

**INTERNATIONAL
STUDENT
ACCIDENT AND
SICKNESS
INSURANCE
PROGRAM**



**UNIVERSITY OF
WISCONSIN OSHKOSH**

2004-2005

Policy No.: GLB 9709445B

CLAIM PROCEDURE

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

1. Report at once to the nearest doctor or hospital.
2. Secure a claim form by contacting Heritage Insurance Managers at www.heritage-ins.com or from the address below. Claim forms are also available at the Dean of Students, Dempsey 125. 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 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

Underwritten By:

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

Brochure No.: 4810 -1679 (04)

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 Hands 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.

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.

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 and Customary Charges - means an average of charges by other providers within the same zip code for the same or similar service or equipment.

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 the University of Wisconsin Oshkosh.

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 TIME AND 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 22, 2004; or
- 2) the beginning date as shown under Premium Rates for the specified period of coverage (Fall or Spring and Summer)

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 under the policy with respect to the Insured Student shall terminate on the earlier of:

- 1) the last day of the period for which premium has been paid; or
- 2) 12:01 a.m., 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

Coverage for an Insured individual will be considered as continuous during consecutive periods of insurance (Fall and Spring, Spring and 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.

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 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.

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 The University of Wisconsin Oshkosh, 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.

EXCESS BENEFITS

All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

PSYCHOTHERAPY

Benefits will be payable for treatment of Mental and Nervous Disorders, Alcoholism and Drug Abuse, subject to all terms and conditions of the policy and the provisions outlined below:

1. For treatment on an "Inpatient" basis, benefits will be 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 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 eligible incurred 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.
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 per policy year; or
 - b. The difference between \$7,000.00 and the benefits paid for "Inpatient" and/or "Outpatient" Hospital Services.

MAMMOGRAM BENEFIT

When performed at the direction of a licensed 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 hereunder.

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 which had been performed at the direction of a licensed physician.

MAJOR MEDICAL SUPPLEMENT

When benefits of \$5,000.00 have been paid under the Base Plan, the Company will pay 80% of the usual and customary medical charges which exceed the benefits paid under the Base Plan and which are incurred while this insurance is in force. A maximum payment of \$50,000.00 per accidental bodily injury or illness for all benefits under both the Base Plan and this Major Medical Supplement will be allowed. Hospital room and board benefits are limited to the semi-private rate.

CATASTROPHIC MEDICAL BENEFITS

When benefits of \$50,000.00 have been paid under the Base Plan and Major Medical Supplement, the Company will pay 100% of the usual and customary medical charges, subject to all provisions of the Policy, which exceed the benefits paid under the Base Plan and Major Medical Supplement combined which are incurred while this insurance is in force, up to a Maximum Payment of \$250,000.00 per accidental bodily injury or illness for all benefits under the Base Plan, Major Medical Supplement and these Optional Catastrophic Medical Benefits. Hospital room and board benefits are limited to the semi-private rate.

OPTIONAL REPATRIATION EXPENSE (J-Visa Faculty Only)

The Company will pay the reasonable covered expenses incurred to return the Insured Person's body home if he or she dies, not to exceed the maximum of \$7,500.00.

Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation.

OPTIONAL EMERGENCY MEDICAL EVACUATION (J-Visa Faculty Only)

The Company will pay benefits for covered evacuation expenses incurred up to a maximum of \$10,000.00 if an injury or emergency sickness commencing during the course of the trip while the student is at least 100 miles from home results in a necessary evacuation. Covered expenses are for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the Insured Person.

OPTIONAL INTERCOLLEGIATE SPORTS COVERAGE

Injuries sustained while participating, playing or traveling to or from an intercollegiate sports event as a member of a sports team or tryout squad will be covered on the same basis as any other injury when the required additional premium has been paid.

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, call 1-800-310-5244 within the USA or Canada, or call collect 1-713-267-2525 outside the USA or Canada.

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

**MEDICAL EXPENSE BENEFITS SCHEDULE
BASE PLAN**

The Insured is responsible for a \$50.00 deductible per injury and per illness.

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 30 days of the date of injury, or 2) illness beginning with the date of first treatment, not to exceed a maximum of \$5,000.00 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, up to	2 ½ X the Room & Board Charge
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); and 6) pre-admission testing	Usual & Customary
Physiotherapy , when prescribed by the attending physician and administered by a licensed physiotherapist	Usual & Customary
Surgery , Physician's fees for a surgical procedure	Usual & Customary
Anesthetist Services , in conjunction with surgery	Usual & Customary
Registered Nurse's Services , when prescribed by the attending physician	Usual & Customary
Physician's Visits , one visit per day when a surgery benefit is not paid	Usual & Customary

OUTPATIENT BENEFITS

Surgery , Physician's fees for a surgical procedure	Usual & Customary
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; etc.	Usual & Customary Two Times the Surgery Fee Paid
Anesthetist Services , in conjunction with surgery	Usual & Customary
Physician's Visits , one visit per day when a surgery benefit is not paid	Usual & Customary
Physiotherapy , when prescribed by the attending physician after a surgical procedure has been performed and when administered by a licensed physiotherapist, limited to one visit per day, subject to a \$50.00 co-payment	Usual & Customary
Medical Emergency Expenses , incurred in a hospital emergency room	Usual & Customary
Diagnostic X-ray Services , when prescribed by the attending physician, Subject to a \$10.00 co-pay	Usual & Customary
Laboratory Procedures , when prescribed by the attending physician, Subject to a \$10.00 co-pay	Usual & Customary
Miscellaneous Tests and Procedures , when prescribed by the attending physician for an incurred loss for which no other policy benefit is provided, subject to a \$10.00 co-pay	Usual & Customary
Prescription Drugs , when prescribed for the treatment of a covered injury or illness	Usual & Customary

OTHER BENEFITS

Ambulance Service , for ground transportation to or from a hospital, up to a	\$500.00 Per Trip
Dental Treatment , for treatment of injury to sound, natural teeth, up to	\$200.00 Per Tooth
Registered Nurse Services , when prescribed by the attending physician on an outpatient basis	Usual & Customary
Excluded conditions to be covered as any other disability include venereal disease and injuries resulting from club sports and snow-mobile accidents.	

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 thereat while sane or self-destruction or any attempt thereat 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 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, 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.