

**COMMUNITY COLLEGES
UNIVERSITY OF HAWAII**

**STUDY ABROAD
PROGRAM**

**ACCIDENT &
SICKNESS
INSURANCE PLAN**

2004-2005

Policy No.: GLB 9709578

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 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:



RUST & ASSOCIATES

506 KELLOGG
AMES, IOWA 50010-6228

ADMINISTERED BY:



UNDERWRITTEN BY:

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

Brochure No.: 5010-2517 (04)

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.

NOTE

THIS IS YOUR DESCRIPTION OF COVERAGE.

PLEASE RETAIN IT AS IT OUTLINES THE PROVISIONS OF THE MASTER POLICY WHICH IS ON FILE WITH THE POLICYHOLDER: COMMUNITY COLLEGES/UNIVERSITY OF HAWAII.

IN THE EVENT OF A CLAIMS DISPUTE, THE PROVISIONS OF THE POLICY WILL PREVAIL.

ELIGIBILITY

Citizens of the United States and international students under the age of 70 who are enrolled as full-time students at Community Colleges/University of Hawaii and who are temporarily participating in international educational activities for academic credit are eligible for coverage. International students are not eligible for coverage in their home country.

Insured students may also purchase dependent coverage. Eligible dependents are the spouse (residing with the Insured Student) and unmarried children under 19 years of age who are not self-supporting and reside with the Insured student. Dependent eligibility expires concurrently with that of the Insured Student.

ENROLLMENT

Insurance coverage may be purchased to cover any period of time from one month to twelve months. To enroll for coverage, fill out the enrollment form and mail it to the administrator together with payment for the term of coverage requested.

PERIOD OF COVERAGE

Once your application is accepted with the correct payment, the effective date of coverage is the policy effective date, the date of departure for foreign assignment, or your requested date, whichever is later. Thereafter, the coverage is effective 24 hours a day outside the United States. Coverage terminates when the first of the following occurs: 1) termination of the Policy; 2) upon termination of participation in the international educational activities; 3) upon expiration of the period of coverage requested in the enrollment form, including any requested extension thereof; 4) upon written notice from the Insured specifying when termination is desired but not earlier than the date received, or 5) upon application for permanent residency status in a country other than the United States. Unearned premium will be returned for the number of full months of unexpired coverage only.

The effective date of the policy is September 1, 2004 and terminates on September 1, 2005.

CONTINUOUS COVERAGE

Coverage for an Insured Person will be considered as continuous during consecutive periods of insurance (such as Fall, Spring, 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.

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

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.

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 this 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.

MEDICAL EXPENSE BENEFITS SCHEDULE

\$50.00 Deductible Per Injury or Per Illness

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.

Subject to the deductible, benefits will be paid at 100% of the usual and customary charges, limited to any maximums shown up to \$5,000.00, then 80% of usual and customary charges for an additional \$45,000.00; thereafter, 100% of usual and customary charges, not to exceed the aggregate maximum of \$500,000.00 per accidental bodily injury or per illness. The aggregate maximum benefit for dependents is limited to \$50,000.00 per accidental bodily injury or per illness.

INPATIENT EXPENSES

Room & Board Expense: daily semi-private room rate, including general nursing care	Semi-Private Room Rate
Intensive Care: including 24-hour nursing care	Covered under Room & Board Expense
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); 6) Miscellaneous supplies; and 7) 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
Psychotherapy: the treatment of mental disorders, nervous disorders, alcoholism, and drug addiction	Usual & Customary Charges

OUTPATIENT EXPENSES

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 administered by a licensed physiotherapist, limited to one visit per day	Usual & Customary Charges
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
Laboratory Procedures: when prescribed by the attending physician	Usual & Customary Charges
Miscellaneous Tests and Procedures: incurred loss for which no other policy benefit is provided	Usual & Customary Charges
Prescription Drugs: for a covered injury or illness	50% of Usual & Customary Charges
Psychotherapy: the treatment of mental disorders, nervous disorders, alcoholism, and drug addiction, to a maximum of	\$3,000.00

OTHER BENEFITS

Dental Treatment: for treatment of injury to sound, natural teeth	\$100.00 Per Tooth/\$500.00 Maximum
Cosmetic Surgery: for treatment rendered on an inpatient or outpatient basis when made necessary by mastectomy, to include reconstruction of the breast upon which a mastectomy was performed when for the purpose of obtaining breast symmetry	Usual & Customary Charges
Alcohol-Related Injury: to a maximum of	Covered As Any Other Injury
Therapeutic Abortion: to a maximum of	\$500.00
Newborn Nursery Care: to a maximum of	\$500.00
Chiropractic Care:	80% of Usual & Customary Charges Not to exceed
Prescription Drugs (Inpatient): for a covered injury or illness	100% of Usual & Customary Charges

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 refraction's 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 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.

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.

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