

**INTERNATIONAL
STUDENT
ACCIDENT
&
SICKNESS
INSURANCE
PROGRAM**

Designed for the
International Students of:

**UNIVERSITY
OF THE
INCARNATE
WORD**

2004-2005

This insurance program includes a Preferred
Provider Organization (PPO) provision.

Policy No.: GLB 9709503A

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 sickness, 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, 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:

**PAUL FISHER
PINNACLE STUDENT INSURANCE
830-626-0360
p_fisher@sbcglobal.net**

ADMINISTERED BY:



UNDERWRITTEN BY:

**THE INSURANCE COMPANY OF THE
STATE OF PENNSYLVANIA
WITH ITS PRINCIPAL PLACE OF
BUSINESS IN NEW YORK, NY**

Brochure No.: 4242-2195 (04)

UNIVERSITY REQUIREMENTS

All international students are strongly recommended to participate in this insurance program or must show proof of comparable coverage.

ELIGIBILITY

All international students taking semester hours.

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. Dependent eligibility expires concurrently with that of the Insured Student or when the dependent reaches the limiting age or no longer resides with the Insured.

EFFECTIVE DATE OF COVERAGE

Coverage for an individual who makes a premium payment shall become effective on the latest of:

- 1) 12:01 a.m., Standard Time on August 01, 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 Company Agent or Administrator.

Coverage will always become effective at 12:01 a.m., Standard Time on the date determined by this provision. The effective date of coverage for dependents will not precede that of the Insured Student.

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) 12:01 a.m., Standard Time on August 01, 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 or when dependent is no longer eligible.

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

Coverage for an Insured Person will be considered as continuous during consecutive periods of insurance (such as Fall and Spring, Spring and Summer, etc.) when premium payment is received by the Company Agent or Administrator within 15 days of the beginning date of the period of coverage purchased regardless of any breaks in calendar days between consecutive periods of insurance (Fall, Spring, Summer, etc.). This Continuous Coverage provision will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.

MAJOR MEDICAL SUPPLEMENT

When benefits of \$5,000.00 have been paid under the Base Plan, the Company will pay 80% of the usual and customary charges which exceed the benefits paid under the Base Plan and which are incurred while this insurance is in force. A maximum payment of \$50,000.00 per accidental bodily injury or sickness for all benefits under both the Base Plan and this Major Medical Supplement combined will be allowed. Hospital room and board benefits are limited to the semi-private rate.

CATASTROPHIC MEDICAL BENEFITS

When benefits of \$50,000.00 have been paid under the Base Plan and Major Medical Supplement combined, the Company will pay 100% of the usual and customary charges, subject to all provisions of the Policy, which exceed the benefits paid under the Base Plan and Major Medical Supplement combined which are incurred while this insurance is in force as to the Insured, up to a Maximum Lifetime Payment of \$150,000.00 per accidental bodily injury or sickness for all benefits under the Base Plan, Major Medical Supplement and these Catastrophic Medical Benefits. Hospital room and board benefits are limited to the average semi-private room rate.

EXCESS BENEFITS

All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

DEFINITIONS

Illness – means sickness or disease of any kind contracted and commencing after the effective date of this policy and causing loss covered by the policy.

Injury - means bodily injury caused by an accident that: (1) occurs while this Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder. Such definition will exclude chiropractors and physiotherapists.

BENEFITS ARE LIMITED TO USUAL AND CUSTOMARY CHARGES. DEFINED AS: An average of charges by other providers, within the same zip code, for the same or similar service or equipment.

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 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.

INTERNATIONAL ASSISTANCE PROGRAM PROVIDED BY AMERICAN INTERNATIONAL GROUP

The International Assistance Program (IAP) is offered along with this Accident and Sickness Insurance program. 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 1-800-310-5224 within the USA or Canada, or call collect 1-713-267-2525 outside the USA or Canada.

MEDICAL EXPENSE BENEFITS SCHEDULE - BASE PLAN

The Insured is responsible for a \$50.00 Deductible Per Injury or Per Illness (The deductible will be waived when referred by the Student Health Center.)

The Company will pay benefits, as described below, for the usual and customary charges incurred while the Insured Person's coverage is in force for treatment by a licensed physician for: 1) accidental bodily injury when first treatment commences within 30 days of the date of injury, or 2) illness beginning with the date of first treatment, not to exceed a maximum of \$5,000.00 per injury or illness.

INPATIENT BENEFITS

Room & Board Expense: including general nursing care, the daily semi-private room rate, to a maximum of	\$500.00 Per Day
Intensive Care: including 24-hour nursing care, to a maximum of	\$1,000.00 Per Day
Hospital Miscellaneous Expenses: for services and supplies limited to: 1) the cost of an operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take-home drugs); and 6) pre-admission testing	Usual & Customary Charges
Physiotherapy: when prescribed by the attending physician and administered by a licensed physiotherapist	Usual & Customary Charges
Surgery: Physician's fees for a surgical procedure	Usual & Customary Charges
Anesthetist Services: in conjunction with surgery	Usual & Customary Charges
Registered Graduate Nurse: when prescribed by the attending physician	Usual & Customary Charges
Physician's Visits: one visit per day when a surgery benefit is not paid	Usual & Customary Charges
Psychotherapy: the treatment of mental disorders, nervous disorders, alcoholism, and drug addiction, covered as any other sickness, to a	\$10,000.00 Maximum per Policy Year

OUTPATIENT BENEFITS

Surgery: Physician's fees for a surgical procedure	Usual & Customary Charges
Day Surgery Miscellaneous: when surgery is performed in a hospital emergency room, trauma center, physician's office, outpatient surgical center or clinic, for services and supplies limited to: 1) operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines; and 6) miscellaneous supplies	Usual & Customary Charges
Anesthetist Services: in conjunction with surgery	Usual & Customary Charges
Physician's Visits: one visit per day when a surgery benefit is not paid	Usual & Customary Charges
Physiotherapy: when prescribed by the attending physician after a surgical procedure has been performed and when administered by a licensed physiotherapist, limited to one visit per day	Usual & Customary Charges
Medical Emergency Expenses: incurred in a hospital emergency room, surgical center, or clinic	Usual & Customary Charges
Diagnostic X-ray Services: when prescribed by the attending physician	Usual & Customary Charges
Radiation Therapy: when prescribed by the attending physician	Usual & Customary Charges
Laboratory Procedures: when prescribed by the attending physician	Usual & Customary Charges
Miscellaneous Tests and Procedures: incurred loss for which no other policy benefit is provided	Usual & Customary Charges
Shots or Injections: administered in an emergency room or physician's office and charged on the emergency room statement or physician's statement	Usual & Customary Charges
Chemotherapy: when prescribed by the attending physician	Usual & Customary Charges
Prescription Drugs: for a covered injury or sickness	50% of Usual & Customary Charges
Psychotherapy: the treatment of mental disorders, nervous disorders, alcoholism, and drug addiction, covered as any other sickness, to a	\$500.00 Maximum per Policy Year

OTHER BENEFITS

Ambulance Service: for transportation to or from a hospital	\$250.00 Per Trip
Braces and Appliances: when prescribed by the attending physician exclusively for the purpose of healing of the specific part of the body for which the brace or appliance is prescribed (replacement braces and appliances are not covered)	Usual & Customary Charges
Dental braces, except when necessitated by accidental bodily injury, are not covered.	
Consultant Physician Services: when requested and approved by the attending physician	Usual & Customary Charges
Dental Treatment: for treatment of injury to sound, natural teeth	Covered as any other Injury
Intercollegiate Sports Injury	Covered as any other Injury
Therapeutic Abortion	\$500.00 Maximum per Policy Year
Motor Vehicle Accident: covered as any other injury, to a	\$10,000.00 Maximum per Policy Year

EXCLUSIONS

Unless otherwise provided within the Schedule of Benefits, no benefits shall be payable for medical expenses provided with respect to expenses incurred:

1. For Pre-Existing Conditions, defined as any illness which was contracted or which manifested itself, or for which treatment or medication was prescribed 12 months prior to the effective date of this insurance;
2. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
3. For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;
4. For declared or undeclared war or any act thereof;
5. For injury sustained while participating in practice or play of interscholastic, intercollegiate, club, semi-professional or professional sports or travel connected therewith;
6. For pregnancy or child birth (except when conception occurred while insured hereunder); elective abortion, elective caesarean section;
7. For routine physical or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a physician;
8. For cosmetic or plastic surgery, except as the result of an accident;
9. For elective surgery which can be postponed until the insured returns to his/her country of residence;
10. For any mental or nervous disorders (except as specifically provided) or rest cures;
11. For dental care, except as the result of injury to natural teeth caused by an accident;
12. For eye refraction's or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
13. In connection with alcoholism and drug addiction (except as specifically provided), or use of any drug or narcotic agent;
14. For congenital anomalies and conditions arising out of or resulting therefrom;
15. For expenses which are non-medical in nature;
16. For expenses as a result of or in connection with an intentionally self-inflicted injury;
17. For expenses as a result of or in connection with the commission of a felony offense;
18. For specific named hazards: motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing, and piloting any aircraft;
19. For treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;
20. For any expenses for services rendered by any member of an Insured's family or by employees or physicians or other persons employed or retained by the Participant or for the use of the Participant's facilities except those benefits specifically listed as payable at the Participant's Health Service, Infirmary or Hospital;
21. For preventive medicines, serums or vaccines, shots or injections (unless required as a result of accidental bodily injury and administered within 24 hours);
22. For allergy testing or treatment;
23. For diagnostic testing, evaluation or treatment in connection with infertility, fertility, birth control or impotence;
24. For treatment or removal of non-malignant moles; warts or boils; acne; actinic or seborrheic keratosis (example: sun-spots or skin blemishes); dermatofibrosis; or nevus of any description or form (example: birth marks); bunions; keloid surgery (except when as a result of an accidental bodily injury or sickness incurred while insured); hernia of any kind; varicosity; sleep disorders, including the testing thereof; deviated nasal septum, including submucous resection and/or other surgical correction thereof except when the direct result of accidental bodily injury incurred while insured hereunder;
25. For venereal disease;
26. For private air travel, to include ballooning or ultra-light aircraft; parasailing; hang gliding; bungee jumping; travel in or upon a snow mobile or ATV (all terrain or similar type vehicle); travel in or upon any three-wheeled vehicle; racing of any kind.