

2004-2005

PREMIER I

INTERNATIONAL

STUDENT

HEALTH INSURANCE

PLAN

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 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 FROM DATE OF INJURY OR
FIRST TREATMENT FOR SICKNESS**

AGENT:

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

ADMINISTERED BY:

HERITAGE
INSURANCE MANAGERS, INC.
P. O. Box 659570
San Antonio, Texas 78265-9570
www.Heritage-Ins.com

UNDERWRITTEN BY:

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

Policy No.: GLB 9709570

Brochure No.: 3410-2507 (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.

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.

UNIVERSITY REQUIREMENTS

All international persons meeting the Eligibility requirements are required to participate in this insurance program unless proof of comparable coverage is furnished.

ELIGIBILITY

All international students, visiting faculty or other persons with a current passport or student visa who are temporarily residing outside their Home Country and actively engaged in education or educational activities or research related activities.

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 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 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. The individual's insurance 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 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.

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.

PREFERRED PROVIDER NETWORK

If you use a physician from the Preferred Provider Network, the Company 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, physicians 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 herein. 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 their toll free number 1-800-432-1776.

EXCESS INSURANCE

The Company will pay for all covered medical expenses up to the limits of the policy that are not paid or payable by other insurance.

PSYCHOTHERAPY

Benefits are payable for the treatment of Mental or Nervous Disorder, Alcoholism and Drug Abuse, subject to all terms and conditions of the policy and the provisions outlined below:

1. When confined as an Inpatient benefits will be paid to 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 incurred charges less a co-payment of 10% to a maximum benefit of \$6,300.00.
 - (c) The difference between \$7,000.00 and the benefits paid for outpatient services.
2. For treatment as an Outpatient , benefits will be the lesser of:
 - (a) The first \$2,000.00 of eligible incurred charges less a co-payment of 10% to a maximum benefit of \$1,800.00.
 - (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 incurred charges less a co-payment of 10% to a maximum benefit of \$2,700.00.
 - (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 \$50.00 of covered expenses is a per injury or per illness deductible and is the responsibility of the Insured.

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 90 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.

Benefits are payable at 100% of the first \$5,000.00 of eligible charges; then 80% of the next \$15,000.00 of eligible charges; then 100% up to the Maximum Benefit payable of \$100,000.00.

Please refer to the Preferred Provider Network provision herein as benefits will be reduced if the PPO's network of hospitals and physicians is not utilized.

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); 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

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 (excluding take home drugs); 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
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: when prescribed by the attending physician for an 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 illness	50% of Usual & Customary Charges
to a maximum of	\$1,000.00 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
Therapeutic Abortion: covered as any other illness, to a maximum of	\$1,000.00
Venereal Disease:	Covered as any other Sickness
Pre-existing 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

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

(Intentionally Left Blank)

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.

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(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 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, Infirmity 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.