

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 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 six-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 six months immediately preceding the effective date unless Continuous Coverage is applied. This pre-existing limitation does not apply to newborn or adopted children.

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 (URC) 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.**

The following **ADDITIONAL BENEFITS** shall be subject to all **deductible, copayment, coinsurance, limitations, or any other provisions** of the Certificate.

Inpatient Alcoholism Treatment

Benefits will be paid the same as any other **sickness** for inpatient alcoholism treatment.

Cervical Cancer Screening Test

Benefits will be paid the same as any other **sickness** for an annual Cervical smear or Pap smear test.

Colorectal Cancer Screening

Benefits are payable on the same basis as any other **sickness** for colorectal cancer examinations and laboratory tests for colorectal cancer as prescribed by a **doctor** in accordance with guidelines issued by nationally recognized professional medical societies.

Diabetes Treatment Services and Supplies

Benefits are payable on the same basis as any other **sickness** for the following:

- 1. Outpatient diabetes self-management training.
- 2. equipment when **medically necessary** and prescribed by a **doctor**;
- 3. **medically necessary** pharmaceuticals and supplies when received on an inpatient basis

General Anesthesia

Benefits will be payable on the same basis as any other **sickness** for general anesthesia and associated facility charges for dental procedures rendered in a **hospital** or ambulatory surgical treatment center. Benefits are only payable for **covered persons** if any of the following applies:

- a) the **covered person** is a child age 6 or under;
- b) the **covered person** has a medical condition that requires hospitalization or general anesthesia for dental care; or
- c) the **covered person** is disabled.

“Disabled” as used in this benefit means a person, regardless of age, with a chronic disability if the chronic disability meets all of the following conditions:

- a) It is attributable to a mental or physical impairment or combination of mental and physical impairments.
- b) It is likely to continue.
- c) It results in substantial functional limitations in one or more of the following areas of major life activity:
 - 1. self-care;
 - 2. receptive and expressive language;
 - 3. learning;
 - 4. mobility;
 - 5. capacity for independent living; or
 - 6. economic self-sufficiency.

Osteoporosis Testing and Treatment

Benefits are payable on the same basis as any other **sickness** coverage for **medically necessary** bone mass measurement and for the diagnosis and treatment of osteoporosis.

Prenatal HIV Testing

Benefits are payable on the same basis as any other maternity testing for prenatal HIV testing ordered by a **doctor**.

Prostate Cancer Screening Tests

Benefits will be paid the same as any other **sickness** for an annual digital rectal examination and a prostate-specific antigen test upon the recommendation of a **doctor** for asymptomatic men age 50 and over; African-American men age 40 and over; and men age 40 and over with a family history of prostate cancer.

Mammography

Benefits will be paid the same as any other **sickness** for screening by Low-dose Mammography for the presence of occult breast cancer according to the following guidelines:

- 1. A baseline mammogram for women thirty-five to thirty-nine years of age.
- 2. A mammogram every one to two years, even if no symptoms are present, for women forty to forty-nine years of age.
- 3. An annual mammogram for women fifty years of age or older.

“**Low-dose mammography**” means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with radiation exposure delivery of less than one rad per breast for 2 views of an average size breast .

Reconstructive Surgery following Mastectomy

For a **covered person** who is receiving benefits in connection with a mastectomy, benefits are payable on the same basis as any other **sickness** for prosthetic devices or reconstructive surgery incident to the mastectomy. Benefits for breast reconstruction in connection with a mastectomy shall include:

- a. reconstruction of the breast upon which the mastectomy has been performed;
- b. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- c. prostheses and treatment for physical complications at all stages of mastectomy, including lymph edemas. When a mastectomy is performed and there is no evidence of malignancy, benefits will be limited to the cost of the prosthesis or reconstructive surgery to within 2 years after the date of the mastectomy.

Follow-up Care Following a Mastectomy

Benefits are payable on the same basis as any other **sickness** for in-patient care following a mastectomy as determined by the **covered person's doctor** to be **medically necessary** and for a post-discharge **doctor** office visit or in-home **nurse** visit to verify the condition of the patient in the first 48-hours after discharge from inpatient care following a mastectomy.

Contraceptives

Benefits are payable on the same basis as any other **sickness** for outpatient prescription drugs and outpatient contraceptive services and devices approved by the Food and Drug Administration. “Outpatient contraceptive service” means consultations, examinations, procedures, and medical services, provided on an outpatient basis and related to the use of contraceptive methods (including natural family planning) to prevent an unintended pregnancy.

Amino acid-based Elemental Formulas Benefit

Benefits are payable on the same basis as any other **sickness** for amino acid-based elemental formulas, regardless of delivery method, for the diagnosis and treatment of (i) eosinophilic disorders and (ii) short bowel syndrome when the prescribing **doctor** has issued a written order stating that the amino acid-based elemental formula is medically necessary.

Clinical Breast Exams Benefits

Benefits will be payable on the same basis as any other sickness for a clinical breast examination by a doctor for the early detection and prevention of breast cancer. For women 20 years of age to age 40, one exam every three years and for women 40 and over one exam annually.

PLEASE MAIL ORIGINAL RECEIPTS AND CLAIM FORM TO:

Global Claims Administration
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:
Please Send Premium and Application To:**



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
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.

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Accident and Sickness Health Insurance Plan *for* International Students

POLICY #USO22287

OC-09

ELIGIBILITY

All Full-time International students (minimum of 10 credit hours) attending the College 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. Students who enroll in the plan may secure spouse or child coverage. Eligible dependents are the spouse residing with the Insured Student and unmarried children.

EFFECTIVE AND TERMINATION DATES
8/15/09 - 8/14/10

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
- b) At midnight on the last date of the Insured Person's coverage for which premium has been paid

ENROLLMENT

Please complete the enrollment application and mail with your check to First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009.

EXTENSION OF BENEFITS

If a covered person is under the care and treatment of a doctor and in the hospital, 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.

EXCESS INSURANCE

Your benefits are payable for covered expenses not otherwise covered and payable by any other plan providing medical expense benefits. If there are no other valid and collectible benefits available from any other source, this plan will pay the covered expenses up to the limits of the policy. If there is other valid and collectible benefits available from any other source We will pay a minimum benefit amount of \$100 and thereafter We will pay any excess amount unpaid from Your primary insurance.

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.

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 rec-

MEDICAL EXPENSE BENEFITS

Maximum Medical Expense Benefit - \$250,000.00 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) \$100.00 per person, per policy year or \$50.00 per person, per policy year 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 the policy maximum.

Physician Office Visit Expense - Covered – at URC 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.

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 – The same as any other sickness.

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

Physiotherapy - Covered – at URC to a \$450 maximum. Charges for physiotherapy, if recommended by a Physician for treatment of a specific Disablement and administered by a licensed physiotherapist are included. 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 \$1,000 per year.

Chiropractic Care - Covered – at URC to a \$350 maximum.

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 covered same as any other injury or illness up to \$20,000 per policy year.

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

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

ommended 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.

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 \$25,000.00 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. The assistance provider will assist in coordinating the services. The travel assistance provider is OnCall International. Contact the travel assistance provider at 866-509-7715 (in the USA) or 603-898-9159 (collect outside USA).

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 thereof.
- 12. Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
- 13. 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 an 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.
- 14. Elective surgery and elective treatment, except as required to correct an injury for which benefits are otherwise payable under the policy.
- 15. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
- 16. Braces and appliances, except as specifically provided for in the Schedule.
- 17. Replacement braces and appliances.
- 18. Assistant surgeon services, except as specifically provided for in the Schedule.
- 19. Expense incurred within your home country or country of regular domicile.
- 20. That part of medical expense payable by any automobile insurance policy without regard to fault.
- 21. 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.
- 22. 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.
- 23. Preventive medicines, serums, vaccines.
- 24. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
- 25. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood;
- 26. Rest cures or custodial care.
- 27. Personal services such as television and telephone or transportation.
- 28. A hernia of any kind.