Seattle Pacific University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. Eligibility Statement: All registered domestic students are eligible to enroll in the plan. Eligible Dependents of students enrolled in the plan may participate in the plan on a voluntary basis.

**Highlights of the Coverage and Services offered by UnitedHealthcare Student Resources are:**

- Covered medical expenses are payable to a Basic Maximum Benefit of $1,500 per each Injury or Sickness.

- Coverage includes additional Major Medical Benefit Maximum of $48,500 for each Injury or Sickness. Total combined Basic Benefit Maximum and Major Medical Maximum equals $50,000 for each Injury or Sickness. (Additional exclusions may apply.)

- Benefits are payable up to 100% of Usual and Customary Charges with a $25 deductible for each Injury. (all benefits are subject to satisfaction of the deductible, specific benefit limitations, maximums and copays as described in the policy)

- Prescription Drug Benefits: For Each Injury: are payable up to 100% of Usual and Customary Charges with a $10 Deductible for generic and a $20 Deductible for brand name, each Prescription Drug and each refill are limited to a 30-day supply.

- Prescription Drug Benefits: For Each Sickness: are payable up to 100% of Usual and Customary Charges with a $10 Deductible per prescription for generic and a $20 Deductible per prescription for brand name, $600 maximum. Contraceptives are payable under this benefit. Each Prescription Drug and each refill are limited to a 30-day supply.

- Coverage available for eligible dependents.

- 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.

- MyAccount, available through www.UHCSR.com, allows insured students to check their claim status, search for network providers, print ID cards, enter accident details and view EOBs.

- Included with every policy, the UnitedHealth Allies® discount program provides 5% to 50% savings on dental and vision services, fitness clothing and equipment, and textbooks from McGraw-Hill Professional. The UnitedHealth Allies program is not insurance and is offered by UnitedHealth Allies, a UnitedHealth Group company.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2011-1462-1.

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 policy may be continued in force. Copies of the brochure are available from the University, or may be viewed and downloaded at www.UHCSR.com.

If you have any questions, please contact Customer Service at 800-767-0700 or customerservice@uhcsr.com.

The Policy is a Non-Renewable One-Year Term Policy.

<table>
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<th>Rates</th>
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<th>Winter</th>
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For online enrollment visit our website at www.UHCSR.com, click on "Find My School's Plan" link and follow the online instructions or call 800-767-0700
PREEXISTING CONDITION means: 1) the existence of symptoms within the 3 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which is diagnosed, treated or recommended for treatment within the 3 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;
2. Addiction, such as: nicotine addiction and caffeine addiction; nonchemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation;
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. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
9. Elective Surgery or Elective Treatment;
10. Elective abortion;
11. 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;
12. 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;
13. 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;
14. Hirsutism; alopecia;
15. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
16. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
17. Injury sustained while (a) participating in any club, 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;
18. Lipectomy;
19. Organ transplants, including organ donation;
20. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
21. Pre-existing Conditions for a 3 month period, except for individuals who have been insured under another similar health plan for at least 3 months immediately prior to becoming an Insured under this policy. Credit will be given for the period of time an Insured was covered under the immediately preceding health plan for periods less than the 3 month period;

22. 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 Benefits for Diabetes;
   b) Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs;
   c) Products used for cosmetic purposes;
   d) Drugs used to treat or cure baldness; anabolic steroids used for body building;
   e) Anorectics - drugs used for the purpose of weight control;
   f) Fertility agents or sexual enhancement drugs, such as Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
   g) Growth hormones; or
   h) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

23. 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; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;

24. 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;

25. 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;

26. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;

27. 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;

28. Bungee jumping or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;

29. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;

30. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;

31. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; or snowmobile skiing scuba diving, surfing, roller skating, riding in a rodeo;

32. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;

33. 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

34. 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. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.