



STUDENT ACCIDENT INSURANCE PLAN

2004-2005

Students of Laredo Community College are responsible for any medical expenses they may incur; however, the College has purchased a limited-benefit accident medical insurance plan to cover on-campus school-related accidents. It is secondary coverage, so students are required to file any claims with their own or their parent's insurance first. The College plan is designed to pay those expenses not paid by other insurance. All enrolled students are automatically covered under this plan.

Read this brochure for more information. To apply for benefits, see CLAIM PROCEDURE. Although the College is assisting the student by providing this coverage, under no circumstances should medical expenses be billed to the College. Note that this coverage is for accidents only and does not cover sickness.

Brochure No.: 4242-0231 (04)

Agent:

Paul Fisher
Pinnacle Student Insurance
1017 Larkspur
New Braunfels, Texas 78130
830-626-0360

This Plan is administered by:



www.Heritage-Ins.com

Fairmont Specialty Group
a FAIRFAX company

UNDERWRITTEN BY:

**TIG Premier Insurance Company
a Fairmont Specialty Group Company**

A Message To Any Medical Provider.....

The Students of Laredo Community College are covered under a limited benefit Blanket Accident Policy covering accidents as described herein.

The Company can not process a claim for an accident until a completed claim form, provided by the Company and available to the student on Campus, is completed, signed by the student and submitted along with any medical bills.

Any forms, bills or correspondence regarding an injury should be sent directly to Heritage Insurance Managers, Inc. at the address shown in the Claim Procedure section below. Do not send any bills to the College as this will delay processing.

CLAIM PROCEDURE

Claim forms may be obtained at the Campus Nurse Office, Kazan Center, Room 237, and the Risk Management Office, Building T-30.

In the event of injury, the Student should:

- 1) Obtain a claim form from the Campus locations referred to herein.
- 2) Complete and sign the "Student Section".
- 3) Obtain a signature from a school official.
- 4) Mail or fax the claim form, along with itemized bills to:

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

A signed and completed claim form must be submitted by STUDENTS filing a claim. Only one claim form needs to be submitted. A claim form must be submitted within 90 days of the date of accident.

DO NOT have Doctors or Hospitals send bills or correspondence to the College. This will delay processing, as the College is not involved in the processing of claims. All bills should be sent directly to Heritage Insurance Managers, Inc.

Should there be any questions on filing a claim, call Heritage Insurance Managers at 1-800-456-7480.

COVERAGE

The Laredo Community College Accident Insurance policy covers all currently enrolled students for the medical expenses they incur as a result of an accidental bodily injury sustained as follows:

1. While in school buildings or on school grounds during required attendance and during regular campus hours (accidents occurring during other than regular campus hours will require special documentation);
2. While in College Dormitories;
3. While at other locations as required by school sponsored activities, including school sponsored and supervised travel to and from such activities;
4. While participating in school sponsored and supervised physical education classes, recreational instructional classes and intramural athletics;
5. For club activities which are designated on the college calendar and when such activity is authorized and supervised by the school administration, except trips by the Ski club.

**ALL AUTOMOBILE RELATED INJURIES
WILL REQUIRE A COPY OF THE POLICE
REPORT.**

YOUR COVERAGE IS EFFECTIVE....

The policy is effective August 28, 2004. The individual student's coverage will begin the first day of the current semester or the date of registration, whichever is later. Coverage terminates on the last day of the current semester or the day you withdraw from school, whichever is first.

CONTINUOUS COVERAGE

If a covered person is continuously covered under the policy offered through your participating institution, he/she will be covered for any injury sustained while so covered. If a covered person is enrolled for coverage offered through your participating institution within 30 days of the end of any preceding company's policy, he/she will be considered to have maintained continuous coverage, except for expense that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 30 days occurs.

EXCESS INSURANCE

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

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

Death Benefit: The Company will pay \$2,500.00 when death occurs as a result of accidental injury. Loss of life must result within 90 days of the date of the accident causing such loss. Coverage under the policy must be in force on the date of the accident and when loss of life occurs.

Dismemberment Benefit: If an Insured Person sustains accidental injury that results in loss of limb or sight, the Company will pay the amounts shown below. Loss must occur within 90 days of the accident causing such loss. In the event of more than one loss only one sum will be paid.

For injury resulting in the loss of:

Both hands or both feet or the sight of both eyes	\$2,500.00
One hand and one foot, one hand or one foot and the sight of one eye	\$2,500.00
One hand or one foot or the sight of one eye	\$1,250.00

"Loss" of hand or foot means severance at or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable.

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 three (3) months following the end of the term of coverage, or until the maximum benefit has been paid, whichever occurs first.

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, if any, is shown under the Schedule of Medical Expense Benefits.

Doctor: means 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: 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.

Medical Emergency: means 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.

Usual, Reasonable and Customary: means (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.

**MEDICAL EXPENSE BENEFITS SCHEDULE
INJURY BENEFITS**

Benefits, as described below, are payable for 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, not to exceed in the aggregate a maximum of \$7,500.00 per injury.

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

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, limited to one visit per day \$25.00 Per Visit /
5 Visit Maximum Per Injury

Surgeon: doctor's fees for a surgical procedure URC Charges

Assistant Surgeon: in conjunction with a surgical procedure URC Charges

Anesthetist Services: in conjunction with a surgical procedure URC Charges

Nurse: during a hospital stay, ordered by a doctor, and 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

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.

Physiotherapy: when prescribed by the attending doctor, limited to one visit per day, \$25.00 Per Visit /
5 Visit Maximum Per Injury

Outpatient Hospital Miscellaneous, including emergency room charge and supplies URC Charges

Diagnostic X-ray and Imaging Services: when prescribed by the doctor, to a maximum of URC Charges

Prescription Drugs: for a covered injury, including drugs dispensed in the Doctor's office or Emergency Room for which a charge is made \$25.00 Maximum Per Injury

OTHER SERVICES

Ambulance Service: ground transportation to or from a hospital URC Charges

Braces and Appliances: when prescribed by a doctor and when a written prescription accompanies the claim when submitted, URC Charges
No benefits will be paid for rental charges in excess of purchase price.

Consulting Physician: when requested and approved by the attending doctor, to a maximum of URC Charges
Covered expenses will be paid under this benefit or under the Doctor's Visits benefit, but not both on the same day,

Dental Treatment: performed by a doctor and made necessary by injury to sound, natural teeth, to a maximum of \$250.00

Intercollegiate Sports Coverage

Injuries sustained while participating in intercollegiate soccer, cheerleading, track, tennis, golf, basketball, volleyball, baseball and cross country will be covered on the same basis as any other injury.

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. Services and supplies provided normally without charge by the Student Health Infirmary;
2. Expenses incurred in excess of the usual reasonable, and customary charge for the service, supply or treatment;
3. Services which are not Medically Necessary for an Injury;
4. 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; services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation of the human body for purposes of removing nerve interference;
5. War or act of war, declared or undeclared, or while in the armed forces of any country;
6. Participation in a riot or civil disorder; fighting (except self-defense); commission of, or attempt to, commit a felony;
7. Suicide or attempted suicide, or intentionally self-inflicted injury;
8. Injury sustained while participating in: 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;
9. Injury sustained while traveling in or upon:
 - a. a snowmobile, any two-or-three-wheeled motor vehicle, or any off-road motorized vehicle not licensed as a motor vehicle; or
 - b. while operating a motor vehicle without a current valid motor vehicle license;
10. Treatment in a government hospital unless the covered person is legally obligated to pay;
11. 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;
12. Injury for which benefits are paid or payable by any workers Compensation or Occupational Disease Law or Act or similar legislation;
13. Treatment for mental or nervous disorders;
14. Hernia of any kind;
15. Injury of the primary insured covered under any other student accident insurance policy underwritten by TIG Premier Insurance Company;
16. 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;
17. That part of medical expense payable by any automobile insurance policy without regard to fault;
18. 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;
19. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
20. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood;
21. Rest cures or custodial care;
22. Personal services such as television and telephone or transportation.
23. Services covered or provided by the student health fee;
24. Psychotherapy;
25. Physiotherapy, except as specifically provided for in the Schedule;
26. Braces and appliances, except as specifically provided for in the Schedule;
27. Replacement braces and appliances;
28. Assistant Surgeon services, except as specifically provided for in the Schedule;
29. Expense incurred for International students within your home country or country of regular domicile.

DISCLAIMER

This brochure is a brief description of the coverage provided under Policy AH25259, underwritten by TIG Premier Insurance Company. This is not an insurance contract. The Coverage Document is on file for review at Laredo Community College.