

# PRAIRIE VIEW A & M UNIVERSITY

Prairie View, Texas

**2004-2005**

## INTERNATIONAL STUDENT/SCHOLAR ACCIDENT & SICKNESS INSURANCE PROGRAM

Designed for the:

**INTERNATIONAL STUDENTS  
AND SCHOLARS**

**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.

**Policy No.: GLB 9709548**

### 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 on campus, to the nearest doctor or hospital.
2. Secure a claim form from the Student Health Service, website [www.heritage-ins.com](http://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, TX 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  
Fax: 830-625-0360  
[p\\_fisher@sbcglobal.net](mailto: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.: 4242-2484 (04)

**ELIGIBILITY**

All international students, visiting faculty, scholars or other persons under the age of 70 with a current passport or student visa who are temporarily residing outside their Home Country; while actively engaged in education or educational activities or research related activities may be insured under this plan. Coverage will begin according to the Effective Date stated herein.

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**

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

1. 12:00 a.m, Standard Time on August 23, 2004; or
2. the day after the date premium is received by the Policyholder, Company Agent, or Administrator.

Coverage will always become effective at 12:00 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**

Coverage under the policy with respect to the 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 a.m, Standard Time on August 23, 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 as new benefit period, nor affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.

**ACCIDENTAL DEATH AND DISMEMBERMENT**

When accidental death or dismemberment occurs within 180 days of the date of accident, the plan will pay, in addition to the medical benefits provided herein, one of the following:

Accidental Death .....	\$15,000.00
Accidental Loss of:	
Both Hands, Feet or Eyes .	\$7,500.00
One Hand and One Foot ....	\$7,500.00
Hand or Foot and One Eye	\$5,000.00
Either Hand or Foot .....	\$2,500.00
Sight of One Eye .....	\$2,500.00

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. Loss shall mean in regard to Hand or Hands or Foot or Feet, actual severance through or above the wrist or wrists or ankle or ankles, and loss of sight of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.

## 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.

**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.

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### **INTERNATIONAL ASSISTANCE PROGRAM Provided by: American International Group**

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, visit our website at [www.heritage-ins.com](http://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

#### **\$50.00 Deductible Per Injury or Per Illness – Maximum Deductible Of \$250.00 Per Person Per Year.**

The Company will pay benefits as described below, subject to the deductible and limited to any maximums shown, 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 30 days of the date of injury, or 2) illness beginning with the date of first treatment, up to \$5,000.00, after which payment will be made at 80% of usual and customary charges for the next \$45,000.00. Thereafter, payment will be made at 100% of usual and customary charges, not to exceed the aggregate lifetime maximum benefit of \$250,000.00 per injury or per illness.

#### INPATIENT BENEFITS

<b>Room &amp; Board Expense</b> , including general nursing care, the daily semi-private room rate .....	Paid Under Hospital Misc. Expenses	
<b>Intensive Care</b> , including 24-hour nursing care .....	Paid Under Hospital Misc. Expenses	
<b>Hospital Miscellaneous Expenses</b> 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) therapeutic services; 7) pre-admission testing .....		\$1,100.00 Aggregate Maximum Per Day
<b>Surgery</b> , Physician's fees for a surgical procedure .....	Usual & Customary Expense	
<b>Anesthetist Services</b> , in conjunction with surgery .....	30% of Surgery Fee Paid	
<b>Registered Graduate Nurse</b> , when prescribed by the attending physician; and when medically necessary .....	\$15.00 Per Hour/Maximum of 90 Days	
<b>Physician's Visits</b> , one visit per day when a surgery benefit is not paid .....	Usual & Customary Expense	

#### OUTPATIENT BENEFITS

<b>Surgery</b> , Physician's fees for a surgical procedure .....	Usual & Customary Expense
<b>Day Surgery Miscellaneous</b> , 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: operating room, laboratory tests, X-ray examinations, including professional fees, anesthesia, drugs or medicines, and miscellaneous supplies .....	\$1,000.00 Maximum
<b>Anesthetist Services</b> , in conjunction with surgery .....	30% of Surgery Fee Paid
<b>Physician's Visits</b> , one visit per day when a surgery benefit is not paid .....	Usual & Customary Expense
<b>Physiotherapy</b> , when prescribed by the attending physician and when administered by a licensed physiotherapist only for a condition that required surgery or hospitalization: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation; limited to one visit per day .....	Usual & Customary Expense
<b>Medical Emergency Expenses</b> , incurred in a hospital emergency room, surgical center, or clinic .....	Usual & Customary Expense
<b>Outpatient Miscellaneous Benefit:</b> (Aggregate Maximum Benefit for Items 1-3) .....	\$400.00 Per Policy Year
1) <b>Diagnostic X-ray Services</b> , when prescribed by the attending physician.	
2) <b>Laboratory Procedures</b> , when prescribed by the attending physician.	
3) <b>Miscellaneous Tests and Procedures</b> , incurred loss for which no other policy benefit is provided.	
<b>Prescription Drugs</b> , subject to a \$10.00 co-payment .....	50% of Usual & Customary Expense

#### OTHER BENEFITS

<b>Ambulance Service</b> , for transportation to or from a hospital .....	\$150.00 Maximum Per Trip
<b>Dental Treatment</b> , performed by a physician or dentist for treatment of injury to sound, natural teeth .....	\$100.00 Per Tooth/\$500.00 Maximum
<b>Elective Abortion</b> , .....	\$200.00 Maximum
<b>Psychotherapy</b> : the treatment of mental disorders, nervous disorders, alcoholism, and drug addiction .....	Cover same as any other Sickness
to a maximum of .....	30 Days per Policy Year

#### **PRE-EXISTING CONDITION WAIVER**

Coverage will be provided for medical treatment of an accidental bodily injury or sickness for which medical advice, diagnosis, or treatment, including the use of prescription drugs, had not been received within the 6 month period immediately preceding the Insured's effective date of coverage under this insurance program, or for an Insured who has maintained 6 continuous months of coverage under this insurance program.

## 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 or professional sports or travel connected therewith;
6. For Sickness resulting from 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 refractions 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 two or three-wheeled vehicle; racing of any kind.