



TEXAS SOUTHERN UNIVERSITY

## 2019-2020 International Student Insurance Plan Policy Brochure

**POLICYHOLDER:** Texas Southern University  
**POLICY NUMBER:** 43-4624-19  
**EFFECTIVE DATE:** August 11, 2019  
**EXPIRATION DATE:** August 10, 2020

This brochure has been designed to illustrate the highlights of this insurance coverage; it does not include all coverage details. Please see the Policy for complete and individual state details. If there is any conflict between this brochure and the Policy, the Policy will prevail. Please see the Master Policy for complete and individual state details.

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## Patient Protection and Affordable Care Act (“PPACA”) Disclosure Statement

This insurance is not subject to, and does not provide some of the insurance benefits required by, the United States PPACA. In no event will We provide benefits in excess of those specified in the Policy, and this insurance is not subject to guaranteed issuance or renewal. PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney or tax professional to determine if PPACA’s requirements are applicable to You.

THIS IS LIMITED BENEFIT COVERAGE. READ IT CAREFULLY.

The Policy is not renewable.

### ELIGIBILITY

An Eligible Person is an individual who meets all of the requirements of the Covered Classes shown below:

**Class 1.** An international student, scholar or other person with a current passport or non-immigrant visa, temporarily located outside His Home County as a non-resident alien and:

- a. Is engaged in educational or cultural activities of the Participating Member; and
- b. Has not obtained permanent residency status in the United States; and
- c. Is not a U.S. Citizen.

**Class 2.** Participants engaged In Optional Practical Training (OPT) or Compulsory Practical Training (CPT) if:

- a. The OPT/CPT training follows a course of study of the Participating Member; and
- b. Is no longer than 12 months in duration; and
- c. The Participant maintains their valid Visa; and
- d. The Subscriber is not a U.S. Citizen.

**Class 3.** Participants engaged in a sponsored English Language Program or similar program of the Member and maintains a valid F or J visa status, and:

- a. The Participant has not obtained permanent residency status in the United States; and
- b. The Subscriber is not a U.S. Citizen.

We retain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

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### PAYMENT OF PREMIUM

The Company provides insurance in return for premium payments. Failure by the Participating Member to pay premiums when due or within the grace period shall be deemed notice to Us to terminate coverage at the end of the period for which premium was paid.

If a premium is not paid when due, We will cancel the Policy at the end of the last period for which premium was paid, subject to the Grace Period provision.

Cancellation does not affect a claim for a Covered Loss when the covered Accident or Sickness occurs before the cancellation date.

If We cancel this Policy, any earned premium will be computed pro rata and any unearned portion promptly returned to the Participating Member. If the Participating Member cancels this Policy, any unearned premium paid to Us will be returned to the Participating Member immediately; or the Participating Member will immediately pay any earned premium to Us that has not been paid. Earned premium will be computed pro rata.

### EFFECTIVE DATE

Coverage for a Covered Person that will be covered by the Policy starts at 12:00 a.m. on the latest of the following:

1. The Coverage Start Date shown on the insurance identification card;
2. The date the requirements of a Covered Person shown in the Schedule of Benefits are met;
3. The moment a Covered Person Departs this/her/their Home Country's airspace; or
4. The date the premium and completed enrollment form, if any, are received by Us or the administrator.

Thereafter, the insurance is effective 24 hours a day. In no event, however, will insurance start prior to the date the premium is received by Us.

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### TERMINATION DATE

Coverage for Covered Person will automatically terminate on the earliest of the following dates:

1. The date the Policy terminates;
2. The date the Participating Member is no longer eligible to sponsor coverage under the Policy;
3. The date on which the Covered Person ceases to meet the requirements of an Eligible Person shown in the Schedule of Benefits;
4. The end of the term of coverage specified in the Covered Person's enrollment form;
5. The date the Covered Person permanently leaves the Country of Assignment for his/her/their Home Country;
6. The date the Covered Person requests cancellation of coverage (the request must be in writing);
7. The premium due date for which the required premium has not been paid, subject to the Grace Period provision; or
8. The end of any period of coverage.

Coverage will end at 11:59 p.m. on the last date of insurance. Termination does not affect a claim for a Covered Loss due to a covered Accident or Sickness that occurs before the termination date. However, in no instance will benefits extend beyond the earlier of:

1. The end of the Benefit Period; and
2. The date benefits equal to any applicable Benefit Limit, as shown in the Schedule of Benefits, have been paid.

### FULL EXCESS MEDICAL EXPENSES

We will pay Covered Expenses:

1. After the Covered Person satisfies any Deductible, Coinsurance, Copayments; and
2. Only when they are in excess of amounts payable by any other Health Care Plan whether or not claim has been made for benefits it provides.

We will pay benefits without regard to any Coordination of Benefits provision in such Health Care Plan.

When another Health Care Plan provides benefits in the form of services rather than cash payments, We will consider the reasonable cash value of such service in determining whether any Deductible has been satisfied, or any amount by which any benefit provided by the Policy will be reduced.

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### EXTENSION OF BENEFITS

#### **During Hospital Confinement Upon Policy Cancellation**

If the Accident or Sickness Medical Benefits under the Policy cease for a Covered Person due to cancellation of the Policy (except if the Policy is canceled for nonpayment of premiums) and the Covered Person is Confined in a Hospital on that date, Accident or Sickness Medical Benefits will be paid for Covered Expenses incurred in connection with that Hospital Confinement. However, no benefits will be paid after the earliest of:

1. The date the Covered Person exceeds the Maximum Benefit, if any, shown in the Schedule of Benefits;
2. The date the Covered Person is covered for medical benefits under another group plan;
3. The date the Covered Person is no longer Hospital Confined; or
4. 90 days from the date the Policy is canceled.

The terms of this Accident or Sickness Medical Benefits Extension will not apply to a child born as a result of a Pregnancy which exists when the Covered Person's Accident or Sickness Medical Benefits cease.

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### PREFERRED PROVIDER INFORMATION

Payment of Covered Expenses for In-Network Providers is based on the Insurer's Negotiated Rate. In-Network Providers have agreed to accept the Negotiated Rate as payment in full.

All Physician Visit Copayments or Deductibles for an Injury or Sickness are waived if treatment is received at Recognized Student Health Center or if the initial treatment for an Injury or Sickness is received at the Recognized Student Health Center.

If a Covered Person requires Emergency treatment of an Injury or Sickness and incurs Covered Expenses at an Out-of-Network Provider, Covered Expenses for the Emergency medical care rendered during the course of the Emergency will be treated as if they had been incurred at an In-Network Provider.

If a Covered Person incurs Covered Expenses for services or supplies that are not of the type provided by any In-Network Provider within a 50 mile radius of where the Covered Person is currently residing, these Covered Expenses will be treated as if they had been incurred at an In-Network Provider.

The provider network for this plan is listed on your insurance ID card.

ACCIDENT OR  
SICKNESS MEDICAL  
EXPENSE BENEFITS

We will pay the benefits shown in the Schedule of Benefits for Covered Expenses incurred by the Covered Person, subject to all applicable conditions and exclusions, for Medically Necessary treatment of a covered Sickness or Injury that resulted directly and independently of all other causes from a covered Accident.

Scope of Coverage	Full Excess Medical Expense
Maximum Expense Benefits	\$500,000
Coinsurance	In-Network Provider: 80% of the Negotiated Rate Out-of-Network Provider: 70% of Usual and Customary
Out-of-Pocket Maximum	In-Network Provider: \$0 Out-of-Network Provider: \$0
Deductible per Policy Year	In-Network Provider: \$100 Out-of-Network Provider: \$500

*See Schedule for Copays. The Copays will be waived when treatment is rendered at the Student Health Center.*

Covered Expenses for which benefits are payable are outlined in the Schedule of Benefits. Unless otherwise indicated, benefits are payable as a percentage of Usual and Customary Charges.

Benefits will be paid:

1. When Covered Expenses incurred exceed any applicable Coinsurance, Copayments and individual Deductible within the number of days from the date of the covered Accident or Sickness specified in the Schedule of Benefits; and
2. As long as the first Covered Expense has been incurred within the number of days specified in the Schedule of Benefits; and
3. Until any applicable Benefit Period shown in the Schedule of Benefits has expired; and
4. Until the total of Covered Expenses paid equals any applicable Benefit Limit or Maximum Benefit shown in the Schedule of Benefits; and
5. Until Benefits paid for all Covered Persons under the Policy equal the Total Maximum for Accident or Sickness Medical Expense Benefits shown in the Schedule of Benefits.

SCHEDULE OF BENEFITS

Negotiated Rate is referred to as NR in this schedule; Usual and Customary is referred to as U&C in the Schedule.

<b>Inpatient Hospital Services</b>	<b>In Network</b>	<b>Out of Network</b>
Room & Board Expenses, Intensive Care, or Coronary Care Unit	80% of NR \$100 Copay per Visit	70% of U&C \$100 Copay per Visit
Hospital Miscellaneous Expense	80% of NR	70% of U&C
Emergency Room Treatment	80% of NR \$200 Copay Per Visit	80% of U&C \$200 Copay Per Visit
Outpatient Hospital Miscellaneous	80% of NR \$100 Copay Per Visit	70% of U&C \$100 Copay Per Visit
Inpatient Physical Therapy	80% of NR	70% of U&C
Pre-Admission Testing	80% of NR	70% of U&C
Nursing Services	80% of NR	70% of U&C
<b>Physician Services</b>	<b>In Network</b>	<b>Out of Network</b>
Surgery	80% of NR	70% of U&C
Assistant Surgeon	80% of NR	70% of U&C
Physician Assistant	80% of NR	70% of U&C
Second Opinion or Consultation	80% of NR	70% of U&C
Anesthesia / Anesthesia Administration	80% of NR	70% of U&C
In-Hospital Visits	80% of NR	70% of U&C
<b>Outpatient Services</b>	<b>In Network</b>	<b>Out of Network</b>
Outpatient Office Visits	80% of NR \$30 Copay Per Visit	70% of U&C No Copay
Urgent Care	80% of NR \$50 Copay Per Visit	70% of U&C \$50 Copay Per Visit
X-Rays	80% of NR	70% of U&C
CT Scans and MRIs	80% of NR	70% of U&C
Laboratory Tests	80% of NR	70% of U&C
Radiation/ Chemotherapy	80% of NR	70% of U&C
Wellness Expense Benefit <i>Up to \$1,000 Maximum Benefit Per Policy Year</i>	100% of NR	No Benefits
Pregnancy, Complications of Pregnancy, and Prenatal Expense Benefit	80% of NR	70% of U&C
Elective Therapeutic Termination of Covered Pregnancy <i>Up to \$1,000 Maximum per Visit</i>	80% of NR	70% of U&C
Outpatient Back and Spine Treatment <i>Including Acupuncture, and Physiotherapy</i>	80% of NR up to 20 Visits Per Policy Year	70% of U&C up to 30 Visits Per Policy Year

SCHEDULE OF BENEFITS *(continued)*

<b>Other Services</b>	<b>In Network</b>	<b>Out of Network</b>
Ambulance Services	80% of NR	70% of U&C
Medical Equipment Rental	80% of NR	70% of U&C
Dental Services <i>Injury to Natural Teeth Only; up to \$100 per Tooth/\$500 Maximum per Covered Accident</i>	80% of NR	70% of U&C
Diabetic Supplies/ Education	80% of NR	70% of U&C
Breast Reconstruction Due to Mastectomy	80% of NR	70% of U&C
Skilled Nursing Facility	80% of NR	70% of U&C
<b>Mental and Nervous Disorders Treatment</b>	<b>In Network</b>	<b>Out of Network</b>
Inpatient Expenses <i>Up to 30 Days Maximum Per Policy Year</i>	80% of NR	70% of U&C
Outpatient Expenses <i>Up to 30 Visits Maximum Per Policy Year</i>	80% of NR \$20 Copay per Visit	70% of U&C \$20 Copay per Visit
<b>Alcohol and Drug Treatment Expense Benefit</b>	<b>In Network</b>	<b>Out of Network</b>
Inpatient Expenses <i>Up to 30 Days Maximum Per Policy Year</i>	80% of NR	70% of U&C
Outpatient Expenses <i>Up to 30 Visits Maximum Per Policy Year</i>	80% of NR \$20 Copay per Visit	70% of U&C \$20 Copay per Visit
<b>Prescription Drugs</b>	<b>In Network</b>	<b>Out of Network</b>
Outpatient Prescription Drugs <i>Southern Scripts is the In-Network Pharmacy Benefits Manager.</i>	Copays: \$20 Generic Drugs \$50 Brand Drugs \$75 Specialty Drugs	No Benefit
<b>Additional Benefits</b>		
Intercollegiate Sports Conditions	80% of NR up to \$10,000	70% of U&C up to \$10,000
Intramural and Club Sports Conditions	80% of NR	70% of U&C
Emergency Medical Evacuation	\$50,000 Maximum Benefit	
Repatriation of Remains	\$50,000 Maximum Benefit	
Family Reunion Benefit	\$5,000 Maximum Benefit	



ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFITS

Principal Sum: \$10,000

Loss must occur within 180 days of the Accident.

Schedule of Covered Losses	
Loss of Life	100% of the Principal Sum
Loss of Both Hands or Both Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand and One Foot	100% of the Principal Sum
Loss of One Hand and Sight of One Eye	100% of the Principal Sum
Loss of One Foot and Sight of One Eye	100% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum

We will pay the benefit for any one of the Covered Losses listed in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a covered Accident within the applicable time period specified in the Schedule of Benefits.

If the Covered Person sustains more than one Covered Loss as a result of the same covered Accident, We will pay the Benefit for the Covered Loss for which the largest benefit is payable.

If a covered Accident causes the Covered Person's death, the total of all Benefits We will pay for Accidental Death and any other Covered Losses will not exceed the Principal Sum.

**Definitions**

*Loss of a Hand or Foot* means complete Severance through or above the wrist or ankle joint.

*Loss of Sight* means the total, permanent Loss of Sight of one or both eyes. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

*Loss of a Thumb and Index Finger of the Same Hand* means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

*Severance* means complete separation and dismemberment of the part from the body.

**Exclusions**

Exclusions that apply to this benefit are in the Exclusions section.

There is no coverage for loss of life or dismemberment due to Sickness, disease or infection or for or arising from and Accident in the Covered Person's Home Country.

### EXCLUSIONS

In addition to any benefit-specific exclusion, benefits will not be paid for any covered Injury or Sickness, Covered Loss, Covered Expense which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Policy:

1. Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane.
2. Commission or attempt to commit a felony or an assault.
3. Commission of or active Participation in a Riot, Civil Commotion or insurrection.
4. Injury sustained while taking part in mountaineering, hang gliding, parachuting, paragliding, zip lining, parasailing, bungee jumping, racing by any animal, snowmobiling, motorcycle/motor scooter riding (whether as a passenger or driver), scuba diving involving underwater breathing apparatus (unless SSI, PADI or NAUI certified), water skiing, wakeboard riding, jet skiing, windsurfing, snow skiing and snowboarding (except for recreational downhill and/or cross country snow skiing or snowboarding. No coverage provided while skiing/boarding in any violation of applicable laws, rules or regulations, away from prepared and market in-bound territories; and/or against the advice of the local ski school or local authoritative body); and any sport or athletic activity which is undertaken for thrill seeking and exposes You to abnormal or extreme risk of injury.
5. Declared or undeclared War or acts of War.
6. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
7. Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle.
8. Participation in any motorized race or contest of speed.
9. An Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Covered Person holds a valid learners permit and (b) the Covered Person is receiving instruction from a Driver's Education Instructor.
10. The Covered Person being legally Intoxicated as determined according to the laws of the jurisdiction in which the covered Accident or Sickness occurred.
11. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.
12. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Member.
13. A covered Accident or Sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
14. Practice or Play in any professional sports activity, including travel to and from the activity and practice.

### EXCLUSIONS

*(continued)*

15. Participation in any sports activity not specifically authorized or shown in the Schedule of Benefits, sponsored and supervised by the Participating Member, whether or not it takes place on premises during a Covered Activity, including but not limited to snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles (or any other activity to be excluded).
16. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means Intoxicated, as defined by the law of the state in which the covered Accident or Sickness occurred.
17. Services or treatment rendered by any person who is: (a) employed or retained by the Participating Member; (b) living in the Covered Person's household; (c) an Immediate Family Member of either the Covered Person or the Covered Person's spouse; or (d) the Covered Person.
18. Any service, treatment or supply that is not considered Medically Necessary as defined in the Policy.
19. Expenses Incurred after the end of the Benefit Period, even if incurred for continuing services or treatment of a covered Injury. Benefit Period includes any Extended Benefit Periods for Deferred Treatment Expense Benefits.
20. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or Complications therefrom. This exclusion does not apply to:
  - a. Cosmetic surgery resulting from a covered Accident or Sickness, if initial treatment of the Covered Person began within 12 months of the date of the covered Accident or Sickness;
  - b. Reconstruction incidental to or following surgery resulting from a covered Accident or Sickness;
  - c. Any unplanned and unintended adverse consequences that may result during the treatment of a covered Accident or Sickness.
21. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed to be Experimental or Investigational; and (b) are not recognized and generally accepted medical practice in the United States unless otherwise noted in the Schedule of Benefits.
22. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore; unless directly resulting from an Injury or Sickness while covered under the Policy.
23. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
24. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
25. Rest cures or Custodial Care.
26. Repair or replacement of existing dentures, partial dentures, braces or bridgework.

### EXCLUSIONS

*(continued)*

27. Personal services such as television and telephone or transportation.
28. Orthopedic appliances used mainly to protect an Injury so that the Covered Person can take part in intercollegiate, club or recreational sports.
29. Expenses payable by any automobile insurance policy without regard to fault.
30. Unless specifically provided for elsewhere in the Policy, the cost of treatment or services that are provided normally without charge by the Covered Person's Recognized Student Health Center, covered or provided by the student health fee, rendered by a person employed by the Participating Member, including team doctor and trainers or any other service performed at no cost.
31. Repair or replacement of existing artificial limbs, eyes and larynx.
32. Pre-Existing Conditions; however a Pre-Existing Condition will be covered after the Covered Person has been continuously insured for 6 months under the same insurance plan.
33. Organ transplants; medical treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges.
34. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
35. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
36. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
37. Diagnosis and treatment of learning disabilities of developmental delays.
38. Diagnosis and treatment of sleep disorders.
39. Transgender/ sexual reassignment services, including but not limited to therapy, hormone therapy and surgeries.

### GENERAL DEFINITIONS

*Please note that certain words used in the Policy have specific meanings. Key terms used in the Policy are defined below. They are capitalized wherever they appear in this brochure or the Policy.*

**Accident** means a sudden, unforeseeable event that results, directly and independently of all other causes, in a covered Injury or Covered Loss and meets all of the following conditions:

1. Occurs while the Covered Person is insured under the Policy;
2. Is not contributed to by disease, Sickness, or mental or bodily infirmity;
3. Is not otherwise excluded under the terms of the Policy.

**Benefit Period** means the period of time from the date of the Sickness or Injury causing the Sickness or Injury for which benefits are payable, as shown in the Schedule of Benefits, and the date after which no further benefits will be paid.

**Child(ren)** means a person who has not reached age of 26 years of age or older.

**Coinsurance** means the ratio by which the Covered Person and the Company share in the payment of Usual & Customary Charges for Medically Necessary treatment after the Deductible, if any, has been met. The percentage the Company pays is stated in the Schedule of Benefits.

**Complications of Pregnancy** means conditions, requiring Hospital Confinement (when the Pregnancy is not terminated), whose diagnoses are distinct from the Pregnancy, but are adversely affected by the Pregnancy, including, but not limited to, acute nephritis, nephrosis, cardiac decompression, missed abortion, pre-eclampsia, intrauterine fetal growth retardation, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include termination of ectopic pregnancy, and spontaneous termination of Pregnancy, occurring during a period of gestation in which a viable birth is not possible. Complications of Pregnancy do not include elective abortion, elective cesarean section, false labor, occasional spotting, morning sickness, Physician prescribed rest during the period of Pregnancy, hyperemesis gravidarium, and similar conditions associated with the management of a difficult Pregnancy not constituting a distinct complication of Pregnancy. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a cesarean section is not performed. A cesarean section beyond one performed in any previous Pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the Child or mother.

**Confinement or Confined** means the continuous period a Covered Person spends as an In-Patient in a Hospital due to the same or related cause.

**Copayment or Copay** means a specified charge that the Covered Person is required to pay when a medical service is rendered.

**Cosmetic Surgery** means surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.

### GENERAL DEFINITIONS

*(continued)*

**Country of Assignment** means the Home Country for which the Covered Person has a valid visa, if required.

**Covered Expenses** means the Usual and Customary Charges for services or supplies listed in the Schedule of Benefits, and described in the Accident or Sickness Medical Benefits section, that the Covered Person Incurs during the Benefit Period for Medically Necessary treatment of a covered Injury. A Physician must recommend and approve these services or supplies.

**Covered Loss** means a loss:

1. Which is the result of a covered Injury to a Covered Person;
2. For which benefits are payable under the Policy; and
3. Which is not otherwise excluded under the terms of the Policy.

**Covered Person** means an Eligible Person, as defined in the Schedule of Benefits, for whom required premium has been paid when due, and for whom coverage under the Policy remains in force.

**Covered Pregnancy** means Pregnancy which began after the effective date of the Policy.

**Deductible** means the dollar amount of Covered Expenses which must be incurred, as applicable, and paid by the Covered Person before benefits are payable under the Policy. The Deductible may apply to each Covered Person or each Policy Term, as shown in the Schedule of Benefits.

**Drug Abuse** means any pattern of pathological use of a drug that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical tolerance or by physical symptoms when it is withdrawn.

**Eligible Dependent** means the Covered Person's lawful spouse/partner and/or unmarried children under age 26 who are chiefly dependent upon the Covered Person for support and maintenance. The term "child/children" includes a natural child, a legally adopted child, a stepchild, and a child who is dependent on the Covered Person during any waiting period prior to finalization of the child's adoption. The Eligible Dependent is one who:

1. With a similar visa or passport, accompanies the Covered Person while that person is engaged in international educational activities; and
2. Is temporarily located outside the Covered Person's Home Country as a non-resident alien; and
3. Has not obtained permanent residency status.

**Emergency** means hospitalization or medical care that is provided for an Injury or a Sickness condition manifesting itself by acute symptoms of sufficient severity including without limitation sudden and unexpected severe pain for which the absence of immediate medical attention could reasonably result in:

1. Permanently placing the Covered Person's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in jeopardy, or
2. Causing other serious medical consequences; or
3. Causing serious impairment to bodily functions; or
4. Causing serious and permanent dysfunction of any bodily organ or part.

### GENERAL DEFINITIONS

*(continued)*

Previously diagnosed chronic conditions in which subacute symptoms have existed over a period of time shall not be included in this definition of a medical Emergency, unless symptoms suddenly become so severe that immediate medical aid is required.

**Experimental or Investigational** means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice; and any of those items requiring federal or other governmental agency approval not received at the time services are rendered. We will make the final determination as to what is Experimental or Investigative.

**Home Country** means the country where a Covered Person has His true, fixed and permanent home and principal establishment and holds a current and valid passport. However, the Home Country of an Eligible Dependent who is a Child is the same as that of the Covered Person.

**Hospital** means an institution that meets all of the following:

1. It is licensed as a Hospital pursuant to applicable law;
2. It is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. It is managed under the supervision of a staff of medical doctors;
4. It provides 24-hour nursing services by or under the supervision of a graduate Registered Nurse (R.N.);
5. It has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. It charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. Rehabilitation, convalescent, custodial, educational or nursing care;
2. The aged, drug addicts or alcoholics;
3. A Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense and there is a legal obligation to pay.

**Hospital Stay** means a Confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a covered Accident or Sickness.

**Immediate Family Member** means a person who is related to the Covered Person in any of the following ways: spouse or domestic partner, brother, brother-in-law, sister, sister-in-law, son, son-in-law, daughter, daughter-in-law, mother, mother-in-law, father, father-in-law, including stepparent, including stepbrother or stepsister, grandparent or grandchild(ren), including legally adopted child or stepchild.

**Injury or Injuries** means any bodily harm that results, directly and independently of all other causes, from a covered Accident. To be covered, the Injury must first be treated while the Covered Person is insured under the Policy. A Sickness is not an Injury.

### GENERAL DEFINITIONS

*(continued)*

**In-Network Provider** means a Physician, Hospital and other healthcare providers who have contracted to provide specific medical care at a Negotiated Rate. The availability of specific providers is subject to change without notice. You should always confirm that an In-Network Provider is participating at the time services are provided by asking the provider when You make an appointment for services.

**In-Patient** means a Covered Person who is Confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to Confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case, the term "Inpatient" shall mean a Covered Person who is required to be Confined for a period of at least a full day as determined by the Hospital.

**Maximum Benefit** means the total amount of Covered Expenses that the Company will pay for the Covered Person as shown in the Schedule of Benefits.

**Medically Necessary** services or supplies are those that We determine to be all of the following:

1. Appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition.
2. Provided for the diagnosis or direct care and treatment of the medical condition.
3. Within standards of good medical practice within the organized community.
4. Not primarily for the patient's, the Physician's, or another provider's convenience.
5. The most appropriate supply or level of service that can safely be provided. For Hospital Stays, this means acute care as an In-Patient is necessary due to the kind of services the Covered Person is receiving or the severity of the Covered Person's condition and that safe and adequate care cannot be received as an outpatient or in a less intensified medical setting.

The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy.

**Out-of-Network Provider** means a Physician, Hospital and other healthcare providers who have not agreed to a Negotiated Rate. A Covered Person may incur Out-of-Pocket expenses with these providers. Charges in excess of the Company's payment are the Covered Person's responsibility.

**Outpatient** means a Covered Person who receives Medically Necessary treatment on an Outpatient basis in a Hospital or another institution, including; Ambulatory Surgical Center; convalescent/Skilled Nursing Facility; or Physician's office, for an Injury or Sickness, but who is not Confined and is not charged for room and board.

**Out-of-Pocket Maximum** means the maximum dollar amount the Covered Person is responsible to pay during the Policy term. After the Covered Person has reached the Out-of-Pocket Maximum, the Policy pays 100% of Covered Expenses for the remainder of the Policy. The Out-of-Pocket Maximum is met by accumulated Deductible, Coinsurance and Copayments. Penalties and amounts above the Usual and Customary Charge do not count toward the Out-of-Pocket Maximum. The Out-of-Pocket Maximum is shown on the Schedule of Benefits.



GENERAL  
DEFINITIONS

*(continued)*

**Physician** means a person who is a qualified practitioner of medicine. As such, he/she/they must be acting within the scope of their license under the laws in the state in which they practice and provide only those medical services which are within the scope of their license or certificate. It does not include a Covered Person, an Immediate Family Member of either the Covered Person or the Covered Person's spouse.

**Physical Therapy or Physiotherapy** means any form of the following administered by a Physician: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; (5) acupuncture, (6) microthermy, (7) chiropractic adjustment, (8) whirlpool, or (9) manipulation or massage.

**Pre-Existing Condition** means an Injury, Sickness, disease, or other condition during the 6 month period immediately prior to the date the Covered Person's coverage is effective for which the Covered Person: (1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or (2) took or received a prescription for drugs or medicine.

**Pregnancy** means the physical condition of being pregnant, including Complications of Pregnancy.

**Preventive Treatment** means treatment rendered to prevent disease or its recurrence.

**Sickness or Sicknesses** means an illness, disorder, pathology, abnormality, ailment, disease or any other medical physical or health condition of a Covered Person, which requires treatment by a Physician while covered by the Policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Surgical Procedure** means: (1) a cutting procedure; (2) suturing a wound; (3) treatment of a fracture; (4) reduction of a dislocation; (5) electrocauterization; (6) diagnostic and therapeutic endoscopic procedures; and (7) an operation by means of laser beam.

**United States (U.S.)** means the 50 states of the United States of America, and the District of Columbia, Puerto Rico and the U.S. Virgin Islands.

**Usual and Customary Charge (U&C)** means the normal charge, in the absence of insurance, made by the provider of any Medically Necessary treatment, but not more than the prevailing charge in the area: (1) for a like service by a provider with similar training or experience; or (2) for a supply that is identical or substantially equivalent.

**We, Our, Us** means StarStone – Syndicate 1301 at Lloyd's underwriting this insurance.

**You, Your** means the Covered Person who meets the eligibility requirements of the Policy and whose insurance under the Policy is in force.

### GENERAL POLICY PROVISIONS

#### **Payment of Claims**

All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and Claim Provisions in the Policy. All other proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person or to His estate. If any payee of benefits is a minor or otherwise legally incompetent, We will pay benefits to the person designated as His legal guardian or conservator.

If the amount of any benefit payable is determined based on benefits payable under another Health Care Plan, We have the right to require the Covered Person to provide information about that Plan and benefits paid or payable for the same claim before We pay benefits. We may, at Our option, pay any Accident or Sickness Medical Benefits directly to a health care provider that renders services to the Covered Person, unless the Covered Person requests in writing when submitting the claim that such payment not be made to the provider.

#### **Physical Examination and Autopsy**

We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

#### **Recovery of Overpayment**

If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under the Policy.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

#### **Right of Recovery**

Whenever the Company has made payments with respect to benefits payable under the Policy in excess of the amount necessary, We shall have the right to recover such payments. The Company shall notify the Covered Person of such overpayment and request reimbursement from the Covered Person. However, should the Covered Person not provide such reimbursement, the Company has the right to offset such overpayment against any other benefits payable to the Covered Person under the Policy to the extent of the overpayment.

#### **Subrogation**

We have the right to recover all payments including future payments, which We have made, or will be obligated to pay in the future, to the Covered Person from anyone liable for the Covered Loss. If the Covered Person recovers from anyone liable for the Covered Loss, We will be reimbursed first from such recovery to the extent of Our payments to the Covered Person. The Covered Person agrees to assist Us in preserving Our rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by Us.

### HOW TO FILE A CLAIM

In the event of an Accident or Sickness:

1. Seek appropriate treatment from a Doctor, Hospital, or Urgent Care facility.
2. Show the provider your insurance ID Card and pay any required Copay.
3. After treatment, the provider will submit the charges to the insurance company. The insurance company will pay the provider the agreed upon amount, as outlined in the Schedule of Benefits. The Company will issue you a statement, called an Explanation of Benefits, detailing what charges were paid.
4. After the insurance company has paid their share of charges, you will receive a billing statement from the provider(s) with the amount you owe. This is your responsibility to pay.
5. To view your claim status, log on to **WebTPA.com**. You will need to register the first time you log on. After you are registered, you can check your claim status 24/7. You can also call **(800) 407-0620** or email **helpme@webtpa.com**.
6. In rare cases, you may be asked to pay for services up front then submit a claim for reimbursement. If that is the case, send a completed claim form, along with the full provider billing statement and receipts detailing the payments you made to the following address:

**WebTPA**  
**PO Box 2415**  
**Grapevine, TX 76099-2415**

Before mailing, please make sure to:

- Include your name, address, and phone number.
- Include a photocopy or scan of your insurance ID Card.
- Make copies of all statements and receipts for your records.

#### **Notice of Claim**

Written or authorized electronic/telephonic notice must be given to Us or Our authorized agent within 90 days after a covered Accident or Sickness occurs or the loss begins or as soon as reasonably possible, but in no case any longer than 12 months after the date of loss. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice should include the Participating Member's name and Member Plan Number and the Covered Person's name and address.

#### **Claimant Cooperation Provision**

Failure of a claimant to cooperate with Us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

### GLOBAL ASSISTANCE SERVICES

*Global Assistance Services are provided by On Call International separately from the benefits provided by the Company under the Policy described in this brochure. Global Assistance Services must be arranged by On Call; no claims for reimbursement of transportation will be considered. See the On Call Plan Description for full terms and Conditions of the services and benefits offered by On Call.*

#### Description of Services

This plan provides the services and benefits you need to prepare for your destination as well as to help you with any problems you encounter while you are traveling or on assignment.

Contact the Global Response Center if you experience a medical, personal, travel, or safety problem or crisis. On Call provides access to immediate support should you experience any challenges when you are traveling.

#### Services and Benefits

Full terms, conditions and exclusions to coverage apply; review the full plan description carefully. *This is only an outline of services. Please read the Description of Services for full details.*

Benefit	Limit Per Insured Person, Per Insured Event
Medical Evacuation/ Repatriation	\$50,000
Repatriation of Remains or Burial	\$50,000
Emergency Reunion	\$5,000 when Hospitalized for more than 3 days

#### How to Contact On Call

If you need Medical, Security or Travel assistance, regardless of the nature or severity of your situation, contact On Call 24 hours a day:

- Call toll-free from the U.S. or Canada: **+1 (844) 884-0958**
- Call collect from anywhere in the world: **+1 (603) 952-2661**
- Email us from anywhere in the world: **mail@oncallinternational.com**