

# STUDENT ACCIDENT & SICKNESS INSURANCE PLAN



Designed Especially for  
the Students of

**NEBRASKA  
METHODIST  
COLLEGE OF  
NURSING & ALLIED HEALTH**  
OMAHA, NEBRASKA

**2004-2005**

1210-2001 (04)

## CLAIM PROCEDURE

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

1. Report at once to the Student Health Service, or when not in school, to the nearest doctor or hospital.
2. Secure a claim form from the Student Health Service, website [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**

For additional information about this insurance  
plan, please contact:

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

ADMINISTERED BY:



**Fairmont** | Specialty Group  
a FAIRFAX company

UNDERWRITTEN BY:

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

## DEFINITIONS

**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.

## ELIGIBILITY

All students enrolled for at least three credit hours are required to participate in this insurance program if no other coverage is available to them, or if the student is inadequately covered due to restrictions on their current plan. The annual premium for students is \$718.00. Students are required to complete and return the waiver/enrollment form to Rust and Associates by August 15, 2004.

Home study and auditing scholars do not qualify as a "student" for the purpose of purchasing insurance.

Insured students may also insure dependents. Eligible dependents are the lawful Spouse and unmarried children under nineteen years of age (or 25 if full-time student) who are not self-supporting, and reside with 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 19, 2004; or
- 2) the beginning date of the period of coverage purchased; or
- 3) the day after the date of postmark when 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.

## 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 19, 2005.

Coverage for a spouse or any dependent shall terminate as indicated above or on the time and date the Primary Insured'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 Nebraska Methodist College of Nursing & Allied Health, 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 Nebraska Methodist College of Nursing & Allied Health 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.

**EXCESS INSURANCE**

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

**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 3 months following the end of the term of coverage, or until there has been paid the maximum benefit, whichever occurs first.

**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 a covered 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.

**PSYCHOTHERAPY  
(THE TREATMENT OF MENTAL AND NERVOUS  
DISORDERS/  
ALCOHOLISM AND DRUG ABUSE)**

Benefits are payable for the treatment of Mental and Nervous Disorder/Alcoholism and Drug Abuse subject to all terms and conditions of the policy and the provisions of this endorsement.

While Hospital Confined, benefits will be paid up to the lesser of:

1. The Usual and Reasonable Charges incurred for the first 30 days of Hospital Confinement per policy year; or
2. 90% of the Usual and Reasonable Charges incurred not to exceed \$7,000.00 maximum per policy year; or
3. The difference between \$7,000.00 and the benefits paid for outpatient services.

Benefits for Mental and Nervous Disorder/Alcoholism and Drug Abuse treatment on an outpatient basis are limited to the lesser of:

1. 90% of the Usual and Reasonable Charges incurred not to exceed a maximum of \$1,800.00 per policy year; or
2. The difference between \$7,000.00 and the benefits paid for inpatient Hospital services.

All expenses incurred for all other or ancillary services stated on the Schedule of Benefits and incurred as a result of Mental and Nervous Disorder/Alcoholism and Drug Abuse are subject to the above stated maximums.

**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  
INJURY AND SICKNESS BENEFITS**

The insured is responsible for a \$50.00 deductible per injury or 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 \$7,500.00 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, to a maximum of .....	\$400.00 Per Day
<b>Intensive Care:</b> including 24-hour nursing care, to a maximum of .....	\$400.00 Per Day
<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 .....	\$2,000.00
<b>Physiotherapy:</b> when prescribed by the attending doctor .....	Covered under Miscellaneous Expenses
<b>Surgeon:</b> doctor's fees for a surgical procedure, to a maximum of .....	\$2,000.00.
<b>Anesthetist Services:</b> in conjunction with a surgical procedure, to a maximum of .....	25% of Surgery Fee Paid
<b>Doctor's Visits:</b> during a hospital stay. Benefits are limited to one visit per day, to a maximum of .....	\$50.00 Per Visit

Benefits do not apply when related to surgery.

**OUTPATIENT COVERED EXPENSES**

<b>Surgeon:</b> doctor's fees for a surgical procedure, to a maximum of .....	\$2,000.00
<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 .....	\$2,000.00
<b>Anesthetist Services:</b> in conjunction with a surgical procedure, to a maximum of .....	25% of Surgery Fee Paid
<b>Outpatient Miscellaneous Benefit:</b> aggregate maximum benefit for items 1-5 below: .....	\$300.00
1) <b>Diagnostic X-ray Services:</b> when prescribed by the attending doctor	
2) <b>Laboratory Procedures:</b> when prescribed by the attending doctor	
3) <b>Miscellaneous Tests and Procedures:</b> diagnostic services and medical procedures performed by a doctor, excluding doctor's visits; physiotherapy; X-rays; and laboratory procedures	
4) <b>Injections:</b> administered in an emergency room or doctor's office and charged on the emergency room statement or doctor's statement (excluding allergy antigens).	
5) <b>Chemotherapy:</b> when prescribed by the attending doctor	
<b>Doctor's Visits:</b> limited to one visit per day, to a maximum of .....	\$50.00 Per Visit
Benefits do not apply when related to surgery or physiotherapy.	
<b>Physiotherapy:</b> when prescribed by the attending doctor, limited to one visit per day .....	\$25.00 Per Visit
to a maximum of .....	\$250.00
<b>Medical Emergency:</b> as defined herein. Benefits will be paid at the usual, reasonable and customary charges, to a maximum of .....	\$350.00
<b>Prescription Drugs:</b> for a covered sickness or injury .....	80% of the URC Expenses
to a maximum of .....	\$100.00

**OTHER SERVICES**

<b>Ambulance Service:</b> transportation to or from a hospital, to a maximum of .....	\$200.00
<b>Braces and Appliances:</b> when prescribed by a doctor and when a written prescription accompanies the claim when submitted, to a maximum of .....	80% of URC Expenses
No benefits will be paid for rental charges in excess of purchase price.	
<b>Consulting Physician:</b> when requested and approved by the attending doctor, to a maximum of .....	\$75.00
Covered expenses will be paid under this benefit or under the Doctor's Visits benefit, but not both on the same day,	
<b>Dental Treatment:</b> performed by a doctor and made necessary by injury to sound, natural teeth .....	\$100.00 Per Tooth
to a maximum of .....	\$500.00
<b>Doctor's Wellness Visit:</b> one per year, to a maximum of .....	\$50.00

**MAJOR MEDICAL COVERAGE**

When benefits of \$7,500.00 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 \$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.

## INTERNATIONAL ASSISTANCE PROGRAM

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](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.

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### 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 Nebraska Methodist College of Nursing & Allied Health.

## 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, 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 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;
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, except as specifically provided for in the Schedule;
31. Expense incurred within your home country or country of regular domicile.