

STUDENT ACCIDENT & SICKNESS INSURANCE PLAN

Designed for the Students of



**ARMSTRONG ATLANTIC
STATE UNIVERSITY**
Savannah, Georgia

2004-2005

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 Armstrong Atlantic State University.

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 claim form from the Student Affairs Office, www.heritage-ins.com or from 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**

MARKETED BY:

Insurance For Students, Inc.
P. O. Box 24845
Ft. Lauderdale, FL 33307-4845

Assistance with plan enrollment and explanation of this insurance program may be obtained by calling:

Insurance for Students, Inc.
1-800-356-1235
954-771-5883

email: ifs@insuranceforstudents.com
website: www.insuranceforstudents.com

ADMINISTERED BY:



www.heritage-ins.com



UNDERWRITTEN BY:

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

ELIGIBILITY

All registered students taking 1 or more credit hours 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 coverage. 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 who are not self-supporting and reside with the Insured Student, except coverage for a dependent child will continue, by payment of the proper premium, until age 25 providing the coverage for the Insured student remains in effect and the dependent child, since age nineteen (19) has, each calendar year, been enrolled for five (5) calendar months or more as a full-time student at a post secondary institute of higher learning or, if not so enrolled, would have been eligible to be so enrolled and was prevented from being so enrolled due to sickness or injury. 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 16, 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 16, 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 your participating institution, 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 your participating institution 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.

MAJOR MEDICAL COVERAGE

The Insured is responsible for a \$150.00 deductible per injury or per sickness.

When benefits of \$2,500.00 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 \$30,000.00 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.

ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE

Death Benefit: The Company will pay \$1,000.00 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 \$1,000.00

One hand and one foot, one hand
or one foot and the sight of one eye \$1,000.00

One hand or one foot
or the sight of one eye \$ 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.

COORDINATION OF BENEFITS

The Company will pay all covered medical expenses up to the limits of the policy that are not paid or payable by other insurance, except individual insurance.

**MEDICAL EXPENSE BENEFITS SCHEDULE
BASE PLAN**

The Insured Person is responsible for a \$25.00 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 30 days of the date of injury; or 2) sickness beginning with the date of first treatment, not to exceed in the aggregate a maximum of \$2,500.00 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	\$200.00 Per Day
Intensive Care: including 24-hour nursing care	\$300.00 Per Day
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	\$300.00 for First Day of Confinement \$200.00 for Second Day of Confinement \$100.00 Per Day Thereafter
to a maximum of	Covered under Miscellaneous Expenses
Physiotherapy: when prescribed by the attending doctor	\$1,000.00
Surgeon: doctor's fees for a surgical procedure, to a maximum of	25% of the Surgeon's Fee Paid
Anesthetist Services: in conjunction with a surgical procedure	\$25.00 Per Visit
Doctor's Visits: during a hospital stay. Benefits are limited to one visit per day	\$100.00 Per Sickness
to a maximum of	
Benefits do not apply when related to surgery.	

OUTPATIENT COVERED EXPENSES

Surgeon: doctor's fees for a surgical procedure, to a maximum of	\$1,000.00
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	\$300.00
Anesthetist Services: in conjunction with a surgical procedure	25% of Surgeon's Fee Paid
Doctor's Visits: limited to one visit per day, \$20.00 per visit, to a maximum of	\$100.00 Per Sickness
Benefits do not apply when related to surgery or physiotherapy.	
Outpatient Miscellaneous Benefit: (aggregate maximum benefit for Items 1-2) .	\$50.00
1)Diagnostic X-ray Services: when prescribed by the attending doctor.	
2)Laboratory Procedures: when prescribed by the attending doctor.	
Medical Emergency: as defined herein. Benefits will be paid at the usual, reasonable and customary charges, to a maximum of	\$75.00
Prescription Drugs: for a covered sickness or injury, to a maximum of	\$25.00 Per Policy Year
Mental & Nervous Disorders: covered on the same basis as any other sickness	50% of URC Charges \$25.00 for the First Visit; \$10.00 for Each Subsequent Weekly Visit
then to a maximum of	

OTHER SERVICES

Ambulance Service: transportation to or from a hospital, to a maximum of	\$50.00
Consulting Physician: when requested and approved by the attending doctor (in hospital only), to a maximum of	\$35.00
Covered expenses will be paid under this benefit or under the Doctor's Visits benefit, but not both on the same day,	
Treatment for hernias	Covered as any Other Sickness
Dental Treatment: performed by a doctor and made necessary by injury to sound, natural teeth	Covered under Supplemental Accident Coverage Benefit \$500.00
to a maximum of	

SUPPLEMENTAL ACCIDENT COVERAGE

The Company will pay 100% of Usual, Reasonable & Customary charges for treatment rendered in a doctor's office or hospital as a result of injury, up to a maximum of	\$2,500.00.
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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 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: 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.

REPATRIATION EXPENSE

If the Insured dies prior to his/her termination date of coverage under the policy, benefits will be paid up to a maximum of \$5,000.00 for: a) cost of embalming; b) 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

If the insured prior to his/her termination date 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 \$3,000.00 for transportation to the Insured's home country or state, if an out-of-state student, upon recommendation by the attending physician and prior approval by the Company.

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;
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 (inpatient only);
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;
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.