

## WHAT IS NOT COVERED?

Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Expenses incurred in excess of Reasonable Expenses.
2. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health.
3. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
4. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
5. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
6. Elective termination of pregnancy.
7. Expenses incurred as a result of pregnancy that is not covered.
8. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
9. Organ or tissue transplant.
10. Participating in an illegal occupation or committing or attempting to commit a felony.
11. For treatment, services, supplies, or Confinement in a Hospital owned or operated by a national government or its agencies. (This does not apply to charges the law requires the Covered Person to pay.)
12. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
13. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
14. Expenses incurred within the Covered Person's Home Country.
15. 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.
16. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
17. Diagnosis and treatment of acne and sebaceous cyst.
18. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture which does not follow a covered Hospital Confinement or surgery.
19. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
20. Self-inflicted Injuries while sane or insane; suicide, or any attempt thereat while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
21. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; civil commotion.
22. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
23. Loss arising from a) participating in any professional sport, contest or competition; b) skin/scuba diving, sky diving, hang gliding, bungee jumping.
24. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
25. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
26. Services or supplies that the Insurer considers to be Experimental or Investigative

# Saint Mary's College - Notre Dame

## Study Abroad Program 2009 – 2010

### Blanket Student Accident and Sickness Insurance



*Administered by:*

**HTH Worldwide**

One Radnor Corporate Center, Suite 100

Radnor, PA 19087

1.888.243.2358

[hthstudents.com](http://hthstudents.com)

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. HM-1135-A-09. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Saint Mary's College underwritten by HM Life Insurance Company, Pittsburgh, PA, NAIC #0812-93440 under policy form HM207-SI. Complete information on the insurance is contained in the Certificate of Insurance on file with the school. If there is a difference between this program description and the certificate wording, the certificate controls.

## WHO IS ELIGIBLE FOR COVERAGE?

All regular, full-time Eligible Participants and their Eligible Dependents of the educational organization or institution who:

1. Are engaged in international educational activities; and 2. Are temporarily located outside his/her Home Country as a non-resident alien; and 3. Have not obtained permanent residency status.

## WHEN DOES COVERAGE START?

Coverage for an Eligible Participant at 12:00:01 a.m. on the latest of the following:

1. The effective date of the Policy; or 2. The Participating Organization's or Institution's Effective Date;
3. The effective date shown on the Insurance Identification Card, if any; 4. The date the premium and completed enrollment form, if any, are received by the Insurer or the Administrator.

Thereafter, the insurance is effective 24 hours a day, worldwide except whenever the Covered Person is in his/her Home Country. In no event, however, will insurance start prior to the date the premium is received by the Insurer.

## WHEN DOES COVERAGE END?

Coverage for an Eligible Participant and Eligible Dependents will automatically terminate on the earliest of the following dates:

1. The date the Policy terminates; 2. The Participating Organization's or Institution's Termination Date;
3. The date of which the Eligible Participant or Eligible Dependent ceases to meet the Individual Eligibility Requirements; 4. The end of the term of coverage specified in the Eligible Participant's enrollment form, if any, including any requested extension; 5. The date the Eligible Participant or Eligible Dependent leaves the Country of Assignment for his/her or her Home Country; 6. The date the Eligible Participant or Eligible Dependent requests cancellation of coverage (the request must be in writing); or 7. The premium due date for which the required premium has not been paid, subject to the Grace Period provision.

## WHAT TO DO IN THE EVENT OF AN EMERGENCY

All Eligible Participants are entitled to Global Assistance Services while traveling outside of the United States. In the event of an emergency, they should go immediately to the nearest physician or hospital without delay and then contact HTH Worldwide. HTH Worldwide will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact HTH Worldwide in the event of an emergency, call 1.800.257.4823 or collect to +1.610.254.8771.

## COORDINATION OF BENEFITS (COB)

Some people have health care coverage through more than one medical insurance plan at the same time. COB allows these plans to work together so the total amount of all benefits will never be more than 100 percent of the allowable expenses during any policy year. This helps to hold down the costs of health coverage. COB does not apply to life insurance, accidental death and dismemberment, or disability benefits.

## hthstudents.com

Once Eligible Participants receive their Medical Insurance ID card from HTH Worldwide, they should visit [hthstudents.com](http://hthstudents.com), and using the certificate number on the front of the card, sign in to the site for comprehensive information and services relating to this plan. Participants can track claims, search for a doctor, view plan information, download claim forms and read health and security information.

## CLAIMS SUBMISSION

Claims are to be submitted to HTH Worldwide, Attn: International Claims, One Radnor Corporate Center, Suite 100, Radnor, PA 19087 USA. See the [hthstudents.com](http://hthstudents.com) website for claim forms and instructions on how to file.

## PRE-EXISTING CONDITION LIMITATION

The Insurer does pay benefits for loss due to a Pre-Existing Condition.

## LIMITATION OF MATERNITY COVERAGE

The Policy does not pay benefits for maternity coverage unless childbirth occurred while the Covered Person was insured under the Policy.

## WHAT IS COVERED BY THE PLAN?

### Schedule of Benefits – Table 1

	Limits – Covered Person
<b>MEDICAL EXPENSES</b>	
<b>Lifetime Maximum Benefit</b>	\$1,000,000
<b>Policy Year Maximum Benefits</b>	\$100,000
<b>Maximum Benefit per Injury or Sicknesses</b>	\$100,000
<b>Deductible</b>	\$0 per Injury or Sickness
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	Maximum Benefit: Principal Sum up to \$10,000 for Participants; up to \$5,000 for Spouse; up to \$1,000 per Child(ren)
<b>REPATRIATION OF REMAINS</b>	Maximum Benefit up to \$25,000
<b>MEDICAL EVACUATION</b>	Maximum Lifetime Benefit for all Evacuations up to \$75,000
<b>BEDSIDE VISIT</b>	Up to a maximum benefit of \$1,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person

### Schedule of Benefits – Table 2 – Medical Expenses

	Indemnity Plan Limits
<b>Physician Office Visits</b>	100% of Reasonable Expenses
<b>Inpatient Hospital Services</b>	100% of Reasonable Expenses
<b>Hospital and Physician Outpatient Services</b>	100% of Reasonable Expenses

### Schedule of Benefits – Medical Expense Benefits

Benefits listed below are subject to Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness, Co-Insurance, Deductibles, Out-of-Pocket Maximums; and Table 2 Plan Type Limits

MEDICAL EXPENSE	Limits – Covered Person
<b>Maternity Care for a Covered Pregnancy</b>	Reasonable Expenses
<b>Treatment of drug and alcohol abuse</b>	Included in coverage for Inpatient and Outpatient mental and nervous disorders
<b>Inpatient and Outpatient treatment of mental and nervous disorders</b>	Reasonable Expenses
<b>Treatment of specified therapies, including acupuncture and Physiotherapy</b>	Reasonable Expenses up to \$5,000 Maximum combined total for Inpatient and Outpatient care, up to 30 days immediately following the attending Physician's release for rehabilitation following a covered Hospital confinement or surgery per Policy Year.
<b>Routine nursery care of a newborn child of a covered pregnancy</b>	Reasonable Expenses up to \$500 Maximum per Policy Year
<b>Repairs to sound, natural teeth required due to an Injury</b>	100% of Reasonable Expenses up to \$500 Maximum per Policy Year
<b>Outpatient prescription drugs</b>	100% of actual charge