

HERITAGE INSURANCE MANAGERS, INC.

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

DESIGNED ESPECIALLY FOR THE STUDENTS OF:

**ALBUQUERQUE
TECHNICAL - VOCATIONAL
INSTITUTE**
ALBUQUERQUE, NEW MEXICO

2004-2005

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

3010-1747 (04)

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.

CLAIM PROCEDURE

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

1. Report at once to the nearest doctor or hospital.
2. Secure a Company claim form from the Student Services Office, website 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 additional information about this insurance plan, please contact the local agent:

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

ADMINISTERED BY:



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 taking credit hours and attending the Institute are eligible to participate in this insurance program. Students must actively attend classes 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.

Insured students may also purchase dependent 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. Dependent eligibility expires concurrently with that of the Insured Student.

A newborn child will be covered for 45 days from birth. An adopted child will be covered for 45 days from the date of placement. To continue coverage after the 45-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 September 1, 2004; or
- 2) The day after the date of postmark when the premium is received by the Policyholder, Company Agent or Administrator as related to any semester beginning date.

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 January 1, 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 Albuquerque Technical-Vocational Institute, 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 Albuquerque Technical-Vocational Institute 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.

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.

EXCESS INSURANCE

Benefits are payable for covered expenses not otherwise covered and payable by any other plan providing medical expense benefits.

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 60% of the amounts shown herein or as shown on the Medical Expense Benefits Schedule. 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.

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

Death Benefit: The Company will pay \$5,000.00 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	\$5,000.00
One hand and one foot, one hand or one foot and the sight of one eye	\$5,000.00
One hand or one foot or the sight of one eye	\$2,500.00

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

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 eligible covered expenses 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 covered expenses 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.

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

The Insured Person is responsible for the first \$50.00 of eligible expenses 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 90 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 \$6,500.00 per injury or sickness.

INPATIENT COVERED EXPENSES

IN-NETWORK

OUT-OF-NETWORK

Room and Board Expense: daily semi-private room rate for a hospital stay and general nursing care provided and charged by the hospital Semi-private 60% of Semi-private Room Rate Room Rate

Intensive Care: including 24-hour nursing care Covered under Covered under Room & Board Room & Board

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 \$2,000.00 Maximum \$1,200.00 Maximum

Physiotherapy: when prescribed by the attending doctor Covered under Covered under Miscellaneous Expenses Miscellaneous Expenses

Surgeon: doctor's fees for a surgical procedure, to a maximum of \$2,000.00 \$1,200.00

Anesthetist Services: in conjunction with a surgical procedure 25% of the Surgeon's 25% of the Surgeon's Fee Paid Fee Paid

Nurse: during a hospital stay, ordered by a doctor, URC Charges 60% of URC and medically necessary.
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 . \$75.00 Per Visit / \$45.00 Per Visit / Benefits do not apply when related to surgery. 30 Visits Maximum 30 Visits Maximum

OUTPATIENT COVERED EXPENSES

Surgeon: doctor's fees for a surgical procedure, to a maximum of \$2,000.00 Maximum \$1,200.00 Maximum

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, to a maximum of \$2,000.00 \$1,200.00

Anesthetist Services: in conjunction with a surgical procedure 25% of Surgeon's Fee Paid 25% of Surgeon's Fee Paid

Doctor's Visits: limited to one visit per day, to a maximum of \$75.00 Per Visit / \$45.00 Per Visit / Benefits do not apply when related to surgery. 5 Visits Maximum 5 Visits Maximum

Physiotherapy: when prescribed by the attending doctor, limited Covered under Covered under to one visit per day Doctor's Visits Doctor's Visits

Outpatient Miscellaneous Benefit: aggregate maximum benefit for 1-7 below \$2,000.00 \$1,200.00

- 1) **Medical Emergency Expenses:** incurred in a hospital emergency room, surgical center, or clinic
- 2) **Diagnostic X-ray Services:** when prescribed by the attending doctor
- 3) **Radiation Therapy:** when prescribed by the attending doctor
- 4) **Laboratory Procedures:** when prescribed by the attending doctor
- 5) **Miscellaneous Test and Procedures:** diagnostic services and medical procedures performed by a doctor, excluding doctor's visits; physiotherapy; X-rays; and laboratory procedures
- 6) **Injections:** when administered in the doctor's office and charged on the doctor's statement
- 7) **Chemotherapy:** when prescribed by the attending doctor

Prescription Drugs: for a covered sickness or injury, 80% of the 80% of the to a maximum of URC Charges URC Charges \$200.00 \$200.00

OTHER SERVICES

Ambulance Service: transportation to or from a hospital, to a maximum of \$500.00 \$500.00

Braces and Appliances: when prescribed by a doctor and when a written prescription accompanies the claim when submitted, to a maximum of \$200.00 \$120.00
No benefits will be paid for rental charges in excess of purchase price.

Consulting Physician: when requested and approved by the attending doctor, to a maximum of \$200.00 \$120.00
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, to a maximum of \$250.00 Per Tooth \$150.00 Per Tooth

MAJOR MEDICAL COVERAGE

When benefits of \$6,500.00 have been paid under the Base Plan, the Company will pay 80% (In-Network) or 50% (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 \$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.

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INTERNATIONAL ASSISTANCE PROGRAM Provided by: American International Group

The International Assistance Program (IAP) is offered along with this Accident and Sickness Insurance Plan. The premium rates include both programs. The IAP plan 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 plan, 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.

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 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, 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 with 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 (international student) home country or country of regular domicile.

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 Albuquerque Technical – Vocational Institute.

The Coverage Document is made available to the students of Albuquerque T-VI. However, it is not sponsored nor endorsed by this school in any form.