



## **2013-14 International Student Accident & Sickness Insurance Plan**

*A Non-Renewable Term Policy  
for international students attending:*



*Please keep this summary of coverage for future reference*



**Coverage Number: US096763**



*13-14 Albion Intl 6 - 050114*



## COVERAGE

This brochure is a brief description of the benefits provided through **Albion College** for international students enrolled full-time or part-time for the 2013-2014 academic year. The policy term will cover enrolled students who purchase this coverage from the first date you were required to be on campus through August 14, 2014.

All full-time and part-time international students are automatically enrolled and required to purchase the International Accident & Sickness Plan.

**Important Note:** *Pre-existing Conditions diagnosed prior to the effective date of this plan are limited to \$500.*

## SUBROGATION

When benefits are paid to or for a Insured 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 Insured Person agrees to transfer their rights to us. We will exercise such rights on their behalf. The Insured Person further agrees to furnish us with all relevant information and documents pertaining to the subrogation.

## DEFINITIONS

**Accident** means an unforeseeable event which:

- 1) Causes Injury to one or more Covered Persons; and
- 2) Occurs while coverage is in effect for the Covered Person.

**Covered Person** means a Person eligible for coverage as identified in the enrollment.

**Deductible** means the dollar amount of which must be incurred and paid by the Covered Person before benefits are payable under the Policy. It applies separately to each Covered Person.

**Eligible Expenses** means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment

of an Injury. Eligible expenses must be incurred while the Policy is in force.

**Emergency** means a Sickness or Injury for which the Covered Person seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:

- His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn child;
- His bodily functions would be seriously impaired; or
- A body organ or part would be seriously damaged.

**Hospital** means an institution licensed, accredited or certified by the State that:

- 1) Operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons;
- 2) Is accredited by the Joint Commission on Accreditation of Healthcare Organizations;
- 3) Provides 24-hour nursing service by registered nurses (R.N.) on duty or call;
- 4) Has a staff of one or more licensed Physicians available at all times;
- 5) Provides organized facilities for diagnosis, treatment and surgery, either
  - a) on its premises; or
  - b) in facilities available to it, on a pre-arranged basis;
- 6) Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
- 7) Is not a place for drug addicts, alcoholics or the aged. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

In addition, We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:

- 1) the Joint Commission of Accreditation of Hospitals; or
- 2) the American Osteopathic Association; or
- 3) the Commission on the Accreditation of Rehabilitative Facilities.

In addition, we will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is a Eligible Expense under the Policy.

Hospital does not include a place, special ward, floor or other accommodation used for: In addition, we will not deny a claim for Skilled Nursing Facility custodial or educational care; rest, the aged; a nursing home or an institution mainly rendering treatment or services for mental illness or substance abuse, except as specifically stated.

**Injury** means bodily harm which results independently of disease or bodily infirmity, from an Accident after the effective date of a Covered Person's coverage under the Policy, while the Policy is in force as to the person whose Injury is the basis of the claim. All injuries to the same Covered Person sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

**Medically Necessary** means a treatment, drug, device, service, procedure or supply that is:

- 1) Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury;
- 2) Prescribed or ordered by a Physician or furnished by a Hospital;
- 3) Performed in the least costly setting required by the condition;
- 4) Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

The purchasing or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Eligible Expense.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided for education purposes or the convenience of the Covered Person, the Covered Person's family, Physician, Hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the person's condition or the quality of medical care;
- Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- It can be safely provided to the patient on a less cost

effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

**Mental or Nervous Disorder** means any condition or disease, regardless of its cause, listed in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to a Covered Person.

**Natural Teeth** means the major portion of the individual tooth which is present, regardless of filings and caps; and is not carious, abscessed, or defective.

**Physical Therapy** means any form of the following administered by a Physician: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; or (5) manipulation or massage.

**Physician** as used in this Policy means a Physician of medicine or a Physician of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

**Pre-existing Condition** means an Injury, Sickness, disease, or other condition during the 365 day period immediately prior to the date the Covered Person's coverage is effective for which the Covered Person or 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 180 day period before coverage is effective under the Covered Person's Plan.

**Sickness** means Sickness or disease contracted and causing loss commencing while the Policy is in force as to the Covered Person whose Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

**Usual, Reasonable and Customary (URC)** means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the provider;
- The negotiated rate; or
- The charge which would have been made by the provider (Physician, Hospital, etc) for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by Us for the same service or supply.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or

supply.

Usual, Reasonable and Customary Charges, Fees or Expenses as used in the Policy to describe expense will be considered to mean the percentile of the payment system in effect at Policy issue as shown on the Schedule of Benefits.

## EXTENSION OF BENEFITS

If a Insured Person is Hospital confined and under the care and treatment of a Physician, benefits will continue to be paid for that condition for a period of up to 30 days following the end of the term of coverage, or until there has been paid the maximum benefit, whichever occurs first, provided the Insured Person remains Hospital confined.

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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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## SCHEDULE OF BENEFITS

### Hospital & Surgical Provisions:

- Hospital** room and board are included up to the semi-private room rate;
- 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;
- Services of an assistant surgeon are included, up to 30% of the amount payable for the surgery;
- Services of an anesthetist who is not employed or retained by the Hospital are included, up to 30% of the amount payable for the surgery;
- 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 Physical Medicine due to an Accident or Sickness is limited to \$300 unless specifically ordered by a Physician. Physical Medicine 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.***

## 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 per Accident or Sickness. 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 received by a Physician within 90 days after the date of the Accident causing Injury.

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%). **NEW** students enrolled in the spring term will have an aggregate maximum of \$250. 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 pay the difference. Go to [www.express-scripts.com](http://www.express-scripts.com) for a listing of pharmacies in your area or call Member Services at 800-451-6245.
- Mental or Nervous Disorder and Chemical Substance Abuse Expense:** \$1,000 maximum for outpatient care.
- Physical Medicine 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**

**(Coverage Number: US096851)**

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 Insured 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 90<sup>th</sup> percentile;
- In Hospital Physician, intensive care, anesthetist and pre-admission testing expenses are included;
- Physician visit expenses are limited to one visit per day.

Inpatient Mental or Nervous Disorder and Chemical & Substance Abuse Expenses: 10 day 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 an 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 Reasonable and Customary expense when services are prescribed by a licensed Physician.

Day surgery, miscellaneous charges; surgeon fees as shown under Hospital & Surgical Provisions; diagnostic x-ray and laboratory charges; therapeutic services or supplies; Physician & 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 Insured 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

## INTERCOLLEGIATE SPORTS COVERAGE: ELIGIBILITY:

Covered athletes are covered from the first to the last date they are required to be on campus for an **injury** incurred during participation in a **covered event**. A **Covered Event** means a regularly scheduled game, competition or practice session under the direct and immediate supervision by the **covered person's** institution.

## ATHLETIC ACCIDENT BENEFIT: \$1,000

When your Injury requires treatment by a Physician; Hospital services; x-ray service; use of operating room, anesthesia, laboratory service; use of a ground ambulance; use of an ambulatory surgical center or ambulatory medical center; if ordered by a **physician**, prescription drugs and injections, we will pay the Covered Expense incurred within (52) weeks after the date of the Accident up to a maximum of \$1,000 within the **UR&C**. This benefit includes coverage for treatment of **injury to natural teeth**.

**Expanded Medical Treatment Benefit** means benefits will be payable for treatment of the following conditions resulting from the play or practice of Intercollegiate Sports. Repetitive Motion Injuries; Strains; Sprains; Hernia; Tennis Elbow; Tendonitis; Bursitis; and Muscle tears. Such condition must manifest itself while this plan is in force. **The maximum limit for this coverage is \$1,000.**

*Initial medical treatment must be received by a **physician** within 90 days from the date of the Accident or onset of symptoms for conditions resulting from the play or practice of Intercollegiate Sports to be considered under the Athletic Accident Benefit or Expanded Medical Treatment Benefit.*

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

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

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

## ADDITIONAL BENEFITS

Certain Additional Benefits are available under your Certificate/Policy. This is a brief summary. Please see the Certificate/Policy for complete details.

**All benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.**

### ANTINEOPLASTIC THERAPY BENEFIT

Benefits will be payable for the **covered expenses** incurred for a **covered person** for any Federal Food and Drug Administration ("FDA") approved drug used in antineoplastic therapy and the reasonable cost of its administration. The drug may be any FDA-approved drug regardless of whether the specific neoplasm for which the drug is being used as treatment is the specific neoplasm for which the drug has been approved for use, if all of the following conditions have been met:

1. The drug is ordered by a **doctor** for the treatment of a specific type of neoplasm.
2. The drug is approved by the FDA for use in antineoplastic therapy.
3. The drug is used as part of an antineoplastic drug regimen.
4. Current medical literature substantiates its efficacy, and recognized oncology organizations generally accept the treatment.
5. The **doctor** has obtained an informed consent from the patient for the treatment regimen which includes FDA-approved drugs for "off-label" indications.

### DIABETES TREATMENT AND SUPPLIES BENEFITS

Benefits will be payable the same as any other **sickness** for the following equipment, supplies, and educational training for the treatment of diabetes, if determined to be **medically necessary** and prescribed by a **doctor**:

- a) Blood glucose monitors and blood glucose monitors for the legally blind.
- b) Test strips for glucose monitors, visual reading and urine testing strips, lancets, and spring-powered lancet devices.
- c) Syringes.
- d) Insulin pumps and medical supplies required for the use of an insulin pump.
- e) Diabetes self-management training to ensure that **covered persons** with diabetes are trained as to the proper self-management and treatment of their diabetic condition.

Benefits for diabetes self-management training are subject to completion of a certified diabetes education program upon occurrence of either of the following:

Must be **medically necessary** upon the diagnosis of diabetes by a **doctor** who is managing the **covered person's** diabetic condition and the services are needed under a comprehensive plan of care to ensure therapy compliance or to provide necessary skills and knowledge; or

The **doctor** diagnoses a significant change with long-term implications in the **covered person's** symptoms or conditions that necessitates changes in a **covered person's** self-management or a significant change in medical protocol or treatment modalities.

The training must be provided by a diabetes outpatient training program certified to receive Medicaid or Medicare reimbursement or certified by the department of community health. Training shall be conducted in group settings whenever practicable.

If benefits are payable for prescription drugs under this Policy, and medications are prescribed by a **doctor**, benefits will be payable for **covered expenses** for:

- a) Insulin;
- b) Nonexperimental medication for controlling blood sugar; and
- c) Medication used in the treatment of foot ailments, infections, and other medical conditions of the foot, ankle, or nails associated with diabetes.

"Diabetes" includes all of the following:

- a) Gestational diabetes.
- b) Insulin-dependent diabetes.
- c) Non-insulin-dependent diabetes.

#### **MASTECTOMY PROSTHETIC DEVICES BENEFITS**

Benefits will be payable the same as any other **sickness** for the following **covered expenses** for prosthetic devices to maintain or replace the body parts of a **covered person** who has undergone a mastectomy. Benefits shall include medical care and attendance for a **covered person** who receives reconstructive surgery following a mastectomy or who is fitted with a prosthetic device after the **covered person's** attending **doctor** has certified the medical necessity or desirability of a proposed course of rehabilitative treatment. The **covered expenses** include the fitting of a prosthetic device following a mastectomy.

#### **BREAST CANCER SCREENING BENEFITS**

Benefits will be payable the same as any other **sickness** for a mammogram subject to all of the terms and conditions of the policy and according to the following guidelines:

1. Once as a baseline mammogram for any female who is at least 35 but less than 40 years of age;
2. Once every two years for any female who is at least 40 but less than 50 years of age;
3. Once every year for any female who is at least 50 years of age; and
4. When ordered by a **Doctor** for a female at risk. For purpose of this benefit, "Female at risk" means a woman:
  - a. Who has a personal history of breast cancer;
  - b. who has a personal history of biopsy proven benign breast disease;

- c. Whose grandmother, mother, sister, or daughter has had breast cancer; or
- d. Who has not given birth prior to the age of 30.

Reimbursement will be made only if the facility in which the mammogram was performed meets accreditation standards established by the American College of Radiology or equivalent standards established by the state of Michigan.

Benefits will be payable the same as any other **sickness** for additional breast cancer diagnostic services on an inpatient or outpatient basis including but not limited to surgical breast biopsy, pathologic examination and interpretation.

Benefits will be payable the same as any other **sickness** for breast cancer rehabilitative services on an inpatient or outpatient basis, including but not limited to reconstructive plastic surgery, physical therapy, and psychological and social support services.

#### **Definitions:**

Breast cancer diagnostic services means a procedure intended to aid in the diagnosis of breast cancer, delivered on an inpatient or outpatient basis, including but not limited to mammogram, mammography, surgical breast biopsy, and pathologic examination and interpretation.

Breast cancer rehabilitative services means a procedure intended to improve the result of, or ameliorate the debilitating consequences of, treatment of breast cancer, delivered on an inpatient or outpatient basis, including but not limited to reconstructive plastic surgery, physical therapy, and psychological and social support services.

Breast cancer screening mammography means a standard 2-view per breast, low-dose radiographic examination of the breasts, using equipment designed and dedicated specifically for mammography, in order to detect unsuspected breast cancer.

Breast cancer outpatient treatment services means a procedure intended to treat cancer of the human breast, delivered on an outpatient basis, including but not limited to surgery, radiation therapy, chemotherapy, hormonal therapy, and related medical follow-up services.

#### **PAP SMEARS BENEFIT**

Benefits will be payable the same as any other **sickness** for an annual "Pap smear" or "Papanicolaou smear" examination for the purpose of detecting cancer, or more frequently if ordered by a **Doctor**. The examination must be performed in accordance with standards established by the American College of Pathologists.

#### **PROSTATE-SPECIFIC ANTIGEN (PSA) TEST BENEFIT**

Benefits will be payable the same as any other **sickness** for prostate-specific antigen (PSA) or equivalent tests for the presence of prostate cancer when recommended by a **Doctor**. All tests must be performed in accordance with standards established by the American College of Pathologists.

#### **CHLAMYDIA SCREENING BENEFIT**

Benefits will be payable the same as any other **sickness** for one annual chlamydia screening test for each **covered**

**person.** "Chlamydia screening test" means any laboratory test of the urogenital tract which specifically detects for infection by one or more agents of chlamydia trachomatis and which test is approved for such purposes by the federal Food and Drug Administration.

#### **BONE MASS MEASUREMENT BENEFIT**

Benefits will be payable the same as any other **sickness** for qualified **covered persons** for scientifically proven Bone Mass Measurement (bone density testing) for the prevention, diagnosis, and treatment of osteoporosis.

"Bone mass measurement" means a radiologic or radioisotopic procedure or other technologies approved by the United States Food and Drug Administration and performed on an individual for the purpose of identifying bone mass or detecting bone loss.

"Qualified **Covered Person**" means an:

- (A) Estrogen-deficient woman or individual at clinical risk of osteoporosis as determined directly or indirectly by a **doctor** and who is considering treatment;
- (B) Individual with osteoporotic vertebral abnormalities;
- (C) Individual receiving long-term glucocorticoid (steroid) therapy;
- (D) Individual with primary hyperparathyroidism; or

Individual being monitored directly or indirectly by a **doctor** to assess the response to or efficacy of approved osteoporosis drug therapies.

#### **COLORECTAL CANCER SCREENING BENEFIT**

Benefits will be payable the same as any other **sickness** for colorectal cancer screening, examinations and laboratory tests in accordance with the most recently published guidelines and recommendations established by the American Cancer Society, in consultation with the American College of Gastroenterology and the American College of Radiology and that are deemed appropriate by the attending **doctor**.

#### **DENTAL ANESTHESIA BENEFIT**

Benefits will be payable the same as any other **sickness** for general anesthesia and associated **hospital** and ambulatory surgical facility charges in conjunction with dental care provided to a **covered person**, if such person is:

- a) Seven years of age or younger or is developmentally disabled;
- b) An individual for which a successful result cannot be expected from dental care provided under local anesthesia because of a neurological or other medically compromising condition of the Insured; or
- c) An individual who has sustained extensive facial or dental trauma.

#### **SURVEILLANCE TESTS FOR OVARIAN CANCER BENEFIT**

Benefits will be payable the same as any other **sickness** for surveillance tests for ovarian cancer for a **covered person** age 35 and older at risk for ovarian cancer.

At risk for ovarian cancer means having a family history: with one or more first or second degree relatives with ovarian cancer; clusters of women relatives with breast cancer; of

nonpolyposis colorectal cancer; or testing positive for BRCA1 or BRCA2 mutations.

Surveillance tests means annual screening using: CA-125 serum tumor marker testing, transvaginal ultrasound and pelvic examination.

#### **PRENATAL TESTING BENEFIT**

Benefits will be paid the same as any other **sickness** for prenatal testing order for a **covered person** by a **doctor** in accordance with the U.S. Preventive Services Task Force Recommendations.

#### **HOSPICE CARE SERVICES BENEFIT**

Benefits will be paid the same as any other **sickness** for **hospice care services** for a **covered person** who is **terminally ill**, but only if provided according to a written care delivery plan developed by a hospice care provider and the recipient of **hospice care services**. **Hospice care services** are covered whether provided in a home setting or an inpatient setting. Coverage includes, but is not limited to:

- **Doctor** services;
- Nursing care;
- Respite care;
- Medical and social work services;
- Counseling services;
- Nutritional counseling;
- Pain and symptom management;
- Medical supplies and durable medical equipment;
- Occupational, physical and speech therapies;
- Volunteer services;
- Home health care services; and
- Bereavement services.

#### **Definitions:**

**Hospice care services** means services provided on a 24-hour-a-day, 7-days-a-week basis to a **covered person** who is **terminally ill** and that person's family.

**Terminally ill** means a **covered person** has a medical prognosis that the person's life expectancy is 12 months or less if the illness runs its normal course.

#### **CHILDREN'S PREVENTIVE HEALTH CARE SERVICES BENEFIT**

If coverage is provided for a Dependent child, benefits will be provided for Periodic Preventive Care Visits for covered Dependents from the moment of birth through the age of eighteen (18). Benefits will be paid the same as any other **sickness** for Children's Preventive Health Care Services as follows:

Services on a periodic basis will include, at a minimum, twenty (20) visits at approximately the following age intervals: birth, two (2) weeks, two (2) months, four (4) months, six (6) months, nine (9) months, twelve (12) months, fifteen (15) months, eighteen (18) months, two (2) years, three (3) years, four (4) years, five (5) years, six (6) years, eight (8) years, ten (10) years, twelve (12) years, fourteen (14) years, sixteen (16) years, and eighteen (18) years. Benefits will be provided only to the extent that these services are provided by or under the supervision of a single **Doctor** during the course of one (1) visit.

**Definitions:**

Children's Preventive Health Care Services means **Doctor**-delivered or **Doctor**-supervised services for covered Dependents from birth through age eighteen (18) for periodic preventive care visits, including medical history, Physical Examination, developmental assessment, anticipatory guidance and appropriate immunizations and laboratory tests in keeping with prevailing medical standards.

Periodic Preventive Care Visits means the routine tests and procedures for the purpose of detection of abnormalities or malfunctions of bodily systems and parts according to accepted medical practice.

The Children's Preventive Health Care Services on a periodic basis will include, at a minimum, twenty (20) visits at approximately the following age intervals: birth, two (2) weeks, two (2) months, four (4) months, six (6) months, nine (9) months, twelve (12) months, fifteen (15) months, eighteen (18) months, two (2) years, three (3) years, four (4) years, five (5) years, six (6) years, eight (8) years, ten (10) years, twelve (12) years, fourteen (14) years, sixteen (16) years, and eighteen (18) years. Benefits will be provided only to the extent that these services are provided by or under the supervision of a single **Doctor** during the course of one (1) visit.

Reimbursements will cover the cost of pharmaceutical material and fees to administer vaccines and immunizations. Benefits will be paid for the scheduled visits in the Periodicity Schedule of American Academy of Pediatrics for periodic screening of children. Benefits for the recommended immunization services will be exempt from any co-payment, coinsurance, and **Deductible** or dollar limitation provisions in the policy. All other Children's Preventive Health Care Services will be subject to the policy provisions applicable to other benefits, including **deductible**, coinsurance, or co-payment provisions.

**SUBSTANCE ABUSE TREATMENT BENEFIT**

Benefits will be payable the same as any other **sickness** for substance abuse treatment on an inpatient basis for up to [30] days per Policy Year.

Benefits for intermediate and outpatient care for substance abuse are payable on the same basis as any other **sickness** up to \$3, 950 per **covered person** per Policy Year.

**Definitions:**

1. Intermediate care means the use, in a full 24-hour residential therapy setting, or in a partial, less than 24-hour, residential therapy setting, of any or all of the following therapeutic techniques, as identified in a treatment plan for individuals physiologically or psychologically dependent upon or abusing alcohol or drugs:
  - (i) Chemotherapy.
  - (ii) Counseling.
  - (iii) Detoxification services.
  - (iv) Other ancillary services, such as medical testing, diagnostic evaluation, and referral to other services identified in a treatment plan.
2. Outpatient care means the use, on both a scheduled and a nonscheduled basis, of any or all of the following therapeutic techniques, as identified in a

treatment plan for individuals physiologically or psychologically dependent upon or abusing alcohol or drugs:

- (i) Chemotherapy.
- (ii) Counseling.
- (iii) Detoxification services.
- (iv) Other ancillary services, such as medical testing, diagnostic evaluation, and referral to other services identified in a treatment plan.

3. Substance abuse means the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.

**EXCLUSIONS & LIMITATIONS**

The Plan does not cover any loss resulting from any of the following unless otherwise covered under the Plan by Additional Benefits:

1. War or any act of war, declared or undeclared;
2. An Accident which occurs while the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
3. Voluntary, active participation in a riot or insurrection;
4. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
5. Treatment for an Injury or Sickness caused by, contributed to or resulting from the Covered Person's voluntary use of alcohol, illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Covered Person's Physician;
6. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation;
7. for which the Covered Person would not be responsible in the absence of the Policy;
8. Charges which are in excess of Usual, Reasonable and Customary charges;
9. Charges that are not Medically Necessary;
10. Charges provided at no cost to the Covered Person;
11. Expenses incurred for treatment while in your Home Country;
12. Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
13. Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
14. Duplicate services actually provided by both a certified nurse midwife and Physician;
15. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder;
16. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific



- treatment, or while traveling against the advice of a Physician;
17. Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician;
  18. Pre-existing conditions; however a Pre-Existing condition will be covered after the Covered Person has been continuously insured for 12 months under the same insurance plan;
  19. Pregnancy or childbirth, except when conception occurs while covered under the Policy; miscarriage resulting from an accident that exceeds \$250, elective abortion; elective cesarean section; or any complications of any of these conditions;
  20. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
  21. Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofascial pain;
  22. Dental care or treatment other than care of natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under the Policy, and rendered within 6 months of the Accident;
  23. Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
  24. Weak, strained or flat feet, corns, calluses, or toenails;
  25. Private-duty nursing services;
  26. Expenses payable under any prior policy which was in force for the person making the claim;
  27. Treatment paid for or furnished under any other individual or group policy, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
  28. Travel in or upon:
    - a. A snowmobile;
    - b. A water jet ski;
    - c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
    - d. Any off-road motorized vehicle not requiring licensing as a motor vehicle;
 when used for recreation or competition;
  29. Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; scuba diving, involving underwater breathing apparatus; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow boarding.
  30. Practice or play in any amateur, interscholastic, intercollegiate, professional or semiprofessional sports contest or competition;
  31. Rest cures or custodial care;
  32. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
  33. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
    - a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
    - b. While being used for any test or experimental purpose; or
    - c. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
    - d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
    - e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
    - f. An ultra light, hang-gliding, parachuting or bungee-jumping;
  34. Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.

## CONTINUOUS COVERAGE

If a Insured 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 Insured 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.

## SCHOLASTIC EMERGENCY SERVICES GLOBAL EMERGENCY ASSISTANCE SERVICES

Enrollment in the **International Student Accident & Sickness Plan** also 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.**

This benefit applies only to students eligible students who have paid for this coverage and did not waive the coverage. Services are subject to verification of coverage. Once you are enrolled in the **International Student Accident & Sickness Plan** you may obtain an identification card and further information regarding the services provided by Scholastic Emergency Services from Health Services.

If you require assistance and are more than 100 miles from your permanent residence, campus, or abroad, call SES Operations Center at 1-877-488-9833 (toll free inside the U.S.A.) or 609-452-8570 (outside the U.S.A., precede number by U.S. access code). Please use Reference Number 01AA-EIA-05044.

*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

### HOW TO FILE A CLAIM:

- 1) If you have an **ACCIDENT**, you are required to file a claim form. Claim forms and instructions are available online at [www.eiiastudent.org/albion](http://www.eiiastudent.org/albion). Mail the claim form and the medical bills to NAHGA Claim Services (address below).
- 2) If your claim is for a **SICKNESS**, a claim form is not required. All itemized insurance bills will need to be submitted to NAHGA Claim Services (address below). Please make sure that the itemized insurance bills include your name, institution name, and student ID number.
- 3) Please submit all claim information to:

**NAHGA Claim Services**  
PO Box 189  
Bridgton, ME 04009  
Phone: 877-497-4980 Fax: 207-647-4569  
E-mail: [eiia@nahga.com](mailto:eiia@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. Please do not submit duplicate claim forms.

### IMPORTANT!

- Claims forms must be submitted within 180 days from the date of Injury.
- All Covered Expenses must be submitted within 12 months from date of service or charges will be denied.

**Claim forms and instructions are also available at [www.eiiastudent.org/albion](http://www.eiiastudent.org/albion). If you are unable to download or print this brochure please feel free to contact:**

**NAHGA at 877-497-4980  
EIIA at 888-255-4029**

## 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

Please keep this Brochure as a brief summary of the insurance. The exact benefits, limitations, and exclusions governing this Plan are contained in the Certificate (Form ISO-13-P IL) onsite at the school. The Certificate will prevail in the event of any discrepancy between this Brochure and Certificate.