

CADET SICKNESS INSURANCE PLAN



Designed Especially for
the Cadets of

NEW MEXICO
MILITARY INSTITUTE
Roswell, New Mexico 88201

2004-2005

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 New Mexico Military Institute.

3040-0250 (04)

CLAIM PROCEDURE

In the event of sickness, the Cadet should:

1. Report at once to the Infirmary, or when not in Roswell, to the nearest doctor or hospital.
2. Obtain a claim form from the Business Office or the Infirmary at your school.
 - a. Properly answer all questions on the front of the form.
 - b. Submit the claim form and itemized bills to the Infirmary or Business Office as soon as possible.
-- DO NOT WAIT FOR ALL OF THE BILLS--
 - c. After filing the claim form, submit any additional itemized bills to the Infirmary or Business Office.

THE COMPANY MUST BE NOTIFIED WITHIN
90 DAYS FROM DATE OF FIRST TREATMENT
FOR SICKNESS.

ADMINISTERED BY:



www.heritage-ins.com



UNDERWRITTEN BY:

TIG Premier Insurance Company
a Fairmont Specialty Group
Company

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 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 a 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. 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 for the services given;
11. Sickness 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. Sickness 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. 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;
16. 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;
17. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;

EXCLUSIONS AND LIMITATIONS (CONTINUED)

18. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood;
19. Rest cures or custodial care;
20. Personal services such as television and telephone or transportation.
21. Services covered or provided by the student health fee;
22. Psychotherapy;
23. Physiotherapy;
24. Braces and appliances;
25. Replacement braces and appliances;
26. Assistant Surgeon services;
27. Expense incurred within your home country or country of regular domicile.

ELIGIBILITY

All cadets attending New Mexico Military Institute are required to participate in this program, unless proof of comparable coverage is furnished by August 31, 2004 for fall semester and January 31, 2005 for spring semester. Summer coverage is available on a voluntary basis.

COVERAGE

All cadets are afforded sickness only coverage twenty-four hours a day including all vacation periods during the school year, if purchased.

The policy becomes effective at 12:00 noon on August 1, 2004 and terminates at 12:00 noon on May 15, 2005. The voluntary Summer coverage becomes effective at 12:00 noon on May 15, 2005 and terminates at 12:00 noon on August 1, 2005. However, the coverage terminates if the cadet enters military service and a pro-rata refund will be made from the date written request is received.

Application forms for summer coverage are available at the Business Office.

This plan can only be purchased along with the Accident Insurance Plan.

CONTINUOUS COVERAGE

If a covered person is continuously covered under the policy offered through New Mexico Military Institute, he/she will be covered for any sickness diagnosed while so covered. If a covered person is enrolled for coverage offered through New Mexico Military Institute within 30 days of the end of any preceding company's policy, he/she 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 30 days occurs.

MEDICAL EXPENSE BENEFITS SCHEDULE SICKNESS 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 sickness beginning with the date of first treatment, not to exceed in the aggregate a maximum of \$25,000.00 per 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, to a maximum of \$150.00.

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; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; supplies; and pre-admission testing, 80% of usual, reasonable and customary charges. X-ray examinations are payable at 100% of usual, reasonable and customary charges.

Surgeon: doctor's fees for a surgical procedure, 80% of usual, reasonable and customary charges.

Anesthetist Services: in conjunction with a surgical procedure, 80% of usual, reasonable and customary charges.

Nurse: during a hospital stay, ordered by a doctor, and medically necessary, Covered under Miscellaneous Expenses. 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, 100% of usual, reasonable and customary charges. Benefits do not apply when related to surgery.

OUTPATIENT COVERED EXPENSES

Surgeon: doctor's fees for a surgical procedure, 80% of usual, reasonable and customary charges.

Anesthetist Services: in conjunction with a surgical procedure, 80% of usual, reasonable and customary charges.

Doctor's Visits: Benefits are limited to one visit per day, 100% of usual, reasonable and customary charges. Benefits do not apply when related to surgery.

Medical Emergency: as defined herein. Benefits will be paid at 100% of usual, reasonable and customary charges.

Diagnostic X-rays Services: when prescribed by the doctor, to a maximum of \$250.00.

Laboratory Procedures: when prescribed by the attending doctor for a diagnosed sickness, 50% of usual, reasonable and customary charges, to a maximum of \$200.00.

OTHER SERVICES

Ambulance Service: ground transportation to or from a hospital, 100% of usual, reasonable and customary charges.

Consulting Physician: when requested and approved by the attending doctor, 80% of usual, reasonable and customary charges. Covered expenses will be paid under this benefit or under the Doctor's Visits benefit, but not both on the same day.

Preventive Medicine Benefit: one injection of influenza vaccine or one booster dose will be covered for each Insured when recommended and dispensed by the Infirmary, up to a maximum of \$10.00.

When infection is manifested by sore throat, fever, a beefy red pharynx and tonsillar exudate, the usual, reasonable and customary charge of the laboratory procedure necessary to establish the absence of the presence of streptococci will be covered.

EXCESS INSURANCE

When total covered medical expenses exceed \$200.00 per sickness, 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 three (3) months following the end of the term of coverage, or until the maximum benefit has been paid, whichever occurs first.

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.

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DEFINITIONS

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.

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.

Sickness: means 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: 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.