

2010-2011 CHARLOTTE SCHOOL OF LAW DOMESTIC STUDENT HEALTH INSURANCE PLAN

FREQUENTLY ASKED QUESTIONS

HOW DO I ENROLL?

You may enroll online by going to www.insuranceforstudents.com/studenthealth, and selecting Enroll Online Now.

WHAT IS THE COST OF THE INSURANCE?

The annual cost of the insurance varies, depending on the selected deductible. We recommend that you purchase the lowest deductible plan that you can, because this represents the one-time, initial amount that you are responsible for, before the insurance begins paying benefits.

| | Annual | Semi-Annual | Flexible 10-Pay Plan* | |
|-------------------|---------|-------------|-----------------------|---------------------------|
| <i>Deductible</i> | | | <i>First Payment</i> | <i>9 Monthly Payments</i> |
| \$250 | \$1,848 | \$924 | \$462 | \$159 |
| \$500 | \$1,764 | \$882 | \$441 | \$152 |
| \$1,000 | \$1,656 | \$828 | \$414 | \$143 |
| \$2,500 | \$1,464 | \$732 | \$366 | \$127 |

WHAT ARE MY PAYMENT OPTIONS?

You may pay the full amount up-front, or you have the option to pay semi-annually or to make an initial payment of 25% of the annual cost (3 months coverage), followed by 9 monthly installments. At this time, you may only pay with a credit card.

WHAT DOES THE INSURANCE COVER? WHAT IS EXCLUDED?

The insurance benefits and exclusions can be viewed on our website www.insuranceforstudents.com. You can also contact our office at 800.356.1235 and we will e-mail you a brochure.

WHAT IS THE NAME OF THE UNDERWRITER?

The plan is underwritten by United States Fire Insurance Company, A.M. Best Rated "A Excellent"

WHAT IS THE NAME OF THE PROVIDER NETWORK?

The network is Beech Street Preferred Provider Network. You may search for an in-network provider or hospital by going to www.beechstreet.com and selecting "Primary" as your plan type.

WHEN DO I RECEIVE AN IDENTIFICATION CARD?

You will be e-mailed a temporary ID card after enrolling online. You will be mailed a physical card within 10-14 business days.

HOW DO I FILE A CLAIM?

To file a claim, you must submit the completed claims form and all itemized medical and hospital bills to the Claims Administrator within 90 days after a covered Injury or Sickness has occurred. Mail all completed forms to:

Klais & Company, Inc.
1867 West Market Street
Akron, OH 44313

800.331.1096 • <http://www.klais.com>

HOW CAN I OBTAIN DENTAL/VISION INSURANCE?

Go to our website, www.insuranceforstudents.com/dental and click the UnitedHealthOne link to obtain information on our exclusive student Dental and Vision plans, which are payable monthly, and include coverage for all basic and preventative care.