

**STUDENT
ACCIDENT & SICKNESS
INSURANCE PLAN
FOR THE STUDENTS OF**



MILWAUKEE, WISCONSIN

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 Marquette University.

Students who elect to purchase this insurance thereby establish a direct relationship with the insurance company. The University is not a party to that relationship and is not responsible for unpaid claims or other disputes.

This insurance plan includes a Preferred Provider Organization (PPO) provision.

4810-1665 (04)

CLAIM PROCEDURE

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

1. Report at once to the Student Health Service or when not on campus, to the nearest doctor or hospital.
2. Secure a Company claim form from the Student Health Service, website www.heritage-ins.com or from 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
FAX: 1-210-822-4113

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

Beechstreet, the Preferred Provider Organization (PPO), provides a full network of physicians and hospitals. Provider information is available by calling (800) 432-1776.

For additional information on this insurance plan, or for assistance on how to expedite claims, please contact:

R RUST & ASSOCIATES
506 KELLOGG
AMES, IOWA 50010
1-800-336-0747



"www.heritage-ins.com"



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 attending Marquette University and taking credit hours are eligible to participate in this insurance program.

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 legal Spouse and unmarried children under nineteen years of age (or age twenty-five if a full-time student) who are not self-supporting. A newborn child of any insured will be covered from the moment of birth for the first 60 days. An adopted child will be covered for 60 days from date of placement. You must enroll the newborn or adopted child and pay the required premium within 60 days after birth or date of placement. If premium is not paid within that time, coverage as to such child will terminate at the end of this 60 day period, except when, within one year after the birth of the child, all past due premium payments are made with interest at the rate of 5 and 1/2% per annum. Dependent eligibility expires concurrently with that of the Insured Student.

EFFECTIVE DATE OF COVERAGE

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

- 1) 12:00 Noon, Standard Time on August 22, 2004; or
- 2) the beginning date of the period of coverage for which premium has been paid; 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 22, 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 an insured is continuously covered for 12 months under the policy offered through Marquette University they will be covered for any sickness diagnosed or injury sustained while so covered. If an insured is continuously covered less than the 12-month period they will be given credit for the time covered. To qualify as Continuous Coverage, the insured must enroll for coverage through the University within 30 days of the end of the preceding policy. Coverage cannot be considered continuous if a break in enrollment of more than 30 days occurs.

PREFERRED PROVIDER NETWORK

If you use a doctor from our Preferred Provider Network, we will reimburse your covered expenses at a higher amount when compared to using a Non-Network Provider. We have made arrangements with Beech Street, a Preferred Provider Network, who has contracted with numerous hospitals, doctors and other health care providers in order to administer your care at a prearranged, preferred dollar amount. If you choose to use a Non-Network Provider, your benefits will be reduced to 50% of the amounts shown herein. Prior to seeking care with a Network Provider, you should always verify that the doctor continues to be a Network Provider. For a complete list of participating providers, you may access Beech Street's website at www.beechstreet.com or call 1-800-432-1776.

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.

LIMITATIONS

In any accident involving a motor vehicle or motor vehicles, the Company will pay all expenses not recoverable from other insurance according to the policy terms and up to its maximum amounts, provided that the operator of the vehicle (if the Insured is the operator or passenger therein) is properly licensed.

MENTAL AND NERVOUS DISORDERS ALCOHOL AND DRUG ABUSE COVERAGE

Benefits are payable for the treatment of mental or nervous disorders and alcoholism and drug 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. When confined as an "Inpatient", benefits will be paid to 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 eligible covered expenses less a co-payment of 10% to a maximum benefit of \$6,300.00.
 - (c) The difference between \$7,000.00 and the benefits paid for outpatient services.
2. For treatment as an "Outpatient", benefits will be the lesser of:
 - (a) The first \$2,000.00 of eligible covered expenses less a co-payment of 10% to a maximum benefit of \$1,800.00.
 - (b) The difference between \$7,000.00 and the benefits paid for inpatient Hospital Services.
3. For "Transitional Treatment", benefits will be the lesser of:
 - (a) The first \$3,000.00 of eligible covered expenses less a co-payment of 10% to a maximum benefit of \$2,700.00.
 - (b) The difference between \$7,000.00 and the benefits paid for "Inpatient" and/or "Outpatient" Hospital Services.

Transitional Treatment means: Mental Health services for adults, children and adolescents in a day treatment program; persons with chronic mental illness, or with chronic alcohol or drug dependency. Other policy provisions may affect Transitional Treatment benefits in addition to specific limitations described within the Policy.

ADDITIONAL MEDICAL BENEFITS

Benefits are payable subject to the policy limitations for the following additional benefits: home health care services; skilled nursing care; mammography screening; gynecological services (Pap test, pelvic exam and associated lab fees); Insulin infusion pumps and other equipment and supplies for the treatment of diabetes and for diabetic self-management education program; treatment of kidney disease, including dialysis, transplantation and donor related services; for children under age 6, blood lead tests; temporomandibular joint disorder treatment; anesthetics for dental care for certain individuals; breast reconstruction of affected tissue incident to a mastectomy which is covered under the policy; immunizations from birth to age 6.

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

The first \$150.00 of covered charges is a Policy Year deductible and is the responsibility of the Insured.

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 of: 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 \$15,000.00 per injury or sickness.

Please refer to the Preferred Provider Organization provision described herein as benefits will be reduced if the PPO's network of hospitals and physicians is not utilized.

INPATIENT COVERED EXPENSES

	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
Room and Board Expense: daily semi-private room rate for a hospital stay and general nursing care provided and charged by the hospital	80% of URC	50% of URC
Intensive Care: including 24-hour nursing care	80% of URC	50% of URC
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	80% of URC	50% of URC
Physiotherapy: when prescribed by the attending doctor	80% of URC	50% of URC
Surgeon: doctor's fees for a surgical procedure	80% of URC	50% of URC
Anesthetist Services: in conjunction with a surgical procedure	80% of URC	50% of URC
Nurse: during a hospital stay, ordered by a doctor, and medically necessary	80% of URC	50% of URC
General nursing care provided by the hospital is not covered under this benefit.		
Doctors Visits: during a hospital stay. Benefits are limited to one visit per day	80% of URC	50% of URC
Benefits do not apply when related to surgery.		

OUTPATIENT COVERED EXPENSES

Surgeon: doctors fees for a surgical procedure	80% of URC	50% of URC
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	80% of URC	50% of URC
Anesthetist Services: in conjunction with a surgical procedure	80% of URC	50% of URC
Doctors Visits: limited to one visit per day	80% of URC	50% of URC
Benefits do not apply when related to surgery or physiotherapy	Subject to a \$20 Co-pay	Subject to a \$20 Deductible
Physiotherapy: when prescribed by the attending doctor, limited to one visit per day	80% of URC	50% of URC
Medical Emergency: as defined herein	80% of URC	50% of URC
Diagnostic X-rays Services: when prescribed by the attending doctor	80% of URC	50% of URC
Radiation Therapy: when prescribed by the attending doctor	80% of URC	50% of URC
Laboratory Procedures (to include negative procedures): when prescribed by the attending doctor	80% of URC	50% of URC
Miscellaneous Tests and Procedures: diagnostic services and medical procedures performed by a doctor, excluding doctor's visits; physiotherapy; X-rays; and laboratory procedures	80% of URC	50% of URC
Prescription Drugs: for a covered sickness or injury, subject to a \$5.00 deductible (waived when dispensed at the Student Health Center)	80% of URC	80% of URC
to a maximum of	\$500.00	\$500.00
Chemotherapy: when prescribed by the attending doctor, to a maximum of	80% of URC	50% of URC

OTHER SERVICES

Ambulance Service: transportation to or from a hospital	80% of URC	80% of URC
Braces and Appliances: when prescribed by a doctor and when a written prescription accompanies the claim when submitted	80% of URC	50% of URC
to a maximum of	\$500.00	\$250.00
No benefits will be paid for rental charges in excess of purchase price.		
Consulting Physician: when requested and approved by the attending doctor	80% of URC	50% of URC
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	80% of URC	50% of URC
to a maximum of	\$200.00 Per Tooth	\$100.00 Per Tooth
Impacted Wisdom Teeth:	80% of URC	50% of URC
to a maximum of	\$125.00 Per Tooth	\$62.50 Per Tooth

MAJOR MEDICAL COVERAGE

When benefits of \$15,000.00 have been paid under the Base Plan, the Company will pay 100% (In-Network) or 60% (Out-of-Network) 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 \$500,000.00 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.

INTERNATIONAL ASSISTANCE PROGRAM

**Provided by: American International Group
(Additional Fee Required)**

The student has the option to purchase the International Assistance Program (IAP) at the time of initial enrollment in the Student Accident and Sickness Insurance Program. The IAP program provides 24-hour emergency telephone assistance service available during the Insured's coverage period. In the event of a medical emergency, English speaking help and advice may be available to you. Please see the International Assistance Program brochure for detailed information about this program, visit our website at www.heritage-ins.com, call 1-800-310-5244 within the USA or Canada, or call collect 1-713-267-2525 outside the USA or Canada.

****This program must be purchased at the time of enrollment in the student health plan.**

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EXCLUSIONS

- Injury of the primary insured covered under any student accident insurance policy underwritten by us.
- 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.
- Services and supplies furnished normally without charge by the University's infirmary, its employees, or doctors who work for the participating institution
- Services covered or provided by the student health fee.
- Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury.
- Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a sickness or injury covered by the policy.
- Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an injury covered by the policy.
- Dental treatment, except as specifically provided for in the Schedule.
- War or any act of war, declared or undeclared, or while in the armed forces of any country.
- Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
- Intentionally self-inflicted injury, suicide or any attempt thereat.
- Injury of any covered person sustained while:
 - a. Participating in any school, professional or organized sports contest or competition, unless specifically list in the Schedule;
 - b. Traveling to or from such sport, contest or competition as a participant; or
 - c. During participation in any practice or conditioning program for such sport, contest or competition.
- Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
- 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 an medical emergency basis; and
 - b. A legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance.
- Injury caused by, or resulting from, the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's doctor.
- Elective surgery and elective treatment, except as required to correct an injury for which benefits are otherwise payable under the policy.
- Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
- Assistant surgeon services,
- Replacement braces and appliances.
- For international students, expense incurred within your home country or country of regular domicile.
- 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.
- That part of medical expense payable by any automobile insurance policy without regard to fault.
- 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:
 - (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
 - (ii) 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.
- Travel in or upon:
 - a. Any two-or three-wheeled motor vehicle; or
 - b. Any off-road motorized vehicle not requiring licensing as a motor vehicle except for a snowmobile.
- Any accident where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
- Preventive medicines, serums, vaccines.
- Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
- Blood or blood plasma, except for charges by a hospital for the processing or administration of blood;
- Rest cures or custodial care.
- Personal services such as television and telephone or transportation.
- A hernia of any kind.