

**STUDENT
ACCIDENT
AND
SICKNESS
INSURANCE
PROGRAM**

**DRAKE
UNIVERSITY**

DES MOINES, IOWA

2004-2005

CLAIM PROCEDURE

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

1. Report at once to the Student Health Service or Infirmary, or when not in Des Moines, to the nearest doctor or hospital.
2. Secure a Company claim form from the Student Health Service, website www.heritage-ins.com or from the address below, fill in the necessary information, attach all itemized bills and mail or fax to:

HERITAGE INSURANCE MANAGERS, INC.
P.O. BOX 659570
SAN ANTONIO, TEXAS 78265-9570
1-800-456-7480
FAX: 1-210-822-4113

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

LOCAL AGENT:

Dale Gordon
Acordia
666 Walnut Street N8200-061
Des Moines, Iowa 50309
Phone: (515) 245-3183

ADMINISTERED BY:



UNDERWRITTEN BY:

TIG Premier Insurance Company
a Fairmont Specialty Group Company

DEFINITIONS

Deductible: the amount of covered expenses paid on behalf of a covered person before benefits are payable under the policy. The deductible amount, if any, is shown under the Schedule of Medical Expense Benefits.

Doctor: a licensed practitioner of the healing arts acting within the scope of his license. Doctor does not include you; your spouse, dependent, parent, brother or sister; or a person who ordinarily resides with you.

Injury: 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.

Medical Emergency: the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in (a) placing one's health (for a pregnant woman this includes the health of the newborn) in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any body organ or part. Expenses incurred for medical emergency will be paid only for a sickness or injury fulfilling the above conditions. These expenses will not be paid for minor sicknesses or minor injuries.

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

Usual, Reasonable and Customary: (a) charges and fees for the medical services or supplies that are the lesser of: the usual charge by the provider for the service or supply given; or the average charged for the service or supply in the area where service 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.

ELIGIBILITY

All students taking credit hours and attending Drake University are eligible to participate in this insurance program. Students must actively attend classes for 31 consecutive class days following the date of enrollment in this insurance program. Home study and auditing scholars do not qualify as a "student" for the purpose of purchasing insurance coverage.

Insured students may also purchase coverage for dependents. Eligible dependents are the Spouse and unmarried children under nineteen years of age (or 25 if a full-time student) who are not self-supporting and reside with the Insured Student. Dependent eligibility expires concurrently with that of the Insured Student.

A newborn child will be covered for 31 days from birth. An adopted child will be covered for 31 days from the date of placement. To continue coverage after the 31-day period you must give notice and pay the premium.

EFFECTIVE DATE OF COVERAGE

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

- 1) 12:00 Noon, Standard Time on August 16, 2004; or
- 2) the beginning date of the period of coverage purchased; or
- 3) the day after the date of postmark when the premium is received by the Policyholder, Company Agent or Administrator.

Coverage will always become effective at 12:00 Noon, Standard Time on the date determined by this provision. The effective date of coverage for dependents will not precede that of the Insured Student.

Coverage is effective 24 hours a day on a worldwide basis.

TERMINATION DATE OF COVERAGE

Coverage for an Insured Student shall terminate on the earliest of:

- 1) the last day of the period for which premium has been paid; or
- 2) 12:00 Noon, Standard Time on August 16, 2005.

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

Refund of premium will be made only in the event the Insured enters military service. Otherwise, coverage will continue for the period for which premium was paid.

CONTINUOUS COVERAGE

If a covered person is continuously covered for a period of 12 months under the policy offered through **Drake University** they will be covered for any sickness diagnosed or injury sustained while so covered except for expenses that are the liability of the previous policy. Coverage will not be considered continuous if a break in enrollment of more than 30 days occurs.

EXCESS INSURANCE

Benefits are payable for covered expenses not otherwise covered and payable by any other plan providing medical expense benefits.

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 the maximum benefit has been paid, whichever occurs first.

MAJOR MEDICAL COVERAGE

When benefits of \$5,000.00 have been paid under the Base Plan, the Company will pay 100% of the usual, reasonable and customary charges which exceed the benefits paid under the Base Plan and which are incurred during the Insured Person's term of coverage. A maximum payment of \$250,000.00 per injury or sickness for all benefits under the Base Plan and this Major Medical Coverage will be allowed. Hospital room and board charges will be payable at the semi-private room rate.

MENTAL / NERVOUS DISORDER & SUBSTANCE ABUSE COVERAGE

Benefits are payable for the treatment of mental/nervous disorders and substance abuse for inpatient and outpatient care. Inpatient services must be rendered in a hospital or treatment facility, and under the direction of a doctor. Outpatient services must be provided by a doctor, or rendered at a treatment facility under the direction of a doctor.

While Hospital Confined, benefits will be paid up to the lesser of:

1. The Usual, Reasonable and Customary Charges incurred for the first 30 days of Hospital Confinement per policy year; or
2. 90% of the Usual, Reasonable and Customary Charges incurred not to exceed \$6,300.00 maximum per policy year; or
3. The difference between \$7,000.00 and the benefits paid for outpatient services.

Treatment on an outpatient basis is limited to the lesser of:

1. 90% of the Usual, Reasonable and Customary Charges incurred not to exceed a maximum of \$1,800.00 per policy year; or
2. the difference between \$7,000.00 and the benefits paid for inpatient Hospital services.

All expenses incurred for all other services or ancillary services stated on the Schedule of Benefits and incurred as a result of Mental and Nervous Disorders/Alcoholism and Drug Abuse are subject to the above stated maximums.

**SCHEDULE OF MEDICAL EXPENSE BENEFITS
INJURY AND SICKNESS BENEFITS**

The Insured Person is responsible for a \$100.00 deductible per person per policy year.

Benefits, as described below, are payable for 80% of the usual, reasonable and customary (URC) charges incurred while the Insured Person's coverage is in force for treatment by a licensed doctor for: 1) injury when first treatment commences within 30 days of the date of injury; and 2) sickness beginning with the date of first treatment, not to exceed in the aggregate a maximum of \$5,000.00 per injury or sickness.

INPATIENT COVERED EXPENSES

Room and Board Expense: daily semi-private room rate for a hospital stay and general nursing care provided and charged by the hospital	Semi-private Room Rate
Intensive Care: including 24-hour nursing care	2 ½ Times the Room and Board Expense
Miscellaneous Expenses: during a hospital stay or as a precondition for a hospital stay. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; supplies; and pre-admission testing	URC Charges
Physiotherapy: when prescribed by the attending doctor	URC Charges
Surgeon: doctor's fees for a surgical procedure	URC Charges
Anesthetist Services: in conjunction with a surgical procedure	URC Charges
Nurse: during a hospital stay when ordered by a doctor and when medically necessary	URC Charges
General nursing care provided by the hospital is not covered under this benefit.	
Doctor's Visits: during a hospital stay. Benefits are limited to one visit per day	URC Charges
Benefits do not apply when related to surgery.	

OUTPATIENT COVERED EXPENSES

Surgeon: doctor's fees for a surgical procedure	URC Charges
Miscellaneous for Day Surgery: benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicines; therapeutic services; and supplies	URC Charges
not to exceed	Two Times the Surgeon's Fee Paid
Anesthetist Services: in conjunction with a surgical procedure	URC Charges
Doctor's Visits: limited to one visit per day	URC Charges
Benefits do not apply when related to surgery or physiotherapy.	
Medical Emergency: as defined herein	URC Charges
Diagnostic X-rays Services (to include negative x-rays without a diagnosis): when prescribed by the attending doctor	Subject to a \$10.00 Co-pay URC Charges
Laboratory Procedures (to include negative procedures without a diagnosis): when prescribed by the attending doctor	Subject to a \$10.00 Co-pay URC Charges
Prescription Drugs: for a covered sickness or injury, to a maximum of	\$200.00 Per Policy Year

OTHER SERVICES

Ambulance Service: ground transportation to or from a hospital, to a maximum of	\$500.00 Per Trip
Dental Treatment: performed by a doctor and made necessary by injury to sound, natural teeth, to a maximum of	\$200.00 Per Tooth
Registered Nurse Services, when prescribed by the attending doctor on an outpatient basis	URC Charges

MAMMOGRAPHY BENEFIT

Benefits will be provided an Insured for mammograms according to the following schedule: a) one baseline mammogram for any woman who is 35 to 39 years of age; b) a mammogram every two years for any woman who is 40 to 49 years of age, or more frequently if recommended by the woman's physician; c) a mammogram every year for any woman who is 50 years of age or older.

EXCLUSIONS AND LIMITATIONS

Unless otherwise provided within the Schedule of Benefits, no benefits will be paid for loss or expense caused by or resulting from:

1. 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.
2. Services and supplies provided normally without charge by the (Institution's) infirmary;
3. Expenses incurred in excess of the usual, reasonable, and customary charge for the service, supply or treatment;
4. Services which are not Medically Necessary for an Injury or Sickness;
5. Prescription drugs, unless dispensed or purchased during a hospital confinement or at the student health center;
6. Routine health checkups; preventive tests, screenings, treatments, medicines, serums, and vaccines; eye examinations; prescriptions or fittings for eyeglasses or contact lenses; hearing examinations or hearing aids; routine dental treatment (except for accidental injury to sound, natural teeth); elective surgery and elective treatment;
7. War or act of war, declared or undeclared, or while in the armed forces of any country;
8. Participation in a riot or civil disorder; fighting (except self-defense); commission of, or attempt to, commit a felony;
9. Suicide or attempted suicide, or intentionally self-inflicted injury;
10. Injury sustained while participating in:
 - (a) any school, professional or organized sports contest or competition; traveling to or from such sport, contest, or competition as a participant; while participating in any practice or conditioning program for such sport, contest or competition, except for club sports; or
 - (b) skydiving, parachuting, bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft except while as a fare paying passenger on a regularly scheduled flight;
11. Injury sustained while traveling in or upon:
 - (a) a snowmobile; or
 - (b) while operating a motor vehicle without a current valid motor vehicle license;
12. Treatment in a government hospital unless the covered person is legally obligated to pay;
13. Injury caused by, contributed to, or resulting from the use of alcohol, illegal drugs, or any drugs or medicines that are not taken as prescribed by a physician;
14. Injury or Sickness for which benefits are paid or payable by any workers Compensation or Occupational Disease Law or Act or similar legislation;
15. Hernia of any kind;
16. Injury of the primary insured covered under any other student accident insurance policy underwritten by TIG Premier Insurance Company;
17. 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;
18. That part of medical expense payable by any automobile insurance policy without regard to fault;
19. 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:
 - (a) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
 - (b) 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;
20. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
21. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood;
22. Rest cures or custodial care;
23. Personal services such as television and telephone or transportation.

COMPANY'S RIGHT OF SUBROGATION

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

DISCLAIMER

This brochure is a brief description of the coverage provided under Policy AH27261, underwritten by TIG Premier Insurance Company. This is not an insurance contract. The Coverage Document is on file for review at Drake University.