



Accident and Sickness Health Insurance Plan *for* International Students

POLICY #US022179

CU-08

14. Treatment in a military or Veterans Hospital or a Hospital contracted for or operated by a national government or its agency unless:
 - a. The services are rendered on a medical emergency basis; and,
 - b. A legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance.
15. Injury caused by, or resulting from, the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's doctor.
16. Any treatment for mental and nervous disorders, unless provided by Rider attached to the Policy.
17. Psychotherapy, except as specifically provided for in the Schedule.
18. Elective surgery and elective treatment, except as required to correct an Injury for which benefits are otherwise payable under the Policy.
19. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or acts.
20. Physiotherapy, except as specifically provided for in the Schedule.
21. Braces and appliances, except as specifically provided for in the Schedule.
22. Replacement braces and appliances.
23. Assistant surgeon services, except as specifically provided for in the Schedule.
24. Expense incurred within your home country or country of regular domicile.
25. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
26. That part of medical expense payable by any automobile insurance policy without regard to fault.
27. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
 - (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and,
 - (ii) The covered person is within a 25-mile radius of the site of the release either: At the time of the release; or, within 24 hours of the start of the release.
28. Travel in or upon:

A snowmobile; Any two-or three-wheeled motor vehicle; or, any off road motorized vehicle not requiring licensing as a motor vehicle.

Any accident where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
29. Preventive medicines, serums, vaccines.
30. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
31. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood.
32. Rest cures or custodial care.

33. Personal services such as television and telephone or transportation.
34. A hernia of any kind.

DEFINITIONS

Deductible means the amount of Covered Expenses paid on behalf of a covered person before benefits are payable under the Policy. The Deductible amount is shown in the Schedule.

Covered expenses means charges: a) Not in excess of the usual, reasonable and customary charge; b) Not in excess of the maximum benefit amount payable per service as shown in the Schedule; c) Made for medical services and supplies not excluded under the policy; d) Made for services and supplies which are medically necessary; and, e) Made for medical services specifically included in the Schedule.

Hospital means an institution: a) Operated pursuant to law; b) Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis; c) Under the supervision of a staff of doctors; d) Providing 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.); e) With medical, diagnostic and treatment facilities, and with major surgical facilities; 1) On its premises; or 2) Available on a prearranged basis; and 3) Charging for its services.

Medically necessary means those services or supplies provided or prescribed by a Hospital or Doctor:

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

Sickness means illness or disease diagnosed during the term of coverage under the Policy for the covered person. Sickness includes pregnancy and complications of pregnancy. All related conditions and recurring symptoms of Sickness will be considered one Sickness.

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of Injuries will be considered one Injury.

Pre-existing Conditions are not covered for a period of 12-months after the Effective Date of coverage. Pre-existing conditions means a condition for which medical advice, diagnosis, care, or treatment, including use of prescription drugs, was recommended or received from a licensed health practitioner during the 12 months immediately preceding the effective date unless Continuous Coverage is applied.

Continuous Coverage - If a covered person is continuously covered under the Policy offered through your participating institution they will be covered for any Sickness diagnosed or Injury sustained while so covered. If a covered person is enrolled for coverage offered through your participating institution within 63 days of the end of any preceding company's policy you will be considered to have maintained Continuous Coverage, except for expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 63 days occurs.

Usual, reasonable and customary means: a) Charges and fees for medical services or supplies that are the lesser of: 1) The usual charge by the provider for the service or supply given; or 2) The average charged for the service or supply in the area where service or supply is received; and b) Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

NO REFUNDS OF PREMIUM

CLAIM PROCEDURE

Paying and reimbursement for medical expenses

Charges for doctor office visits, prescription drugs and some outpatient procedures may need to be paid by you in advance directly to the provider (i.e. doctor or pharmacist). You must submit a completed claim form for each separate Injury or Illness in order for your medical expense to be considered. Initial treatment of an Injury must occur within 90 days of the Accident. When your expenses are approved, they will be sent in the form of a check to you at the address you gave them on the claim form. Although you must also submit a claim form in situations involving hospitalization, you may not need to pay hospital expenses in advance. Any receipts sent in without the claim form will cause a delay in processing. The claims must be received within 90 days of treatment and accompanied by original medical receipts. Your policy certificate number is **on the ID card**.

PLEASE MAIL ORIGINAL RECEIPTS AND CLAIM FORM TO:

Global Claims Administration, LLC
3195 Linwood Road
Suite 201
Cincinnati, OH 45208

For claim status please call:
800-513-2981 In the USA

For Travel Assistance or in case of a emergency please call:
866-509-7715 (in the USA) or 603-898-9159 (collect outside the USA)

Insurance Administrator:

FIRST AGENCY, INC.
5071 West H Avenue
Kalamazoo, MI 49009
Phone: 1-800-243-6298
Fax: (269) 381-3055



Underwritten by:
United States Fire Insurance Company
by Fairmont Specialty, a division of Crum and Forster.

NOTE

PLEASE BE SURE TO RETAIN THIS BROCHURE, AS IT OUTLINES THE PROVISIONS OF THE MASTER POLICY WHICH IS ON FILE AT THE COLLEGE. ANY DISCREPANCY BETWEEN THIS BROCHURE AND THE MASTER POLICY WILL BE GOVERNED BY THE MASTER POLICY. NO INDIVIDUAL POLICIES WILL BE ISSUED.

ELIGIBILITY

All Full-time International students (minimum of 12 credit hours) attending Campbell University are eligible to enroll in the plan. The Company maintains the right to investigate the student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

EFFECTIVE AND TERMINATION DATES
8/18/08 - 8/18/09

Coverage will begin at 12:01 A.M. Standard time at the Policyholder's address; on the latest of the following:

- a) The date of an Insured Person's departure from their Home Country;
- b) The date the premium with respect to the Insured Person is received by the Company or its designated representative; or,
- c) The date requested in the Census for the Insured Person's coverage and accepted by the administrator.

Coverage will end on the earliest of the following:

- a) The date of an Insured Person's return to their Home Country; or,
- b) At midnight on the last date of the Insured Person's coverage for which premium has been paid.

PREMIUM

The annual premium is \$900.00 (\$600.00 for Spring Term enrollees).

ENROLLMENT

International students who wish to purchase this coverage must do so online within 31 days of registration for classes. Please go to the following link: <http://www.1stagency.com/college.htm>. Complete the enrollment form and submit. You will receive confirmation that your enrollment has been received. Keep this for your records. The appropriate premium will then be added to your student account. ID cards will be provided by the Business Office.

Additional Benefits: 48 hours hospital confinement following vaginal delivery and 96 hours for cesarean delivery. If shorter length of hospital stay, coverage includes a post-discharge physician office visit or in-home nurse visit in the first 48 hours after discharge; Initial prosthetic devices and reconstructive surgery incident to mastectomy; mammograms at certain intervals; annual pap smear; prostate specific antigen tests; diabetes equipment, supplies and outpatient self-management training; colorectal cancer screening; and cervical cancer/HPV screening.

EXTENSION OF BENEFITS

If a covered person is under the care and treatment of a doctor, benefits will continue to be paid for that condition for a period of up to 3 months following the end of the term of coverage, or until there has been paid the maximum benefit, whichever occurs first.

PRE-EXISTING CONDITIONS

"Pre-existing Condition" Any Injury or Illness which would have caused a person to seek medical advice, diagnosis, care or treatment during the 12 months prior to the Effective Date of coverage under this Policy; or a condition for which manifestation, medical advice, diagnosis, care or treatment was recommended, received or noticed during the 12 months prior to the Effective Date of coverage under this Policy.

MEDICAL EXPENSE BENEFITS

Maximum Medical Expense Benefit - \$100,000.00 per person. If an Injury or Illness occurs during the period of coverage and the Insured Person requires medical or surgical treatment; this plan will pay, subject to the Deductible and Co-insurance, Usual Reasonable and Customary (URC) charges for the following covered expenses, up to the policy maximum. The covered charges shall in no event include any amount that is in excess of Usual Reasonable and Customary charges for the geographic area where the services are rendered, as determined by The Insurance Company. Medical benefits are only payable for Injury or Illness that occurs and is treated outside your Home Country.

Deductible(s) \$250.00 per person, all cause or \$100.00 per person, all cause if first seen at the student health center.

Co-insurance - After you pay the Deductible, the plan pays 100% URC of Eligible Charges up to \$5,000.00 and then 80% of eligible charges up to \$56,250.00, then 100% up to the policy maximum.

Physician Office Visit Expense - Covered – at URC with a \$25.00 co-pay. Charges made by a physician for the necessary diagnosis treatment or surgery, of a covered injury or illness.

Hospital Expenses - Covered – at URC Charges made by a hospital for room and board, floor nursing and other services inclusive of charges for professional services and with the exception of personal services of a non-medical nature provided that expenses do not exceed the hospital's average for semi-private room and board accommodations. Also, charges made for the diagnosis, treatment and surgery by a Physician; cost of administration of anesthetics; prescriptions and medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusion, iron lungs, and medical treatment.

Outpatient Treatment - Covered – at URC Up to the policy maximum, per person, per policy period. Includes cost of charges made for the diagnosis, treatment and surgery by a Physician; cost of administration of anesthetics; prescriptions and medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusion, iron lungs, and medical treatment.

Emergency Room - Covered – at URC with a \$50.00 deductible (deductible waived if admitted to hospital within 24 hours).

Intensive Care - Covered – at URC Two times the average semi-private room charge made by the servicing hospital if confinement to an intensive care unit is required, or the average charge for intensive care unit made by the servicing hospital, whichever is less.

Surgery - Covered – at URC Surgery/Operations by a Physician.

Mental/Nervous/Drug/Alcohol - Covered – Inpatient 50% of URC to a maximum of \$10,000 per policy year/Outpatient \$25.00 per visit to a maximum of \$1,000.00 per policy year.

Maternity - Covered – at URC Same as any other Sickness, up to the policy maximum.

Physiotherapy - Covered – at URC Charges for physiotherapy, if recommended by a Physician for treatment of a specific Disablement and administered by a licensed physiotherapist are included. Up to \$50.00 for the first session then up to \$45.00 per session thereafter. Limit 10 sessions per Injury or Illness.

Dressings, Prescription Drugs and Medicines. Covered – at URC Charges are included for dressings, prescription drugs and medicines, are covered only if prescribed by a Physician **and in relation to a covered Injury or Illness.** Prescriptions must be paid for at the Pharmacy and then receipts must be submitted with a claim form, in order for you to be reimbursed. Inpatient UCR/Outpatient up to \$500.00 per year with a \$25.00 co-pay per prescription.

Chiropractic Care - Covered – at URC at 80% up to \$45.00 per visit and a maximum of 10 visits per Injury or Illness.

Ground Ambulance - Covered – at URC

Emergency Eye conditions - Covered – at URC Routine Eye Examinations, Eyeglasses and Contact Lenses are *Not covered*.

Athletic Sports - Covered – at URC Athletic Sport Injury \$20,000.00 maximum per person per policy year for Injury due to intercollegiate sports and subject to the Deductible and Co-insurance.

Dental - if Caused by an Accident - Covered – at URC Charges for repair and replacement of sound, natural teeth damaged as a result of an Accident are covered. (Routine dental examinations, routine x-rays, and other dental procedures that are not the result of an Accident are *Not covered*).

Dental - if Caused by Illness - Covered – at URC \$250.00 per tooth to a \$500.00 maximum.

TABLE OF LOSSES

Description of Loss	Indemnity
For Loss of:	
Life	Principal Sum
Both Hands or Both Feet	
or Sight of Both Eyes	Principal Sum
One Hand and One foot	Principal Sum
Either Hand or foot	
and Sight of One Eye	Principal Sum
Either Hand or Foot	One-Half the Principal Sum
Sight of One Eye	One-Half the Principal Sum

EMERGENCY MEDICAL EVACUATION

If an insured Person becomes Ill or Injured during the Period of Coverage and an Emergency Medical Evacuation is required to the nearest medical facility where appropriate medical treatment can be obtained or to the Insured Person's Home Country or Country of Residence, all eligible expenses up to \$50,000 are covered. An Emergency Medical Evacuation must be recommended by a legally licensed Physician who certifies that the severity of the Injury or Illness necessitates such an Emergency Medical Evacuation, and must be approved in advance by The Insurance Company.

ACCIDENTAL DEATH AND DISMEMBERMENT

\$10,000.00 Principal Sum. If an Insured Person's Injury results in any of the following losses within 365 days after the date of accident; we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident.

REPATRIATION OF REMAINS

If an Injury or Illness commencing during the period of coverage results in death, all Reasonable expenses incurred for preparation of the bodily remains and return of bodily remains to the Insured Person's Home Country or Country of Residence are covered up to \$15,000.00 and must be approved in advance by The Insurance Company.

EMERGENCY REUNION

In the event of an Emergency Medical Evacuation due to a covered injury or illness, where the physician feels that it would be beneficial for you to have a family member at your side during transport, you will be reimbursed for travel and lodging expenses, for that relative up to \$10,000.00. Benefits payable include economy air ticket, lodging and other travel related expenses. All Emergency Reunion expenses must be coordinated in advance with the assistance provider.

EXCLUSIONS & LIMITATIONS

No benefits will be paid for loss or expense caused by or resulting from:

1. Injury of the primary insured covered under any student accident insurance policy underwritten by us.
2. Any Sickness, as defined, that was initially diagnosed, treated or recommended for treatment prior to the Term of Coverage for a Covered Person, unless Continuous Coverage is applied.
3. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution
4. Services covered or provided by the student health fee.
5. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of Injury.
6. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a Sickness or Injury covered by the Policy.
7. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an Injury covered by the Policy.
8. Dental treatment, except as specifically provided for in the Schedule.
9. War or any act of war, declared or undeclared, or while in the armed forces of any country.
10. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense.
11. Intentionally self-inflicted Injury, suicide or any attempt thereat.
12. Injury of any covered person sustained while:
 - a. Participating in any school, professional or organized sports contest or competition, unless specifically listed in the Schedule;
 - b. Traveling to or from such sport, contest or competition as a participant; or,
 - c. During participation in any practice or conditioning program for such sport, contest or competition.
13. Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as a passenger on a regularly-scheduled flight of a commercial airline.