

STUDENT ACCIDENT & SICKNESS INSURANCE PLAN



BELLARMINE UNIVERSITY
LOUISVILLE, KENTUCKY

2004-2005

1239-0252 (04)

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 Bellarmine University.

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 Louisville, to the nearest doctor or hospital.
2. Secure a Company claim form from the Student Health Service, www.heritage-ins.com or from address below, fill in the necessary information, attach all itemized bills and mail to:

REISERT INSURANCE, INC.
1707 BARDSTOWN ROAD
LOUISVILLE, KENTUCKY 40205
(502) 451-3230

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

Servicing Agent:

Reisert Insurance, Inc.
1707 Bardstown Road
Louisville, Kentucky 40205
Office Phone: (502) 451-3230

Administered by:



www.heritage-ins.com

Fairmont

Specialty Group
a FAIRFAX company

Underwritten By:

TIG Premier Insurance Company
a Fairmont Specialty Group Company

BELLARMINE

ELIGIBILITY

To All Students and Their Parents:

Bellarmine University is happy to make available two different Accident and Sickness Insurance Plans for enrolled students. The plans will cover expenses incurred for accidental bodily injury or sickness as provided in the Master Policy. This will help relieve parents or students of the financial strain which normally accompanies this type of unanticipated expense. Some family policies exclude children after attainment of a certain age. You need to be certain of the coverages of your current policy.

Plan A is a very basic plan and covers ONLY those injuries and/or illnesses which require hospitalization. Plan B includes inpatient and outpatient services as well as extra protection provided by a Major Medical Supplement. Taking advantage of this low cost insurance plan now may prevent a rather substantial outlay of money in the future.

Please complete the enrollment portion of this brochure and return it to the Student Affairs Office, Bellarmine University, 2001 Newburg Road, Louisville, Kentucky 40205. Make your check payable to TIG Premier Insurance Company and enclose it with your enrollment form.

Coverage will become effective on August 23, 2004 or on the date of enrollment, whichever is later. The coverage ends August 23, 2005. I encourage you to seriously consider enrolling in this insurance program which provides ample protection at a reasonable cost.

Sincerely,

*Fred W. Rhodes
Vice President of Student Affairs
and Dean of Students*

YOUR LOCAL AGENT:

Reisert Insurance, Inc.
1707 Bardstown Road
Louisville, Kentucky 40205
Office Phone: 451-3230

All Bellarmine University students who are enrolled for twelve (12) or more semester hours are required to participate in Plan A or Plan B of this insurance program unless a waiver showing proof of insurance is filed with the Student Affairs Office prior to the beginning of classes. Students must actively attend classes for 31 consecutive class days following the date of enrollment in this insurance program.

Both Plans are eligible to students who are enrolled for at least nine (9) semester hours.

Home Study and auditing scholars do not qualify as a "student" for the purpose of purchasing insurance.

Insured students may also purchase dependent coverage. Eligible dependents are the Spouse and unmarried children under nineteen years of age who are not self-supporting, and reside with the Insured Student, except coverage for a dependent child will continue, by payment of the proper premium, until age 25 providing the coverage for the Insured student remains in effect and the dependent child, since age nineteen (19) has, each calendar year, been enrolled for five (5) calendar months or more as a full-time student at a post secondary institute of higher learning or, if not so enrolled, would have been eligible to be so enrolled and was prevented from being so enrolled due to sickness or injury. 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 TIME and 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 23, 2004; or
- 2) the day after the date the premium is received by the Policyholder, Company Agent, or Administrator, when premium payment is made within 15 days of the semester beginning date (Annual, Fall, Spring, etc.).

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 23, 2005.

Coverage for 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 period for which premium was paid.

CONTINUOUS COVERAGE

If a covered person is continuously covered under the policy offered through Bellarmine University, he/she will be covered for any sickness diagnosed or injury sustained while so covered. If a covered person is enrolled for coverage offered through Bellarmine University 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.

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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.

**MEDICAL EXPENSE BENEFITS SCHEDULE
INJURY AND 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: 1) injury when first treatment commences within 30 days of the date of injury; and 2) sickness beginning with the date of first treatment, up to the maximum allowed per injury or sickness.

INPATIENT COVERED EXPENSES

	PLAN A	PLAN B
Room and Board Expense: daily semi-private room rate for a hospital stay and general nursing care provided and charged by the hospital	Covered under Miscellaneous Expenses	Covered under Miscellaneous Expenses
Intensive Care: including 24-hour nursing care	Covered under Miscellaneous Expenses	Covered under Miscellaneous Expenses
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, to a maximum of	\$500.00 Per Day / 14 Days	\$500.00 Per Day / 14 Days
	Maximum	Maximum
Physiotherapy: when prescribed by the attending doctor	Covered under Miscellaneous Expenses	Covered under Miscellaneous Expenses
Surgeon: doctor's fees for a surgical procedure, having a	\$120.00 Conversion Factor	\$120.00 Conversion Factor
to a maximum benefit of	\$2,500.00	\$2,500.00
Anesthetist Services: in conjunction with a surgical procedure ...	25% of the Surgeon's Fee Paid	25% of Surgeon's Fee Paid
Nurse: during a hospital stay, ordered by a doctor, and medically necessary	Covered under Miscellaneous Expenses	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	\$65.00 for First Visit / \$45.00	\$65.00 for First Visit / \$45.00
	Per Visit Thereafter	Per Visit Thereafter
Benefits do not apply when related to surgery.	10 Visits Maximum	10 Visits Maximum

OUTPATIENT COVERED EXPENSES

Surgeon: doctor's fees for a surgical procedure, having a	No Benefit	\$120.00 Conversion Factor
to a maximum benefit of		\$2,500.00
Anesthetist Services: in conjunction with a surgical procedure	No Benefit	25% of Surgeon's Fee Paid
Hospital Outpatient or Emergency room (one visit per year) not including medications or drugs, to a maximum of	No Benefit	URC Charges / \$300.00 Maximum
Doctor's Visits: limited to one visit per day	Beginning with Second Visit	Beginning with Second Visit
to a maximum of	\$45.00 Per Visit	\$45.00 Per Visit
Benefits do not apply when related to surgery or physiotherapy.		
Medical Emergency: as defined herein and resulting in hospital confinement	65% of URC Charges	65% of URC charges

OTHER SERVICES

Ambulance Service: transportation to or from a hospital	Covered under Medical	Covered under Medical
	Emergency	Emergency
Consulting Physician: when requested and approved by the attending doctor	No Benefit	URC Charges
to a maximum of		\$50.00
Covered expenses will be paid under this benefit or under the Doctor's Visits benefit, but not both on the same day.		

**MAJOR MEDICAL COVERAGE
PLAN B ONLY**

When benefits covered under the Base Plan B have been paid, the Company will pay 80% 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 \$25,000.00 per injury or sickness for all benefits under the Base Plan B and this Major Medical Coverage will be allowed. Hospital room and board charges will be payable at the semi-private room rate.

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.

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 Student Health Center;
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 interscholastic, 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; 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, 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;
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. Treatment for mental or nervous disorders;
16. Hernia of any kind;
17. Injury of the primary insured covered under any other student accident insurance policy underwritten by TIG Premier Insurance Company;
18. 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;
19. That part of medical expense payable by any automobile insurance policy without regard to fault;
20. 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;
21. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
22. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood;
23. Rest cures or custodial care;
24. Personal services such as television and telephone or transportation.
25. Services covered or provided by the student health fee;
26. Psychotherapy;
27. Physiotherapy, except as specifically provided for in the Schedule;
28. Braces and appliances;
29. Replacement braces and appliances;
30. Assistant Surgeon services;
31. Expense incurred within your home country or country of regular domicile.