covered under the Policy for 12 months (applies separately under Optional Major Medical Plan); or
 - 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 and whose most recent Creditable Coverage was under a group health plan, government plan or church plan.
2. Coordination of Benefits—The Policy will coordinate benefits with any valid collectible insurance or plan as outlined in the Master Policy, which is available at the Student Health Center.
3. Right of Subrogation—If claims are incurred as a result of another person's negligence, the insurance company has the right to seek reimbursement in accordance with the Policy.
4. In no event shall the total combined benefits for a single Accident or Sickness exceed the Maximum Policy Benefit.

IMPORTANT NOTIFICATION OF ADMISSION PROCEDURES

You are responsible for advising your Doctor of the pre-admission notification procedure of this plan:

(1) NOTIFICATION OF NON-EMERGENCY HOSPITALIZATIONS:

The patient, Doctor or Hospital should telephone prior to the planned admission.

(2) NOTIFICATION OF EMERGENCY SITUATIONS:

The patient should telephone within 72 hours of admission to provide notification of the emergency or as soon as possible after the patient is coherent.

MACORI ADMINISTRATION
Houston Metro (281) 651-8787
Outside Houston Metro 1-800-285-8133

Premium is due on the following dates:

FALL:	8/25/08
SPRING/SUMMER:	1/20/09
SUMMER ONLY:	6/01/09

(Summer Only is available for new students not insured in Spring)

You must review the attached enrollment form for specific coverage dates and premium rates. If you cannot locate the form, please request one prior to purchasing coverage.

CLAIM SUBMISSION INFORMATION

Refer to "Student Health Center Referral" Information on Panel 3. You must complete and submit a college claim form to assure proper processing.

In the event of Accident or Sickness:

1. If on campus, report immediately to the UH Student Health Center so that proper treatment can be rendered. Eligible Expenses incurred at the Health Center will be submitted to the Claims Office, Macori Administration, by the Student Health Center.
2. If treatment is received outside the Student Health Center (refer to Panel 3): Secure a college claim form from the Student Health Center or on-line at www.macori.com, complete the front side of the form, attach all itemized medical and Hospital bills and mail to Macori Administration at the address below. **If you have no other insurance, please state this on the college claim form.** One claim form per Injury or Sickness (per school year) is required.
3. Written notification must be filed within 90 days after date of Accident or first treatment of Sickness.
4. Written Proof of Loss must be filed within 90 days after the date of Accident or first treatment for Sickness. College Claim forms are available in the Reception Office of the Student Health Center or on-line at www.macori.com.

QUESTIONS SHOULD BE DIRECTED TO:

Premium Office:
MACORI, INC.

Claims Office:
MACORI ADMINISTRATION

PO Box 2478
Spring, TX 77383-2478

Web address: www.macori.com

Email: macori@macori.com

Houston Metro: 281-651-8787 • Outside Houston Metro: 1-800-285-8133

Providers inquiring about claims/benefits:

Houston Metro: 281-528-8949 • Outside Houston Metro: 1-877-266-7778

ON-LINE SERVICES: www.macori.com

- Premium Payment
- Locate a PPO Provider
- Check Your Personal Account
- Dental Providers/Rate Schedule
- File a Claim
- 24-Hour Student Emergency Care Hotline

PLAN UNDERWRITTEN BY:

National Union Fire Insurance Company of Pittsburgh, Pa.,
a subsidiary of American International Group, Inc. (AIG)
with its principal place of business in New York, NY

ADMINISTRATOR POLICY NUMBER: AMH9073389
UNDERWRITER REFERENCE NUMBER: CAS9710392

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 information, please go to www.maksin.com.

FLAGSHIP GLOBAL HEALTH
24-HOUR STUDENT EMERGENCY CARE HOTLINE
(Flagship Global Health is not affiliated with the AIG CompaniesSM)

**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 with 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.

Services provided by CAREINGTON International Corporation.
(CAREINGTON is not affiliated with the AIG CompaniesSM)

CAREINGTON DENTAL

CAREINGTON is one of the most recognized professional dental networks in the nation and boasts a provider network of over 30,000 participating dentists. Save 20-60% on most dental procedures including routine oral exams, unlimited cleanings, and major work such as dentures, root canals, and crowns.

How To Access Your Discounts:

Step 1: To locate a participating provider, call toll-free 1-800-290-0523 or visit the Macori, Inc. website at www.macori.com to access the CAREINGTON on-line provider search under the University of Houston's personalized webpage. Call a participating provider to schedule an appointment.

Step 2: You must show your member ID card at the time of visit to receive your discount.

Step 3: You are responsible for the total bill, less the applicable savings, at the time service is rendered.

The following disclosure applies ONLY to the CAREington Discount Dental Product:

Disclaimer

Please note that this is not health insurance and we do not make payments directly to medical service providers. You are obligated to pay for all health care services. You will receive discounts on medical services at certain health care providers who have contracted with the plan. This plan is administered by CAREINGTON International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; Phone 800-290-0523.

The above only applies to FLAGSHIP GLOBAL HEALTH and CAREINGTON Dental. Neither service can provide information related to benefits under the Student Health Insurance Plan.

Europ Assistance USA (EA) DESCRIPTION OF ASSISTANCE SERVICES

Applicable only to non-immigrant international and domestic students purchasing the Medical Evacuation/Repatriation coverage

Europ ASSISTANCE USA (EA)

The Assistance Plan is designed to provide students, who travel 100 miles or more from home or in a foreign country that is not the country of permanent residence, with a worldwide 24-hour emergency telephone assistance service during the term of coverage. The Assistance Plan is provided by Europ Assistance USA (EA).

Emergency Medical Transportation Services are provided by EA up to a combined maximum limit of \$50,000 for covered services for:

EMERGENCY EVACUATION: If you suffer an Injury or Sickness and adequate medical facilities are not available locally in the opinion of EA's designated physician, EA will provide emergency evacuation (under medical supervision if necessary) by whatever means necessary to the nearest facility capable of providing adequate care. Services include arranging and providing for transportation and related medical services (including cost of medical escort) and medical supplies necessarily incurred in connection with the emergency evacuation.

MEDICALLY NECESSARY REPATRIATION: After initial treatment and stabilization for your Injury or Sickness, if the attending Physician and EA's designated physician deems it medically necessary, EA will transport you back to your permanent place of residence for further medical treatment or to recover. Services include arranging and providing for transportation and related medical services (including escort if necessary) and medical supplies necessarily incurred in connection with the repatriation.

REPATRIATION OF REMAINS: In the event of your death, EA will render assistance and provide for the return of mortal remains. Services include: location of a sending funeral home; transportation of the body from the site of death to the sending funeral home; preparation of the remains for either burial or cremation; transportation of the remains from the funeral home to the airport; minimally necessary casket or air tray for transport; coordination of consular services (in the case of death overseas); procuring death certificates; transport of the remains from the airport to the receiving funeral home. Other services that might be performed in conjunction with those listed above include: making travel arrangements for any traveling companions; identification and/or notification of next-of-kin.

FAMILY OR FRIEND TRANSPORTATION ARRANGEMENTS: If you are hospitalized for more than seven consecutive (7) days and are traveling alone, EA will arrange and provide a family member or friend with transportation to visit you while hospitalized.

RETURN OF MINOR CHILDREN: If you are hospitalized for more than seven consecutive (7) days, EA will return your minor children who are under 18 years of age and accompanying you on the trip, to their home, with an attendant if necessary.

EXCLUSIONS: All transportation related services, coverages and payments must be arranged and pre-approved by EA. EA will not pay Emergency Evacuation, Medically Necessary Repatriation, Repatriation of Remains, Family or Friend Transportation Arrangements, and Return of Minor Children expenses incurred for any one of the following reasons: participation in any war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), or civil war; participation in any military maneuver or training exercise; piloting or learning to pilot or acting as a member of the crew of any aircraft; mental or emotional disorders, unless hospitalized; participation as a professional in athletics;

underwater activities; being under the influence of drugs or intoxicants, unless prescribed by a Physician; commission or the attempt to commit a criminal act; participating in: bodily contact sports, skydiving, hang gliding, parachuting, mountaineering, bungee cord jumping, and speed contest; pregnancy and childbirth (except for complications of pregnancy), traveling against the advice of a physician; traveling to obtain medical services or treatment when care can be delivered at the Institutions Health and/or medical facilities; or expenses incurred for emergency evacuation or repatriation as a result of Injury or Sickness while traveling within 100 miles of your place of residence. When the services provided by EA are covered in whole or in part by an insurance policy or other health insurance plans, EA shall be subrogated to the rights and causes of action of the person for whom services are rendered against said insurance policy or other insurance plans.

For Emergency Assistance call:

1-800-398-6922 Toll Free In US and Canada

all other locations call collect: 1-202-463-3979

Worldwide Assistance is available 24 hours a day.

IN ADDITION TO EMERGENCY MEDICAL TRANSPORTATION SERVICES, THE ASSISTANCE PLAN OFFERS A VARIETY OF SERVICES:

MEDICAL ASSISTANCE: available when you are more than 100 miles from home: Locating Medical Care; Case Communications; Medical Insurance Assistance; Locating Legal Services; Bail Bond Services; Baggage Assistance; Emergency Payment Assistance; Emergency Assistance in Obtaining a Cash Advance; and Emergency Assistance to Replace Credit Cards or Plan ID Cards.

TRAVEL ASSISTANCE: available when traveling more than 100 miles from home: Consulate and Embassy Locations; Translation and Interpreter Services; Emergency Message Assistance; Emergency Ticket Replacement; Emergency Travel Arrangements; Hotel Convalescence Arrangements; and Prescription Drug Assistance.

PRE-TRIP ASSISTANCE: available at any time during your term of coverage and not subject to 100 mile travel radius condition: Passport and Visa Information; Health Hazards Advisory; Inoculation Requirements; Weather Information; and Currency Exchange Information In all cases You are responsible for any expenses associated with the services, except as provided under Emergency Medical Transportation services. EA reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, labor disturbances and strikes, nuclear accidents; acts of God, or refusal of the authorities in the country of assistance to permit EA to fully provide services. EA will, however, endeavor to provide services to the best of its ability during any such occurrence. It is the responsibility of you to inquire whether a country is "open" for assistance. The medical professional and/or attorneys suggested and/or designated by EA and/or providing services on behalf of EA are not employees of EA and, therefore, EA is not responsible or liable for their negligence or other acts or omissions.

AMACORE VISION
A Product of The Amacore Group Inc.

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. You will simply present your membership card at the time of service to receive your savings.

How To Use Your Discount Card:

1. Locate a provider by visiting the Macori, Inc. website at www.macori.com to access the Amacore Participating Providers under the University of Houston's personalized webpage. Then call our toll-free number, 1-800-354-8336 and have our 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 service is rendered.

UNIVERSITY OF HOUSTON – CLEAR LAKE
2008-2009 STUDENT HEALTH INSURANCE ENROLLMENT FORM
BASIC AND OPTIONAL MAJOR MEDICAL PLANS ARE UNDERWRITTEN BY:
 NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, Pa., a subsidiary of American International Group, Inc. (AIG)
 with its principal place of business in New York, NY

DATE _____ PHONE _____

STUDENT'S NAME _____
Last First Middle Initial

MAILING ADDRESS _____
 FOR CORRESPONDENCE _____
Street City State Zip

I have read and understand the brochure, including the eligibility requirement, exclusions and pre-existing condition limitation, and elect to enroll as indicated below. I enclose my check or money order made payable to National Union Fire Insurance Company of Pittsburgh, Pa. (See reverse for charge card application and authorization)

Term of Coverage	Fall	Spring/Summer	Summer Only <small>(New Insured Students Only)</small>
Basic Plan - \$50,000	*08/25/08-01/19/09	01/20/09-08/24/09	06/01/09-08/24/09
Student Only	<input type="checkbox"/> \$420.00	<input type="checkbox"/> \$420.00	<input type="checkbox"/> \$210.00
Medical Evacuation/Repatriation	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$5.00
Optional Major Medical Plan - \$150,000 Max (additional premium required)			
Student Only	<input type="checkbox"/> \$97.00	<input type="checkbox"/> \$97.00	Not available

*8/20/08 for students maintaining continuous coverage from the previous policy year.

Please return this card immediately to: Macori, Inc., PO Box 2478, Spring, TX 77383-2478

Student's ID No. _____ Date of Birth _____ E-mail address _____

Signature _____ Administrator Policy #AMH9073389
 Underwriter Reference #CAS9710392
 UH-CL 2008

IF PAYING PREMIUM WITH CREDIT CARD, YOU MAY ENROLL ON-LINE AT WWW.MACORI.COM OR YOU MAY COMPLETE THIS SECTION AND MAIL DIRECTLY TO MACORI, INC., PO BOX 2478, SPRING, TX 77383-2478.

I authorize National Union Fire Insurance Company of Pittsburgh, Pa. to charge my student insurance premium totaling \$ _____

Visa: _____

MasterCard: _____

Name of Cardholder: _____

Expiration Date of Credit Card: _____

Signature of Cardholder: _____

Date: _____