

**STUDENT/SCHOLAR  
ACCIDENT  
&  
SICKNESS  
INSURANCE  
PROGRAM**

*Designed for the International  
Students/Scholars of*

**EDGEWOOD COLLEGE**

**2004-2005**

**Policy No.: GLB 9709444B**

**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

**ADMINISTERED BY:**



**[www.Heritage-Ins. Com](http://www.Heritage-Ins. Com)**

**UNDERWRITTEN BY:**

**THE INSURANCE COMPANY OF THE  
STATE OF PENNSYLVANIA  
WITH ITS PRINCIPAL PLACE OF  
BUSINESS IN NEW YORK, NY**

Brochure No. 4810-1675 (04)

**INTERNATIONAL ASSISTANCE PROGRAM**  
**Provided by: American International Group**

The International Assistance Program (IAP) is offered along with this Accident and Sickness Insurance Program. The premium rates include both programs. 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](http://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.

**CLAIM PROCEDURE**

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

1. Report at once to Campus Health Services or Infirmary when it is open, or when not in Madison, to the nearest doctor or hospital.
2. Secure a claim form from Campus Health Services, [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**

**IMPORTANT INFORMATION:** This is an outline of your insurance which describes the benefits and exclusions. However, the master policy is on file at the College and may contain additional provisions affecting your coverage and will prevail in the event of a claims dispute.

**UNIVERSITY REQUIREMENTS**

All foreign students and scholars are required to participate in this insurance program.

**ELIGIBILITY**

All foreign students and scholars under the age of 70 attending Edgewood College.

Insured students may also purchase dependent coverage. Eligible dependents are the spouse (residing with the Insured Student) and unmarried children under 19 years of age who are not self-supporting and reside with the Insured student. Dependent eligibility expires concurrently with that of the Insured Student.

**EFFECTIVE DATE OF COVERAGE**

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

- 1) 12:01 a.m., Standard Time on August 12, 2004; or
- 2) the semester beginning date; or
- 3) the day after the date of postmark when the premium is received by the College, Company Agent or Administrator.

Coverage will always become effective at 12:01 a.m., 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, except when the Insured withdraws from school and resumes residency in his/her home country.

**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) 12:01 a.m., Standard Time on August 12, 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**

Coverage for an Insured Person will be considered as continuous during consecutive periods of insurance (such as Fall and Spring, Spring and Summer, etc.) when premium payment is received by the Policyholder, Company Agent or Administrator within 15 days of the beginning date of the period of coverage purchased regardless of any breaks in calendar days between consecutive periods of insurance (Fall, Spring, Summer, etc.). This Continuous Coverage provision will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.

**PRE-EXISTING CONDITION WAIVER**

The pre-existing condition exclusion will be waived for those conditions which were symptom free as to the Insured during the 12-month period immediately preceding the Insured's effective date of coverage or for those conditions which were treated, diagnosed and/or first manifested themselves as to the Insured while such insured was covered by the Insurance Program sponsored by Edgewood College, provided the insured has maintained continuous and uninterrupted coverage since the onset of such illness or date of injury. However, in no event will the benefits payable under this plan exceed the amounts that would have been paid by the plan in the year in which coverage was first purchased.

**EXTENSION OF BENEFITS AFTER TERMINATION**

The coverage provided under the policy ceases on the termination date. However, if an Insured is hospital confined on the termination date from a covered injury or sickness for which benefits were paid before the termination date, covered medical expenses for such injury or sickness will continue to be paid until the insured is discharged but not to exceed 90 days after the termination date.

The total payments made in respect of the Insured for such condition both before and after the termination date will never exceed the maximum benefit.

**ACCIDENTAL DEATH & DISMEMBERMENT INDEMNITY**

The Company shall pay an indemnity, in addition to the medical expense benefits provided herein, if an Insured Person sustains a loss, as listed below. within 180 days after the date of accident causing such loss. If more than one loss is sustained as the result of one accident, only the largest amount shall be payable.

**For Loss of:**

Life .....	\$2,000.00
Both Hand or Both Feet or Sight of Both Eyes .....	\$2,000.00
One Hand and One Foot .....	\$2,000.00
Either Hand or Foot and Sight of One Eye .....	\$2,000.00
Either Hand or Foot .....	\$1,000.00
Sight of One Eye .....	\$1,000.00

Only one of the amounts shown above, the largest, will be paid for loss resulting from any one accident, and shall be in addition to any other indemnity payable for such accident. The term "loss" shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight.

**PSYCHOTHERAPY**

Benefits are payable for the treatment of Mental or Nervous Disorder, Alcoholism and Drug Abuse, subject to all terms and conditions of the policy and the provisions outlined below:

1. When confined as an "Inpatient" benefits will be paid to the lesser of :
  - (a)The Usual and Customary Charges incurred for the first 30 days of Hospital Confinement per policy year; or
  - (b)The first \$7,000.00 of eligible incurred charges 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 incurred charges 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 incurred charges 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.

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.

**MEDICAL EXPENSE BENEFITS SCHEDULE**

The Insured is responsible for a \$50.00 deductible per Injury and per Illness. The deductible is waived if treatment is first received at or referred by the Campus Health Services.

The Company will pay benefits, as described below, for the usual and customary charges incurred while the Insured Person's coverage is in force for treatment by a licensed physician for: 1) accidental bodily injury when first treatment commences within 90 days of the date of injury, or 2) illness beginning with the date of first treatment, not to exceed a maximum of \$250,000.00 per injury or illness.

**INPATIENT BENEFITS**

- Room & Board Expense**, including general nursing care, up to the ..... Semi-Private Room Rate
- Intensive Care**, including 24-hour nursing care ..... Usual & Customary Charges  
up to ..... 2½ Times the Semi-Private Room Rate
- Hospital Miscellaneous Expenses**, for services and supplies limited to: 1) the cost of an operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take-home drugs); 6) miscellaneous supplies; 7) pre-admission testing; etc. .... Usual & Customary Charges
- Physiotherapy**, when prescribed by the attending physician and administered by a licensed physiotherapist ..... Usual & Customary Charges
- Surgery**, physician's fees for a surgical procedure ..... Usual & Customary Charges
- Anesthetist Services**, in conjunction with Surgery ..... Usual & Customary Charges
- Registered Graduate Nurse**, when prescribed by the attending physician ..... Usual & Customary Charges
- Physician's Visits**, when a surgery benefit is not paid ..... Usual & Customary Charges

**OUTPATIENT BENEFITS**

- Surgery**, physician's fees for a surgical procedure ..... Usual & Customary Charges
- Day Surgery Miscellaneous**, when surgery is performed in a hospital emergency room, trauma center, physician's office, outpatient surgical center or clinic, for services and supplies limited to: 1) operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines; and 6) miscellaneous supplies, in the aggregate up to ..... 2 Times the Surgery Fee Paid
- Anesthetist Services**, in conjunction with Surgery ..... Usual & Customary Charges
- Physician's Visits**, when a surgery benefit is not paid ..... Usual & Customary Charges
- Physiotherapy**, when prescribed by the attending physician and administered by a licensed physiotherapist ..... Usual & Customary Charges
- Medical Emergency Expenses**, incurred in a hospital emergency room, surgical center, or clinic ..... Usual & Customary Charges
- Diagnostic X-ray Services**, when prescribed by the attending physician ..... Usual & Customary Charges  
Subject to a ..... \$10.00 Co-pay
- Laboratory Procedures**, when prescribed by the attending physician ..... Usual & Customary Charges  
Subject to a ..... \$10.00 Co-pay
- Prescription Drugs**, for a covered injury or illness ..... Usual & Customary Charges

**OTHER BENEFITS**

- Ambulance Service**, for ground transportation to or from a hospital, up to a ..... \$500.00 Maximum Per Trip
- Dental Treatment**, of injury to sound, natural teeth, up to ..... \$500.00 Per Tooth
- Treatment of Boils** ..... Covered as any other Illness

## MAMMOGRAM BENEFIT

When performed at the direction of a Physician or nurse practitioner, benefits will be provided for low-dose mammography for an Insured woman aged 50 or older on an annual basis; or for a woman aged 45 or older provided a low dose mammography test was not performed within the period 2 years prior to the test performed while insured hereunder, or when prior testing had been performed between the ages 45 and 49 and prior to the effective date of her coverage.

An Insured woman will also qualify for benefits if she does not have a regular licensed physician or nurse practitioner when she designates a qualified licensed physician to receive the results of the examination and any previous low-dose mammography testing had been performed at the direction of a licensed physician.

## DEFINITIONS

**Illness** – means sickness or disease of any kind contracted and commencing after the effective date of the policy and causing loss covered by the policy.

(Intentionally Left Blank)

**Injury** – means bodily injury caused by an accident that: (1) occurs while the policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity and (3) results directly and independently of all other causes in a covered loss.

**Physician** – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder. Such definition will exclude chiropractors and physiotherapists.

**Usual & Customary Charges** – means an average of charges by other providers, within the same zip code, for the same or similar service or equipment.

## EXCLUSIONS

Unless otherwise provided within the Schedule of Benefits, no benefits shall be payable for medical expenses provided with respect to expenses incurred:

1. For Pre-Existing Conditions, defined as any illness which was contracted or which manifested itself, or for which treatment or medication was prescribed 12 months prior to the effective date of this insurance;
2. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
3. For suicide or any attempt thereof while sane or self-destruction or any attempt thereof while insane;
4. Due to declared or undeclared war or any act thereof;
5. For injury sustained while participating in practice or play of interscholastic, intercollegiate, club, semi-professional and professional sports or travel connected therewith;
6. For pregnancy or child birth (except when conception occurred while insured hereunder); elective abortion; elective caesarean section;
7. For routine physical or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a physician;
8. For cosmetic or plastic surgery, except as the result of an accident;
9. For elective surgery which can be postponed until the insured returns to his/her country of residence;
10. For any mental or nervous disorders(except as specifically provided) or rest cures;
11. For dental care, except as the result of injury to natural teeth caused by an accident;
12. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
13. In connection with alcoholism and drug addiction (except as specifically provided), or use of any drug or narcotic agent;
14. For congenital anomalies and conditions arising out of or resulting therefrom;
15. For expenses which are non-medical in nature;
16. For expenses as a result of or in connection with an intentionally self-inflicted injury;
17. For expenses as a result of or in connection with the commission of a felony offense;
18. For specific named hazards: motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing, and piloting any aircraft;
19. For treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;
20. For any expenses for services rendered by any member of an Insured's family or by employees or physicians or other persons employed or retained by the Participant or for the use of the Participant's facilities except those benefits specifically listed as payable at the Participant's Health Service, Infirmary or Hospital;
21. For preventive medicines, serums or vaccines, shots or injections (unless required as a result of accidental bodily injury and administered within 24 hours);
22. For allergy testing or treatment;
23. For diagnostic testing, evaluation or treatment in connection with infertility, fertility, birth control or impotence;
24. For treatment or removal of non-malignant moles; warts or boils; acne; actinic or seborrheic keratosis (example: sun-spots or skin blemishes); dermatofibrosis; or nevus of any description or form (example: birth marks); bunions; keloid surgery (except when as a result of an accidental bodily injury or sickness incurred while insured); hernia of any kind; varicosity; sleep disorders, including the testing thereof; deviated nasal septum, including submucous resection and/or other surgical correction thereof except when the direct result of accidental bodily injury incurred while insured hereunder;
25. For venereal disease;
26. For private air travel, to include ballooning or ultra-light aircraft; parasailing; hang gliding; bungee jumping; travel in or upon a snow mobile or ATV (all terrain or similar type vehicle); travel in or upon any three-wheeled vehicle; racing of any kind.