

Accident & Sickness Insurance Plan

2004-2005

Designed for
the students of



WINONA CAMPUS

IMPORTANT INFORMATION: This is an outline of your insurance which describes the benefits and exclusions. However, the master policy is on file at the University and may contain additional provisions affecting your coverage and will prevail in the event of a claims dispute.

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 the Student Health Center, or when not in school, to the nearest doctor or hospital.
2. Secure a claim form from the Student Health Center, website 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:



ADMINISTERED BY:



www.heritage-ins.com



UNDERWRITTEN BY:

TIG PREMIER INSURANCE COMPANY
a Fairmont Specialty Group Company

Brochure No.: 2210-2459 (04)

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 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.

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 Master Policy is on file for review at Saint Mary’s University of Minnesota – Winona.

TO ALL STUDENTS OF SAINT MARY’S UNIVERSITY OF MINNESOTA – WINONA

Saint Mary’s University of Minnesota – Winona strongly recommends that all students enrolled at the University have health insurance coverage. An unexpected illness or injury can result in heavy financial burdens for a student and his/her family. This burden, when added to the high cost of education, may force a student to withdraw from school. In addition, if a student is covered through an HMO and/or a PPO, his/her access to medical care away from home may be significantly restricted. 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 registered domestic students taking 6 or more credit hours and attending Saint Mary’s University of Minnesota – Winona 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.

All international students and scholars actively engaged in education or educational activities or research related activities through Saint Mary’s University of Minnesota – Winona are required to participate in this Student Accident and Sickness Insurance Program unless proof of comparable coverage is furnished.

Insured students may also purchase coverage for dependents. Eligible dependents are the lawful spouse and unmarried child(ren) under 19 years of age who are not self-supporting and reside with 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. 12:00 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.

Coverage is effective 24 hours a day on a worldwide basis except when an insured international student 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. 12:00 Noon, Standard Time on September 1, 2005.

Coverage for a spouse or 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 the military service. Otherwise, coverage will continue for the period for which premium was paid.

STUDENT HEALTH CENTER (SHC) REFERRAL REQUIRED

The student must use the resources of the Health Center first where treatment will be administered, or referral issued. A referral issued by the SHC must accompany the claim when submitted; **otherwise, the claim cannot be processed until such referral is received by the Company.**

A SHC referral for outside care is not necessary only under the following conditions:

1. Medical emergency. The student must return to the SHC for necessary follow-up care;
2. When the SHC is closed;
3. When service is rendered at another facility during break or vacation period;
4. Medical care received when the student is more than 50 miles from campus; or
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status;
6. Maternity; or
7. Psychotherapy.

Dependent spouses and children are not eligible to use the SHC; and therefore, are exempt from the above limitations and requirements.

EXCESS INSURANCE

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

CONTINUOUS COVERAGE

If a covered person is continuously covered under the policy offered through Saint Mary's University of Minnesota-Winona, 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-Winona within 15 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 15 days occurs.

MENTAL AND NERVOUS DISORDER COVERAGE (Outpatient Only)

Benefits are payable for the treatment of mental or nervous disorders for outpatient care. Outpatient services must be provided by a doctor; or rendered at a treatment facility under the direction of a doctor as follows:

The policy year maximum benefit will be limited to:

- (a) 80% of the Usual and Reasonable Expense not to exceed ten (10) hours of treatment in any policy year; and
- (b) 75% of the Usual and Reasonable Expense in excess of ten (10) hours of treatment in any policy year. Prior authorization 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.

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

The insured is responsible for a \$50.00 deductible per injury and per sickness. This deductible is waived if first treatment is received at the Student Health Center.

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, up to the maximum benefit of \$50,000.00 per injury and sickness.

INPATIENT COVERED EXPENSES

Room and Board Expense: for a hospital stay and general nursing care provided and charged by the hospital Semi-private Room Rate
Intensive Care: including 24-hour nursing care Covered under Room and Board Expenses

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; and supplies 80% URC Charges

Physiotherapy: when prescribed by the attending doctor 80% URC Charges

Surgeon: doctor's fees for a surgical procedure, in accordance with Medicode, Inc. Schedule 80% URC Charges

Anesthetist Services: in conjunction with the surgical procedure 80% URC Charges

Nurse: during a hospital stay and when ordered by a doctor; general nursing care provided by the hospital is not covered under this benefit 80% URC Charges

Doctor's Visits: during a hospital stay. Benefits are limited to one visit per day 80% URC Charges
 Benefits do not apply when related to surgery.

Preadmission Testing: limited to routine tests such as: complete blood count; urinalysis; and chest X-rays. If otherwise payable under the policy, major diagnostic procedures such as: cat-scans; NMR's; and blood chemistries 80% URC Charges

Psychotherapy: the treatment of mental disorders and nervous disorders. Confinement must be in a licensed or certified facility, including a hospital 80% URC Charges

OUTPATIENT COVERED EXPENSES

Surgeon: doctor's fees for a surgical procedure, in accordance with Medicode, Inc. Schedule 80% URC Charges

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 80% URC Charges

Anesthetist Services: in conjunction with the surgical procedure 80% URC Charges

Doctor's Visits: limited to one visit per day 80% URC Charges
 Benefits do not apply when related to surgery or physiotherapy.

Physiotherapy: when prescribed by the attending doctor following a surgical procedure, limited to one visit per day 80% URC Charges

Medical Emergency: as defined herein 80% URC Charges

Diagnostic X-rays Services: when prescribed by the attending doctor 80% URC Charges

Radiation Therapy: when prescribed by the attending doctor 80% URC Charges

Laboratory Procedures: when prescribed by the attending doctor 80% URC Charges

Miscellaneous Tests and Procedures): diagnostic services and medical procedures performed by a doctor; excluding doctor's visits, physiotherapy, X-rays, and laboratory procedures 80% URC Charges

Injections: when administered in the doctor's office and charged on the doctor's statement 80% URC Charges

Chemotherapy: when prescribed by the attending doctor 80% URC Charges

OTHER SERVICES

Ambulance Service: transportation to or from a hospital 80% URC Charges

Braces and Appliances: when prescribed by a doctor and when a written prescription accompanies the claim when submitted 80% URC Charges
 No benefits will be paid for rental charges in excess of purchase price or for replacements.

Consulting Physician: when requested and approved by the attending doctor 80% URC Charges
 Covered expenses will be paid under this benefit or under the Doctor's Visits benefit, but not both on the same day.

Dental Treatment: performed by a doctor and made necessary by injury to natural teeth \$100.00 Per Tooth
 to a maximum of \$500.00 Per Policy Year

Chiropractic Care Expense: \$50.00 Per Visit / 3 Visits Per Week
 to a maximum of \$1,000.00 Per Policy Year

Routine Newborn Care: to a maximum of \$750.00

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 the same as any other injury, up to a maximum of \$10,000.00.
 Benefits for injury to natural teeth will be limited to \$100.00 Per Tooth
 to a maximum of \$500.00 Per Policy Year

PRESCRIPTION DRUGS

When prescribed by the attending doctor. Prescriptions must be filled at a Walgreen Health Initiatives participating pharmacy Subject to a Per Prescription Co-Pay:
 \$10.00 Co-pay for Generic Drugs
 \$15.00 Co-pay for Brand Name Drugs
 \$30.00 Co-pay for Multi Source Drugs

**ACCIDENTAL DEATH AND DISMEMBERMENT
COVERAGE**

Death Benefit: The Company will pay \$10,000.00 when an Insured Person's 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 an 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\$10,000.00
- One hand and one foot,
one hand or one foot and
the sight of one eye\$10,000.00
- One hand or one foot or
the sight of one eye\$ 5,000.00

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“Loss” of hand or foot means severance at or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable.

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 or 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.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by or resulting from:

1. Pre-existing sicknesses diagnosed, treated, or recommended for treatment prior to a covered person's effective date of coverage are not covered. Sickness must be initially diagnosed or treated after the effective date of coverage;
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. 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;
6. War or act of war, declared or undeclared, or while in the armed forces of any country;
7. Participation in a riot or civil disorder; fighting (except self-defense); commission of , or attempt to, commit a felony;
8. Suicide or attempted suicide, or intentionally self-inflicted injury;
9. 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;
10. 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;
11. Treatment in a government hospital unless the covered person is legally obligated to pay;
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. Injury or Sickness for which benefits are paid or payable by any workers Compensation or Occupational Disease Law or Act or similar legislation;
14. Hernia of any kind;
15. Injury of the primary insured covered under any student accident insurance policy underwritten by us;
16. 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;
17. That part of medical expense payable by any automobile insurance policy without regard to fault;
18. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
19. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood;
20. Rest cures or custodial care;
21. Personal services such as television and telephone or transportation.

SUBROGATION AND RECOVERY OF RIGHTS PROVISION

This Plan has a Subrogation and Recovery Rights Provision outlined in the Master Policy. A complete description of the Subrogation and Recovery Rights provision is included in the Master Policy on file with Saint Mary's University of Minnesota-Winona.