

**International
Student and Scholar
Accident & Sickness
Insurance Plan**

**University of Houston
English Language
Institute**

**2008-2009
Academic Year**

**Medical Insurance
Designed For
Participants In
International Educational
Activities**

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: AMH9073409
Underwriter Reference Number CAS9710255**

This brochure provides a brief description of the University of Houston English Language Institute Accident & Sickness Insurance Plan for eligible Students in International Education. This Plan is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY ("the Company"). The Policy contains complete details of the coverage and is the governing document. Inspection of the Policy may be made during business hours at the English Language Institute.

ELIGIBILITY

All Non-Immigrant International Students who are enrolled in the University of Houston English Language Institute (ELI) are eligible for coverage hereunder. Students enrolled in ELI will be billed for the Plan, unless proof of other insurance is presented and a waiver is obtained from the University.

Enrollment must be made: 1) at the beginning of an open enrollment period, or 2) within 45 days of arriving in the U.S. or 3) within 31 days of termination of any prior coverage. Students 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 the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium. Eligibility requirement must be met each time a premium is paid to continue coverage.

DEPENDENT SPOUSE AND CHILDREN

A Covered Student may also enroll his or her Eligible Dependents. Eligible Dependents are the Covered Student's spouse (except a spouse who is a U.S. Citizen) who resides with the Covered Student and unmarried dependent children under 25 years of age; or 25 or more years of age and primarily supported by the Covered Student and incapable of self-sustaining employment by reason of mental or physical handicap. Dependents must be enrolled for the same period of coverage as the Covered Student, or within 31 days of marriage, birth or arrival in the United States. Newborn children are covered for injury or sickness from birth until 31 days old. Coverage may be continued for that child when we are notified within 31 days from the date of birth and required premium is paid.

To enroll an eligible Dependent, a Covered Student must complete the Enrollment Form and return it to the address on the Enrollment Form (or to the International Student Office if so directed by his or her International Advisor) together with a check or money order for the premium (in U.S. dollars and drawable on a U.S. Bank or U.S. bank affiliate) payable to National Union Fire Insurance Company of Pittsburgh, Pa. The correct premium must be submitted for the full period of coverage requested on the Enrollment Form.

EFFECTIVE DATE OF INSURANCE

The Insurance will become effective on the later of:

- A) The Policy effective date;
- B) The date indicated on the Enrollment Form (if applicable) for which premium has been paid;

- C) The date the Covered Person departs his or her Home Country to travel to the United States, provided that the scheduled arrival in the United States is no more than 48 hours later than the departure from the Home Country; or
- D) The date the Enrollment Form (if applicable) and premium are received by Macori, Inc. or its authorized representatives.

TERMINATION DATE OF INSURANCE

The Insurance will terminate on the earliest of:

- A) The last date for which premium has been paid;
- B) The date the Covered Person ceases to be eligible for the Insurance;
- C) The date the Covered Person departs the United States for his or her Home Country;
- D) The date the Covered Person enters military service, in which case a pro-rata refund of premium will be given upon request; or
- E) The Termination Date of the Policy.

PLAN YEAR

The plan commences at 12:01 a.m. Standard Time on August 26, 2008 and terminates at 11:59 p.m. Standard Time on August 25, 2009.

Terms of Coverage for the 2008-2009 academic year are as follows:

	From	To
Fall	*08/26/2008	01/04/2009
Spring	01/05/2009	04/26/2009
Summer	04/27/2009	08/25/2009

*08/27/2008 for students continuously insured from previous policy

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 "Schedule of Medical Expense 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/UHD.

EXTENSION OF BENEFITS

If a Covered Person is hospitalized on his/her expiration date 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 Person's date of termination, except as described in Notice of the Right of Continuation and under the Extension of Benefits.

**ACCIDENTAL DEATH & DISMEMBERMENT
STUDENT/SCHOLAR ONLY
(Dependents not eligible)**

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

Loss of:	Life.....	\$5,000.00
	Two or More Members	\$5,000.00
	One Member	\$2,500.00
	Thumb & Index Finger.....	\$1,250.00

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.

REPATRIATION

In the event a Covered Accident or Sickness causes the death of an Covered Person while he/she is in a foreign country (foreign country meaning the student is not a citizen of the country) for the purpose of obtaining academic credits in a degree granting program, the Company will reimburse expenses incurred for returning the body to the country of citizenship not to exceed a maximum policy benefit of \$7,500. Since some items are not covered, the Company or their authorized representative should be contacted prior to incurring any expenses.

MEDICAL EVACUATION

If the Covered Person becomes unable to continue the academic program due to a life threatening Accident or Sickness, the Company will pay the necessary expenses not to exceed a maximum policy benefit of \$10,000 for evacuation to their home country. A medical evacuation will be considered only after being hospitalized for at least 5 days. Since some items are not covered, the Company or their authorized representative should be contacted prior to incurring any expenses.

CERTIFICATE OF CREDITABLE COVERAGE

Coverage under this health plan is "creditable coverage" under Federal Law. When coverage terminates, a Covered Person can request a Certificate of Creditable Coverage, which is evidence of his or her coverage under this health plan. A Covered Person may need such a certificate if he or she becomes covered under a group health plan or other health plan within 63 days after his or her coverage under this health plan terminates. A Certificate of Creditable Coverage may be requested on-line at www.macori.com/UHD.

Schedule of Medical Expense Benefits—Accident and Sickness
\$100 Student Deductible* (\$200 Dependent Deductible) For Each Accident or Sickness
Up to \$250,000 Student Maximum Benefit (\$50,000 Dependent Maximum Benefit)
Paid as specified below for each Covered Accident or Sickness

Important: *For students only, the deductible amount will be waived for service or treatment received at the Student Health Center or as a result of a referral from the Student Health Center (SHC).

After the deductible has been satisfied, payment will be made for Eligible Expenses incurred during the term insured as follows. The plan will pay 100% of the first \$5,000 of such Eligible Expenses, and then 80% of the next \$45,000 of Eligible Expenses and then 100% of any additional Eligible Expenses until the Maximum Benefit has been paid, within the allocated limits shown below. A Covered Person must seek initial treatment within 30 days of Injury.

The Pre-existing conditions limitation is waived for treatment at the Student Health Center (SHC), not to exceed \$250 for each condition as follows:

- 1) \$50 at the SHC Pharmacy for prescription drugs only;
- 2) \$200 for treatment of other covered medical services rendered at the SHC.

Eligible Expenses are as follows:

INPATIENT BENEFITS

Room & Board Expense: daily semi-private room rate including general nursing care	Reasonable & Customary Charge
Hospital Miscellaneous Expenses for necessary services and supplies such as: 1) operating room; 2) laboratory tests, including professional fees; 3) X-ray examinations, including professional fees; 4) anesthesia supplies; 5) drugs or medicines (excluding take-home drugs); 6) therapeutic services; 7) pre-admission testing and 8) surgical supplies	Reasonable & Customary Charge
Physiotherapy: when prescribed by the attending doctor	Reasonable & Customary Charge
Surgery: Doctor's fees for a surgical procedure will be paid in accordance with MDR at the 80th percentile	Reasonable & Customary Charge
Anesthetist Services: In conjunction with surgery	25% of Surgery Allowance
Doctor's Visits: one visit per day (available only if no surgery benefit paid)	Reasonable & Customary Charge
Mental/Nervous Disorders: the treatment of psychiatric disorders, including alcoholism and substance abuse (Not to exceed 60 days of confinement per Policy year)	50% of Reasonable & Customary Charge

OUTPATIENT BENEFITS

Surgery: Doctor's fees for a surgical procedure will be paid in accordance with MDR at the 80th percentile	Reasonable & Customary Charge
Day Surgery Miscellaneous: when surgery is performed in a hospital emergency room, trauma center, outpatient surgical center, for services and supplies limited to: 1) operating and recovery rooms; 2) laboratory tests, including professional fees; 3) X-ray examinations, including professional fees; 4) anesthesia supplies; 5) drugs or medicines (excluding take-home drugs) 6) surgical trays and supplies	Reasonable & Customary Charge
Anesthetist Services: in conjunction with day surgery	25% of Surgery Allowance
Doctor's Visits: one visit per day available only if a surgery benefit is not paid	Reasonable & Customary Charge
Physiotherapy: when prescribed by the attending doctor after a surgical procedure has been performed on an inpatient or Day Surgery Basis; limited to one visit per day (Not to exceed maximum \$1,000 per Policy year)	Reasonable & Customary Charge
Medical Emergency Expenses: Incurred in a hospital emergency room (for Medical Emergencies only)	Reasonable & Customary Charge
Diagnostic X-ray Services: when prescribed by the attending doctor	Reasonable & Customary Charge
Radiation Therapy: when prescribed by the attending doctor	Reasonable & Customary Charge
Laboratory Procedures: when prescribed by the attending doctor	Reasonable & Customary Charge
Shots or Injections: administered in an emergency room or doctor's office and charged on the emergency room statement or doctor's statement	Reasonable & Customary Charge
Chemotherapy: when prescribed by an attending doctor	Reasonable & Customary Charge
Prescription Drugs (not to exceed a 30 day supply during a 20 day period)	\$10 co-pay/Reasonable & Customary Charge oral contraceptives and outpatient contraceptive services are available at the Student Health Center only.
Mental/Nervous Disorders: the treatment of mental disorders, nervous disorders, alcoholism, and substance abuse. (Not to exceed \$50 per visit or a maximum benefit of \$250 per Policy year)	50% of Reasonable & Customary Charge

OTHER BENEFITS

Ambulance Service: for ground transportation to or from a hospital	Reasonable & Customary Charge
Braces & Appliances: when prescribed by the attending doctor (orthotics are not covered)	Reasonable & Customary Charge
Dental Treatment: for treatment of Injury to sound, natural teeth. (Not to exceed \$100 per tooth)	Reasonable & Customary Charge
Consultant Doctor Services: when requested and approved by the attending doctor	Reasonable & Customary Charge
Maternity Benefits: Maternity expenses are payable as any other Sickness	Reasonable & Customary Charge

DEFINITIONS

Accident: means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes injury.

Covered Person: means a Covered Student while coverage under the Policy is in effect and those Dependents with respect to whom a Covered Student is insured.

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.

Hospital means a facility which meets all of these tests: (a) it provides in-patient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located.

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or (d) as an institution mainly rendering treatment or services for: mental or nervous disorders; or substance abuse. The term "Hospital" includes: (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

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.

Medically Necessary: A treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. When specifically applied to Hospital Confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an out-patient basis.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is experimental/investigational or for research purposes;
- Is provided solely for the convenience of the patient, the patient's family, Doctor, Hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the patient's condition or the quality of medical care;
- Involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA);
- Involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or
- Can be safely provided to the patient on a more cost-effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

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: 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: Illness, 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.

IMPORTANT INFORMATION

1. **Withdrawals:** Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the policy for the full period for which premium has been paid and no refund will be available.
2. **Refund of Premium:** Once coverage has become effective, the Company will only refund premium upon entry into the Armed Forces and the Company receives proof of active duty.
3. **Non-Duplication of Coverage—This Policy:** If the benefits are payable under more than one provision in the policy, then benefits will be provided only under the provision providing the greater benefit.
4. **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.

5. **Maximum Policy Amount:** In no event shall the total combined benefits for a single Covered Accident or Sickness exceed the Maximum Policy benefit.
6. **Policy Year:** The policy is rated on a single academic year basis. A Covered Person must re-enroll each academic year. A deductible and/or coinsurance will not be carried forward; however, continuity of coverage will be granted provided there has been no break in premium payment and enrollment under this policy.
7. **Mandates:** Texas mandates coverage for the following benefits to be paid the same as any other Sickness: annual mammograms age 35 and older; treatment of Mental or Nervous Disorders in a Crisis Stabilization Unit or Residential Treatment Center for Dependent children the same as if treatment were provided in a Hospital; formulas 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; screening test for hearing loss from birth through the date a Dependent child is 24 months old; immunization expense for a Dependent child from birth through the date a Dependent child is 6 years; 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; reconstructive surgery for a Dependent under 18 years of age to improve the function of, or to attempt to create a normal appearance of, an abnormal structure caused by congenital defects, developmental deformities, trauma, tumors, infections, or diseases; off-label drugs prescribed to treat chronic, disabling or life-threatening illnesses; 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.**

COORDINATION OF BENEFITS

This 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.

EXCLUSIONS AND LIMITATIONS

We 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 a felony or participating in a riot or civil commotion.
4. 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.
5. 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.
6. Surgery and/or treatment for: infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
7. Surgery and/or treatment for biofeedback-type services; circumcision; family planning; impotence, organic or otherwise; learning disabilities; Submucous resection and/or surgical correction for deviated nasal septum other than for required treatment of acute purulent sinusitis or Injury; sleep disorders, including testing thereof; tubal ligation; vasectomy; hyperhydrosis; 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.
9. Treatment of alcoholism, or any form of substance abuse, except as specifically provided.
10. Treatment of mental or nervous disorders, except as specifically provided.
11. Expenses incurred as a result of dental treatment, except as specifically provided.
12. Expenses for preventative medicines or vaccines, except where required for the treatment of Injury.
13. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
14. Expense incurred in connection with sterilization or sterilization reversal, including surgical procedures and devices.
15. Expenses resulting from a motor vehicle accident if the Covered Person is not properly licensed (except in Driver's Education Program) to operate the motor vehicle within the jurisdiction in which the Accident takes place.
16. Suicide or attempted suicide; or intentionally self-inflicted Injury.

17. Foot care only to improve comfort or appearance such as care for flat feet, subluxation, corns, bunions (except capsular and bone surgery), calluses, toenails, and the like.
18. Routine medical care, except as specifically provided.
19. Hospital emergency room expenses which are not due to an Emergency Medical Condition.
20. Acupuncture.
21. Practice or play in any professional, intercollegiate, or club sports activity, including travel to and from the activity and practice.
22. Eyeglasses, contact lenses; orthodontic braces; orthodontic appliances; or examinations or prescription therefor.
23. Hearing aids.
24. Cosmetic surgery, reconstructive surgery, or complications arising therefor (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.
25. Expenses incurred within the Covered Person's Home Country or country of regular domicile.
26. Alcoholism or drug addiction, except as specifically provided.
27. Home health care.
28. Electro Medicine including electric nerve stimulation.

PRE-EXISTING CONDITION LIMITATION

Pre-existing Conditions are not covered for the first 12 months following a Covered Person's Effective Date of coverage under the Policy. This limitation will not apply if: The individual has been continuously covered under the Policy for 12 months; 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.

The Policy is non-renewable one year term insurance. Similar coverage may be purchased for the following academic year. It is the Covered Student's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.

CLAIM PROCEDURES

In the event of Covered Injury or Sickness, the Covered Person should:

1. For non-emergency care, during the school term, report to the Student Health Center at once for assistance.
2. When away from school, consult a doctor and follow his/her instructions. Notify the Claims Office as soon as possible. College Claim Forms and instructions may be obtained at the Student Health Center or on-line at www.macori.com/UHD.
3. Complete instructions for filing a claim are listed on the College Claim Form. Send the completed claim form along with itemized hospital and medical bills to Macori Administration at the address listed below.
4. The completed College Claim Form and all hospital and medical bills must be submitted for payment within 90 days of the date of treatment.

QUESTIONS SHOULD BE DIRECTED TO:

Claims Office:	Premium Office:
MACORI ADMINISTRATION	MACORI, INC.
PO Box 2478	
Spring, TX 77383-2478	
Web address: www.macori.com/UHD	
Email: macori@macori.com	
Houston Metro: 281-651-8787	
Outside Houston Metro: 1-800-285-8133	
<i>Providers inquiring about claims/benefits:</i>	
Houston Metro: 281-528-8949	
Outside Houston Metro: 1-877-266-7778	

On-line Services: www.macori.com/UHD

- Benefit information • ID Card
- Dental Providers/Rate Schedule • Vision
- Claim Form • 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

Third Party Administrator:
Macori Administration
a DBA of Maksin Management Corp

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 our website at www.maksin.com.

Important Notice

This information is a brief description of the coverages available under policy series S30494NUFIC-TX. The Policy may contain definitions, 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.

**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/UHD 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 **CARE-INGTON International Corporation**, 7400 Gaylord Parkway, Frisco, TX 75034; Phone 800-290-0523.

AMACORE VISION

A Product of The Amacore Group Inc.

(Amacore is not affiliated with the AIG CompaniesSM)

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/UHD 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.

The above only applies to FLAGSHIP GLOBAL HEALTH, CAREINGTON Dental and AMACORE VISION. None of these services can provide information related to benefits under the Student Health Insurance Plan.