University of Dayton is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. Eligibility Statement: All incoming Freshmen admitted Fall 2012 or after must enroll in the plan on a Hard waiver basis. Transfer, and International undergraduate students admitted prior to Fall 2012 may enroll in the plan on a voluntary basis. Eligible dependents of enrolled students may enroll in the plan on a voluntary basis.

Highlighted Coverage and Services offered by UnitedHealthcare Student Resources are:
- Up to $100,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- $250 Deductible Per Insured Person, Per Policy Year for Preferred Providers, $500 Deductible Per Insured Person, Per Policy Year for Out of Network Providers.
- Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 60% of Usual and Customary charges. All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and copays as described in the policy.
- Preferred Provider Out-of-Pocket Maximum of $3,500 Per Insured Person, Per Policy Year.
- Out-of-Network Out-of-Pocket maximum of $7,000 Per Insured Person, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any applicable benefit maximums. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: $15 Copay for Tier 1 / $35 Copay for Tier 2 / $70 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Network Pharmacy (UHPS). Mail order through UHPS at 2.5 times the retail copay up to a 90-supply. Prescriptions must be filled at a UHPS network pharmacy.
- The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link, http://www.uhcsr.com/lookupredirect.aspx?delsys=52
- Scholastic Emergency Services – Domestic Students are covered when 100 miles or more away from their campus or home address. International Students are covered worldwide except in their home country.

To waive coverage go to www.studentcenter.uhcsr.com and select University of Dayton. The annual waiver period is 7/9/12 through 8/28/12. Student accounts will be billed if waiver is not submitted by 8/28/12.

NOTICE TO PLAN PARTICIPANTS
The organization that sponsors your group health plan has certified that it qualifies for a temporary enforcement safe harbor with respect to the Federal requirement to cover contraceptive services without cost sharing. During this one-year period, coverage under your group health plan will not include coverage of contraceptive services.

Your student health insurance coverage, offered by UnitedHealthcare Insurance Company may not meet the minimum standards required by the healthcare reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012 and $500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage puts a policy year limit of $100,000 that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at 1-800-767-0700. Be advised that you may be eligible for coverage under a group health plan of a parent’s employer or under a parent’s individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent’s employer plan or the parent’s individual health insurance issuer for more information.
<table>
<thead>
<tr>
<th>Rates - Annual 8/1/12 - 7/31/13</th>
<th>Hard Waiver Undergraduate and International</th>
<th>Hard Waiver Law School</th>
<th>Voluntary Undergraduate and Graduate enrolled prior to Fall 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,279</td>
<td>$1,535</td>
<td>$1,560</td>
</tr>
<tr>
<td>Spouse</td>
<td>$3,519</td>
<td>$4,222</td>
<td>$4,291</td>
</tr>
<tr>
<td>Each Child</td>
<td>$2,239</td>
<td>$2,239</td>
<td>$2,731</td>
</tr>
</tbody>
</table>

**Pre-existing Condition** means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 months immediately prior to the Insured’s Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured’s Effective Date under the policy.

**Exclusions and Limitations**

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

1. Acne; acupuncture; allergy, including allergy testing; except as specifically provided in the policy;
2. Addiction, such as nicotine addiction;
3. Milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
4. Biofeedback;
5. Circumcision;
6. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
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; removal of warts, non-malignant moles and lesions;
8. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth as specifically provided in the Schedule of Benefits;
10. Elective Surgery or Elective Treatment;
11. Elective abortion;
12. 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;
13. Foot care including: flat foot conditions, supportive devices for 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;
14. Health spa or similar facilities; strengthening programs;
15. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
16. Hirsutism; alopecia;
17. Hypnosis;
18. 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;
19. Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogens, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person’s Physician;
20. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation;
21. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs business or pleasure;
22. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
23. 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;
24. Investigational services;
25. Leprocy;
26. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician’s release for rehabilitation;