

# Member Guide

## TEXAS SOUTHERN UNIVERSITY

### 2020–2021 International Student Insurance Plan

Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. Complete provisions pertaining to this insurance are contained in the policy underwritten by Crum and Forster, SPC. In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. This Member Guide is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the policy on file with your school. This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This plan is not designed to cover US residents and citizens. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster, SPC.

## FREQUENTLY ASKED QUESTIONS

### WHAT DOES "IN NETWORK" MEAN?

"In Network" means the provider has a contract with the insurance company. If care is received from an In-Network provider, Covered Medical Expenses will be paid at the In-Network level of benefits. Reduced or lower benefits will be paid when an Out-of-Network provider is used. The network for this plan is PHCS/ Multiplan.

### HOW DO I FIND AN IN-NETWORK PROVIDER?

1. Visit [www.multipan.com/ISHPHCSMPI](http://www.multipan.com/ISHPHCSMPI) and click on "Select Network" then "PHCS."
2. In the search box, enter the type of doctor or other provider you are looking for, such as "Primary Care Physician" or "Urgent Care."
3. Click the link after "Near" to open a box where you can key in your zip or current location.
4. You will see a list of medical providers near you. Select one, then call the provider's office to make an appointment. You don't need an appointment for urgent care.

### WHAT IS AN EOB?

After your doctor or hospital visit, you will receive an EOB in the mail. An EOB, or *Explanation of Benefits*, shows the charges, discounts, and any amounts that you owe the provider after the insurance has paid its share. An EOB is not a bill. The provider will bill you separately for any amount owed.

For questions or concerns about medical bills or claims, please contact WebTPA at (800) 407-0620.

### WHAT ARE EXCLUSIONS?

Exclusions are tests, treatments, or activities that are not covered by insurance. Please see page 3 for the complete list of Exclusions pertaining to this plan.

If you have questions about whether or not something is covered, call WebTPA at (800) 407-0620.

### WHAT SHOULD I DO IF I NEED MEDICAL TREATMENT?

If you experience a sickness or injury, choosing the appropriate care is important. Here are some guidelines that may help reduce out-of-pocket costs:

1. Seek treatment from your campus health center for things like colds and coughs, flu symptoms, minor sprains, and other non-emergency health conditions.
2. If the health center is closed, go to an urgent care center or a doctor's office. Find a doctor or urgent care by visiting [www.multipan.com/ISHPHCSMPI](http://www.multipan.com/ISHPHCSMPI) (see above).
3. **If you have a very serious or life-threatening condition, go the nearest hospital Emergency Room or call 911 immediately for an ambulance.**
4. If you need to fill a prescription, use a Southern Scripts network pharmacy. Most drugstores, such as Walgreens, Rite-Aid, and CVS, as well as retail stores such as Walmart, Target, and some grocery chains accept Southern Scripts.

### DO I HAVE EVACUATION AND REPATRIATION COVERAGE?

Medical Evacuation or Repatriation of Remains are covered by this plan up to \$50,000 each. Family Reunion is covered up to \$5,000. These services are provided by On Call International. Services must be arranged through On Call International. To contact On Call International:

- From the U.S. or Canada: +1 (844) 884-0958
- From anywhere in the world: +1 (603) 952-2661
- Email: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

*Medical Evacuation, Repatriation of Remains, and Family Reunion Benefits are not insurance and are not affiliated with Crum & Forster, SPC.*

## SUMMARY SCHEDULE OF BENEFITS

BENEFIT	IN NETWORK	OUT OF NETWORK
Per Injury or Sickness Maximum for all Medical Expenses	\$500,000	
Deductible Per Plan Participant Per Policy Term	\$100	\$500
Coinsurance	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
Student Health Center Copay and Deductibles ( <i>Per Visit</i> )	\$0 for Eligible Benefits	
Accidental Death and Dismemberment Benefits	Principal Sum: \$10,000; Aggregate Limit: \$500,000 Time Period for Loss: 365 Days	
Any Deductibles, Coinsurance, Co-payments, Benefit Periods, and Benefit Maximums apply on a per Plan Participant per Occurrence basis.		
<b>Hospital Services</b>		
Inpatient Room & Board Expenses	80% of PA, \$100 Copay per Visit	70% of URC, \$100 Deductible per Visit*
Intensive Care/Cardiac Care Unit	80% of PA	70% of URC
Hospital Miscellaneous Expense	80% of PA	70% of URC
Emergency Room Expense	80% of PA, \$200 Copay per Visit	80% of URC, \$200 Deductible per Visit*
Day Surgery Miscellaneous	80% of PA	70% of URC
Physiotherapy Expense— <i>Up to 20 Visit Maximum per Policy Term</i>	80% of PA	70% of URC
<b>Physician Services</b>		
Surgeon/ Assistant Surgeon	80% of PA	70% of URC
Anesthesia / Anesthesia Administration	80% of PA	70% of URC
In-Hospital Visits	80% of PA	70% of URC
<b>Outpatient Services</b>		
Physician Visits	80% of PA, \$30 Copay per Visit	70% of URC, \$30 Deductible per Visit*
Urgent Care	80% of PA, \$30 Copay per Visit	70% of URC
X-Rays/ Radiation/ Chemotherapy	80% of PA	70% of URC
Laboratory Tests	80% of PA	70% of URC
Wellness Expense Benefit — <i>Up to \$1,000 Maximum Benefit per Policy Term</i>	100% of PA	No Benefits
Pregnancy, Maternity, and Prenatal Expense	80% of PA	70% of URC
Elective Termination of Pregnancy — <i>Up to \$1,000 Maximum per Visit</i>	80% of PA	70% of URC
Physiotherapy Expense— <i>Up to 20 Visit Maximum per Policy Term</i>	80% of PA	70% of URC
<b>Other Services</b>		
Ambulance Services	80% of PA	70% of URC
Durable Medical Equipment Expense	80% of PA	70% of URC
Athletic Sports Activity Benefit— <i>Up to \$10,000 Maximum per Injury</i>	80% of PA	70% of URC
Emergency Dental Expense <i>Injury to Natural Teeth Only; up to \$100 per Tooth/\$500 per Injury</i>	80% of PA	70% of URC
<b>Mental and Nervous Disorders Treatment</b>		
Inpatient Expenses— <i>Up to 30 Days Maximum per Policy Term</i>	80% of PA	70% of URC
Outpatient Expenses— <i>Up to 30 Visits Maximum per Policy Term</i>	80% of PA, \$20 Copay per Visit	70% of URC, \$20 Deductible per Visit*
<b>Alcohol and Drug Treatment</b>		
Inpatient Expenses— <i>Up to 30 Days Maximum per Policy Term</i>	80% of PA	70% of URC
Outpatient Expenses— <i>Up to 30 Visits Maximum per Policy Term</i>	80% of PA, \$20 Copay per Visit	70% of URC, \$20 Deductible per Visit*
<b>Prescription Drugs</b>		
Outpatient Prescription Drugs <i>30 day supply per prescription. Southern Scripts is the In-Network Pharmacy Benefits Manager.</i>	Copays: \$20 Generic Drugs \$50 Brand Preferred Drugs \$75 Brand Non-Preferred Drugs	No Benefit

\*Visit Deductible is in addition to the \$500 Policy Term Deductible.

## EXCLUSIONS

The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits:

1. Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared, any Terroristic Act.
3. Any Covered Loss which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps.
4. Any Covered Loss sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request.
5. Voluntary, active participation in a riot or insurrection.
6. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance.
7. 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.
8. For any Covered Losses resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician.
9. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation.
10. Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Policy.
11. Charges which are in excess of Usual, Reasonable and Customary charges.
12. Charges that are not Medically Necessary.
13. Charges provided at no cost to the Plan Participant.
14. Expenses incurred for an Accident or Injury or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage.
15. Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health; unless specifically covered by the Policy.
16. Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Plan Participant.
17. Duplicate services actually provided by both a certified nurse midwife and Physician.
18. Any Covered Loss 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 Policyholder.
19. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician.
20. Pre-existing conditions; however a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for 6 months under the same Participating Organization.
21. Drug, treatment or procedure that either promotes or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof.
22. Charges incurred for Surgery or treatments which are, Experimental/ Investigational, or for research purposes.
23. Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofacial pain.
24. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore; unless specifically covered by the Policy.
25. Weak, strained or flat feet, corns, calluses, or toenails.
26. Private-duty nursing services.
27. Expenses payable under any prior policy which was in force for the person making the claim.
28. 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 the treatment without cost to any individual.
29. Travel in or upon: (a) a snowmobile; (b) a water jet ski; (c) any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel; (d) any off road motorized vehicle not requiring licensing as a motor vehicle;
30. Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; scuba diving, involving underwater breathing apparatus; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow boarding.
31. Practice or play in any professional sports contest or competition.
32. Rest cures or custodial care.
33. Weight reduction programs or surgical treatment of obesity treatment of venereal disease.
34. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body. (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness).
35. Travel or flight in or on, including boarding or alighting from, any vehicle for aerial navigation:
  - a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
  - b. While being used for any test or experimental purpose; or
  - c. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
  - d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder or any subsidiary or affiliate of the Policyholder, or by the Plan Participant or any member of his household; or
  - e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
  - f. An ultra light, hang gliding, parachuting or bungi-cord jumping.
36. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
37. Plan Participant being exposed to the utilization of nuclear, chemical or biological weapons of mass destruction.
38. Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome) in excess of a lifetime maximum of \$7,500.