

**STUDENT
ACCIDENT
&
SICKNESS
INSURANCE
PLAN**

**Designed Especially for
the Students of:**



**HOUSTON COMMUNITY
COLLEGE SYSTEM**

2004-2005

4242-1902 (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 school, to the nearest doctor or hospital.
2. Secure a company claim form from the Student Health Service, 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
FAX: 1-210-822-4113

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

AGENT:

Lola Slater
Lola Slater Insurance
4505 Caroline
Houston, Texas 77004
713-524-7607

ADMINISTERED BY:



www.heritage-ins.com
1-800-456-7480



UNDERWRITTEN BY:

TIG Premier Insurance Company
a Fairmont Specialty Group Company

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 this Institution.

HOUSTON COMMUNITY COLLEGE SYSTEM

To HCCS students and their parents or guardians:

Houston Community College System cares about the health and well being of its students. Untimely accidents or illness can seriously affect a student's academic career, and many of our students may not have adequate health insurance coverage. Houston Community College System is pleased to assist students and their families by offering student health and accident insurance for the 2004-2005 school year through Heritage Insurance Managers, Inc. The accident and sickness plan described in this brochure provides flexible, low-cost insurance for full or part-time students who have no coverage or who would like supplemental coverage.

Even if you are already covered through a family or employer-provided health insurance plan, you should check the policy carefully to make certain you are sufficiently protected. Many policies covering dependents require that students be enrolled **full-time (12 hours) at the time of an accident or illness**. HCCS is not responsible for student's injuries or sicknesses. We urge all students to make certain they have adequate insurance coverage.

We encourage you to read this brochure carefully and give this plan your careful attention.

ELIGIBILITY

All students attending classes within the Houston Community College System 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 (residing with the Insured Student) 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 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 28, 2004; or
- 2) 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, except when the international 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) 12:00 Noon, Standard Time on August 28, 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 Houston Community College, 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 Houston Community College 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.

DEFINITIONS

Deductible: means 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: means 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: means 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: means 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 ones 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: means 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: means (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.

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.

**MEDICAL EXPENSE BENEFITS SCHEDULE
BASE PLAN**

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 \$3,000.00 per injury or sickness.

INPATIENT COVERED EXPENSES

Room and Board Expense: daily semi-private room rate for a hospital stay and general nursing care provided and charged by the hospital Covered under Miscellaneous Expenses

Intensive Care: including 24-hour nursing care Covered under Miscellaneous Expenses

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, to a maximum of \$400.00 Per Day

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

Surgeon: doctor's fees for a surgical procedure, having a \$120.00 Conversion Factor
to a \$1,000.00 Maximum

Assistant Surgeon: in conjunction with a surgical procedure 20% of the Surgeon's Fee Paid

Doctor's Visits: during a hospital stay. Benefits are limited to one visit per day \$30.00 Per Visit
to a \$900.00 Maximum
Benefits do not apply when related to surgery.

OUTPATIENT COVERED EXPENSES

Surgeon: doctor's fees for a surgical procedure, having a \$120.00 Conversion Factor
to a \$1,000.00 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 \$500.00 Maximum

Assistant Surgeon: in conjunction with a surgical procedure 20% of the Surgeon's Fee Paid

Outpatient Miscellaneous Benefit: (aggregate maximum for Items 1-2) \$150.00 Maximum

- 1) **Diagnostic X-ray Services**, when prescribed by the attending doctor.
- 2) **Laboratory Procedures**, when prescribed by the attending doctor.

Doctor's Visits: beginning with the first visit for injury or beginning with the second visit for sickness, limited to one visit per day \$30.00 Per Visit
to a \$150.00 Maximum
Benefits do not apply when related to surgery or physiotherapy.

Medical Emergency: as defined herein. Benefits will be paid at the usual, reasonable and customary charges, to a \$150.00 Maximum

OTHER SERVICES

Ambulance Service: transportation to or from a hospital, up to \$50.00 Per Trip

Consulting Physician: when requested and approved by the attending doctor, to a \$100.00 Maximum
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 \$250.00 Maximum

Maternity: Same as any other Sickness

MAJOR MEDICAL COVERAGE

When benefits of \$3,000.00 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 \$10,000.00 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.

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;
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 Service;
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);
7. Elective surgery and elective treatment except as required to correct an Injury for which benefits are paid under this Policy;
8. War or act of war, declared or undeclared, or while in the armed forces of any country;
9. Participation in a riot or civil disorder; fighting (except self-defense); commission of, or attempt to, commit a felony;
10. Suicide or attempted suicide, or intentionally self-inflicted injury;
11. 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;
12. 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;
13. Treatment in a government hospital unless the covered person is legally obligated to pay;
14. 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;
15. Injury or Sickness for which benefits are paid or payable by any workers Compensation or Occupational Disease Law or Act or similar legislation;
16. Treatment for mental or nervous disorders;
17. Hernia of any kind.
18. Injury of the primary insured covered under any other student accident insurance policy underwritten by TIG Premier Insurance Company;
19. 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;
20. That part of medical expense payable by any automobile insurance policy without regard to fault;
21. 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;
22. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
23. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood;
24. Rest cures or custodial care;
25. Personal services such as television and telephone or transportation.
26. Services covered or provided by the student health fee;
27. Psychotherapy;
28. Braces and appliances;
29. Expense incurred within your (international student) home country or country of regular domicile.