

**INTERNATIONAL  
STUDENT  
ACCIDENT  
&  
SICKNESS  
INSURANCE  
PROGRAM**

**Designed for the  
International Students of:**

**University of Arkansas  
Pine Bluff, Arkansas**

**2004-2005**

**Policy No.: GLB 9709571**

**AGENT:**

**BILL BYRD  
REBSAMEN INSURANCE  
1500 RIVERFRONT DRIVE  
LITTLE ROCK, AR 72203  
501-661-4800**

**ADMINISTERED BY:**



[www.Heritage-Ins.com](http://www.Heritage-Ins.com)  
800-456-7480

**UNDERWRITTEN BY:**

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

Brochure No.: 0395-2508 (04)

### CLAIM PROCEDURE

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

1. Report at once to the Student Health Service, or when not in school, to the nearest doctor or hospital.
2. Secure a claim form from the Office of International Programs, Heritage's 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, 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**

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

### UNIVERSITY REQUIREMENTS

All international persons who meet the Eligibility requirements are required to participate in this insurance program.

### ELIGIBILITY

All international students and scholars actively engaged in education or educational activities or research related activities through the University of Arkansas Pine Bluff.

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 14, 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 College, 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 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) 12:01 a.m., Standard Time on August 14, 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.

A pro-rata 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.

**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.

**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.....	\$10,000.00
Both Hand or Both Feet or Sight of Both Eyes .....	\$10,000.00
One Hand and One Foot .....	\$10,000.00
Either Hand or Foot and Sight of One Eye .....	\$10,000.00
Either Hand or Foot .....	\$5,000.00
Sight of One Eye .....	\$5,000.00

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.

**INTECOLLEGIATE 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 \$5,000.00 per policy year. Benefits for injury to sound, natural teeth will be limited to a per tooth maximum of \$100.00, up to a maximum benefit of \$500.00 per policy year.

## MEDICAL EXPENSE BENEFITS SCHEDULE

Benefits, as described below, not to exceed \$250,000.00 per policy year, are payable for the **usual and customary** medical expenses incurred while the insured's coverage is in effect, for treatment by or under the order of a licensed physician for: 1) accidental bodily injury when the treatment commences within 90 days of the date of injury, and 2) illness beginning with the date of first treatment.

Inpatient Services require a \$50.00 co-payment per provider / facility per confinement.

Outpatient Services require a \$50.00 co-payment per provider / facility per visit, except Physician's Visits which require a \$20.00 co-payment per visit.

Services rendered at the Student Health Center are covered at 100%.

### INPATIENT BENEFITS

<b>Room &amp; Board Expense:</b> including general nursing care .....	Semi-private Room Rate
<b>Intensive Care:</b> including 24-hour nursing care .....	100% of Usual & Customary Charges
<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) miscellaneous supplies; and 7) pre-admission testing .....	100% of Usual & Customary Charges
<b>Physiotherapy:</b> when prescribed by the attending physician and administered by a licensed physiotherapist .....	100% of Usual & Customary Charges
<b>Surgery:</b> Physician's fees for a surgical procedure will be paid in accordance with the Medicode, Inc. schedule .....	100% of Usual & Customary Charges
<b>Anesthetist Services:</b> in conjunction with surgery .....	100% of Usual & Customary Charges
<b>Registered Graduate Nurse:</b> when prescribed by the attending physician .....	100% of Usual & Customary Charges
<b>Physician's Visits:</b> one visit per day when a surgery benefit is not paid .....	100% of Usual & Customary Charges
<b>Psychotherapy:</b> for the treatment of mental disorders, nervous disorders, alcoholism, and drug addiction, covered as any other sickness .....	100% of Usual & Customary Charges
to a maximum of .....	30 Days

### OUTPATIENT BENEFITS

<b>Surgery:</b> Physician's fees for a surgical procedure will be paid in accordance with the Medicode, Inc. schedule .....	100% of Usual & Customary Charges
<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:	
1) operating room; 2) laboratory tests; 3) X-ray examinations;	
4) anesthesia; 5) drugs or medicines; and 6) miscellaneous supplies .....	100% of Usual & Customary Charges
<b>Anesthetist Services:</b> in conjunction with surgery .....	100% of Usual & Customary Charges
<b>Physician's Visits:</b> one visit per day when a surgery benefit is not paid .....	100% of Usual & Customary Charges
<b>Physiotherapy:</b> 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 .....	100% of Usual & Customary Charges
<b>Medical Emergency Expenses:</b> incurred in a hospital emergency room, surgical center, or clinic .....	100% of Usual & Customary Charges
<b>Diagnostic X-ray Services:</b> when prescribed by the attending physician .....	100% of Usual & Customary Charges
<b>Radiation Therapy:</b> when prescribed by the attending physician .....	100% of Usual & Customary Charges
<b>Laboratory Procedures:</b> when prescribed by the attending physician .....	100% of Usual & Customary Charges
<b>Miscellaneous Tests and Procedures:</b> incurred loss for which no other policy benefit is provided .....	100% of Usual & Customary Charges
<b>Shots or Injections:</b> administered in an emergency room or physician's office and charged on the emergency room statement or physician's statement .....	100% of Usual & Customary Charges
<b>Chemotherapy:</b> when prescribed by the attending physician .....	100% of Usual & Customary Charges
<b>Prescription Drugs:</b> for a covered injury or illness, to include oral contraceptives (co-payment is waived) .....	50% of Usual & Customary Charges
<b>Psychotherapy:</b> for the treatment of mental disorders, nervous disorders, alcoholism, and drug addiction, covered as any other sickness .....	100% of Usual & Customary Charges
to a maximum of .....	\$1,000.00 Per Policy Year

### OTHER BENEFITS

<b>Ambulance Service:</b> for transportation to or from a hospital .....	100% of Usual & Customary Charges
<b>Braces and Appliances:</b> 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) .....	100% of Usual & Customary Charges
Dental braces, except when necessitated by accidental bodily injury, are not covered.	
<b>Consultant Physician Services:</b> when requested and approved by the attending Physician .....	100% of Usual & Customary Charges
<b>Dental Treatment:</b> for treatment of injury to sound, natural teeth .....	\$100.00 Per Tooth
to a maximum of .....	\$500.00 Per Policy Year
<b>Therapeutic Abortion:</b> covered as any other sickness, to a maximum of .....	\$500.00 Per Policy Year
<b>Outpatient Back and Spine Treatment:</b> .....	\$50.00 Per Visit / 3 Visits Per Week
to a maximum of .....	\$1,000.00 Per Policy Year
<b>Mammography and Cytologic Screening:</b> covered as any other sickness .....	100% of Usual & Customary Charges
<b>Venereal Disease:</b> .....	Covered as any other Sickness
<b>Routine Nursery Care:</b> to a maximum of .....	\$750.00

#### **INTERNATIONAL ASSISTANCE PROGRAM**

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 plan, 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.

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#### **COMPANY'S RIGHT OF SUBROGATION**

In the event you require medical treatment due to another person's negligence (such as an automobile accident), the Company has the right to seek recovery of any benefits it pays toward your medical expenses.

## 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. 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. 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 three-wheeled vehicle; racing of any kind.