



2009-2010

**International Student
Accident & Sickness Plan**

Designed for the International students of:

wittenberg
UNIVERSITY

Coverage number
US035705-09E0026

Please keep this summary of coverage for future reference.

Plan Administered by:



educational & institutional insurance administrators, inc.

COVERAGE

This brochure is a brief description of the benefits provided through **Wittenberg University** for international students enrolled full time or part-time for the 2009-2010 academic year. The policy term will cover enrolled students who purchase this coverage from August 1, 2009 through July 31, 2010.

ELIGIBILITY

All full-time and part-time international students are automatically enrolled and required to purchase the International Accident & Sickness Plan unless evidence of primary insurance that provides comparable or better coverage is provided.

DEPENDENT ELIGIBILITY

Eligible students enrolled in this plan may enroll their Dependents by providing a copy of the marriage and/or birth certificate and full premium payment to SBAHIT no later than September 15, 2009 to:

SBAHIT

International Student Dependent Plan
200 S. Wacker Drive, Suite 1000
Chicago, IL 60606

Eligible Dependents include the spouse and unmarried children. A newborn child will be automatically covered for the first 31 days after birth. An adopted child or child placed with you in anticipation of adoption will be automatically covered for 31 days from the date of placement. The automatic coverage of a newborn child or child placed for adoption will end on the 32nd day after birth or placement.

Coverage for such a child will be the same as any other **dependent**, including medically diagnosed congenital defects, birth abnormalities, premature birth care and nursery care. Coverage may be continued by paying the additional premium cost to cover the child.

No benefits will be paid until premium payment has been received and cleared. Confirmation and insurance identification cards will be provided within 30 days of payment. Only money orders or cashier's checks will be accepted. For questions call 1-800-537-8410 x214.

Dependent coverage expires concurrently with that of the covered person on July 31, 2010. ***Please refer to dependent plan summary at the end of this document for specific benefit information.***

Annual Cost for Dependent Coverage

Spouse	\$1,647
Each Dependent Child	\$989

EXCESS COVERAGE PROVISION

Your benefits are payable for **covered expenses** not otherwise covered and payable by any other plan providing medical expense benefits. If there are no other valid and collectible benefits available from any other source, this plan will pay the **covered expenses** up to the limits of the policy.

SUBROGATION

When benefits are paid to or for a **covered person** under the terms of this policy, we shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such person against any person who might acknowledge liability or is found legally liable by a Court of competent jurisdiction for the **sickness or injury** that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment and we shall pay fees and costs associated with such recovery.

The **covered person** agrees to transfer their rights to us. We will exercise such rights on their behalf. The **covered person** further agrees to furnish us with all relevant information and documents pertaining to the subrogation.

DEFINITIONS

Accident means a specific unforeseen event which happens while the **covered person** is covered under this policy and which directly and from no other cause, results in **injury**.

Covered Expense means charges:

- Not in excess of the **usual, reasonable and customary** charge;
- Not in excess of the maximum benefit amount payable per service as shown in the schedule;
- Made for medical services and supplies not excluded under the policy;
- Made for services and supplies which are **medically necessary**; and
- Made for medical services specifically included in the schedule.

Covered Person means an eligible student and eligible dependent.

Dependent means your unmarried child who:

Has his principal residence with you;

- a. Chiefly relies on you for support and maintenance; and
- b. Is within the following age groups unless otherwise shown in the Schedule:
 - 1) Under 19 years of age;
 - 2) 19 but less than 25 years of age and enrolled in a school as a full time student; or
 - 3) 19 or more years of age, and primarily supported by you and incapable of self-sustaining employment by reason of physical handicap or developmental disability. Proof of the child's condition and dependence must be submitted to us within 31 days after the date the child ceases to qualify as a dependent under (1) or (2) above. We may, from time to time, require proof of the continuation of such condition and dependence. After that, we may require proof no more than once a year.

"Child" can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

Doctor means a licensed practitioner of the healing arts acting within the scope of his license. **Doctor** does not include:

- You;
- Your spouse, dependent, parent, brother or sister; or
- A person who ordinarily resides with you.

Hospital means an institution:

- Operated pursuant to law;
- Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- Under the supervision of a staff of **doctors**;
- Providing 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.);
- With medical, diagnostic and treatment facilities, and with major surgical facilities on its premises; or available on a pre-arranged basis; and
- Charging for its services.

Hospital does *not* include a clinic or facility for:

- Convalescent, custodial, educational or nursing care;
- The aged, drug addicts or alcoholics (except as stated below); or
- Rehabilitation.

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an

accident. All **injuries** to the same person sustained in one **accident**, including all related conditions and recurring symptoms of **injuries** will be considered one **injury**.

Medical Emergency means the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in:

- a. Placing ones health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;
- b. Serious impairment to bodily functions; or
- c. Serious dysfunction of any body organ or part.

Medically Necessary means those services or supplies provided or prescribed by a **hospital** or **doctor**:

- Essential for the symptoms and diagnosis or treatment of the **sickness** or **injury**;
- Provided for the diagnosis, or the direct care and treatment of the **sickness** or **injury**;
- In accordance with the standards of good medical practice;
- Not primarily for your convenience or that of your **doctor**; and
- That are the most appropriate supply of level of service that can safely be provided.

Natural Teeth means natural teeth or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

Physiotherapy means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat-treatment in any form; manipulation or massage administered by a **doctor**.

Sickness means illness or disease of the **covered person**. **Sickness** includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of **sickness** will be considered one **sickness**.

Spouse means your lawful spouse.

Usual, reasonable and customary (URC) means:

- Charges and fees for medical services or supplies that are the lesser of: the usual charge by the provider for the service or supply given; or the average charges for the service or supply in the area where service or supply is received; and
- Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

EXTENSION BENEFITS

The coverage under this policy ceases on the expiration date for covered persons who are not eligible to continue coverage under the new or renewal policy issued to the Institution. If, however, on the expiration date, the covered person is confined to a hospital for a condition covered by this policy, benefits will be extended for the condition for up to 30 days after the expiration date as long as the covered person remains hospital confined.

TO BE ELIGIBLE FOR REIMBURSEMENT, A CLAIM FORM MUST BE SUBMITTED WITHIN 180 DAYS FROM THE DATE OF INJURY OR FIRST TREATMENT OF SICKNESS.

DESCRIPTION OF BENEFITS

Hospital & Surgical Provisions:

- 1) Hospital room and board are included up to the semi-private room rate;
- 2) When more than one surgical procedure is performed at the same time, through the same incision, the highest payment will be for the surgery which costs the most. We will pay a maximum of 50% for a second surgical procedure and 25% for the third surgical procedure;
- 3) Services of an assistant surgeon are included, up to 25% of the amount payable for the surgery;
- 4) Services of an anesthetist who is not employed or retained by the hospital are included, up to 25% of the amount payable for the surgery;
- 5) If the insured student is admitted into the hospital on a Friday or Saturday on a non-emergency basis and the procedure for which the student is admitted is not performed on the date of or the date after the admission, we will not pay the hospital room & board or miscellaneous expenses for the initial Friday or Saturday preceding the procedure.

Expenses incurred on an outpatient basis for **physiotherapy** due to an accident or sickness is limited to \$300 unless specifically ordered by a **doctor**. **Physiotherapy** includes any form of physical or mechanical therapy, diathermy, ultra-sonic therapy, heat-treatment in any form, manipulation or massage.

This coverage applies only to eligible students who have paid for this coverage and did not provide proof of comparable or better coverage.

BASIC ACCIDENT AND SICKNESS EXPENSE BENEFIT: \$5,000

When you suffer a loss from an **accident** or **sickness**, we will pay the covered expense incurred up to a maximum of \$5,000. Expenses incurred for an **accident** will be considered up to 52 weeks after the date of the **accident**.

- The covered percentage is 100% for the first \$5,000; additional benefits are provided at 80% thereafter under the Major Medical Expense Benefit.
- Initial medical treatment must be incurred within 90 days from the date of the **accident**.
- Expenses incurred for an **accident** will be considered up to 52 weeks after the date of the **accident**.

All benefits are unallocated, except those shown as follows:

BASIC EXPENSE PLAN LIMITS:

- **Dental Accident Expense:** \$250 per tooth (injury must be to natural teeth as defined.)
- **Ambulance (Ground):** Limited to 1 trip per accident or sickness to a maximum of \$500 per trip.
- **Prescription Drug Expense:** When your accident or sickness requires prescribed medicines, this plan will provide benefits up to an aggregate maximum of \$500 per policy year (oral contraceptives are covered at 50%). There is a \$0 co-pay for generic prescriptions and a \$15 co-pay for brand name prescriptions. If generic is available and the covered student chooses name brand, the covered person must be obtained from an Express Scripts pharmacy. Go to www.express-scripts.com for a listing of pharmacies in your area.
- **Mental Illness and Chemical Substance Abuse Expense:** \$500 lifetime maximum for outpatient care.
- **Physical Therapy Expenses:** 35 visits per year paid at 100%.
- **Wisdom Teeth:** \$100 per tooth / \$400 maximum limit (treatment for bony impacted teeth or dental abscesses).

MAJOR MEDICAL EXPENSE BENEFITS: \$45,000

If the covered expense for your **injury** or **sickness** exceeds the **Basic Accident & Sickness Expense Benefits**, we will pay 80% of the covered expenses up to a major medical maximum of \$45,000 not to exceed a total aggregate limit of \$50,000.

INPATIENT BENEFITS:

Hospital Expenses: When your **injury** or **sickness** requires hospital confinement (18 consecutive hours or more), we will consider covered expenses incurred by you subject to the **Hospital & Surgical Provisions**. Expenses must be incurred while you are a **covered person** under this plan.

- **Hospital** is limited to semi-private rate;
- Surgery charges are included based on the Medical Data Research (MDR) survey of surgical fees valued at the 90th percentile;
- In **hospital doctor**, intensive care, anesthetist and pre-admission testing expenses are included;
- Doctor visit expenses are limited to one visit per day.

Inpatient Mental Illness and Chemical & Substance Abuse Expenses: 10 day lifetime limit for hospitalization.

OUTPATIENT BENEFITS:

A **referral** from the Student Health Center must be secured for outpatient treatment. This provision is waived in case of a medical emergency or when the Student Health Center is not accessible.

If, while not confined to a **hospital**, your **sickness** requires the medical services listed below, we will consider the usual, reasonable and customary expense when services are prescribed by a licensed **doctor**.

Day surgery, miscellaneous charges; surgeon fees as shown under Hospital & Surgical Provisions; diagnostic x-ray and laboratory charges; therapeutic services or supplies; doctor & consultant visits at a limit of one per day and emergency room services.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS:

Accidental Death and Dismemberment insurance covers you for a loss as shown below. The loss must result from an **accident**, directly and independently of all other causes. The **accident** must take place while you are a **covered person** under this policy. Also, the loss must take place within fifty-two (52) weeks after the **accident**. The following table shows the amounts we will pay:

For loss of life	\$5,000
Both hands or both feet or sight of both eyes	\$5,000
One hand and one foot	\$5,000
One hand and sight of one eye	\$5,000
One hand or one foot or sight of one eye	\$2,500

ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$50,000 PER ACCIDENT OR SICKNESS.

Any expense not specifically listed in the preceding sections is not covered.

EXCLUSIONS

This policy does not cover loss nor provide benefits for:

1. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution;
2. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of **sickness** or **injury**, except as specifically provided in the policy;
3. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy;
4. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy;
5. Dental treatment, except as specifically provided for in the schedule;
6. War or any act of war, declared or undeclared, or while in the armed forces of any country.
7. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
8. Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planning, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
9. Treatment in a military or Veterans **Hospital** or a **hospital** contracted for or operated by a national government or its agency unless; The services are rendered on an medical emergency basis and a legal liability exists for the charges made on behalf of a **covered person** for the services given in the absence of insurance;
10. Elective surgery and elective treatment, except as required to correct an **injury** for which benefits are otherwise payable under the policy;
11. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act;
12. Congenital conditions;
13. The part of medical expense payable by any automobile insurance policy without regard to fault;

14. Any **accident** where the **covered person** is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
15. Preventative medicines, serums, vaccines;
16. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
17. Skeletal irregularities of one or both jaws; including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction;
18. Immunization services and supplies related to immunizations, except as specifically provided in the policy; preventative medicines or vaccines, except where required for treatment of a covered **injury** or **sickness**;
19. Expenses for a deviated septum, nasal or sinus surgery unless as the result of an accident;
20. For international students, expenses incurred within your home country or country of regular domicile;
21. Expense for knee orthotic devices unless prescribed for use during post-surgical physical therapy;
22. Services, supplies and/or treatment for acnes; acupuncture; hypnotherapy; allergy, including allergy testing;
23. Travel in or upon: a snowmobile, any two-or three wheeled motor vehicle, or any off-road-motorized vehicle not requiring licensing as a motor vehicle;
24. **Injury** of any **covered person** sustained while: participating in any school, professional or organized sports contest or competition, unless specifically listed in the schedule; traveling to or from such sport, contest or competition as a participant; or during participation in any practice or conditioning program for intercollegiate sports in excess of \$1,000.
25. Addiction and Codependency- services and supplies related to: (a) nicotine addiction, smoking cessation products or services, caffeine addiction and non-chemical addictions such as gambling, sexual, spending, shopping, working and religious; and (b) treatment for codependency;
26. Replacement or removal of hair growth, alopecia;
27. 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; Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproduction ability; premarital examinations; impotence, organic or otherwise; sterilization operations, tubal ligation, vasectomy; sexual reassignment surgery;
28. Services and Supplies for conditions related to learning disabilities;
29. Sleep disorders, supplies, treatment or testing relating to sleep disorders;
30. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
31. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat;
32. Intentionally self-inflicted injury, suicide or any attempt thereat;
33. Injury caused by, contributed to or resulting from the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage of for the purpose prescribed by the person's **doctor**;
34. For treatment or services in excess of \$500 for any **sickness** or **injury**, as defined, that was initially diagnosed, treated or recommended for treatment prior to the Term of Coverage for a **covered person**, unless Continuous Coverage is applied.

CONTINUOUS COVERAGE

If a **covered person** is continuously covered under the policy offered through your participating institution they will be covered for any **sickness** diagnosed or **injury** sustained while so covered. If a **covered person** is enrolled for coverage offered through your participating institution within 30 days of the end of any preceding company's policy you will be considered to have maintained continuous coverage, except for expense that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 30 days occurs.

LIMITATIONS

Benefits payable under this plan will be reduced by 50% under the following circumstances:

For surgical benefits: if the **covered person** has coverage under an HMO, PPO or similar arrangement; and the **covered person** does not use the facilities of the HMO, PPO or similar arrangement for provision of benefits.

For outpatient benefits: if the **covered person** does not attempt to obtain an out-of-network authorization or a referral from their managed care provider to obtain treatment.

The 50% reduction in benefits will not apply to emergency treatment required within 24 hours following an **accident** or emergency medical condition, which occurred outside the geographic area serviced by the HMO, PPO or similar arrangement.

ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$50,000 PER ACCIDENT OR SICKNESS.

SCHOLASTIC EMERGENCY SERVICES GLOBAL EMERGENCY ASSISTANCE SERVICES

Enrollment in the **Student Accident & Sickness Plan** provides you with a unique array of global emergency assistance when faced with a medical emergency while traveling. Any time you are at least **100 miles from your permanent address**, campus address or in another country, the Scholastic Emergency Services program ensures that you have access to appropriate medical care.

Some of the many services offered include: medical consultations, prescription assistance, medical evacuation, medical repatriation, return of mortal remains, hospital admission guarantee, emergency trauma counseling, and pre-trip information. Should you experience a medical emergency while traveling, call Scholastic Emergency Services and speak with trained crisis management counselors and medical personnel 24 hours a day, 365 days a year.

Scholastic Emergency Services does not replace your medical insurance. All medical costs incurred should be submitted to your medical insurance plan and are subject to the policy limits of your health insurance. **All assistance services must be arranged and provided by Scholastic Emergency Services. Claims for reimbursement of assistance services will not be accepted.**

Once you are enrolled in the **Student Accident & Sickness** plan you may obtain an identification card and further information regarding the services provided by Scholastic Emergency Services from Health Services.

The Scholastic Emergency Services program is solely provided by Scholastic Emergency Services and is not affiliated with United States Fire Insurance Company. Scholastic Emergency Services is a registered service mark of Assist America Inc.

CLAIM PROCEDURES

In the event of an **accident** or **sickness**, you should:

- 1) Report your **accident** or **sickness** to the Student Health Services. A **REFERRAL** must be secured from the Student Health Services for outpatient treatment, **except:** a) In case of an emergency; b) When the Student Health Services is closed or between semester breaks or during the summer.
- 2) File all charges with your primary insurance carrier first. If you are insured by an HMO/PPO, you must secure pre-authorization for all services rendered or benefits will be reduced by 50%.
- 3) If the other insurance does not pay the entire bill, secure a claim form and instructions from Student Health Services or on your institution's website, fill in the necessary information, attach all itemized medical bills along with the explanation of benefits from your primary carrier (if you have other insurance) and mail them to the address on the claim form or the claims administrator below:

NAHGA Claim Services
PO Box 189
Bridgton, ME 04009
Phone: 800-952-4320
Fax: 207-647-4569
E-mail: eia@nahga.com



- 4) Identify all subsequent information relating to your claim with your name, the institution name, the policy number, and the initial date of **injury** or **sickness**.

Claim forms and instructions are also available on your institution's website. If you are unable to download or print this brochure please feel free to contact:

**NAHGA at 800-952-4320 or
EIA at 888-260-7415**

FAIRMONT SPECIALTY PRIVACY PRACTICES

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect your personal information. We do not use or disclose your information for any fundraising, marketing or research activities.

We use and disclose your information to determine your eligibility for plan benefits, to facilitate payment for treatment and services provided to you, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claim inquiry. We may also disclose your information to law or government agencies when required by law.

Under the privacy laws, you have unlimited access to your information. You may limit how we use and disclose your information and get a listing of instances where it was disclosed. You may request that we correct inaccurate information or add missing information.

If you have any questions about your rights, our Privacy Practices or you want to file a complaint, please contact our Privacy Officer at: 1 (800) 926-3441.

Underwritten by:
United States Fire Insurance Company,
By Fairmont Specialty, a Division of Crum & Forster



This summary of coverage is intended only for quick reference and does not limit nor amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the Institution.

**2009-10
Student Accident & Sickness
Insurance Plan**

**Designed for the DEPENDENTS of
Insured International Students of
Wittenberg University**

COVERAGE

This brochure is a brief description of the benefits provided through **Wittenberg University** for the dependents of international students enrolled full time or part-time for the 2009-2010 academic year. The policy term will cover eligible dependents who purchase this coverage from August 1, 2009 through July 31, 2010.

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Eligible students enrolled in this plan may enroll their Dependents by providing a copy of the marriage and/or birth certificate and full premium payment to SBAHIT no later than September 15, 2009 to:

SBAHIT

**International Student Dependent Plan
200 S. Wacker Drive, Suite 1000
Chicago, IL 60606**

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Coverage for such a child will be the same as any other **dependent**, including medically diagnosed congenital defects, birth abnormalities, premature birth care and nursery care. Coverage may be continued by paying the additional premium cost to cover the child.

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Annual Cost for Dependent Coverage

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DEFINITIONS

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- Not in excess of the maximum benefit amount payable per service as shown in the schedule;
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- Made for services and supplies which are **medically necessary**; and
- Made for medical services specifically included in the schedule.

Covered Person means an eligible student and eligible dependent.

Deductible means the amount of **covered expenses** paid on behalf of a **covered person** before benefits are payable under the policy.

Dependent means your unmarried child who:

- Has his principal residence with you;
- c. Chiefly relies on you for support and maintenance; and

d. Is within the following age groups unless otherwise shown in the Schedule:

- 1) Under 19 years of age;
- 2) 19 but less than 25 years of age and enrolled in a school as a full time student; or
- 3) 19 or more years of age, and primarily supported by you and incapable of self-sustaining employment by reason of physical handicap or developmental disability. Proof of the child's condition and dependence must be submitted to us within 31 days after the date the child ceases to qualify as a dependent under (1) or (2) above. We may, from time to time, require proof of the continuation of such condition and dependence. After that, we may require proof no more than once a year.

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- Providing 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.);
- With medical, diagnostic and treatment facilities, and with major surgical facilities on its premises; or available on a pre-arranged basis; and
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- Convalescent, custodial, educational or nursing care;
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- d. Placing one's health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;
- e. Serious impairment to bodily functions; or
- f. Serious dysfunction of any body organ or part.

Medically Necessary means those services or supplies provided or prescribed by a **hospital** or **doctor**:

- Essential for the symptoms and diagnosis or treatment of the **sickness** or **injury**;
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- Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

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TO BE ELIGIBLE FOR REIMBURSEMENT, A CLAIM FORM MUST BE SUBMITTED WITHIN 180 DAYS FROM THE DATE OF INJURY OR FIRST TREATMENT OF SICKNESS.

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- 4) Services of an anesthetist who is not employed or retained by the hospital are included, up to 25% of the amount payable for the surgery;
- 5) If the insured student is admitted into the hospital on a Friday or Saturday on a non-emergency basis and the procedure for which the student is admitted is not performed on the date of or the date after the admission, we will not pay the hospital room & board or miscellaneous expenses for the initial Friday or Saturday preceding the procedure.

Expenses incurred on an outpatient basis for **physiotherapy** due to an accident or sickness is limited to \$300 unless specifically ordered by a **doctor**. **Physiotherapy** includes any form of physical or mechanical therapy, diathermy, ultra-sonic therapy, heat-treatment in any form, manipulation or massage.

This coverage applies only to eligible dependents of international students who have paid for this coverage.

BASIC ACCIDENT AND SICKNESS EXPENSE BENEFIT: \$5,000

When you suffer a loss from an **accident** or **sickness**, we will pay the covered expense incurred up to a maximum of \$5,000 after a \$25 **deductible** per **accident** or **sickness**. Expenses incurred for an **accident** will be considered up to 52 weeks after the date of the **accident**.

- There is a \$25 **deductible** per **accident** or **sickness**.
- The covered percentage is 100% for the first \$5,000; additional benefits are provided at 80% thereafter under the Major Medical Expense Benefit.
- Initial medical treatment must be incurred within 90 days from the date of the **accident**.

All benefits are unallocated, except those shown as follows:

BASIC EXPENSE PLAN LIMITS:

- **Dental Accident Expense:** \$250 per tooth (injury must be to natural teeth as defined.)
- **Ambulance (Ground):** Limited to 1 trip per accident or sickness to a maximum of \$500 per trip.
- **Prescription Drug Expense:** When your accident or sickness requires prescribed medicines, this plan will provide benefits up to an aggregate maximum of \$500 per policy year (contraceptives are covered at 50%). There is a \$0 co-pay for generic prescriptions and a \$15 co-pay for brand name prescriptions. If generic is available and the covered student chooses name brand, the covered student will pay the difference.
- **Mental Illness and Chemical Substance Abuse Expense:** \$500 lifetime maximum for outpatient care.
- **Physical Therapy Expenses:** 35 visits per year paid at 100%.
- **Wisdom Teeth:** \$100 per tooth / \$400 maximum limit (treatment for bony impacted teeth or dental abscesses).

MAJOR MEDICAL EXPENSE BENEFITS: \$45,000

If the covered expense for your **injury** or **sickness** exceeds the **Basic Accident & Sickness Expense Benefits**, we will pay 80% of the covered expenses up to a major medical maximum of \$45,000 not to exceed a total aggregate limit of \$50,000.

INPATIENT BENEFITS:

Hospital Expenses: When your **injury** or **sickness** requires hospital confinement (18 consecutive hours or more), we will consider covered expenses incurred by you subject to the **Hospital & Surgical Provisions**. Expenses must be incurred while you are a **covered person** under this plan.

- **Hospital** is limited to semi-private rate;
- Surgery charges are included based on the Medical Data Research (MDR) survey of surgical fees valued at the 90th percentile;
- In **hospital doctor**, intensive care, anesthetist and pre-admission testing expenses are included;
- Doctor visit expenses are limited to one visit per day.

Inpatient Mental Illness and Chemical & Substance Abuse Expenses: 10 day lifetime limit for hospitalization.

OUTPATIENT BENEFITS:

If, while not confined to a **hospital**, your **sickness** requires the medical services listed below, we will consider the usual, reasonable and customary expense when services are prescribed by a licensed **doctor**.

Day surgery, miscellaneous charges; surgeon fees as shown under Hospital & Surgical Provisions; diagnostic x-ray and laboratory charges; therapeutic services or supplies; doctor & consultant visits at a limit of one per day and emergency room services.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS:

Accidental Death and Dismemberment insurance covers you for a loss as shown below. The loss must result from an **accident**, directly and independently of all other causes. The **accident** must take place while you are a **covered person** under this policy. Also, the loss must take place within fifty-two (52) weeks after the **accident**. The following table shows the amounts we will pay:

For loss of life	\$5,000
Both hands or both feet or sight of both eyes	\$5,000
One hand and one foot	\$5,000
One hand and sight of one eye	\$5,000
One hand or one foot or sight of one eye	\$2,500

ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$50,000 PER ACCIDENT OR SICKNESS.

Any expense not specifically listed in the preceding sections is not covered.

EXCLUSIONS

This policy does not cover loss nor provide benefits for:

1. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution;
2. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of **sickness** or **injury**, except as specifically provided in the policy;
3. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy;
4. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy;
5. Dental treatment, except as specifically provided for in the schedule;
6. War or any act of war, declared or undeclared, or while in the armed forces of any country.
7. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
8. Skydiving; parachuting or bungie-cord jumping, hang gliding, glider flying, parasailing, sail planning, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
9. Treatment in a military or Veterans **Hospital** or a **hospital** contracted for or operated by a national government or its agency unless; The services are rendered on an medical emergency basis and a legal liability exists for the charges made on behalf of a **covered person** for the services given in the absence of insurance;
10. Elective surgery and elective treatment, except as required to correct an **injury** for which benefits are otherwise payable under the policy;
11. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act;
12. Congenital conditions;
13. The part of medical expense payable by any automobile insurance policy without regard to fault;
14. Any **accident** where the **covered person** is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
15. Preventative medicines, serums, vaccines;
16. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
17. Skeletal irregularities of one or both jaws; including orthognathia and mandibular retrognathia;

- temporomandibular joint dysfunction;
18. Immunization services and supplies related to immunizations, except as specifically provided in the policy; preventative medicines or vaccines, except where required for treatment of a covered **injury** or **sickness**;
 19. Expenses for a deviated septum, nasal or sinus surgery unless as the result of an accident;
 20. For international students, expenses incurred within your home country or country of regular domicile;
 21. Expense for knee orthotic devices unless prescribed for use during post-surgical physical therapy;
 22. Services, supplies and/or treatment for acnes; acupuncture; hypnotherapy; allergy, including allergy testing;
 23. Travel in or upon: a snowmobile, any two-or three wheeled motor vehicle, or any off-road-motorized vehicle not requiring licensing as a motor vehicle;
 24. **Injury** of any **covered person** sustained while: participating in any school, professional or organized sports contest or competition, unless specifically listed in the schedule; traveling to or from such sport, contest or competition as a participant; or during participation in any practice or conditioning program for intercollegiate sports in excess of \$1,000.
 25. Addiction and Codependency- services and supplies related to: (a) nicotine addiction, smoking cessation products or services, caffeine addiction and non-chemical addictions such as gambling, sexual, spending, shopping, working and religious; and (b) treatment for codependency;
 26. Replacement or removal of hair growth, alopecia;
 27. 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; Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproduction ability; premarital examinations; impotence, organic or otherwise; sterilization operations, tubal ligation, vasectomy; sexual reassignment surgery;
 28. Services and Supplies for conditions related to learning disabilities;
 29. Sleep disorders, supplies, treatment or testing relating to sleep disorders;
 30. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
 31. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.
 32. Intentionally self-inflicted injury, suicide or any attempt thereat;

33. Injury caused by, contributed to or resulting from the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage of for the purpose prescribed by the person's **doctor**.
34. For treatment or services in excess of \$500 for any **sickness** or **injury**, as defined, that was initially diagnosed, treated or recommended for treatment prior to the Term of Coverage for a **covered person**, unless Continuous Coverage is applied.

CONTINUOUS COVERAGE

If a **covered person** is continuously covered under the policy offered through your participating institution they will be covered for any **sickness** diagnosed or **injury** sustained while so covered. If a **covered person** is enrolled for coverage offered through your participating institution within 30 days of the end of any preceding company's policy you will be considered to have maintained continuous coverage, except for expense that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 30 days occurs.

LIMITATIONS

Benefits payable under this plan will be reduced by 50% under the following circumstances:

For surgical benefits: if the **covered person** has coverage under an HMO, PPO or similar arrangement; and the **covered person** does not use the facilities of the HMO, PPO or similar arrangement for provision of benefits.

For outpatient benefits: if the **covered person** does not attempt to obtain an out-of-network authorization or a referral from their managed care provider to obtain treatment.

The 50% reduction in benefits will not apply to emergency treatment required within 24 hours following an **accident** or emergency medical condition, which occurred outside the geographic area serviced by the HMO, PPO or similar arrangement.

ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$50,000 PER ACCIDENT OR SICKNESS.

SCHOLASTIC EMERGENCY SERVICES GLOBAL EMERGENCY ASSISTANCE SERVICES

Enrollment in the **Student Accident & Sickness Plan** provides you with a unique array of global emergency assistance when faced with a medical emergency while traveling. Any time you are at least **100 miles from your permanent address**, campus address or in another country, the Scholastic Emergency Services program ensures that you have access to appropriate medical care.

Some of the many services offered include: medical consultations, prescription assistance, medical evacuation, medical repatriation, return of mortal remains, hospital admission guarantee, emergency trauma counseling, and pre-trip information. Should you experience a medical emergency while traveling, call Scholastic Emergency Services and speak with trained crisis management counselors and medical personnel 24 hours a day, 365 days a year.

Scholastic Emergency Services does not replace your medical insurance. All medical costs incurred should be submitted to your medical insurance plan and are subject to the policy limits of your health insurance. **All assistance services must be arranged and provided by Scholastic Emergency Services. Claims for reimbursement of assistance services will not be accepted.**

Once you are enrolled in the **Student Accident & Sickness** plan you may obtain an identification card and further information regarding the services provided by Scholastic Emergency Services from Health Services.

The Scholastic Emergency Services program is solely provided by Scholastic Emergency Services and is not affiliated with United States Fire Insurance Company. Scholastic Emergency Services is a registered service mark of Assist America Inc.

CLAIM PROCEDURES

In the event of an **accident** or **sickness**, you should:

- 1) Report your **accident** or **sickness** to the Student Health Services. A **REFERRAL** must be secured from the Student Health Services for outpatient treatment, **except:** a) In case of an emergency; b) When the Student Health Services is closed or between semester breaks or during the summer.
- 2) File all charges with your primary insurance carrier first. If you are insured by an HMO/PPO, you must secure pre-authorization for all services rendered or benefits will be reduced by 50%.
- 3) If the other insurance does not pay the entire bill, secure a claim form and instructions from Student Health Services or on your institution's website, fill in the necessary information, attach all itemized medical bills along with the explanation of benefits from your primary carrier (if you have other insurance) and mail them to the address on the claim form or the claims administrator below:

NAHGA Claim Services
PO Box 189
Bridgton, ME 04009
Phone: 800-952-4320
Fax: 207-647-4569
E-mail: eia@nahga.com



- 4) Identify all subsequent information relating to your claim with your name, the institution name, the policy number, and the initial date of **injury** or **sickness**.

Claim forms and instructions are also available on your institution's website. If you are unable to download or print this brochure please feel free to contact:

**NAHGA at 800-952-4320
EIIA at 888-260-7415**

FAIRMONT SPECIALTY PRIVACY PRACTICES

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect your personal information. We do not use or disclose your information for any fundraising, marketing or research activities.

We use and disclose your information to determine your eligibility for plan benefits, to facilitate payment for treatment and services provided to you, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claim inquiry. We may also disclose your information to law or government agencies when required by law.

Under the privacy laws, you have unlimited access to your information. You may limit how we use and disclose your information and get a listing of instances where it was disclosed. You may request that we correct inaccurate information or add missing information.

If you have any questions about your rights, our Privacy Practices or you want to file a complaint, please contact our Privacy Officer at: 1 (800) 926-3441.

Underwritten by:

United States Fire Insurance Company,
By Fairmont Specialty, a Division of Crum & Forster



This summary of coverage is intended only for quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the Institution.