

STUDENT ACCIDENT & SICKNESS INSURANCE PROGRAM

**Designed for the
International Students and Scholars of:**



University Center, Michigan

2011 - 2012

Policy Number: GLB 9710917

Brochure Number: 0810-2586 (11)

UNIVERSITY REQUIREMENTS

All international persons meeting the Eligibility requirements are required to participate in this insurance program unless proof of comparable coverage is furnished.

ELIGIBILITY

All international Students and Scholars under the age of 65 with a current passport or student visa who are temporarily residing outside their Home Country and actively engaged in education or educational activities or research related activities at Saginaw State University.

Insured Students/Scholars may also purchase dependent coverage. Eligible dependents are the Spouse (residing with the Insured Student/Scholar) and unmarried children under nineteen years of age who are not self-supporting, and reside with the Insured Student/Scholar. Dependent eligibility expires concurrently with that of the Insured Student/Scholar.

EFFECTIVE DATE OF COVERAGE

Coverage for an individual who makes the required premium payment will become effective on the latest of the following dates:

- 1) 12:01 a.m., Standard Time on August 15, 2011; or
- 2) the beginning date of the period of coverage purchased; or
- 3) the day after the date of postmark when premium is received by the University, Company Agent or Administrator.

Coverage will always become effective at 12:01 a.m., Standard Time on the date determined by this provision. The effective date of coverage for dependents will not precede that of the Insured Student/Scholar.

The individual's insurance coverage is effective 24 hours a day on a worldwide basis except when the student withdraws from school and resumes residency in his/her home country.

TERMINATION DATE OF COVERAGE

Coverage for an Insured Student/Scholar shall terminate on the earlier of the following dates:

- 1) the last day of the period for which premium has been paid; or
- 2) 12:01 a.m., Standard Time on August 15, 2012.

Coverage for any dependent shall terminate as indicated above or on the time and date the Insured Student's/Scholar's insurance terminates, whichever is earlier.

A pro-rata refund of premium will be made only in the event the Insured enters military service. Otherwise, coverage will continue for the period for which premium was paid.

CONTINUOUS COVERAGE

Coverage for an Insured Person will be considered as continuous during consecutive periods of insurance (such as Fall, Spring, Summer, etc.) when premium payment is received by the Policyholder, Company Agent or Administrator within 15 days of the beginning date of the period of coverage purchased regardless of any breaks in calendar days between consecutive periods of insurance (Fall, Spring, Summer, etc.). This Continuous Coverage provision will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.

EXCESS BENEFITS

All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

PREFERRED PROVIDER NETWORK

If you use a physician from the Preferred Provider Network, the Company will reimburse your covered expenses at a higher amount when compared to using a Non-Network Provider. We have made arrangements with **Beech Street**, a Preferred Provider Network, who has contracted with numerous hospitals, physicians and other health care providers in order to administer your care at a prearranged, preferred dollar amount. **If you choose to use a Non-Network Provider, your benefits will be reduced to 60% of the Usual and Customary Charges incurred.** Prior to seeking care with a Network Provider, you should always verify that the doctor continues to be a Network Provider. For a complete list of participating providers, you may access **Beech Street’s** website at www.beechstreet.com or call their toll free number at 1-800-877-1444.

Please note: when searching for a provider on Beech Street’s website, please choose “Primary” when asked for the type of plan you have.

WALGREENS HEALTH INITIATIVES PHARMACY NETWORK

The pharmacy network provides prescription drug coverage for all covered conditions, with the exception of preventive drugs, when prescriptions are filled at any participating pharmacy. The Covered Person is responsible for a **\$10 co-payment per generic prescription; \$15 co-payment per brand name prescription; or \$30 co-payment per multi-source prescription.** No claim forms are required. The participating pharmacy will file claims directly with the administrator for reimbursement of the remaining charges.

The Covered Person must show his/her identification card to receive benefits at a participating pharmacy. An identification/prescription card will be issued once the correct premium and enrollment form have been processed by the administrator.

For member services information, please call **Walgreens Health Initiatives RX Member Services at 800-207-2568**, or access their website at www.mywhi.com. This service is available 24/7 after the issuance of the identification/prescription card.

ACCIDENTAL DEATH & DISMEMBERMENT INDEMNITY

The Company shall pay an indemnity, in addition to the medical expense benefits provided herein, if an Insured Person sustains a loss, as listed below, within 180 days after the date of accident causing such loss. If more than one loss is sustained as the result of one accident, only the largest amount shall be payable.

<u>For Loss of:</u>	<u>Benefit Amount</u>
Life	\$ 10,000
Both Hands or Both Feet, or Sight of Both Eyes	\$ 10,000
One Hand and One Foot	\$ 10,000
Either Hand or Foot and Sight of One Eye	\$ 10,000
Either Hand or Foot	\$ 5,000
Sight of One Eye	\$ 5,000

Only one of the amounts shown above, the largest, will be paid for loss resulting from any one accident, and shall be in addition to any other indemnity payable for such accident. Loss shall mean in regard to Hand or Hands or Foot or Feet, actual severance through or above the wrist or wrists or ankle or ankles, and loss of sight of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.

COMPANY’S RIGHT OF SUBROGATION

In the event you require medical treatment due to another person’s negligence (such as an automobile accident), the Company has the right to seek recovery of any benefits it pays toward your medical expenses.

MEDICAL EXPENSE BENEFITS SCHEDULE

Maximum Benefit Per Injury and Illness: Student - \$250,000 / Dependent - \$50,000

\$50 Deductible per Injury and Illness (waived if first treated at the Student Health Center).

After the Deductible is satisfied, the Company will pay benefits, as described below, for the eligible charges incurred while the Insured Person's coverage is in force for treatment by a licensed Physician for: 1) accidental bodily Injury when first treatment commences within 90 days of the date of injury, or 2) Illness beginning with the date of first treatment, **not to exceed a Maximum Benefit of \$250,000 per Injury or Illness.** The Maximum Benefit for a Dependent is limited to \$50,000 per Injury and Illness.

<u>NPATIENT COVERED EXPENSES</u>	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
Room and Board Expense: daily semi private room, including general nursing care	100% of PPO Allowance	60% of Usual & Customary
Intensive Care: including 24-hour nursing care	100% of PPO Allowance	60% of Usual & Customary
Miscellaneous Expenses: for services and supplies limited to: 1) the cost of an operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take-home drugs); 6) miscellaneous supplies; and 7) pre-admission testing	100% of PPO Allowance	60% of Usual & Customary
Physiotherapy: when prescribed by the attending Physician and administered by a licensed physiotherapist	100% of PPO Allowance / \$5,000 Maximum	60% of Usual & Customary / \$5,000 Maximum
Surgery: Physician's fees for a surgical procedure	100% of PPO Allowance	60% of Usual & Customary
Anesthetist Services: in conjunction with surgery	100% of PPO Allowance	60% of Usual & Customary
Registered Graduate Nurse: when prescribed by the attending Physician	100% of PPO Allowance	60% of Usual & Customary
Physician's Visits: limited to one visit per day when a surgery benefit is not paid	100% of PPO Allowance	60% of Usual & Customary

OUTPATIENT BENEFITS

Surgery: Physician's fees for a surgical procedure	100% of PPO Allowance	60% of Usual & Customary
Miscellaneous for Day Surgery: when surgery is performed in a hospital emergency room, trauma center, physician's office, outpatient surgical center or clinic, for services and supplies, limited to: 1) operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take-home drugs); and 6) miscellaneous supplies	100% of PPO Allowance	60% of Usual & Customary
Anesthetist Services: in conjunction with a surgical procedure	100% of PPO Allowance	60% of Usual & Customary
Physician's Visits: limited to one visit per day when a surgery benefit is not paid,	100% of PPO Allowance	60% of Usual & Customary
Physiotherapy: when prescribed by the attending Physician following a surgical procedure and when administered by a licensed physiotherapist	100% of PPO Allowance / \$1,000 Maximum	60% of Usual & Customary / \$1,000 Maximum
Medical Emergency Expenses: incurred in a hospital emergency room, surgical center or clinic	100% of PPO Allowance	60% of Usual & Customary
Diagnostic X-rays Services: when prescribed by the attending Physician	100% of PPO Allowance	60% of Usual & Customary
Radiation Therapy: when prescribed by the attending Physician	100% of PPO Allowance	60% of Usual & Customary
Laboratory Procedures: when prescribed by the attending Physician	100% of PPO Allowance	60% of Usual & Customary
Miscellaneous Tests and Procedures: when prescribed by the attending Physician for an incurred loss for which no other policy benefit is provided	100% of PPO Allowance	60% of Usual & Customary
Shots or Injections: administered in an emergency room or Physician's office and charged on the emergency room statement or Physician statement	100% of PPO Allowance	60% of Usual & Customary
Chemotherapy: when prescribed by the attending physician	100% of PPO Allowance	60% of Usual & Customary
Prescription Drugs: please see the Walgreen's Health Initiatives Pharmacy Network paragraph herein which describes the drug card program.		

OTHER BENEFITS

Ambulance Service: for transportation to or from a hospital	100% of Usual & Customary	100% of Usual & Customary
Braces and Appliances: when prescribed by the attending Physician exclusively for the purpose of healing the specific part of the body for which the brace or appliance is prescribed (replacement braces and appliances are not covered)	100% of PPO Allowance	60% of Usual & Customary
Dental braces, except when necessitated by accidental bodily Injury, are not covered.		
Consultant Physician Services: when requested and approved by the attending Physician	100% of PPO Allowance	60% of Usual & Customary
Dental Treatment: for treatment of Injury to sound, natural teeth	100% of PPO Allowance / \$100 Per Tooth / \$500 Maximum	60% of Usual & Customary / \$100 Per Tooth / \$500 Maximum
Dental Treatment: for treatment if caused by Illness, covered as any Illness	100% of PPO Allowance / \$1,000 Maximum	60% of Usual & Customary / \$1,000 Maximum

ADDITIONAL BENEFITS

Psychotherapy: covered as any other Illness for the treatment of mental disorders, alcoholism and drug abuse. **Inpatient:** PPO Allowance for 30 Inpatient days to a Maximum Benefit of \$25,000. **Outpatient:** PPO Allowance to a Maximum Benefit of \$500.

Chiropractic Care: PPO Allowance; \$50 per visit; \$1,000 Maximum Benefit.

Emergency Eye Conditions: PPO Allowance. Routine eye examinations, eyeglasses and contact lenses are not covered.

Maternity: Covered Student: covered as any other Illness to the Policy Maximum Benefit. Covered Dependent: covered as any other Illness to the Policy Maximum Benefit for Dependents.

Home Country Benefit: coverage is payable to a Maximum Benefit of \$1,000. Home Country benefit period is 30 days.

PRE-EXISTING CONDITIONS

Pre-existing Conditions, defined as any illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within the 12 months prior to the effective date of this insurance, are not covered under this policy. After an Insured Person has maintained 12 months of continuous and uninterrupted coverage, pre-existing conditions are covered as any other condition for loss of expense incurred after such 12 consecutive months period.

Payment will be in accordance with the provisions of this Plan. If the Insured Person has a lapse in coverage, a period of 12 months of continuous and uninterrupted coverage will have to be satisfied again before pre-existing conditions are covered as any condition.

DEFINITIONS

Deductible - means the dollar amount of covered expenses which must be incurred as an out-of-pocket expense by each Insured for any one disablement.

Illness - means sickness or disease of any kind contracted and commencing after the effective date of the policy and causing loss covered by the policy.

Injury – means bodily injury caused by an accident that: (1) occurs while the policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Medical Emergency - means treatment for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) within 72 hours of the date of injury or onset of illness, such that a prudent layperson with average knowledge of health and medicine could reasonably expect that his health or bodily functions would be in serious jeopardy without immediate medical attention.

Physician – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

Usual and Customary Charges - means an average of charges by other providers, within the same zip code, for the same or similar service or equipment.

OPTIONAL INTERCOLLEGIATE SPORTS COVERAGE

\$90,000 Benefit / \$100 Deductible

Additional Premium Required

Golf, Soccer, Tennis, Track/Field, Volleyball

Injuries sustained while participating, playing or traveling to or from an intercollegiate sports event as a member of a sports team or tryout squad will be covered on the same basis as any other injury to a maximum of \$90,000 per injury.

Intercollegiate sports coverage is only available if the participant is also enrolled in the Student Accident and Sickness program. **Please see the enrollment form for additional premium per sport.**

ASK MAYO CLINIC

Students who enroll and maintain medical coverage in this insurance plan have access to a 24-hour nurse line administered by **Ask Mayo Clinic**. This program provides:

- * Phone-based reliable health information in response to health concerns and questions; and
- * Assistance in decisions on the appropriate level of care for an Injury or Illness. Appropriate care may include self-care at home; a call to a physician; or visit to the emergency room. Calls are answered 24 hours a day, 365 days a year by experienced registered nurses who have been specifically trained to handle telephone health inquiries.

This program is not a substitute for doctor visits or emergency response systems. **Ask Mayo Clinic** does not answer health plan benefit questions. Health benefit questions should be referred to Rust International Associates. The **Ask Mayo Clinic** 24-hour nurse line toll free number will be on an ID card provided by **Ask Mayo Clinic**.

EXCLUSIONS

Unless otherwise provided within the Schedule of Benefits or elsewhere within this brochure, no benefits shall be payable for medical expenses provided with respect to expenses incurred:

1. For Pre-Existing Conditions, defined as any illness which was contracted or which manifested itself, or for which treatment or medication was prescribed with the 12 months prior to the effective date of this insurance;
2. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
3. For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;
4. Due to declared or undeclared war or any act thereof;
5. For injury sustained while participating in practice or play of interscholastic, intercollegiate, club, semi-professional or professional sports or travel connected therewith;
6. For pregnancy, child birth or miscarriage (except when conception occurred while insured hereunder); elective abortion; elective caesarean section;
7. For routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a physician;
8. For cosmetic or plastic surgery, except as the result of an accident;
9. For elective surgery which can be postponed until the insured returns to his/her country of residence;
10. For any mental or nervous disorders(except as specifically provided) or rest cures;
11. For dental care, except as the result of injury to natural teeth caused by an accident;
12. For eye refractions or eye examinations for the purpose prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
13. In connection with alcoholism and drug addiction (except as specifically provided), or use of any drug or narcotic agent;
14. For congenital anomalies and conditions arising out of or resulting therefrom;
15. For expenses which are non-medical in nature;
16. For expenses as a result of or in connection with an intentionally self-inflicted injury;
17. For expenses as a result of or in connection with the commission of a felony offense;
18. For specific named hazards: traveling upon a motorcycle, scuba diving, mountain climbing, sky diving, professional or amateur racing, and piloting any aircraft;
19. For treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;
20. For any expenses for services rendered by any member of an Insured's family or by employees or physicians or other persons employed or retained by the Participant or for the use of the Participant's facilities except those benefits specifically listed as payable at the Participant's Health Service, Infirmary or Hospital;
21. For preventive medicines, serums or vaccines, shots or injections (unless required as a result of accidental bodily injury and administered within 24 hours);
22. For allergy testing or treatment;
23. For diagnostic testing, evaluation or treatment in connection with infertility, fertility, birth control or impotence;
24. For treatment or removal of non-malignant moles; warts or boils; acne; actinic or seborrheic keratosis (example: sun-spots or skin blemishes); dermatofibrosis; or nevus of any description or form (example: birth marks); bunions; keloid surgery (except when as a result of an accidental bodily injury or sickness incurred while insured); hernia of any kind; varicosity; sleep disorders, including the testing thereof; deviated nasal septum, including submucous resection and/or other surgical correction thereof except when the direct result of accidental bodily injury incurred while insured hereunder;
25. For venereal disease;
26. For private air travel, to include ballooning or ultra-light aircraft; parasailing; hang gliding; bungee jumping; travel in or upon a snow mobile or ATV (all terrain or similar type vehicle); travel in or upon any three-wheeled vehicle; racing of any kind.

CLAIM PROCEDURE

In the event of injury or illness, the Student/Scholar should:

1. Report at once to the Student Health Service or Infirmary, or when not in school, to the nearest doctor or hospital.
2. Secure a claim form from Health Services or from the address below. Fill in the necessary information, attach all itemized bills showing claimant's name, nature of illness/injury, and description and charge for each service provided. Mail or fax to:

AMA & ASSOCIATES
P. O. BOX 659570
SAN ANTONIO, TEXAS 78265-9570
1-800-456-7480
FAX: 1-210-822-4113

**THE COMPANY MUST BE NOTIFIED
WITHIN 90 DAYS FROM DATE OF INJURY
OR FIRST TREATMENT FOR SICKNESS**

For additional information on this insurance plan,
or for assistance on how to expedite claims,
please contact:



This Plan is Underwritten By:

**The Insurance Company of the State of Pennsylvania
with its principal place of business in New York, New York**

IMPORTANT INFORMATION: Please retain this brochure as it outlines the provisions of the Master Policy which is on file at the University. No individual policies will be issued. In the event of a claims dispute, the Master Policy will prevail.

TRAVEL GUARD ASSIST PROGRAM

Provided by: Chartis Insurance Company

The Travel Guard Assist Program is offered along with the Accident and Illness Insurance Program. The premium rates include both programs. Travel Guard provides 24-hour emergency telephone assistance service available during the Insured's coverage period. In the event of a medical emergency, English-speaking help and advice may be available to you.

Highlights of this program include:

Transportation

- **Emergency Evacuation and Medically Necessary Repatriation:** benefits are provided to a maximum single limit of \$100,000 if an Injury or Illness results in necessary evacuation or repatriation. Both must be ordered by a legally licensed Physician and approved by The Company.
- **Return of Mortal Remains:** benefits are provided to a maximum of \$20,000 to return the covered person's body to his/her home country, including cost of embalming, cremation, and necessary coffin.
- **Transportation to Join Disabled Member:** when a covered person is hospitalized for more than seven days, economy, round trip transportation to the place of hospitalization is provided to a person chosen by the covered person, including \$100 per day for 30 days for accommodations, meals and transportation in the area of hospitalization.

All Transportation Expenses must be: 1) recommended by the attending Physician; 2) required by the standard regulations of the conveyance transporting the covered person; and 3) **verified and approved in advance by the Assistance Company.**

Worldwide Emergency Assistance Services

The Company can assist with the following services (**the covered person is responsible for all the costs involved**): pre-departure information; lost/stolen luggage and personal effects; trip interruption; medical evaluation and referrals; critical care monitoring; lost document assistance; emergency personal cash transfer; emergency medication; emergency message transmission; shipment of medical records, and legal referrals worldwide/bail bonds.

When to Contact Travel Guard:

- * When you require medical assistance or have a medical emergency.
- * For all non-medical situations (lost luggage, lost documents, legal help, etc.).
- * Whenever there is a question.

How to Contact the Travel Guard 24-hour Worldwide Call Center:

Phone Numbers

Inside the USA or Canada (800) 626-2427

From Countries other than the USA or Canada:

- * Request an international operator
- * Request the international operator **to place a collect call to** (713) 267-3367

Terms & Conditions

The Assistance Company is not responsible for any loss caused by or resulting from:

Suicide or attempted suicide; Intentionally self-inflicted injuries; War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not); civil war; Mental or emotional disorders, unless hospitalized; Being under the influence of drugs or intoxicants unless prescribed by a Physician; Commission or the attempt to commit a criminal act; Participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest; Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses; mild lesions; simple injuries including but not limited to, sprain, simple fractures, or mild sickness that can be treated locally and do not prevent You from continuing Your studies abroad; infections under treatment and not healed; Pregnancy and childbirth (except for complications of pregnancy); and if travel is undertaken for the sole purpose of securing medical treatment.