

IMPORTANT: Deadlines Apply!



**MONTCLAIR
STATE
UNIVERSITY**

Student Injury and Sickness Insurance
for the
2008-2009
Academic School Year

Important Student Health Insurance Information. Deadline Sensitive!

UnitedHealthcare®
A UnitedHealth Group Company

Welcome to UnitedHealthcare StudentResources

Good Health is vital to keeping your academic career on track, and health insurance plays a key role against unexpected illness or injury. But you may think that health insurance is too expensive for your financial situation or too complicated to make it worthwhile. Think again. Your institution is working with UnitedHealthcare StudentResources to provide you with straightforward, essential health care benefit coverage.

- Receive Basic Coverage for most major services, including pharmacy, hospitalization and psychotherapy services.
- Obtain online health information and benefit plan management tools anytime and anywhere on www.firststudent.com.
- Access a national network of physicians without referrals.

Who is Eligible?

All full-time undergraduate students taking 12 or more credit hours and graduate students taking 9 or more credit hours are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. All part-time students are eligible to enroll in this insurance. Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse (husband, wife or Civil Union partner) and unmarried children under 30 years of age who are not self-supporting.

When do I Enroll/Waive in the Plan?

Full-Time Students

Annual Waiver Deadline Date - 9/18/08

Spring/Summer Waiver Deadline Date - 1/30/09

Please note: All students will be automatically charged for the Student Health Insurance Plan. If you fail to complete an online waiver by the published deadline the premium for the Plan will be added to your tuition bill. Within approximately a week after you complete your online enrollment, charges for your insurance will be posted to your student account in Banner Web. Please complete payment arrangements before the semester begins.

Part-Time Students

The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later.

How do I Enroll/Waive?

Full-Time Students

To complete the waiver process, please go to www.firststudent.com, hit the Enroll/Waive Insurance Link and select Montclair State University (Full-time Students). Complete and submit your waiver request and print out the confirmation page.

Part-Time Students

To enroll, please go to www.firststudent.com, hit the Enroll/Waive Insurance Link and click on Montclair State University (Part-time Students) and follow the directions or complete and return the enclosed enrollment form.

How much does it Cost?

Coverage	Annual 8/15/08 - 8/1/09	Spring/Summer 1/1/09 - 8/1/09
Student	\$158	\$ 98
Spouse	\$660	\$409
Each Child	\$396	\$245

What we have to offer you:

Scholastic Emergency Services

Through participation in the insurance plan each Insured Person has access to emergency medical assistance services when traveling 100 miles or more from campus, permanent home or around the world. Services are available 24 hours a day, 365 days a year, and meet or exceed the United States J-1 visa requirements for international students.

Key features of the program:

- No pre-existing conditions or territorial exclusions
- Worldwide network of pre-qualified medical providers
- Operations Centers with immediate world-wide response capabilities
- "Out-of-Area" medical problems alleviated

Key services include:

- Evacuation
- Repatriation
- Return of Mortal Remains
- Medical Consultation, Evaluation and Medical Referrals
- Foreign Hospital Admission Guarantee
- Critical Care Monitoring
- Prescription Assistance
- Emergency Message Transmission
- Care of Minor Children, left unattended due to medical incident
- Emergency Trauma Counseling
- Legal and Interpreter Referrals
- Lost Luggage or Document Assistance

For more information go to www.assistamerica.com.

Pharmacy Benefits

At UnitedHealthcare StudentResources our goal is to provide you with access to the medications you need at the most affordable cost, and to provide you with the tools that will help you make informed decisions regarding medications. Our national retail network includes more than 60,000 pharmacies, with national and regional chains and many local independent pharmacies. You may receive your prescription drugs for a copayment when using a participating pharmacy.

To get prescription drug information go to www.firststudent.com, or call 1-877-417-7345.

On-Line Services

The FirstStudent web site is your on-line gateway to a broad range of tools and services. Once you have enrolled, simply register to receive access to your personal health benefits information. Just a few clicks will take you directly to the information you need to:

- Verify your eligibility
- Confirm that a claim has been received, is being processed or was paid
- Order a replacement ID card, or print a temporary ID card
- Search for a network physician or hospital
- Find health information on hundreds of health topics, medical conditions and related procedures.

To Learn More: Go to www.firststudent.com or Call 1-800-505-4160

SCHEDULE OF MEDICAL EXPENSE BENEFITS
Up to \$2,500 Maximum Benefit (For Each Injury or Sickness)

The policy provides benefits for 100% of the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$2,500 for each Injury or Sickness. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Benefits for Wellness Health Examinations and Counseling for Insured persons under 20 years of age is as specified in Benefit for Wellness Health Examinations and Counseling for Insured persons 20 years of age or older. Benefits will be paid as any other Sickness up to \$750 maximum Per Policy Year. Covered Medical Expenses include:

U&C = Usual & Customary Charges		
INPATIENT	Injury	Sickness
Room and Board Expense , daily semiprivate room rate; and general nursing care provided by the Hospital.	100% of U&C / \$500 maximum per day	100% of U&C / \$500 maximum per day
Hospital Miscellaneous Expense , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	100% of U&C / \$2,000 maximum per Injury	100% of U&C / \$2,000 maximum per Sickness
Physiotherapy	Paid under Hospital Miscellaneous Expenses	Paid under Hospital Miscellaneous Expenses
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth.	No Benefits	Paid as any other Sickness / 48 vaginal / 96 hours Cesarean Hospital Confinement Expense maximum
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	100% of U&C / \$2,000 maximum total combined Inpatient and Outpatient	100% of U&C / \$2,000 maximum total combined Inpatient and Outpatient
Assistant Surgeon	25% of Surgery Allowance	25% of Surgery Allowance
Anesthetist , professional services in connection with inpatient surgery.	30% of Surgery Allowance	30% of Surgery Allowance
Registered Nurse's Services , private duty nursing care.	100% of U&C / \$50 maximum per 24 hour period / \$750 per Injury	100% of U&C / \$50 maximum per 24 hour period / \$750 per Sickness
Physician's Visits , benefits are limited to one visit per day and do not apply when related to Surgery.	100% of U&C / \$100 per visit maximum / \$750 maximum	100% of U&C / \$100 per visit maximum / \$750 maximum
Pre-Admission Testing , payable within 3 working days prior to admission.	Paid under Hospital Expense	Paid under Hospital Expense
Psychotherapy , benefits are limited to one visit per day.	No Benefits	100% of U&C / \$30 maximum per visit for psychiatric consultation / 10 visits maximum combined inpatient and outpatient
Biologically Based Mental Illness	No Benefits	See Benefits for Biologically Based Mental Illness
OUTPATIENT	Injury	Sickness
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	100% of U&C / \$2,000 maximum total combined Inpatient and Outpatient	100% of U&C / \$2,000 maximum total combined Inpatient and Outpatient
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous and based on the Outpatient Surgical Facility Charge Index.	100% of U&C / \$1,500 maximum per Injury	100% of U&C / \$1,500 maximum per Sickness
Assistant Surgeon	25% of Surgery Allowance	25% of Surgery Allowance
Anesthetist , professional services administered in connection with outpatient surgery.	30% of Surgery Allowance	30% of Surgery Allowance
Outpatient Miscellaneous Benefit , includes benefits designated as Paid under Outpatient Miscellaneous Benefits. (Benefits payable for removal of nonmalignant growths when deemed medically necessary)	100% of U&C / \$1,000 maximum per Injury	100% of U&C / \$1,000 maximum per Sickness
Physician's Visits , benefits limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	100% of U&C / \$100 per visit maximum / \$1,000 maximum	100% of U&C / \$100 per visit maximum / \$1,000 maximum
Physiotherapy , benefits are limited to one visit per day. See exclusion number 30 for additional limitations.	100% of U&C / \$35 per visit max / \$150 maximum (per Injury)	No Benefits
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from the time of Injury or first onset of Sickness.	Paid under Outpatient Miscellaneous Benefit	Paid under Outpatient Miscellaneous
Diagnostic X-Ray and Laboratory Services	Paid under Outpatient Miscellaneous Benefit	Paid under Outpatient Miscellaneous
Test & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-ray and lab procedures	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Radiation and Chemotherapy	No Benefits	Paid under Outpatient Miscellaneous
Prescription Drugs , United Healthcare Network Pharmacy Mail order Prescription Drugs through UHPS at 2.5 times retail copay; \$7.50 copay per prescription for Tier 1, \$25 copay per prescription for Tier 2.	\$3 copay per prescription for Tier 1 \$10 copay per prescription for Tier 2 / up to a 31- day supply per prescription / \$500 maximum per Policy Year	\$3 copay per prescription for Tier 1 \$10 copay per prescription for Tier 2 / up to a 31- day supply per prescription / \$500 maximum per Policy Year
Psychotherapy , includes all related or ancillary charges incurred as a result of a Mental or Nervous Disorder. Benefits are limited to one visit per day.	No Benefits	100% of U&C / \$30 maximum per visit for psychiatric consultation / 10 visits maximum combined inpatient and outpatient
Biologically Based Mental Illness	No Benefits	See Benefits for Biologically Based Mental Illness
OTHER	Injury	Sickness
Ambulance Services	100% of U&C / \$250 maximum per Injury	100% of U&C / \$250 maximum per Sickness
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered. (Benefits payable for wheelchair and crutches only)	100% of U&C	100% of U&C
Consultant Physician Fees , when requested and approved by the attending Physician.	100% of U&C / \$50 maximum	100% of U&C / \$50 maximum
Dental Treatment , made necessary by Injury to Sound, Natural Teeth and for impacted wisdom teeth, bridges, caps and crowns	100% of U&C / \$1,000 maximum per Injury	100% of U&C / \$1,000 maximum per Injury
Alcoholism	No Benefits	See Benefits for Treatment of Alcoholism
Drug Abuse	No Benefits	No Benefits
Maternity	No Benefits	Paid as any other Sickness / 48 vaginal / 96 hours Cesarean Hospital Confinement Expense maximum
Complications of Pregnancy	No Benefits	Paid as any other Sickness
Elective Abortion	No Benefits	100% of U&C / \$150 maximum
Second Surgical Opinion	100% of U&C / \$50 maximum	100% of U&C / \$50 maximum
Intramural & Club Sports	Paid as any other Injury	No Benefits

Refer to Certificate pages 14-20 for the following Mandated Benefits: Benefits for Treatment of Alcoholism; Benefits for Biologically Based Mental Illness; Benefits for Diabetes Treatment; Benefits for Treatment of Inherited Metabolic Disease; Benefits for Inpatient coverage for Mastectomies; Benefits for Reconstructive Breast Surgery; Benefits for Mammography; Benefits for Prostate Cancer Screening; Benefits for Colorectal Cancer Screening; Benefits for Wilm's Tumor; Benefits for Audiology and Speech Language Pathology; Benefits for Pap Smear; Benefits for Wellness, Health Examinations and Counseling; Benefits for Home Health Care; Benefits for Anesthesia and Hospitalization for Dental Services; Benefits for Infertility Treatment; Benefits for Lead Poisoning Screening, Newborn Hearing, Childhood Immunizations; Benefits for Prescription Female Contraceptives.

Major Medical Benefits

Maximum Benefit \$47,500

Coinsurance 80%

Deductible - 0 -

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$2,500 has been paid by the Company. The Company will pay 80% for additional, incurred Covered Medical Expenses after first deducting the Basic Maximum Benefit. Payment will not exceed the Major Medical Maximum Benefit of \$47,500. The total amount payable by the Company under the Major Medical endorsement for any one Injury or Sickness will never exceed an amount determined by subtracting from \$50,000 all amounts paid under the policy, including amounts paid under the Major Medical endorsement.

Additional Exclusions: No benefits will be paid under the Major Medical endorsement for loss or expense caused by, contributed to, or resulting from:

1. Room and Board expenses which exceed the semi-private room rate;
2. Psychotherapy; and
3. Services designated as "No Benefits" under the Basic Medical Expense Benefits Schedule of Benefits.

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. Acne; acupuncture; allergy, including allergy testing;
2. Learning disabilities;
3. Biofeedback;
4. Injections;
5. Circumcision;
6. Congenital conditions, except as specifically provided for Newborn or adopted Infants including those continuously insured under the preceding student policy issued by this Company;
7. 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 including children continuously insured under the preceding student policy issued by this Company; removal of warts, non-malignant moles and lesions;
8. Dental treatment as specifically provided in the Schedule of Benefits;
9. Elective Surgery or Elective Treatment;
10. 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; except as specifically provided in the policy;
11. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
12. Hearing examinations, except as specifically provided in the policy; 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;
13. Hirsutism;
14. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
16. Injury sustained while (a) participating in any intercollegiate 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;
17. Investigational services;
18. Organ transplants;
19. Participation in a riot or civil disorder; Loss to which a contributing cause was the Insured Person's commission of or attempt to commit a felony or to which a contributing cause was the Insured Person's engagement in an illegal occupation;
20. Pre-existing Conditions of Dependents; except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months; or, individuals who have been insured under another group policy immediately preceding the individual's Effective Date under this Policy, and the Company paid benefits for the Pre-existing Condition under the preceding group policy. Credit shall be given to the Insured for satisfaction of the Pre-existing Condition waiting period under the prior school policy, or any portion thereof if the prior waiting period has not been satisfied in full;
21. Prescription Drugs, 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, except as specifically provided in the Benefits for Diabetes;
 - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use; except as specifically provided in the Benefits For Prescription Female Contraceptives;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except for expenses incurred in prescribing a drug for a treatment for which it has not been approved by the Food and Drug Administration if the drug is recognized as being medically appropriate for the specific treatment for which it has been prescribed in one of the following established reference compendia: (1) the American Medical Association Drug Evaluations; (2) the American Hospital Formulary Service Drug Information; (3) the United States Pharmacopeia Drug Information; or it is recommended by a clinical study or review article in a major peer-reviewed professional journal. Any coverage of a drug shall also include Medically Necessary services associated with the administration of the drug;
 - e) Products used for cosmetic purposes, except as specifically provided in the Policy;
 - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - g) Anorectics - drugs used for the purpose of weight control;
 - h) Sexual enhancement drugs, such as Viagra;
 - i) Growth hormones; or
 - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
22. Reproductive services including but not limited to: family planning; fertility tests; including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures; except as specifically provided in the Benefits for Infertility Treatment;
23. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;
24. 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;
25. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
26. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
27. Sleep disorders;
28. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
29. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
30. War or any act of war, declared or undeclared: 1) While the Insured Person is serving in the armed forces of any country; 2) while the Insured Person is serving in any civilian non-combatant unit supporting or accompanying any armed forces of any country or international organization; or 3) while the Insured Person is not serving in any armed forces if the Injury or Sickness occurs outside the 50 states of the United States of America, the District of Columbia or Canada. A pro-rata premium will be refunded upon request for such period not covered;
31. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia, except as specifically provided in Benefits for Treatment of Inherited Metabolic Disease. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

This plan is underwritten by United HealthCare Insurance Company. For a full description of coverage including cost, benefits, exclusions, any reductions and limitations and the terms under which coverage may remain in force, please refer to www.firststudent.com, click "Preview Brochures" and search for Montclair State University.

If you have any questions, please contact Customer Service at 1-800-505-4160 or visit our website at www.firststudent.com.