

**J-1 SCHOLAR  
ACCIDENT  
&  
SICKNESS  
INSURANCE  
PROGRAM**

Designed for the

J-1 Scholars of:

**TEXAS TECH UNIVERSITY**

**2004-2005**

Policy No.: GLB 9709588

**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 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:**



[www.heritage-ins.com](http://www.heritage-ins.com)

**Underwritten By:**

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

Brochure No.: 4242-2527 (04)

## UNIVERSITY REQUIREMENTS

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

## ELIGIBILITY

All J-1 Scholars actively engaged in education or educational activities or research related activities through Texas Tech University.

Insured scholars may also purchase dependent coverage. Eligible dependents are the Spouse (residing with the Insured Scholar) and unmarried children under nineteen years of age who are not self-supporting, and reside with the Insured Scholar. Dependent eligibility expires concurrently with that of the Insured Scholar.

## EFFECTIVE DATE

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 March 1, 2005; or
2. the day after the date premium is received by the Policyholder, 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. 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. 12:01 a.m, Standard Time on August 1, 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,**

## 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.

## ACCIDENTAL DEATH AND DISMEMBERMENT

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.

Accidental Death ..... \$10,000.00

### Accidental Loss of:

Both Hands, Feet or Eyes .	\$10,000.00
One Hand and One Foot ....	\$10,000.00
Hand or Foot and 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. 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 a 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.

(Intentionally Left Blank)

## 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.

## 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.

### **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

**The Insured Person is responsible for a \$50 deductible for each injury and each 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 the injury, or 2) illness beginning with the date of first treatment.

After the deductible is satisfied, benefits will be paid at 80% of the usual and customary charges, limited to any maximums shown, up to \$10,000, then 100% of the usual and customary charges, not to exceed the aggregate maximum benefit of \$250,000 per accidental bodily injury and illness.

### INPATIENT BENEFITS

<b>Room &amp; Board Expense</b> , including general nursing care	
the daily semi-private room rate .....	Usual and Customary Charges
<b>Intensive Care</b> , including 24-hour nursing care .....	Usual and 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; 7) pre-admission testing .....	Usual and Customary Charges
<b>Physiotherapy</b> , when prescribed by the attending physician and administered by a licensed physiotherapist .....	Usual and Customary Charges
<b>Surgery</b> , Physician's fees for a surgical procedure .....	Usual and Customary Charges
<b>Anesthetist Services</b> , in conjunction with surgery .....	Usual and Customary Charges
<b>Registered Graduate Nurse</b> , when prescribed by the attending physician, and when medically necessary .....	Usual and Customary Charges
<b>Physician's Visits</b> , one visit per day when a surgery benefit is not paid .....	Usual and Customary Charges
<b>Psychotherapy</b> , for treatment of mental disorders only .....	50% of Usual and Customary Charges
to a maximum of .....	\$10,000 / 40 Days

### OUTPATIENT BENEFITS

<b>Surgery</b> , Physician's fees for a surgical procedure .....	Usual and 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: operating room, laboratory tests, X-ray examinations, anesthesia, drugs or medicines, and miscellaneous supplies .....	Usual and Customary Charges
<b>Anesthetist Services</b> , in conjunction with surgery .....	Usual and Customary Charges
<b>Physician's Visits</b> , one visit per day when a surgery benefit is not paid .....	Usual and Customary Charges
<b>Physiotherapy</b> , when prescribed by the attending physician following hospitalization and when administered by a licensed physiotherapist; limited to one visit per day .....	\$500 Per Day
<b>Medical Emergency Expenses</b> , incurred in a hospital emergency room, surgical center, or clinic .....	Usual and Customary Charges
<b>Diagnostic X-ray Services</b> , when prescribed by the attending physician .....	Usual and Customary Charges
<b>Radiation Therapy</b> , when prescribed by the attending physician .....	Usual and Customary Charges
<b>Laboratory Procedures</b> , when prescribed by the attending physician .....	Usual and Customary Charges
<b>Miscellaneous Tests and Procedures</b> , incurred loss for which no other policy benefit is provided .....	Usual and 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 .....	Usual and Customary Charges
<b>Chemotherapy</b> , when prescribed by the attending physician .....	Usual and Customary Charges
<b>Prescription Drugs</b> , for a covered condition; \$20 co-payment per prescription .....	Usual and Customary Charges
<b>Psychotherapy</b> , for treatment of mental disorders only .....	80% of Usual and Customary Charges
to a maximum of .....	\$500 Per Policy Year

### OTHER BENEFITS

<b>Ambulance Service</b> , for ground transportation to or from a hospital .....	\$350.00 Per Trip
<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) .....	Usual and Customary Charges
Dental braces, except when necessitated by accidental bodily injury, are not covered.	
<b>Dental Treatment</b> , performed by a physician or dentist for treatment of injury to sound, natural teeth .....	\$250.00 Per Tooth
to a maximum of .....	\$500.00 Per Policy Year
<b>Alcohol and Drug Abuse</b> , .....	50% of Usual and Customary Charges
to a maximum of .....	\$1,000

## 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.