STUDENT
ACCIDENT & SICKNESS
INSURANCE PROGRAM

Designed for the
International Students and Scholars of:

STOUT
UNIVERSITY OF WISCONSIN

Menomonie, Wisconsin

2013-2014

Policy Form: AMA-TX (4-13)  Brochure Number: 4810-1171 (13)
ELIGIBILITY

All international students, visiting faculty or other persons who are under the age of 65, have a current passport or student visa, and are temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities on campus at the University of Wisconsin Stout are required to purchase this insurance unless proof of comparable coverage is provided.

Students may also purchase dependent coverage. Eligible dependents are the lawful spouse (residing with the Insured Student) and unmarried children from the moment of birth to age 25 who are not self-supporting and reside with the Insured Student. A child includes an Insured's natural child; adopted child, stepchild, and unmarried grandchild under the age of 25 who is a legal dependent of the Insured Student.

Please note: On-line students and distance learning students solely taking off-campus home study, correspondence, or television courses are not eligible to enroll in the insurance plan. Students must be physically and actively attending classes on campus to enroll in the insurance plan.

EFFECTIVE DATE OF COVERAGE

Coverage for an eligible Student who makes the required premium payment will become effective on the latest of the following dates:

1) 12:01 a.m., Standard Time on June 30, 2013; or
2) the date the eligible Student enters the Host Country; or
3) the date the eligible Student is listed as an Insured on the census provided by the University of Wisconsin Stout; or
4) the date requested in the enrollment for the eligible Student’s coverage; or
5) the day after the date the premium is received by the Company Agent or Administrator.

Coverage will always become effective at 12:01 a.m., Standard Time on the date determined by this provision. An eligible Dependent shall have an effective date the latest of: 1) the Insured Student’s Effective Date of Coverage; 2) the date requested in the enrollment form for Dependent coverage; or 3) the day after date of postmark when premium is received by the Company Agent or Administrator.

The individual’s coverage is effective 24 hours a day on a worldwide basis except when the Insured Student is in his/her Home Country.

TERMINATION DATE OF COVERAGE

Coverage for an Insured Student shall terminate on the earliest of the following dates:

1) the last day of the period for which premium has been paid; or
2) the date the Insured Person is no longer participating in international educational activities; or
3) the date the Insured Person returns to his/her Home Country; or
4) 12:01 a.m., Standard Time on August 26, 2014, the Policy Termination date.

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, coverage will continue for the period for which premium was paid.

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.
EXTENSION OF BENEFITS AFTER TERMINATION

Termination of coverage will not affect any claim that began while the coverage was in force. If the Insured Person is Totally Disabled on the date coverage would otherwise terminate, benefits will be continued until:

1. 90 days elapse; or
2. the date that the maximum amount of benefits has been paid; or
3. the date that the Insured Person ceases to be Totally Disabled; or
4. the effective date of replacement coverage or equivalent or greater benefits provided by a succeeding carrier, but only if the replacement coverage covers the Injury or Illness causing the Total Disability without limitation due to the Injury or Illness having commenced prior to the effective date of the replacement coverage;

whichever first occurs. Only benefits for the Injury or Illness causing the Total Disability are continued. No benefits are payable with respect to any other Injury or Illness.

PRIMARY INSURANCE

The Company shall provide benefits without regard to any other insurance coverage the Insured Person may have.

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.

DEFINITIONS

**Accidental Bodily Injury** – an injury which is of such severity to necessitate medical treatment, and which is caused by an accidental event (independent of all other causes) during the Insured Person’s term of coverage under the Policy, and is unrelated to any pathological, functional or structural disorder. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries, will be considered one injury.

**Co-payment** - the dollar amount of an Eligible Medical Expense that an Insured Person must pay prior to receiving benefits. A co-payment is exclusive of any Deductible and/or Co-insurance.

**Co-insurance** - the percentage amount of an incurred loss for which the Insured Person is responsible. The co-insurance is exclusive of any Deductible or Co-payment.

**Deductible** - the dollar amount for which the Insured Person is responsible and after which the policy benefits will be paid.

**Home Country** - The country of which the Insured Person is a citizen or national; including any country where the Insured Person maintains his/her primary residence or usual place of abode and any country of which the Insured Person is the possessor of a validly issued passport.

**Medical Emergency** - a medical condition of a recent onset and severity, including, but not limited to severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that his or her condition or Injury is of such a nature that failure to get immediate medical care could result in: 1) placing the patient’s health in serious jeopardy; 2) serious impairment of bodily functions; 3) serious dysfunction of any bodily organ or part; 4) serious disfigurement; or 5) in the case of a pregnant woman, serious jeopardy to the health of the fetus.

**Medically Necessary** - a treatment, service, medicine or supply which is necessary and appropriate for the diagnosis or treatment of an Sickness or Injury based on generally accepted standards of current medical practice, as determined by the Company. A service, treatment, medicine or supply will not be considered Medically Necessary if it is provided or obtained only as a convenience to the Insured Person or his/her provider; and/or if it is not necessary or appropriate for the Insured Person’s treatment, diagnosis or symptoms; and/or if it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate, and appropriate diagnosis or Treatment.

**Licensed Physician** – a person who is a duly licensed practitioner of the medical arts in the state or country in which the services are provided. He or she must be acting within the scope of his/her license and not be related to the Insured.

**Sickness** - illness or disease which first manifests itself, is contracted or commences, and for which a Licensed Physician identified diagnosis is recorded during the period the Insured Person’s coverage is in force.

**Usual and Customary Charges** - fees and prices generally charged in the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature, but not to include charges that would not have been made if no insurance existed.
STUDENT HEALTH CENTER CHARGES

When the student receives treatment at the Student Health Center for a covered injury or illness, those eligible expenses incurred are covered as any injury or illness.

PREFERRED PROVIDER NETWORK

If you use a physician from the Preferred Provider Network, the Company will reimburse your covered expenses at a higher amount when compared to using a Non-Network Provider. We have made arrangements with HealthEOS by MultiPlan, a Preferred Provider Network in Wisconsin, who has contracted with numerous hospitals, physicians and other health care providers in order to administer your care at a prearranged, preferred dollar amount. If you choose to use a Non-Network Provider, your benefits will be reduced as shown on the Benefits Schedule. Prior to seeking care with a Network Provider, you should always verify that the doctor continues to be a Network Provider. For a list of participating providers, you may access the HealthEos website at www.healtheos.com or call their toll free number:

1-800-279-9776

Please note: in the event you need medical attention while out of the State of Wisconsin and need to find a participating provider, please access the Multiplan website at www.multiplan.com and select PHCS Network. You may also call Multiplan’s toll free number at 800-922-4362.

CATAMARAN RX PHARMACY NETWORK

The pharmacy network provides prescription drug coverage for all covered conditions when prescriptions are filled at any participating Catamaran RX pharmacy. Preventive drugs are not covered. The Covered Person is responsible for a $10 co-payment per generic prescription; $20 co-payment per brand name prescription; or $30 co-payment per multi-source prescription. No claim forms are required. The participating pharmacy will file claims directly with the administrator for reimbursement of the remaining charges.

The Covered Person must show his/her identification card to receive benefits at a participating pharmacy. An identification/prescription card will be issued once the correct premium and enrollment form have been processed by the administrator.

Examples of participating pharmacies include but are not limited to: Walgreens, Target, KMart, and Walmart. For additional pharmacies and their locations, or for other member services information, please call Catamaran RX at 800-207-2568, or access their website at www.mycatamaranrx.com. This service is available 24/7 after the issuance of the identification/prescription card.

ASK MAYO CLINIC

Students who enroll and maintain medical coverage in this insurance plan have access to a 24-hour nurse line administered by Ask Mayo Clinic. This program provides:

* Phone-based reliable health information in response to health concerns and questions; and

* Assistance in decisions on the appropriate level of care for an Injury or Illness. Appropriate care may include self-care at home; a call to a physician; or visit to the emergency room. Calls are answered 24 hours a day, 365 days a year by experienced registered nurses who have been specifically trained to handle telephone health inquiries.

This program is not a substitute for doctor visits or emergency response systems. Ask Mayo Clinic does not answer health plan benefit questions. Health benefit questions should be referred to Rust International Associates. The Ask Mayo Clinic 24-hour nurse line toll free number will be on an ID card provided by Ask Mayo Clinic.
# MEDICAL EXPENSE BENEFITS SCHEDULE

**$250,000 Maximum Benefit**

**Deductible:** $25 per Injury and per Sickness. The Deductible is waived when treatment is referred by the Student Health Center.

**Medical Emergency Expenses Co-Payment: $100 per visit** to a hospital emergency room, surgical center, or clinic. The Co-payment is waived if the Insured is immediately admitted to the hospital.

The Company will pay benefits, as described below, for the Usual and Reasonable 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 Injury, or 2) Sickness beginning with the date of first treatment, not to exceed a **Maximum Benefit of $250,000 per Injury or Illness.**

<table>
<thead>
<tr>
<th>IN-PATIENT COVERED EXPENSES</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room and Board Expense:</td>
<td>100% of PPO Allowance</td>
<td>60% of Usual &amp; Reasonable</td>
</tr>
<tr>
<td>Intensive Care: including 24-hour nursing care</td>
<td>100% of PPO Allowance</td>
<td>60% of Usual &amp; Reasonable</td>
</tr>
<tr>
<td>Miscellaneous Expenses: 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); and 6) miscellaneous supplies; and 7) pre-admission testing</td>
<td>100% of PPO Allowance</td>
<td>60% of Usual &amp; Reasonable</td>
</tr>
<tr>
<td>Physiotherapy: when prescribed by the attending Physician and administered by a licensed physiotherapist</td>
<td>100% of PPO Allowance</td>
<td>60% of Usual &amp; Reasonable</td>
</tr>
<tr>
<td>Surgeon: Physician’s fees for a surgical procedure</td>
<td>100% of PPO Allowance</td>
<td>60% of Usual &amp; Reasonable</td>
</tr>
<tr>
<td>Anesthetist Services: in conjunction with surgery</td>
<td>100% of PPO Allowance</td>
<td>60% of Usual &amp; Reasonable</td>
</tr>
<tr>
<td>Registered Graduate Nurse: when prescribed by the attending Physician</td>
<td>100% of PPO Allowance</td>
<td>60% of Usual &amp; Reasonable</td>
</tr>
<tr>
<td>Physician’s Visits: limited to one visit per day when a surgery benefit is not paid</td>
<td>100% of PPO Allowance</td>
<td>60% of Usual &amp; Reasonable</td>
</tr>
</tbody>
</table>

**OUTPATIENT BENEFITS**

**Surgeon:** Physician’s fees for a surgical procedure | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Day Surgery Miscellaneous:** 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: 1) operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take-home drugs); and miscellaneous supplies | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Anesthetist Services:** in conjunction with a surgical procedure | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Physician’s Visits:** limited to one visit per day when a surgery benefit is not paid | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Physiotherapy:** when prescribed by the attending Physician and performed by a professional physical therapist necessary to continue recovery from a covered Injury or Sickness | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Chiropractic Treatment:** manipulation or massage of spinal and musculoskeletal structures; the total amount payable for any or all covered medical expenses for services rendered by a certified and licensed Chiropractor; covered as any condition | $500 per Policy Year | $500 per Policy Year |

**Medical Emergency Expenses:** incurred in a hospital emergency room, surgical center or clinic (see Emergency Room Co-payment above) | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Diagnostic X-rays Services:** when prescribed by the attending Physician, to include negative testing without a diagnosis following a symptomatic condition | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Radiation Therapy:** when prescribed by the attending Physician | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Laboratory Procedures:** when prescribed by the attending Physician, to include negative testing without a diagnosis following a symptomatic condition | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Miscellaneous Tests and Procedures:** incurred loss for which no other policy benefit is provided, to include negative testing without a diagnosis following a symptomatic condition | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Shots or Injections:** administered in an emergency room or Physician’s office and charged on the emergency room statement or Physician statement | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Chemotherapy:** when prescribed by the attending Physician | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Prescription Drugs:** please see the Catamaran RX Pharmacy Network paragraph herein for details.

**OTHER BENEFITS**

**Ambulance Service:** for transportation to or from a hospital | 100% of Usual & Reasonable | 100% of Usual & Reasonable |

**Braces and Appliances:** when prescribed by the attending Physician exclusively for the purpose of healing the specific part of the body for which the brace or appliance is prescribed (replacement braces and appliances are not covered) | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Dental braces, except when necessitated by accidental bodily injury, are not covered.**

**Consultant Physician Services:** when requested and approved by the attending Physician | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Dental Treatment:** for treatment of injury to sound, natural teeth | 100% of PPO Allowance | 60% of Usual & Reasonable / $250 Per Tooth|

**Impacted Wisdom Teeth:** covered as any Sickness, to a maximum of $250 | $250 |

**Registered Nurse (Outpatient):** when prescribed by the attending Physician on an outpatient basis | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Abortion:** covered as any Sickness, to a maximum of $500 Per Policy Year | $500 Per Policy Year |

**Club Sports:** covered as any Injury, to a maximum of $25,000 | $25,000 |

**Hepatitis B Injections:** covered as any Sickness, to a maximum of $100 | $100 |

**TB Testing:** covered as any Sickness | 100% of PPO Allowance | 60% of Usual & Reasonable |

**Suicide and Attempted Suicide:** covered as any condition | 100% of PPO Allowance | 60% of Usual & Reasonable |
PRE-EXISTING CONDITIONS

Pre-existing Conditions, defined as a condition for which medical advice, diagnosis, care or treatment was recommended by or received from a Licensed Physician within the 6 month period immediately preceding the effective date of coverage of the Insured Person, are covered under this Plan to a Maximum Benefit of $5,000 per policy year. After an Insured Person has maintained 12 months of continuous and interrupted coverage, pre-existing conditions are covered as any other condition for loss of expense incurred after such 12 consecutive months period. Payment will be in accordance with the provisions of the Plan. If the Insured Person has a lapse in coverage, a period of 12 months of continuous and uninterrupted coverage will have to be satisfied again before pre-existing conditions are covered as any condition.

PSYCHOTHERAPY

Benefits are payable for the treatment of Mental or Nervous Disorder, Alcoholism and Drug Abuse, subject to all terms and conditions of the policy and the provisions outlined below:

1. When confined as an “Inpatient”, benefits will be paid to the lesser of:
   (a) The Usual and Customary Charges incurred for the first 30 days of Hospital Confinement per policy year; or
   (b) The first $7,000 of eligible incurred charges less a co-payment of 10% to a maximum benefit of $6,300; or
   (c) The difference between $7,000 and the benefits paid for outpatient services.

2. For treatment as an “Outpatient”, benefits will be the lesser of:
   (a) The first $2,000 of eligible incurred charges less a co-payment of 10% to a maximum benefit of $1,800; or
   (b) The difference between $7,000 and the benefits paid for inpatient Hospital Services.

3. For “Transitional Treatment”, benefits will be the lesser of:
   (a) The first $3,000 of eligible incurred charges less a co-payment of 10% to a maximum benefit of $2,700; or
   (b) The difference between $7,000 and the benefits paid for “Inpatient” and/or “Outpatient” Hospital Services.

Transitional Treatment means: Mental health services for adults, children and adolescents in a day treatment program; persons with chronic mental illness, or with chronic alcohol or drug dependency. Other policy provisions may affect Transitional Treatment benefits in addition to specific limitations described within the Policy.

All charges incurred for all other services or ancillary services stated on the Schedule of Benefits and incurred as a result of Mental or Nervous Disorder/Alcoholism and Drug Abuse are subject to the above stated maximums.

DIABETES BENEFIT

Benefits will be provided an Insured with diagnosed diabetes for the installation of an insulin infusion pump (limited to one pump per year), related equipment and supplies, including insulin, used in the treatment of diabetes and for diabetic self-management education programs. This benefit is subject to all deductibles, copayments, coinsurance, limitations or any other provisions of the Policy.

CHILDHOOD IMMUNIZATIONS

Benefits will be paid the same as any other illness for childhood immunization services and supplies for dependent children 6 years of age and under. Childhood immunizations include: Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, Hemophilus Influenza B, Hepatitis B, and Varicella. These services shall be exempt from any deductible, copayment, coinsurance or any other provisions of the Policy.

MAMMOGRAM BENEFIT

Benefits for 2 examinations by low dose mammography will be payable for a woman between the ages of 45 to 49, if the woman has not had an examination by low dose mammography within 2 years before each examination has been performed. A woman age 50 or over will receive benefits for an annual examination by low dose mammography.

An Insured woman will also qualify for benefits if she does not have a regular licensed physician or nurse practitioner; when she designates a qualified licensed physician to receive the results of the examination, and any previous low-dose mammography testing had been performed at the direction of a licensed physician.

STATE MANDATED BENEFITS

Coverage is provided for benefits mandated by the State of Wisconsin. In addition to those listed herein, benefits include: Breast Reconstruction; Kidney Disease; Skilled Nursing; Home Care; Lead Poisoning Screening; Temporomandibular Disorders; and Extension of Coverage for Handicapped Children.

Please refer to the Master Certificate on file at the University for a complete description of these benefits.
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.

<table>
<thead>
<tr>
<th>Loss</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>$25,000</td>
</tr>
<tr>
<td>Sight of one eye</td>
<td>$12,500</td>
</tr>
<tr>
<td>One hand or one foot</td>
<td>$12,500</td>
</tr>
<tr>
<td>One hand and the loss of sight of one eye</td>
<td>$25,000</td>
</tr>
<tr>
<td>One foot and the loss of sight of one eye</td>
<td>$25,000</td>
</tr>
<tr>
<td>One hand and one foot</td>
<td>$25,000</td>
</tr>
<tr>
<td>Both hands or both feet</td>
<td>$25,000</td>
</tr>
<tr>
<td>Sight of both eyes</td>
<td>$25,000</td>
</tr>
<tr>
<td>Thumb or Index finger</td>
<td>$  6,250</td>
</tr>
</tbody>
</table>

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 ankle or ankles, and loss of sight of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.

**Disappearance**

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was an occupant, then it shall be deemed, subject to all other terms and provisions of the Policy, that such Insured Person shall have suffered loss of life within the meaning of the Policy.

**Beneficiary Designation and Change**

The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person and filed with the Company.

Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time, without the consent of the beneficiary, by filing with the Company a written request for such change. Such change shall become effective only upon receipt of such request at the Executive Office of the Company. When such request is received by the Company, whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment theretofore made by it.

**Accidental Death and Dismemberment Exclusions:** The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, whether as a Passenger, pilot, operator or crew member, unless specifically provided by the Policy.
3. Declared or undeclared war, or any act of declared or undeclared war.
4. Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
5. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
EXCLUSIONS

Unless otherwise provided within the Schedule of Benefits, the Policy does not cover any loss caused by or contributed to by, nor is any premium charged for:

1. Any expenses for services rendered by any member of an Insured Person’s family or by employees or physicians or other persons employed or retained by the Policyholder or for the use of the Policyholder’s facilities except those benefits specifically listed in the Policy Schedule for Benefits as payable at the Policyholder’s Health Service, Infirmary or Hospital; or for ANY EXPENSES FOR SERVICES RENDERED ELSEWHERE WHICH ARE AVAILABLE AT THE POLICYHOLDER’S HEALTH SERVICE, INFIRARY OR HOSPITAL EXCEPT IN CASES OF MEDICAL EMERGENCY; or

2. Treatment where no Accidental Bodily Injury or Sickness is involved; congenital anomalies and conditions arising out of or resulting therefrom: Pre Existing Conditions for a period of 12 months from the Insured Person’s effective date of coverage; Investigational Treatment; elective surgery or treatment (to include but not limited to breast or weight reduction), except cosmetic surgery made necessary by Accidental Bodily Injury occurring while the Insured Person’s coverage is in force; or

3. Preventive medicines, serums or vaccines, shots or injections (unless required as a result of Accidental Bodily Injury and administered within 24 hours); drugs (unless dispensed while Hospital Confined or dispensed on an outpatient basis and taken in the dosage and for the purpose prescribed by the Insured Person’s Licensed Physician); vitamins; oral contraceptives; or

4. Treatment or removal of nonmalignant moles, warts, lesions, boils, acne, actinic or seborrheic keratosis, dermatofibrosis, or nevus of any description or form; corns, calluses and bunions; halux valgus repair; hernia of any kind; varicosity; sleep disorders, including the testing therefor; deviated nasal septum, except when the direct result of Accidental Bodily Injury incurred while insured hereunder; acupuncture; alopecia, alopecia areata; hair growth or removal; hyperhydrosis; obesity; weight reduction; or

5. Treatment by a licensed audiologist or speech pathologist of conditions or disorders of hearing or conditions or disorders of speech, voice or language, speech therapy, occupational therapy and any related diagnostic testing, except as provided by a Hospital or rehabilitation facility as part of a covered inpatient stay; recreational or music therapy; personal services such as television and telephone or transportation; orthopedic shoes or devices intended to be placed inside shoes or other footwear; or

6. Routine physical examinations; any manner or type of diagnostic testing or evaluation, Xray or laboratory testing or evaluation which does not result with or is not directly related to the medical diagnosis and treatment of an Accidental Bodily Injury or Sickness for which claim is made hereunder; allergy testing or treatment; diagnostic testing, evaluation or treatment in connection with infertility, fertility or birth control; treatment that promotes, enhances or corrects impotency or sexual dysfunction or attempts thereat; or

7. Expense incurred within the Insured Person’s Home Country or country of regular domicile; or

8. The expense of crutches; wheelchairs; braces and appliances except when directly applied to the area of an Accidental Bodily Injury during the initial treatment and when Medically Necessary for healing purposes; or

9. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a Sickness or Accidental Bodily Injury covered by the Policy; or

10. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an Accidental Bodily Injury covered by the Policy; or

11. Charges incurred for eye Surgery, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism; or

12. Treatment in the Hospital emergency room which is not due to a Medical Emergency as defined herein; or

13. Mental disorder; nervous or neurological disease or disorder; Substance Abuse; seizures of any kind; Attention Deficit Disorder, learning disabilities, attitudinal disorders or disciplinary problems; or

14. Suicide or attempt thereat; intentional selfinflicted injuries; or
15. Pregnancy or childbirth (except when conception occurs while insured hereunder); elective abortion; elective caesarean section; pregnancy or childbirth for a Dependent child of an Insured Person (except for complications arising therefrom); or

16. Venereal disease; testing or treatment for HIV, AIDS virus, AIDS related Illness, ARC Syndrome, AIDS, and/or any Illness arising as complications from these conditions and/or charges for treatment which is incurred by Insured Persons who were HIV Positive at the time of enrollment in this Insurance whether or not the Insured Person had knowledge of his/her HIV status;

17. Dental treatment or dental Xrays except as specifically provided and then only when Accidental Bodily Injury occurs to sound, natural teeth; Accidental Bodily Injury to sound natural teeth does not include biting or chewing injuries; gum disease; or

18. Treatment for temporomandibular joint syndrome (TMJ) and/or craniomandibular syndrome except when the direct result of Accidental Bodily Injury incurred while insured hereunder; or

19. Private air travel, to include ballooning or ultralight aircraft; parachuting; parasailing; paragliding; parascending; hang gliding; bungee jumping; bobsledding; travel in or upon a snowmobile or ATV (all terrain or similar type vehicle); any two or three wheeled motor vehicle; high diving; skydiving; rappelling; rodeo; canyoning; spelunking; mountaineering; racing of any kind, including horse and any type of motor vehicle; luge; jet skiing; heli-skiing; BMX; BASE jumping; or

20. Accidental Bodily Injury sustained while participating in the practice or play of interscholastic, intercollegiate, club, semi-professional or professional sports or travel connected therewith; or

21. Accidental Bodily Injury or Sickness for which the Insured Person is entitled to benefits under any Worker’s Compensation or Occupational Disease Act or Law; or

22. War or any act of war or loss suffered by the Insured Person while in the military, naval or air service of any country (any premium paid to the Company for a period not covered by the Policy while the Insured Person is in such service will be returned prorata).

**ILLEGAL OCCUPATION:** The Company shall not be liable for any loss to which a contributing cause was the Insured Person’s commission of or attempt to commit a felony or to which a contributing cause was the Insured Person’s being engaged in an illegal occupation.

**INTOXICANTS AND NARCOTICS:** The Company shall not be liable for any loss sustained or contracted in consequence of the Insured Person’s being intoxicated or under the influence of any narcotic unless administered on the advice of a Licensed Physician.

### OPTIONAL INTERCOLLEGIATE SPORTS COVERAGE

**Additional Premium Required**

*$250 Deductible per Sports Injury*  
(Deductible is not waivable)

Injuries sustained while participating, playing or traveling to or from an intercollegiate sports event as a member of a sports team or tryout squad will be covered on the same basis as any other injury, not to exceed a Maximum Benefit of $90,000 per policy year.

Intercollegiate sports coverage is only available if the participant is also enrolled in the Student Injury and Illness program. Please see the enrollment form for additional premium per sport.
CLAIM PROCEDURE

In the event of Injury or Sickness, the Student/Scholar 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 Health Services or from the address below. Fill in the necessary information and attach all itemized bills showing claimant’s name, nature of illness/injury, and description and charge for each service provided. **Mail or fax to the Plan Administrator:**

   **AMA & ASSOCIATES**
   
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**

For additional information on this insurance plan, or for assistance on how to expedite claims, please contact:

   **rustinternational associates**
   1-800-336-0747
   info@rustinternational.com
   www.rustinternational.com

This Plan is Underwritten By:

**AMERICAN SENTINEL INSURANCE COMPANY**
Harrisburg, Pennsylvania

**IMPORTANT INFORMATION:** Please retain this brochure as it outlines the provisions of the Master Certificate which is on file at the University. No individual policies will be issued. In the event of a claims dispute, the Master Certificate will prevail.
AMA & Associates is happy to provide worldwide travel and medical assistance services through an arrangement with FrontierMEDEX, a leader in the assistance industry. With a single phone call to the FrontierMEDEX Emergency Response Center (ERC), students can receive help with a number of travel or medical issues.

Key Services of FrontierMEDEX Assistance

- Provides emergency medical evacuations and medically necessary repatriations*
- Transportation to join a hospitalized participant*
- Return of dependent children*
- Repatriation of remains*
- Online destination medical intelligence tool
- Provides passport, visa, weather and currency exchange information, health hazards advice and inoculation requirements
- Locates medical care providers, translation and interpreter services
- Facilitates emergency ticket, credit card and passport replacement, funds transfer assistance and missing baggage assistance
- Makes referrals for local legal services and bail bond services

*Costs for these services are included within their limits. Please refer to your program description for further information. All other expenses are the responsibility of the insured.

To contact FrontierMEDEX 24/7/365, call +1-410-453-6330.