

## 2016-2017 The Ohio State University – Visiting Scholars Health Insurance Plan

Medical Expense Benefits	Coverage
Total Maximum per Covered Accident or Sickness, per Insured:	\$250,000
Deductible:	\$0
Co-insurance Rate:	100%
Maximum for Emergency Medical Treatment of Pregnancy:	100%
Maximum for Room & Board Charges:	100%
Maximum for ICU Room & Board Charges:	100%
Maximum for Chiropractic Care:	100%
Maximum for Mental and Nervous Disorders:	50% up to 30 days/\$3,000 maximum up to 10 days
Maximum for Newborn Nursery Care:	\$500
Maximum for Prescription Drugs:	100%
Maximum for Therapeutic Termination of Pregnancy:	\$500
Pre-existing Conditions	3 month waiting period (credible coverage clause applies)
Emergency Medical Evacuation	100%
Repatriation of Remains	100%
Emergency Reunion Benefit	\$10,000 maximum, \$300/day, 10 days
Accidental Death & Dismemberment	\$15,000 with \$1,000,000 aggregate

	Scholar	Dependent
Monthly Rate	\$120	\$120

Additional Information		
Toll free phone Monday-Friday 8:30 am - 7:00pm EST	1 -877-373-9907	
Online Plan Information  Available 24/7, LiveChat available during business hours	www.gallagherstudent.com/osu-scholar	
Claims are administered by	Health Special Risk HSR Plaza 4100 Medical Parkway Carrollton, Texas 75007 Phone: 1-972-512-5600 or 1-866-523-3183 Email: OSUscholar@hsri.com	



## **Exclusions & Limitations**

We will not pay benefits for any loss or Injury that is caused by or results from:

- intentionally self-inflicted injury; suicide or attempted suicide.
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or
  international organization. Upon 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.
- piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
- commission of, or attempt to commit, a felony.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial
  infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits
  only).
- riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.
- commission of or active participation in a riot or insurrection.
- an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license.
- In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:
- routine physicals and care of any kind.
- routine dental care and treatment.
- routine nursery care.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- treatment or service provided by a private duty nurse.
- treatment by any Immediate Family Member or member of the Insured's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Participating Organization's activity (unless Personal Deviations are specifically covered).
- medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- custodial care.
- services or expenses incurred in the Covered Person's Home Country.
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- expenses payable by any automobile insurance policy without regard to fault.
- organ or tissue transplants and related services.
- Preexisting Conditions, unless otherwise provided in the Policy.

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- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
- Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional or semi-professional sports.
- Injury caused by or resulting from travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways.
- Injury resulting from off-road motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky
  diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing;
  or parasailing.

