

# STUDENT INJURY & SICKNESS INSURANCE PLAN

Designed for the Students of:



*Carroll  
College*

Waukesha, WI

2004-2005

4810-1999 (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 claim form from the Carroll College Walter Young Center, [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**

## AGENT:

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

## ADMINISTERED BY:



[www.heritage-ins.com](http://www.heritage-ins.com)

**Fairmont** | Specialty Group  
a FAIRFAX company

## UNDERWRITTEN BY:

**TIG Premier Insurance Company  
a Fairmont Specialty Group Company**

## DEFINITIONS

## ELIGIBILITY

**Company:** herein called "we", "our", or "us".

**Covered Expenses:** charges not in excess of the usual, reasonable and customary charge; not in excess of the maximum benefit amount payable per service as shown herein; made for medical services and supplies not excluded under the policy; made for services and supplies which are medically necessary; and made for medical services specifically included herein.

**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.

All registered students taking twelve credit hours are required to participate in this insurance program unless proof of comparable coverage is furnished. Students taking at least four credit hours but less than twelve credit hours are eligible to enroll in this plan. 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 coverage.

Insured students may also purchase coverage for dependents. Eligible dependents are the Lawful 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 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 shall become effective on the latest of:

- 1) 12:00 Noon, Standard Time on August 15, 2004 for annual coverage or January 22, 2004 for spring and summer coverage; 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 an international student 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 15, 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 Carroll 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 Carroll 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 expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 30 days occurs.

## **HOME CARE BENEFIT**

Benefits will be provided for doctor certified Home Care immediately following hospitalization if confinement in a skilled nursing facility would otherwise be required and providing the care and treatment could not be performed by a member of the Insured's immediate family or other person residing with the Insured. Care will be limited to one visit per day (maximum of 4 hours) and 40 visits per 12 month period. Benefits will be limited to intermittent nursing care; home health aide services; physical or occupational therapy; speech-language pathology or respiratory care; medical supplies, drugs and medications prescribed by a doctor and laboratory services by or on behalf of a hospital when such would have been covered if hospital confined; nutrition counseling; the evaluation of the need for and development of a plan by a registered nurse, doctor extender or medical social worker for "Home Care" when approved or requested by the attending doctor.

## **KIDNEY DISEASE TREATMENT BENEFIT**

In addition to any other benefits provided, incurred expenses, to a maximum of \$30,000.00 per policy year, will be provided for kidney dialysis, transplantation or donor-related services limited to the Insured's maximum policy benefit.

## **DIABETES BENEFIT**

Benefits will be provided an Insured individual with diagnosed diabetes for installation of an insulin infusion pump and related equipment and supplies; insulin; and diabetic self-management education programs.

## **MAMMOGRAM BENEFIT**

When performed at the direction of a doctor 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 doctor or nurse practitioner when she designates a qualified licensed doctor to receive the results of the examination and any previous low-dose mammography testing had been performed at the direction of a licensed doctor.

## **NURSE PRACTITIONER SERVICE BENEFIT**

When, within the provisions of the policy, benefits are provided for doctor performed gynecological services or procedures, coverage will be provided for Papanicolaou's testing, pelvic examination, and associated laboratory fees performed by a licensed nurse practitioner if within the scope of his/her license.

## **EXTENSION OF COVERAGE FOR HANDICAPPED CHILDREN COVERAGE**

Coverage for an Insured dependent child attaining age 19 prior to the termination date for which premium has been paid will not expire until said coverage termination date when the child is and continues to be both:

- a. Incapable of self-sustaining employment because of mental retardation or physical handicap; and
- b. Chiefly dependent upon the insured student for support and maintenance.

The Company may require proof of incapacity and dependency be provided within 31 days of the date the child attains age 19.

## **COVERAGE FOR LEAD POISONING SCREENING**

Benefits will be provided, during the period of coverage, for blood lead tests for covered dependent children of the Insured under 6 years of age in accordance with the statutes of the Wisconsin Department of Health and Family Services.

## **REPATRIATION EXPENSE International Students Only**

If the Insured dies prior to his/her termination date of coverage under the policy, benefits will be paid up to a maximum of \$7,500.00 for: a) cost of embalming; b) coffin; and c) transportation of the body to the Insured's home country or state, if an out-of-state student. This benefit does not include the transportation expense of anyone accompanying the deceased.

## **MEDICAL EVACUATION International Students Only**

If the Insured, prior to his/her termination of coverage under the policy, has been hospital confined for at least five (5) consecutive days and can no longer continue as a registered student of the Policyholder, benefits will be paid up to a maximum of \$10,000.00 for transportation to the Insured's home country or state, if an out-of-state student, upon recommendation by the attending doctor and prior approval by the Company.

### **EXCESS INSURANCE**

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

### **MAJOR MEDICAL COVERAGE**

(Domestic Students Only)

When benefits of \$1,000.00 for injury or \$3,500.00 for sickness 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 \$25,000.00 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.

### **MAJOR MEDICAL COVERAGE**

(International Students Only)

When benefits of \$1,000.00 for injury or \$3,500.00 for sickness 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 \$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.

### **SKILLED NURSING CARE BENEFIT**

When certified by the attending doctor and initiated within 24 hours of discharge from the hospital, skilled nursing care expense benefits will be provided for a period not to exceed 30 days. Coverage is limited to continued treatment for the same condition for which the Insured had been treated at the hospital prior to entry in the skilled nursing facility. The benefit will be limited to the maximum daily rate established by the Department of Health and Social Services.

### **MENTAL OR NERVOUS DISORDERS ALCOHOLISM AND DRUG ABUSE**

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 expenses incurred for the first 30 days of Hospital Confinement per policy year; or
  - (b) The first \$7,000.00 of 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 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 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 with the Policy.

**MEDICAL EXPENSE BENEFITS SCHEDULE**  
**\$50.00 Deductible Per Person Per Policy Year**

**INJURY BENEFITS**

Benefits are payable, from the date of a covered accidental bodily injury which occurs while the policy is in force as to the Insured Person, for 90% of the usual, reasonable, and customary charges for treatment prescribed by a doctor; hospital care or service while hospital confined or on an outpatient basis; x-ray examinations; the services of a registered graduate nurse; professional local ambulance service; braces and appliances; transfusions; prescription drugs; and dental treatment made necessary by injury to sound, natural teeth, up to a maximum benefit of \$1,000.00 per injury.

Injuries sustained while riding a snowmobile are covered as any other injury.

**SICKNESS BENEFITS**

Benefits, as described below, are payable for 90% of the usual, reasonable and customary (URC) charges incurred while the Insured Person's coverage is in force for treatment by a licensed doctor for sickness beginning with the date of first treatment, not to exceed in the aggregate a maximum of \$3,500.00 per injury or sickness.

**INPATIENT COVERED EXPENSES**

<b>Room and Board Expense:</b> daily semi-private room rate for a hospital stay and general nursing care provided and charged by the hospital .....	\$140.00 Per Day
<b>Intensive Care:</b> including 24-hour nursing care .....	Covered under Room and Board Expense
<b>Miscellaneous Expenses:</b> 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 .....	\$450.00 for the First Day
not to exceed a maximum of .....	\$225.00 Each Subsequent Day
<b>Physiotherapy:</b> when prescribed by the attending doctor .....	Covered under Hospital Miscellaneous Expenses
<b>Surgeon:</b> doctor's fees for a surgical procedure, having a conversion factor of .....	\$50.00
to a maximum benefit of .....	\$575.00
<b>Anesthetist Services:</b> in conjunction with a surgical procedure .....	25% of the Surgeon's Fee Paid
<b>Doctor's Visits:</b> during a hospital stay. Benefits are limited to one visit per day, to a maximum of .....	\$25.00 Per Visit
Benefits do not apply when related to surgery.	

**OUTPATIENT COVERED EXPENSES**

<b>Surgeon:</b> doctor's fees for a surgical procedure, having a conversion factor of .....	\$50.00
to a maximum benefit of .....	\$575.00
<b>Miscellaneous for Day Surgery:</b> 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 .....	\$450.00
<b>Anesthetist Services:</b> in conjunction with a surgical procedure .....	25% of the Surgeon's Fee Paid
<b>Doctor's Visits:</b> limited to one visit per day, to a maximum of .....	\$25.00 Per Visit
no to exceed a maximum of .....	10 Visits
Benefits do not apply when related to surgery.	
<b>Physiotherapy:</b> when prescribed by the attending doctor, limited to one visit per day .....	Covered under Doctor's Visits
<b>Outpatient Miscellaneous Benefit:</b> aggregate maximum benefit for 1 and 2, below .....	\$350.00
<b>1)Diagnostic X-ray Services:</b> when prescribed by the attending doctor	
<b>2)Laboratory Procedures:</b> when prescribed by the attending doctor	
<b>Medical Emergency:</b> as defined herein. Benefits will be paid at the usual, reasonable and customary charges, to a maximum of .....	\$100.00
<b><u>OTHER SERVICES</u></b>	
<b>Ambulance Service:</b> transportation to or from a hospital, to a maximum of .....	\$75.00
<b>Elective Abortion:</b> .....	Covered as any other Sickness

## 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 (Institution's) 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 school, 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, bungy-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 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;
29. Replacement braces and appliances;
30. Assistant Surgeon services;
31. Expense incurred within your home country or country of regular domicile.