

# Student Accident & Sickness Insurance Plan

## 2004-2005

Designed for  
the students of



**TWIN CITIES CAMPUS**

### 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 Saint Mary's University of Minnesota Twin Cities.

Students who purchase this insurance thereby establish a direct relationship with the insurance company. The University is not a party to that relationship and is not responsible for unpaid claims or other disputes.

### CLAIM PROCEDURE

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

1. Report at once to Student Health Services, or when not in school, to the nearest doctor or hospital.
2. Secure a claim form from Student Health Services, website [www.heritage-ins.com](http://www.heritage-ins.com), or from the address below, fill in the necessary information, attach all itemized medical and hospital 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 on this insurance plan,  
please contact:

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

ADMINISTERED BY:



**Fairmont** Specialty Group  
a FAIRFAX company

UNDERWRITTEN BY:

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

## COMPANY'S RIGHT OF SUBROGATION

In the event an Insured requires medical treatment due to another person's negligence (such as an automobile accident) or maliciousness, the Company has the right to seek recovery from the contributing party, of any benefits in excess of \$5,000.00 paid on behalf of the Insured.

## DEFINITIONS

**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.

## TO THE STUDENTS OF SAINT MARY'S UNIVERSITY

Saint Mary's University of Minnesota-Twin Cities strongly recommends that all students enrolled at the University have health insurance coverage. An unexpected or expected illness or injury can result in heavy financial burdens for a student and his/her family. This burden added to the high cost of education may force a student to withdraw from school. Knowing this, Saint Mary's University offers a Student Accident and Sickness Insurance Plan designed to meet student's needs and to enhance retention of students following an illness or injury.

## ELIGIBILITY

All students enrolled for at least three credit hours are strongly encouraged 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 \$640.00. Students are required to complete and return the waiver/enrollment form to Rust & Associates by September 1, 2004.

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 purposes of purchasing insurance coverage.

Insured students may also purchase dependent coverage. Eligible dependents are the 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 September 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 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. The individual's insurance 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 September 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**

If a covered person is continuously covered under the policy offered through Saint Mary's University of Minnesota, 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 Saint Mary's University of Minnesota 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 three (3) months following the end of the term of coverage, or until the maximum benefit has been paid, whichever occurs first.

### **EMOTIONALLY HANDICAPPED CHILD**

Benefits are payable the same as any other sickness for treatment within a residential treatment facility licensed by the Minnesota Commissioner of Public Welfare.

### **PRENATAL CARE SERVICES**

Benefits are limited to one visit per day payable to one provider for all services provided at each visit. Services include risk assessment, serial surveillance, prenatal education and use of specialized skills and technology, when needed. Maximum benefits (except Policy Maximum) or Doctor's Visits do not apply.

### **NEWBORN CHILD COVERAGE**

Treatment of an accidental bodily injury, sickness, congenital malformation or premature birth of a newborn child to include inpatient and outpatient expenses incurred for medical and dental treatment to age 18 for cleft lip and cleft palate, including orthodontic and oral surgery treatment. Benefits under the Policy will be secondary to any dental plan providing benefits for the same orthodontic services for the Insured newborn. Unless otherwise specifically provided, dental or orthodontic services not related to the management of birth defects known as cleft lip or cleft palate are not covered.

### **CHILD HEALTH SUPERVISION SERVICES**

Benefits for an Insured child consisting of pediatric preventive services, appropriate immunizations, developmental assessments and laboratory services, appropriate to the age of the child for an Insured from birth to 6 years of age and appropriate immunizations from ages 6 to 18, limited to one visit payable to one provider for all services provided at each visit, not to exceed: 5 visits from birth to age 12 months; 3 visits from age 12 months to 24 months; 1 visit per year from ages 24 months to 72 months. Maximum benefit limits for Physician Visits provided under the Medical Expense Schedule of Benefits does not apply to the services listed herein.

### **RECONSTRUCTIVE SURGERY**

Benefits are payable for reconstructive surgery resulting from injury, sickness or other diseases of the involved parts or when such service is performed on an insured dependent child because of congenital disease or anomaly.

### **SCALP HAIR PROSTHESIS**

Scalp hair prosthesis when purchased and worn by the Insured for hair loss resulting from alopecia areata, to a maximum of \$350.00.

### **CANCER SCREENING**

Routine screening procedures, including mammographic examinations and cytologic screening (Pap smear) when ordered or provided by a doctor.

### **ALCOHOLISM AND DRUG ADDICTION TREATMENT**

Benefits will be provided for the treatment of alcoholism, chemical dependency or drug addiction on the same basis as coverage for any other sickness, limited as follows:

1. Inpatient care in a licensed hospital or licensed resident treatment program pursuant to diagnosis or recommendation by a doctor of medicine, up to 28 days in any 12 month period;
2. Outpatient care in a licensed or approved non-resident treatment program pursuant to diagnosis or recommendation by a doctor of medicine, up to 130 hours of treatment in any 12 month period.

**MEDICAL EXPENSE BENEFITS SCHEDULE  
INJURY AND SICKNESS BENEFITS**

**The Insured Person is responsible for a \$25.00 deductible per injury and 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 \$5,000.00 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 .....	\$350.00 Per Day
<b>Intensive Care:</b> including 24-hour nursing care .....	Covered under Room & 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 .....	\$2,000.00
<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 .....	25% of the Surgeon's Fee Paid
<b>Nurse:</b> during a hospital stay, ordered by a doctor, and medically necessary .....	URC Charges
General nursing care provided by the hospital is not covered under this benefit.	
<b>Doctor's Visits:</b> during a hospital stay. Benefits are limited to one visit per day .....	\$40.00 Per Visit
for a maximum of .....	\$30 Days
Benefits do not apply when related to surgery.	
<b>Psychotherapy:</b> the treatment of mental and nervous conditions .....	Covered as any other Sickness
for a maximum of .....	30 days

**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 .....	25% of Surgeon's Fee Paid
<b>Doctor's Visits:</b> limited to one visit per day .....	\$40.00 Per Visit
for 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 – 3 below ....	\$1,000.00
1) <b>Medical Emergency:</b> as defined herein.	
2) <b>Diagnostic X-rays Services:</b> when prescribed by the attending doctor	
3) <b>Laboratory Procedures:</b> when prescribed by the attending doctor	
<b>Prescription Drugs:</b> for a covered sickness or injury .....	80% of the URC Charges
to a maximum of .....	\$200.00

**OTHER SERVICES**

<b>Ambulance Service:</b> transportation to or from a hospital, to a maximum of .....	\$200.00
<b>Consulting Physician:</b> when requested and approved by the attending doctor, to a maximum of .....	\$200.00
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, to a maximum of .....	\$300.00

## **MAJOR MEDICAL COVERAGE**

When benefits of \$5,000.00 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.

### **OPTIONAL CATASTROPHIC MEDICAL BENEFITS (ADDITIONAL PREMIUM REQUIRED)**

When benefits of \$50,000.00 have been paid under the Base Plan and Major Medical Coverage, the Company will pay 80% of the usual, reasonable and customary charges, subject to all provisions of the policy, which exceed the benefits paid under the Base Plan and Major Medical Coverage combined, and which are incurred while the Insured Person's coverage is in force. A Maximum Payment of \$250,000.00 per injury or sickness for all benefits under the Base Plan, Major Medical Coverage and these optional Catastrophic Medical Benefits will be allowed. Hospital room and board charges will be payable at the semi-private room rate.

### **INTERNATIONAL ASSISTANCE PROGRAM**

**Provided by: American International Group**

#### **(Additional Premium Required)**

The student has the option to purchase the International Assistance Program (IAP) at the time of initial enrollment in the Student Accident and Sickness Insurance Program. 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](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.

## **OUTPATIENT MENTAL AND NERVOUS CONDITIONS EXPENSE BENEFIT**

We will pay the Covered Charges for outpatient services for the treatment of Mental or Nervous Conditions as follows:

The policy year maximum benefit will be limited to:

(a) 80% of the Reasonable and Customary Expense not to exceed ten (10) Hours of Treatment in any policy year; and

(b) 75% of the Reasonable and Customary Expense in excess of ten (10) Hours of Treatment in any policy year. Prior authorization from Us will be required for any and all outpatient services in excess of ten (10) hours. Such authorization will be based upon the severity of the disorder, the Insured Person's risk of deterioration without ongoing treatment, the degree of functional impairment, and the receipt of a Doctor's concise treatment plan. No authorization for extended treatment will exceed a maximum of thirty (30) treatment hours in any one policy year.

Outpatient services for the treatment of Mental or Nervous Conditions includes treatment or outpatient services rendered either on an individual or a single-family basis. If outpatient services or treatment is rendered on a group basis, each two-group session will equal one hour of treatment. The Mental and Nervous services must be:

(a) in a licensed Hospital, a community mental health center, or a mental health clinic approved or licensed by the state of Minnesota; and/or

(b) by any licensed mental health professional; and/or

(c) for the family, if family therapy is advised by the approved provider of service of a Dependent child.

## 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 Service or 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 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. 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;
13. Treatment in a government hospital unless the covered person is legally obligated to pay;
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. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
21. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood;
22. Rest cures or custodial care;
23. Personal services such as television and telephone or transportation.
24. Services covered or provided by the student health fee;
25. Psychotherapy, except as specifically provided for in the Schedule;
26. Physiotherapy, except as specifically provided for in the Schedule;
27. Braces and appliances;
28. Replacement braces and appliances;
29. Assistant Surgeon services;
30. Expense incurred within your home country or country of regular domicile.