



# 2009-2010 STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for  
International Students and their Dependents

AMERICAN COLLEGE STUDENT ASSOCIATION



Marketed by:

Insurance for Students (IFS)

**Notice:** Benefits may vary by state or coverage may not be available. This plan is not available in Massachusetts, Montana, New Hampshire, New York, New Jersey, Oregon, Puerto Rico, Vermont or Washington.



UnitedHealthcare®

A UnitedHealth Group Company



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## Privacy Policy

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We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a detailed copy of our privacy policy by calling us toll-free at 1-800-505-4160 or by visiting us at [www.firststudent.com](http://www.firststudent.com).

## Eligibility

All registered full-time International students are eligible to enroll in this insurance Plan. Visiting Scholars and those participating in OPT programs may also enroll. Students enrolled in an IEP/ELP program are eligible to enroll in this insurance Plan for a minimum of three (3) weeks.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet, and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers that the policy Eligibility requirements have not been met, its only obligation is refund of premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student.

## Effective and Termination Dates

The Master Policy on file with the Association becomes effective August 1, 2009. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates October 31, 2010. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student. No more than 12 months of coverage may be purchased Per Policy Year. Refunds of premiums are allowed only upon entry into the armed forces.

You must meet the Eligibility requirements listed herein each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, the premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

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

### Annual Rates

Student

Under Age 24	\$ 707.00	Spouse	\$3,068.00
Age 24 to 30	\$ 909.00	Each Child	\$1,180.00
31 and Older	\$ 1,717.00	All Children	\$2,486.00

## Extension of Benefits

The coverage provided under the policy ceases on the Termination Date. However, if an Insured incurs medical expenses within 30 days of the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues:

- 1) When not Hospital Confined on the Termination Date, not to exceed 90 days after the Termination Date; or
- 2) When Hospital Confined on the Termination Date, not to exceed 12 months after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

If the Insured is also an Insured under the succeeding policy issued to the Policyholder; this "Extension of Benefits" provision will not apply.

## Pre-Admission Notification

Avidyn should be notified of all Hospital Confinements prior to admission.

- 1. PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:** The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
- 2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide notification of any admission due to Medical Emergency.

Avidyn is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

**IMPORTANT:** Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

### Schedule of Medical Expense Benefits

#### INJURY and SICKNESS

**\$250,000 Maximum Benefit (for Each Injury or Sickness)**

**Deductible \$100 (for Each Injury or Sickness)**

**(The maximum Deductible for any one Insured will not exceed \$500 Per Policy Year)**

**Preferred Provider Coinsurance 80% except as noted below**

**Out-of-Network Coinsurance 70% except as noted below**

The Policy provides benefits for the Usual & Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$250,000 for each Injury or Sickness

The Preferred Provider for this plan is UnitedHealthcare Options PPO. If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

The Deductible will be reduced to \$50 if treatment is received at a recognized Student Health Center. All co-pays and Deductibles listed below are in addition to the Policy Deductibles. All benefit maximums are combined Preferred Provider and Out-of-Network, unless noted below. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

**PA = Preferred Allowance**

**U&C = Usual & Customary Charges**

INPATIENT	Preferred Providers	Out-of-Network Providers
<p><b>Hospital Expense</b>, daily semi-private room rate; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.</p>	<p>80% of PA / \$100 copay per day for the 1<sup>st</sup> 3 days</p>	<p>70% of U&amp;C / \$100 Deductible per day for the 1<sup>st</sup> 3 days</p>

INPATIENT	Preferred Providers	Out-of-Network Providers
<b>Routine Newborn Care</b> , while Hospital Confined; and routine nursery care provided immediately after birth. <i>(Up to 48 hours for vaginal delivery or 96 hours for cesarean delivery)</i>	Paid as any other Sickness	Paid as any other Sickness
<b>Intensive Care</b>	Paid under Hospital Expense	Paid under Hospital Expense
<b>Physiotherapy</b> <i>(\$2,500 maximum)</i>	80% of PA	70% of U&C
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80% of PA	70% of U&C
<b>Assistant Surgeon</b>	Paid under Surgeon's Fees	
<b>Anesthetist</b> , professional services in connection with inpatient surgery.	Paid under Surgeon's Fees	
<b>Registered Nurse's Services</b> , private duty nursing care.	80% of PA	70% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	80% of PA	70% of U&C
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.	Paid under Hospital Expense	
<b>Psychotherapy</b> , Psychiatric Hospitals are not covered. Benefits are limited to one visit per day. <i>(30 days maximum) (Including Alcohol/Drug Abuse)</i>	<b>Non-D.C. Residents</b> - Paid as any other Sickness	
<b>Psychotherapy</b>	<b>D.C. Residents</b> - See Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency	
OUTPATIENT		
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80% of PA	70% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	80% of PA / \$150 copay	70% of U&C / \$150 Deductible
<b>Assistant Surgeon</b>	Paid under Surgeon's Fees	
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	Paid under Surgeon's Fees	
<b>Physician's Visits</b> , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	80% of PA / \$20 copay per visit	70% of U&C / \$20 Deductible per visit
<b>Physiotherapy</b> , Outpatient Physiotherapy benefits payable only for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation. Benefits are limited to 1 visit per day. <i>(\$2,500 maximum)</i>	80% of PA	70% of U&C
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	80% of PA / \$150 copay per visit	70% of U&C / \$150 Deductible per visit
<b>Diagnostic X-ray and Laboratory Services</b>	80% of PA / \$20 copay per test	70% of U&C / \$20 Deductible per test
<b>Radiation Therapy and Chemotherapy</b> <i>(\$1,000 maximum)</i>	80% of PA	70% of U&C
<b>Tests and Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	80% of PA / \$20 copay per test	70% of U&C / \$20 Deductible
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	80% of PA	70% of U&C
<b>Prescription Drugs</b> , <i>(\$2,000 maximum Per Policy Year)</i>	80% of U&C	80% of U&C
<b>Psychotherapy</b> , includes all related ancillary charges incurred as a result of a Mental and Nervous Disorder (including Prescription drugs). Benefits are limited to one visit per day. <i>(30 days maximum Per Policy Year) (Including Alcohol/Drug Abuse)</i>	<b>Non-D.C. Residents -</b> Paid as any other Sickness / \$20 copay per visit	<b>Non-D.C. Residents -</b> Paid as any other Sickness / \$20 Deductible per visit
<b>Psychotherapy</b>	<b>D.C. Residents -</b> See Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency	

OTHER	Preferred Providers	Out-of-Network Providers
<b>Ambulance Services</b> <i>(\$200 maximum) (Includes ground and air transportation)</i>	80% of U&C	80% of U&C
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% of U&C	80% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	80% of PA	70% of U&C
<b>Dental Treatment</b> , made necessary by Injury to Sound, Natural Teeth only. <i>(\$100 per tooth / \$500 maximum Per Policy Year)</i>	80% of U&C	80% of U&C
<b>Maternity / Complications of Pregnancy</b> <i>(If an Insured is pregnant on the Termination Date and the conception occurred while covered under this policy, Covered Medical Expenses for such pregnancy will continue to be paid through the term of the pregnancy.)</i>	Paid as any other Sickness	
<b>Elective Abortion</b> <i>(\$500 maximum Per Policy Year)</i>	Paid as any other Sickness	
<b>Intercollegiate Sports</b>	See Intercollegiate Sports Benefit	
<b>Club Sports</b> <i>(\$1,500 maximum Per Policy Year)</i>	Paid as any other Injury	
<b>MRI/CAT Scan</b> <i>(\$1,200 maximum Per Policy Year)</i>	80% of PA / \$100 copay per test	70% of U&C / \$100 Deductible per test
<b>Injury due to Needlestick</b> , fluid exposures (needle-sticks, face splashes, etc.) experienced by students while engaging in school related activities in a clinic setting. <i>(\$500 maximum per incident)</i>	100% of PA	100% of U&C
<b>Urgmt Care</b>	80% of PA / \$25 copay per visit	No Benefits

## Preferred Provider Information

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'Preferred Providers' are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Provider in the local school area is UnitedHealthcare Options PPO, [www.firststudent.com](http://www.firststudent.com), 1-800-505-4160.

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-505-4160 and/or by asking the provider when making an appointment for services. You can also locate a network provider by logging into My Account at [www.firststudent.com](http://www.firststudent.com). See back cover of this brochure for details on creating an online account.

'Preferred Allowance' means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

'Out of Network' providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

'Network Area' means the 50 mile radius around the local school campus the Named Insured is attending.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

The Insured will be responsible for all out of pocket expenses in excess of the insurance policy limits contained in the Schedule of Benefits.

## Maternity Testing

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This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening; Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-505-4160.

## Intercollegiate Sports

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**\$2,000 Maximum Benefit (Per Injury)**

**Deductible \$100 (Per Injury)**

**Preferred Provider Coinsurance 80% ~ Out-of-Network Coinsurance 70%**

Insured student athletes who are members of and are participating in Football, Baseball, Softball, Basketball, Volleyball, Soccer, Cheerleading, Rugby, Golf, Tennis, Rifle, Hockey, Swimming, Track and Field, Equestrian, Wrestling, Boxing, Lacrosse, Gymnastics, and Skating, Cross Country, Rowing, Fencing, Squash, Skiing, Crew, Rodeo, and Bowling sponsored by the institution where the insured student athlete attends are covered for sports Injury as for any other Injury.

Subject to a Deductible of \$100 (For Each Injury), benefits will be paid under the Schedule of Benefits for intercollegiate sports injury up to \$2,000 for each Injury.

No benefits will be paid for loss for:

1. Infections, except pyogenic infections caused wholly by a covered Injury;
2. Cysts, blisters, or boils;
3. Overexertion; heat exhaustion; fainting;
4. Hernia, regardless of how caused; or
5. Artificial aids such as crutches, braces, appliances, and artificial limbs.

## Accidental Death and Dismemberment Benefits

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### Loss of Life, Limb or Sight

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below.

Payment under this endorsement when added to payment under the 'Basic Medical Expense Benefit' (and under Major Medical, if coverage is afforded under Major Medical) shall not exceed the policy Maximum Benefit.

#### For Loss of:

	<u>Student</u>	<u>Spouse</u>	<u>Child</u>
Life	\$15,000	\$5,000	\$1,000
Two or More Members	\$15,000	\$5,000	\$1,000
One Member	\$ 7,500	\$2,500	\$ 500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid

### Coordination of Benefits

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Benefits will be coordinated with any other medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

### Mandated Benefits

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#### *Benefits for Cytologic Screening and Mammographic Examinations*

Benefits will be paid the same as any other Sickness for: 1) cervical cytologic screening for women upon certification by the attending Physician that the test is a Medical Necessity; and 2) a baseline mammogram and an annual screening mammogram for women. All such services must be in accordance with the standard practice of medicine. All benefits are subject to the terms and conditions of the policy exclusive of any Deductible and coinsurance provisions in the policy.

#### *Benefits for Colorectal Cancer Screening*

Benefits will be paid the same as any other Sickness for colorectal cancer screening for Insured Persons. The screening shall be in compliance with American Cancer Society colorectal cancer screening guidelines, as updated.

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

#### *Benefits for Child Health Screening Services*

Benefits will be paid the same as any other Sickness for uniform age-appropriate health screening requirements including childhood immunizations, consistent with the standards and schedules of the American Academy of Pediatrics, for Insured's from birth to age 21 years in the District and services outside the state for Insured's with special needs.

For the purposes of this benefit, Insured's with special needs means Insureds: 1) With physical or mental, disabilities or illnesses who reside or receive care in other states, because the District of Columbia does not have the facilities, resources, or services to appropriately treat the Insured's physical or mental, disability or illness; and 2) Whose parents or legal guardians reside in the District of Columbia.

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

### ***Benefits for Prostate Cancer Screening***

Benefits will be paid the same as any other Sickness for Prostate Cancer Screening in accordance to the latest screening guidelines issued by the American Cancer Society.

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

### ***Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency - D.C. Residents***

Benefits will be paid the same as any other Sickness for Mental and Nervous Disorder, Alcoholism and Drug Dependency subject to all terms and conditions of the policy and the following limitations.

Covered Medical Expenses will be limited to inpatient, residential, and outpatient services provided by a Hospital, nonhospital residential facility, outpatient treatment facility, Physician, psychologist or independent clinical social worker. Before an Insured may qualify to receive benefits under this benefit, a Physician, psychologist or independent clinical social worker must: 1) certify that the individual is suffering from drug abuse, alcohol abuse or a Mental and Nervous Disorder; 2) certify that the treatment is medically or psychologically necessary; and 3) prescribe appropriate treatment which may include referral to other treatment providers.

Covered Medical Expenses will be limited to coverage of treatment of clinically significant substance use disorders or mental illness identified in the most recent edition of the International Classification of Diseases of the Diagnostic and Statistical Manual of the American Psychiatric Association.

Benefits will be paid not to exceed a maximum of 12 days per policy year for the process whereby a person who is intoxicated by or dependent on drugs or alcohol or both is assisted through the period of time necessary to eliminate the intoxicating agent from the body, while keeping the physiological risk to the patient at a minimum. Additional treatment for alcoholism and drug dependency will be provided not to exceed 60 days per policy year for inpatient or residential care, and for a maximum of 75% for the first 40 outpatient visits per policy year and a maximum rate of 60% for any outpatient visits thereafter for that policy year.

Benefits will be paid for the treatment of Mental and Nervous Disorders not to exceed a maximum of 60 days per policy year for inpatient or residential care, and for a maximum of 75% for the first 40 outpatient visits per policy year and a maximum rate of 60% for any outpatient visits thereafter for that policy year. The inpatient and outpatient benefits for Mental and Nervous Disorders will not exceed a maximum lifetime benefit of \$80,000 or one third of the maximum lifetime benefit for any other Sickness, whichever is greater.

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

### ***Benefits for Habilitative Services for the Treatment of Congenital or Genetic Birth Defects***

Benefits will be paid the same as any other Sickness for Habilitative Services for the treatment of Congenital or Genetic Birth Defects to age 21 years.

For the purposes of this benefit:

Congenital or Genetic Birth Defect means: a defect existing at or from birth including a hereditary defect. Including autism or an autism spectrum disorder and cerebral palsy.

Habilitative Services means: services, including occupational therapy, physical therapy, and speech therapy, for the treatment of a child with a Congenital or Genetic Birth Defect to enhance the Insured Person's ability to function.

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

### ***Benefits for Diabetes***

Benefits will be paid the same as any other Sickness for the equipment, supplies, and other outpatient self-management training and education, including medical nutritional therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin using diabetes if prescribed by a Physician legally authorized to prescribe such item.

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

## *Benefits for Postpartum Care*

Benefits will be paid the same as any other Sickness for inpatient postpartum treatment in accordance with the medical criteria outlined in the most current version of or an official update to the Guidelines for Perinatal Care prepared by the American Academy of Pediatrics and the American College of Obstetricians or the Standards for Obstetric-Gynecologic Services prepared by the American College of Obstetricians and Gynecologists, and such coverage must include an in-hospital stay of a minimum of 48 hours after a vaginal delivery, and 96 hours after a Caesarian delivery.

Benefits will be provided in all cases of early discharge for post-delivery care within the minimum time periods established above to be delivered in the Insured's home, or, in a Physician's office, as determined by the Physician in consultation with the Insured. The at-home post-delivery care shall be provided by a Physician which includes a registered professional nurse, nurse practitioner, nurse midwife, or physician assistant experienced in maternal and child health, and shall include:

- 1) Parental education;
- 2) Assistance and training in breast or bottle feeding; and
- 3) Performance of any medically necessary and clinically appropriate tests, including the collection of an adequate sample for hereditary and metabolic newborn screening.

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

### **Definitions**

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**Injury** means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

**Medical Emergency** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in:

- 1) Death;
- 2) Placement of the Insured's health in jeopardy;
- 3) Serious impairment of bodily functions;
- 4) Serious dysfunction of any body organ or part; or
- 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

**Expenses incurred for 'Medical Emergency' will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.**

**Pre-existing Condition** means any condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6 months immediately prior to the Insured's Effective date under the policy. 'Pre-existing condition' does not include pregnancy.

**Sickness** means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

**Usual and Customary Charges** means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality where service is rendered. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

## Exclusions and Limitations

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No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acne; acupuncture;
2. Addiction, such as nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Biofeedback;
4. Congenital conditions, except as specifically provided for Newborn or adopted Infants and under Benefits for Habilitative Services for the Treatment of Congenital or Genetic Birth Defects;
5. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
6. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway house, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
7. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
8. Elective Surgery or Elective Treatment;
9. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
10. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
11. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
13. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
14. Injury sustained while (a) participating in any interscholastic or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
15. Organ transplants, including organ donation;
16. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation; except as specifically provided under Benefits for Habilitative Services for the Treatment of Congenital or Genetic Birth Defects;
17. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
18. Pre-existing Conditions, except for individuals who have been continuously insured under the association's student insurance policy for at least 6 consecutive months; if an individual: (1) had coverage under a Previous Plan as defined below; and (2) that coverage was continuous to a date not more than 63 days prior to the person's Effective Date under this Policy, the time under the Previous Plan will be credited toward the 6 consecutive months needed to provide benefits for a Pre-existing Condition. A 'Previous Plan' means any accident and health insurance policy or certificate, nonprofit hospital or medical service corporation, HMO, MEWA, or plan provided by another benefit arrangement, including a government plan or program providing health benefits or health care. It does not include a Medicare Supplement.
19. Prescription Drugs, services or supplies as follows:
  - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; except as specifically provided under the Benefits for Diabetes;
  - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
  - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;

- d) Drugs labeled, 'Caution - limited by federal law to investigational use' or experimental drugs;
  - e) Products used for cosmetic purposes;
  - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - g) Anorectics - drugs used for the purpose of weight control;
  - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - i) Growth hormones; or
  - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
20. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
  21. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except for Covered Medical Expenses incurred in connection with participation in approved clinical trials;
  22. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
  23. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness, except as specifically provided under Benefits for Child Health Screening Services;
  24. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
  25. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery; except for treatment of chronic purulent sinusitis;
  26. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
  27. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
  28. Supplies, except as specifically provided in the policy;
  29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia;
  30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
  31. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
  32. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

## **Collegiate Assistance Program**

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Insured Students have access to nurse advice, health information, and counseling support 24 hours a day, 7 days a week by dialing the number indicated on the permanent ID card. Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help students determine if they need to seek medical care, need legal/financial advice or may need to talk to someone about everyday issues that can be overwhelming.

## Scholastic Emergency Services: Global Assistance Services

Through participation in the American College Student Association insurance plan, each Insured\* is eligible for global emergency medical assistance services when traveling 100 miles or more from his/her permanent home or campus address or abroad. Services are accessible 24 hours a day, 365 days a year and are provided by Scholastic Emergency Services.

### What Makes the Scholastic Emergency Services program unique?

1. Exceeds USIA requirements for International student and scholars
2. No maximums or subrogation for any assistance services Scholastic Emergency Services provides
3. No pre-existing conditions or territorial exclusions
4. Worldwide network of pre-qualified medical providers
5. Operations Centers with immediate worldwide response capabilities
6. 'Out of Area' medical problems alleviated

### Key Services include:

#### Evacuation, Repatriation and Return of Mortal Remains:

Whenever appropriate medical facilities are not available locally, Scholastic Emergency Services (SES) will utilize whatever mode of transport, equipment, and personnel is necessary to evacuate the participant to the nearest facility capable of providing appropriate care. Once the participant is ready to be released from the hospital, SES will arrange and pay to transport the participant to his/her residence or rehabilitation facility, with necessary medical supervision, if necessary.

If a participant should die while traveling, SES will render every possible assistance in the return of mortal remains including locating a funeral home to prepare the deceased for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.

Some additional services include:

- Critical Care Monitoring
- Emergency Trauma Counseling
- Prescription Assistance
- Emergency Message Transmission
- Medical Consultation, Evaluation and Medical Referrals
- Foreign Hospital Admission Guarantee
- Transport to Join Patient (when in-patient for more than 7 days)
- Care for Minor Children (left unattended due to medical incident)
- Lost Luggage or Document Assistance
- Legal and Interpreter Referrals

Please refer to [www.assistamerica.com](http://www.assistamerica.com) for service descriptions, under the 'Student' tab.

To access services please call:

(877) 488-9833 Toll-free within the United States

(609) 452-8570 Collect outside the United States

Services are also accessible via e-mail at [medservices@assistamerica.com](mailto:medservices@assistamerica.com).

Scholastic Emergency Services is not travel or medical insurance, but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by Scholastic Emergency Services. Claims for reimbursement of assistance services will not be accepted.

*\*Insured's spouse and dependent children may also be eligible for services.*

## **Claim Procedure**

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In the event of Injury or Sickness, students should:

- 1) Report to their Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the association under which the student is insured. A Company claim form is not required for filing a claim.
- 3) File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

## **Submit all Claims or Inquiries to**

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### **FirstStudent**

P.O. Box 809025  
Dallas, Texas 75380-9025  
1-800-505-4160

or visit our website at [www.firststudent.com](http://www.firststudent.com)

### **Online access to account information:**

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Insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at [www.firststudent.com](http://www.firststudent.com). Insureds can also print a temporary ID card, request a replacement ID card and locate network providers from My Account.

If don't already have an online account, simply select the "Create an Account" link from the home page at [www.firststudent.com](http://www.firststudent.com). Follow the simple, onscreen directions to establish an online account in minutes. Note that you will need your 7-digit insurance ID number to create an online account. If you already have an online account, just log in from [www.firststudent.com](http://www.firststudent.com) to access your account information.

## **This Plan is Underwritten By**

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**UnitedHealthcare Insurance Company**

## **For Questions on Enrollment Contact**

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### **Insurance for Students**

600 Corporate Drive, Suite 101  
Ft. Lauderdale, FL 33334  
1-800-356-1235

### **[www.insuranceforstudents.com](http://www.insuranceforstudents.com)**

Please keep this brochure as a general summary of the insurance. The Master Policy on file at the Association contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. The Master Policy is the contract and will govern and control the payment of benefits.