

# STUDENT ACCIDENT AND SICKNESS INSURANCE PROGRAM

Designed especially for the students of:

**St Ambrose  
University**

DAVENPORT, IOWA

2004-2005

1210-1638 (04)

## 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 Davenport, to the nearest doctor or hospital.
2. Secure a Company claim form from the Student Health Service, [www.heritage-ins.com](http://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**

For assistance with plan enrollment and explanation of this insurance plan, you may call:

**Rust & Associates  
1-800-336-0747**

REGIONAL REPRESENTATIVE:

**R** **RUST & ASSOCIATES**  
506 KELLOGG  
AMES, IOWA 50010-6228

ADMINISTERED BY:



[www.heritage-ins.com](http://www.heritage-ins.com)



UNDERWRITTEN BY:

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

## REPATRIATION AND MEDICAL EVACUATION

OPTIONAL FOR DOMESTIC STUDENTS  
MANDATORY FOR INTERNATIONAL STUDENTS

**(Additional Premium Required)**

### REPATRIATION EXPENSE

If the Insured dies prior to his/her termination date of coverage under the policy, benefits will be paid up to a maximum of \$7,500.00 for: a) cost of embalming; and b) transportation of the body to the Insured's home country. This benefit does not include the transportation expense of anyone accompanying the deceased.

### MEDICAL EVACUATION

If the insured, prior to his/her termination date of coverage under the policy, has been hospital confined for at least five (5) consecutive days, benefits will be paid up to a maximum of \$10,000.00 for transportation to the Insured's home country, upon recommendation by the attending physician and prior approval by the Company.

**IMPORTANT INFORMATION:** Please be sure to retain this brochure as it outlines the provisions of the Coverage Document. No individual policies will be issued. In the event of a claims dispute the Coverage Document will prevail.

### ELIGIBILITY

All domestic students taking credit hours and attending the University are eligible to participate in this program.

All international students attending the University are required to participate in this program or to show proof of other coverage satisfactory to the University.

Insured students must actively attend class 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.

Students may also secure family coverage. Eligible dependents are the spouse and unmarried children under nineteen years of age (or age twenty-five if a full-time student) who are not self-supporting and reside with 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 01, 2004; or
- 2) the semester beginning date as shown under premium rates; or
- 3) the day after the date of postmark when the premium is received by the Policyholder 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 01, 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 the period for which premium was paid.

## CONTINUOUS COVERAGE

If a covered person is continuously covered under the policy offered through St. Ambrose 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 St. Ambrose 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 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.

## 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:** 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.

## 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.

1. For treatment on an "Inpatient" basis, benefits will be the lesser of:
  - a. The Usual, Reasonable, and Customary Charges incurred for the first 30 days of Hospital Confinement per policy year; or
  - b. The first \$7,000.00 of covered charges less a co-payment of 10% to a maximum benefit of \$6,300.00 per policy year; or
  - c. The difference between \$7,000.00 and the benefits paid for Outpatient services.
2. For treatment on an "Outpatient" basis, benefits will be the lesser of:
  - a. The first \$2,000.00 of covered charges less a co-payment of 10% to a maximum benefit of \$1,800.00 per policy year; or
  - b. The difference between \$7,000.00 and the benefits paid for Inpatient Hospital Services.

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

## 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 year for any woman who is 40 years of age or older, or more frequently if recommended by the woman's doctor.

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

**The Insured Person is responsible for a \$50.00 deductible per injury and per sickness.**

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, not to exceed in the aggregate a maximum of \$5,000.00 per injury or sickness.

**INPATIENT COVERED EXPENSES**

	<b><u>PLAN A</u></b>	<b><u>PLAN B</u></b>
<b>Room and Board Expense:</b> daily semi-private room rate for a hospital stay and general nursing care provided and charged by the hospital, to a maximum of .....	\$300.00 Per Day	\$450.00 Per Day
<b>Miscellaneous Expenses:</b> 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 .....	\$2,000.00	\$2,000.00
<b>Surgeon:</b> doctor's fees for a surgical procedure .....	100% of URC Charges to a maximum of .....	100% of URC Charges \$2,000.00
<b>Anesthetist Services:</b> in conjunction with a surgical procedure .....	25% of the Surgeon's Fee Paid	35% of the Surgeon's Fee Paid
<b>Nurse:</b> during a hospital stay, ordered by a doctor, and medically necessary, to a maximum of .....	\$50.00 Per Day	\$50.00 Per Day
General nursing care provided by the hospital is not covered under this benefit.		
<b>Doctor's Visits:</b> during a hospital stay. Benefits are limited to one visit per day .....	\$50.00 Per Visit	\$50.00 Per Visit
to a maximum of .....	\$750.00	\$750.00
Benefits do not apply when related to surgery.		

**OUTPATIENT COVERED EXPENSES**

<b>Surgeon:</b> doctor's fees for a surgical procedure .....	100% of URC Charges to a maximum of .....	100% of URC Charges \$2,000.00
<b>Miscellaneous for Day Surgery:</b> 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, to a maximum of .....	\$1,000.00	\$1,000.00
<b>Anesthetist Services:</b> in conjunction with a surgical procedure .....	25% of Surgeon's Fee Paid	35% of Surgeon's Fee Paid
<b>Doctor's Visits:</b> beginning with the first visit for injury, second visit for sickness, limited to one visit per day .....	\$50.00 Per Visit	\$50.00 Per Visit
to a maximum of .....	\$750.00	\$750.00
Benefits do not apply when related to surgery or physiotherapy.		
<b>Physiotherapy:</b> when rendered at hospital out-patient services, limited to one visit per day .....	No Benefit	\$50.00 Per Visit
to a maximum of .....		\$750.00
<b>Medical Emergency:</b> as defined herein. Benefits will be paid at the usual, reasonable and customary charges, to a maximum of .....	\$500.00	\$500.00
<b>Diagnostic X-ray Services and Laboratory Procedures:</b> (including preventive cancer screening procedures, mammograms, PAP and PSA), when prescribed by the doctor for a diagnosed injury or sickness, to a maximum of .....	\$200.00	\$600.00
<b>Prescription Drugs:</b> for a covered sickness or injury, subject to a \$10.00 co-pay, to a maximum of .....	No Benefit	\$500.00

**OTHER SERVICES**

<b>Ambulance Service:</b> transportation to or from a hospital, to a maximum of .....	\$150.00	\$500.00
<b>Braces and Appliances:</b> when prescribed by a doctor and when a written prescription accompanies the claim when submitted, to a maximum of .....	\$250.00	\$250.00
No benefits will be paid for rental charges in excess of purchase price.		
<b>Dental Treatment:</b> performed by a doctor and made necessary by injury to sound, natural teeth, to a maximum of .....	\$300.00	\$300.00
<b>Dental Treatment,</b> performed by a doctor for extraction of impacted wisdom teeth, to a maximum of .....	\$50.00 Per Tooth	\$50.00 Per Tooth
<b>Non-malignant Moles and Warts,</b> to a maximum of .....	\$100.00	\$100.00

**MAJOR MEDICAL COVERAGE**

When benefits of \$5,000.00 have been paid under the Base Plan, 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 \$50,000.00 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.

**CATASTROPHIC MEDICAL BENEFITS  
(PLAN B ONLY)**

When benefits of \$50,000.00 have been paid under the Base Plan and Major Medical Coverage, the Company will pay 100% of the usual, reasonable and customary charges, subject to all provisions of the policy, which exceed the benefits paid under the Base Plan and Major Medical Coverage combined, and which are incurred while the Insured Person's coverage is in force. A Maximum Payment of \$500,000.00 per injury or sickness for all benefits under the Base Plan, Major Medical Coverage and these Catastrophic Medical Benefits will be allowed. Hospital room and board charges will be payable at the semi-private room rate.

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**ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE**

**Death Benefit:** The Company will pay \$2,000.00 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 .....\$2,000.00
- One hand and one foot,  
one hand or one foot  
and the sight of one eye .....\$2,000.00
- One hand or one foot or  
the sight of one eye .....\$1,000.00

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

**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.

## 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 Service or 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 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, bungie-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. 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;
13. Treatment in a government hospital unless the covered person is legally obligated to pay;
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, except as specifically provided for in the Schedule;
27. Physiotherapy, except as specifically provided for in the Schedule;
28. Braces and appliances, except as specifically provided for in the Schedule;
29. Replacement braces and appliances;
30. Assistant Surgeon services;
31. Expense incurred within your home country or country of regular domicile.