Ayusa Participants

Ayusa SP is pleased to offer an Injury and Sickness Insurance Plan underwritten by Student Resources (SPC) Ltd. All eligible participants are automatically enrolled on a mandatory basis.

This plan is underwritten by Student Resources (SPC) Ltd., a UnitedHealth Group Company, and is based on policy 2014-202859-2 issued to Ayusa SP as the Policyholder.

Please read the plan brochure to determine whether this plan is right for you before you enroll. The plan brochure provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Copies of the brochure are available from Ayusa SP, or may be viewed and downloaded at www uhcsr.com/ayusa.

The policy contains all of the provisions, limitations, exclusions, and qualifications of your insurance Plan.

If you have any questions, please contact Customer Service at 1-866-548-8472 or customerservice@uhcsr.com.

This Policy is a Non-Renewable Term Policy.
Highlights of the Coverage and Services offered by Student Resources (SPC) Ltd. are:

- Up to $500,000 Maximum Benefit for each Injury or Sickness for Covered Medical Expenses.
- Covered Medical Expenses for Preferred Providers are payable at 100% of Preferred Allowance and Out-of-Network benefits are payable at 70% of Usual and Customary charges (all benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the policy).
- Prescription Drug Benefits: 100% of Usual and Customary Charges.
- U.S. citizens are not eligible for this insurance coverage as an Insured or a Dependent.
- Coverage available for eligible Dependents, including Domestic Partners.
- The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link, http://www.uhcsr.com/lookupredirect.aspx?delsys=01
- FrontierMEDEX – International Participants are covered worldwide except in their home country.
- Online Services: Student Resource (SPC) Ltd. Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at www.uhcsr.com/myaccount. To create an online account, select the “create My Account Now” link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also visit our mobile site at my.uhcsr.com to access an electronic ID card.
- 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 any of the following:

1. Acne;
2. Acupuncture;
3. Allergy; including allergy testing;
4. Addiction, such as: nicotine addiction; and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
5. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, intensive behavioral therapies, such as applied behavioral analysis; parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation;
6. Biofeedback;
7. Charges and all costs related to or arising from or in connection with all trips to the host country undertaken for the purpose of securing medical treatment or supplies;
8. Injections;
9. Chronic pain disorders;
10. Circumcision;
11. Congenital conditions;
12. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
13. Custodial Care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, or places mainly for domiciliary or Custodial Care; extended care in treatment or substance abuse facilities for domiciliary or Custodial Care;
14. Dental treatment, except as specifically provided in the Schedule of Benefits;
15. Elective abortion;
16. Elective Surgery or Elective Treatment;
17. 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 covered Injury or disease process;
18. Flat foot conditions; supportive devices for the foot; subluxations of the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including the care, cutting and removal of corns, callouses, toenails, and bunions (except capsular or bone surgery);
19. Genetic medicine or genetic testing, including without limitation amniocentesis, genetic screening, risk assessment, prevention and/or to determine pre-disposition, genetic counseling, and/or gene therapy;
20. Health spa or similar facilities; strengthening programs;
21. Hearing examinations; hearing aids; or cochlear implants; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
22. Hirsutism; alopecia;
23. HIV, AIDS Virus, AIDS related Sickness, ARC Syndrome, and AIDS, including any testing for these conditions and any Sickness arising as complications from these conditions;
24. Hypnosis;
25. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
26. Injury caused by, contributed to, or resulting from, the addiction to or use of alcohol, intoxicants, hallucinogenics, 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;
27. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
28. Injury or Sickness inside the Insured's home country;
29. Injury or Sickness outside the United States and its possessions, except when traveling for academic study abroad programs to or from the Insured's home country;
30. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law;
31. 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;
32. Investigational services;
33. Lipectomy;
34. Marital or family counseling;
35. Maternity; pregnancy; and Complications of Pregnancy;
36. Substance Use Disorders;
37. Nuclear, chemical or biological Contamination, whether direct or indirect. “Contamination” means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death;
38. Organ transplants, including organ donation;
39. Orthoptics, visual therapy or visual eye training;
40. 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;
41. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
42. Pre-existing Conditions, except for individuals who have been continuously insured under the Ayusa SP 202859-2 policy for at least 3 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy provided the coverage was continuous to a date within 60 days prior to the Insured's effective date under this policy.
43. Prescription Drugs, services or supplies as follows:
   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 policy;
   b. Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
   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;
   e. Products used for cosmetic purposes;
   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. Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
      i. Growth hormones;
      j. Drugs used for tobacco cessation; or
      k. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
44. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; female sterilization procedures; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
45. 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;
46. Routine Newborn Infant Care, well-baby nursery and related Physician charges;
47. Preventive care services; routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness;
48. Services provided normally without charge by the Health Service of the institution attended by the Insured;
49. 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, except for treatment of a covered Injury or treatment of chronic purulent sinusitis;
50. Parachuting, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
51. Sleep disorders;
52. Speech therapy; naturopathic services;
53. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
54. Supplies, except as specifically provided in the policy;
55. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
56. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
57. Venereal disease;
58. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
59. 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.

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<tr>
<th>Travel Benefits and Personal Liability*</th>
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<td>*These plans are not underwritten by or serviced by Student Resources (SPC) Ltd. Travel Benefits and Personal Liability are provided to all Insureds enrolled in this Plan, and are underwritten by Lloyds of London.</td>
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<tr>
<td>All Coverages and Benefits are in U.S. Dollar Amounts</td>
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<td>Baggage/Person Effects</td>
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<td>Trip Interruption</td>
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<td>Liability</td>
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<td>Ayusa</td>
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- **BAGGAGE/PERSONAL EFFECTS**
  We will pay for loss, theft or damage to baggage and personal effects that accompany You on Your Trip. This coverage is secondary to any other coverage.

- **TRIP INTERRUPTION**
  We will pay to return You Home if a Family Member suffers a life-threatening Sickness, Accidental Injury or death. All transportation in connection with a Trip Interruption must be pre-approved and arranged by the assistance provider.

- **PERSON LIABILITY**
  We will pay on Your behalf all sums that You become legally obligated to pay as the result of Damages from an Incident that was reported during the Policy Term. Incident means any act or omission committed by You during the Policy Term which unexpectedly, unintentionally, and suddenly results in Bodily Injury, Property Damage or Person Injury to a third party.

Please note the above is just a summary of benefits and is not Your final fulfillment document. Please refer to www.uhcsr.com/Ayusa for additional information and claim forms that apply to each benefit.
POLICY NUMBER: 2014-202859-2

NOTICE:
The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC# 1 (1/27/2015)
Exclusions and Limitations:
Updated – Pre-existing Conditions to:
Pre-existing Conditions, except for individuals who have been continuously insured under the Ayusa SP 202859-2 policy for at least 3 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy provided the coverage was continuous to a date within 60 days prior to the Insured’s effective date under this policy.