

**STUDENT
ACCIDENT AND
SICKNESS
INSURANCE
PROGRAM**

**Designed for the
International Students of:**



**UNIVERSITY OF WISCONSIN
EAU CLAIRE**
Eau Claire, Wisconsin

2004-2005

Policy No.: GLB 9709452B

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 Student Health Services, 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
OF INJURY OR FIRST DATE OF SICKNESS**

**For additional information on this insurance
program, please call: 1-800-336-0747.**

Agent:

R **RUST & ASSOCIATES**
506 KELLOGG
AMES, IOWA 50010-6228
1-800-336-0747

Administered by:



Underwritten By:

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

Brochure No.: 4810-2235 (04)

DEFINITIONS

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

Injury - means bodily injury caused by an accident that: (1) occurs while the 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.

Usual and Customary Charges - means an average of charges by other providers, within the same zip code, for the same or similar service or equipment.

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 program 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 program, visit our website at 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.

UNIVERSITY REQUIREMENTS

All international students and scholars are required to participate in this insurance program unless proof of comparable coverage is furnished.

ELIGIBILITY

All international students and scholars under the age of 70 attending the University of Wisconsin Eau Claire.

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.

EFFECTIVE DATE OF COVERAGE

Coverage for an individual who makes the required premium payment will become effective on the latest of:

- 1) 12:01 a.m., Standard Time on August 1, 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 University, 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.

Coverage is effective 24 hours a day on a worldwide basis except when the 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) 12:01 a.m., Standard Time on August 1, 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

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 Policyholder, 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.

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.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this policy ceases on the Termination Date. However, if an Insured is hospital confined on the termination date from a covered injury or illness for which benefits were paid before the termination date, covered medical expenses for such injury or illness will continue to be paid until the Insured is discharged from the hospital or at the end of 90 days, whichever comes first.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

NURSE PRACTITIONER SERVICE BENEFIT

When, within the provisions of the policy, benefits are provided for physician 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.

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.

EXTENSION ON 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.

MAMMOGRAM BENEFIT

When performed at the direction of a licensed physician 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 hereunder.

An Insured woman will also qualify for benefits if she does not have a regular licensed physician or nurse practitioner when she designates a qualified licensed physician to receive the results of the examination and any previous low-dose mammography testing had been performed at the direction of a licensed physician.

DIABETES BENEFIT

Benefits will be provided an Insured with diagnosed diabetes for the installation of an insulin infusion pump (limited to one pump per year), related equipment and supplies, including insulin, used in the treatment of diabetes and for diabetic self-management education programs.

HOME CARE BENEFIT

Benefits will be provided for physician 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 physician 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, physician extender or medical social worker, for "Home Care" when approved or requested by the attending physician.

SKILLED NURSING CARE BENEFIT

When certified by the attending physician 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.

ACCIDENTAL DEATH & DISMEMBERMENT INDEMNITY

The Company shall pay an indemnity, in addition to the medical expense benefits provided herein, if an Insured Person sustains a loss, as listed below, within 180 days after the date of accident causing such loss. If more than one loss is sustained as the result of one accident, only the largest amount shall be payable.

For Loss of:

Life	\$25,000.00
Both Hands or Both Feet or Sight of Both Eyes	\$25,000.00
One Hand and One Foot	\$25,000.00
Either Hand or Foot and Sight of One Eye	\$25,000.00
Either Hand or Foot	\$12,500.00
Sight of One Eye	\$12,500.00

Only one of the amounts shown above, the largest, will be paid for loss resulting from any one accident, and shall be in addition to any other indemnity payable for such accident. The term "loss" shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight.

INTERCOLLEGIATE SPORTS COVERAGE

Injuries sustained while participating, playing or traveling to or from an intercollegiate sports event as a member of a sports team or tryout squad will be covered on the same basis as any other injury, up to a maximum of \$10,000.00. Benefits for injury to sound, natural teeth will be limited to a per tooth maximum of \$250.00.

PSYCHOTHERAPY

Benefits will be payable for treatment of Alcohol, Drug and Mental and Nervous Disorders, subject to all terms and conditions of the policy and the provisions outlined below:

1. For treatment on an "Inpatient" basis, benefits will be the lesser of :
 - a. The Usual and Customary Charges incurred for the first 30 days of Hospital Confinement per policy year; or
 - b. The first \$7,000.00 of eligible covered charges less a co-payment of 10% to a maximum benefit of \$6,300.00 per policy year; or
 - c. The difference between \$7,000.00 and the benefits paid for Outpatient services.
2. For treatment on an "Outpatient" basis, benefits will be the lesser of:
 - a. The first \$2,000.00 of eligible covered charges less a co-payment of 10% to a maximum benefit of \$1,800.00 per policy year; or
 - 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 eligible covered charges less a co-payment of 10% to a maximum benefit of \$2,700.00 per policy year; or
 - 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 within the Policy.

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

MEDICAL EXPENSE BENEFITS SCHEDULE

The first \$25.00 of covered expense is a per injury or per illness deductible and is the responsibility of the Insured. The deductible is waived when treatment is 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 \$250,000.00 per injury or illness.

INPATIENT BENEFITS

Room & Board Expense: including general nursing care	Semi-private Room Rate
Intensive Care: including 24-hour nursing care	Usual & Customary Charges
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); 6) miscellaneous supplies; and 7) 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

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
Physiotherapy: when administered by a licensed physiotherapist for non post-surgical treatment, to a maximum of	\$500.00
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
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 to 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 illness	50% of Usual and Customary Charges
to a maximum of	\$250.00 Per Policy Year

OTHER BENEFITS

Ambulance Service: for transportation to or from a hospital	Usual & Customary Charges
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, to a maximum of	\$250.00 Per Tooth
Abortion: to a maximum of	\$500.00 Per Policy Year
Club Sports: covered as any other injury, to a maximum of	\$25,000.00
Venereal Disease: covered as any other illness	Usual & Customary Charges
Hepatitis B Injections: to a maximum of	\$100.00
Snowmobile Accidents:	Covered As Any Other Injury
Pre-existing Conditions: treatment for conditions not specifically excluded under the terms of the Policy, covered as any other condition, to a maximum of	\$5,000.00 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. Due to declared or undeclared war or any act thereof;
5. For injury sustained while participating in practice or play of interscholastic, intercollegiate, club, semi-professional and 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 or rest cures;
11. For dental care except as the result of injury to natural teeth caused by an accident;
12. For eye refractions or eye examinations for the purpose 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, 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.

IMPORTANT INFORMATION: Please retain this brochure as it outlines the provisions of the Master Policy which is on file at the University. No individual policies will be issued. In the event of a claims dispute, the Master Policy will prevail.