

# Blanket Student Accident and Sickness Insurance

2009 - 2010

## Local Representative

North Carolina Association of Insurance Agents, Inc.  
PO Box 1165  
Cary, NC 27512  
**1.800.849.6556**

## Program Administered by:

### HTH Worldwide

One Radnor Corporate Center  
Suite 100  
Radnor, PA 19087  
**1.888.350.2002**  
fax: 1.610.254.8797

[hthstudents.com](http://hthstudents.com)  
[studentinfo@hthworldwide.com](mailto:studentinfo@hthworldwide.com)

## Insurance Underwritten by:



This blanket accident and sickness policy is underwritten by the UniCare Life & Health Insurance Company  
NAIC # 842-80314



*Especially Designed for  
International Students/Scholars  
Attending one of the Participating  
Schools of the*

**UNIVERSITY SYSTEM OF THE  
STATE OF NORTH CAROLINA**

## THIS CERTIFICATE CONTAINS A PRE-EXISTING CONDITION LIMITATION EXCESS INSURANCE

This policy is not intended to be issued where other medical insurance exists. If other medical insurance does exist at the time of the claim, then the amounts of benefit payable by such other medical insurance will become the deductible amount of this policy if such benefits exceed the deductible amount shown in the Schedule of Benefits.

This brochure is a summary of your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a policy of student accident and sickness insurance underwritten by the UniCare Life & Health Insurance Company, Policy Number U-1051-09. A copy of the full certificate of insurance issued to your school is available for viewing at your schools international office or at the [hthstudents.com](http://hthstudents.com) website.

**TABLE 1**

	Limits Eligible Participant	Limits Spouse/Child
<b>MEDICAL EXPENSES</b>		
<b>Maximum Benefit per Injury or Sicknesses</b>	\$150,000	\$50,000
<b>Basic Medical Expense Benefit per Injury or Sickness</b>	Up to \$10,000 Maximum: 100% of Reasonable Expenses after Deductible	Up to \$10,000 Maximum: 100% of Reasonable Expenses after Deductible
<b>Supplemental Major Medical Expense Benefit (SMM) per Injury or Sickness</b>	After Basic Medical Expense Benefit Maximum has been paid, 80% of Reasonable Expenses up to an additional \$40,000 Maximum	After Basic Medical Expense Benefit Maximum has been paid, 80% of Reasonable Expenses up to an additional \$40,000 Maximum
<b>Catastrophic Major Medical Expense Benefit (CMM) per Injury or Sickness</b>	After both Basic Medical Expense Benefit Maximum and the Supplemental Major Medical Benefit Maximums have been paid, 100% of Reasonable Expenses up to an additional \$100,000 Maximum	Not Covered
<b>Deductible*</b>	\$100 per Injury or Sickness	\$100 per Injury or Sickness
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	Maximum Benefit: Principal Sum up to \$10,000	Maximum Benefit: Principal Sum up to \$5,000 for Spouse; up to \$1,000 for Child
<b>REPATRIATION OF REMAINS</b>	Maximum Benefit up to \$15,000	Maximum Benefit up to \$15,000
<b>MEDICAL EVACUATION</b>	Maximum Lifetime Benefit for all Evacuations up to \$50,000	Maximum Lifetime Benefit for all Evacuations up to \$50,000

*\*Deductible is reduced to \$0 if treatment is received at Recognized Student Health Center or if initial treatment is received at Recognized Student Health Center.*

**TABLE 2**

<b>Physician Office Visits*</b>	For Basic, after Deductible, 100% of Reasonable Expenses. For SMM Benefit, after Deductible, 80% of Reasonable Expenses. For CMM, after Deductible, 100% of Reasonable Expenses.
<b>Inpatient Hospital Services</b> Maximum payment for Intensive Care Facility up to \$1,000 per day	For Basic, after Deductible, 100% of Reasonable Expenses. For SMM Benefit, after Deductible, 80% of Reasonable Expenses. For CMM, after Deductible, 100% of Reasonable Expenses.
<b>Hospital and Physician Outpatient Services</b>	For Basic, after Deductible, 100% of Reasonable Expenses. For SMM Benefit, after Deductible, 80% of Reasonable Expenses. For CMM, after Deductible, 100% of Reasonable Expenses.

*\*All Physician Visit Deductible 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 Recognized Student Health Center.*

## COVERED MEDICAL EXPENSES

**TABLE 3**

The benefits listed below are subject to Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness and Deductible. In addition, Table 1 levels of coverage for Basic Medical Expenses Benefits, Supplemental Medical Expense Benefits, and Catastrophic Medical Expense Benefits; and Table 2 Plan Type Limits (Indemnity).

MEDICAL EXPENSE	Limits-Covered Person
<b>Maternity Care for a Covered Pregnancy</b>	Reasonable Expenses
<b>Inpatient treatment of mental and nervous disorders including drug or alcohol abuses</b>	Reasonable Expenses up to \$5,000 Maximum per lifetime
<b>Outpatient treatment of mental and nervous disorders including drug or alcohol abuse</b>	Reasonable Expenses up to \$500 Maximum per lifetime
<b>Treatment of specified therapies, including acupuncture and Physiotherapy</b>	Reasonable Expenses on an Inpatient basis. Reasonable Expenses up to \$45 Maximum per visit subject to a Maximum of 20 visits on an Outpatient basis. This benefit is per Policy Year.
<b>Therapeutic or Elective termination of pregnancy</b>	Reasonable Expenses up to \$500 Maximum per Policy Year
<b>Professional ground or air ambulance service to nearest hospital</b>	Reasonable Expenses up to \$350 per Injury or Sickness
<b>Medical treatment arising from participation in intercollegiate, interscholastic, intramural or club sports</b>	Reasonable Expenses up to \$5,000 Maximum per Policy Year
<b>Repairs to sound, natural teeth required due to an Injury</b>	100% of Reasonable Expenses up to \$250 per tooth per Injury
<b>Dental Treatment (including extractions) to alleviate pain</b>	100% of Reasonable Expenses up to \$500 per lifetime
<b>Outpatient prescription drugs</b>	80% of actual charge

*Other benefits may apply as mandated by the State of North Carolina. Please see full Certificate of Insurance for more details.*

**What the Insurer Pays for Covered Medical Expenses:** If a Covered Person incurs expenses while insured under the Policy due to an Injury or a Sickness, the Insurer will pay the Reasonable Expenses for the Covered Medical Expenses listed below. All Covered Medical Expenses incurred as a result of the same or related cause, including any Complications, shall be considered as resulting from one Sickness or Injury. The amount payable for any one Injury or Sickness will not exceed the Maximum Benefit of \$150,000 per Injury or Sickness for the Eligible Participant or the Maximum Benefit of \$50,000 per Injury or Sickness for an Eligible Dependent. Benefits are subject to the Deductible Amount, Coinsurance and Maximum Benefits stated in the Schedule of Benefits, specified benefits and limitations set forth under Covered Medical Expenses, the General Policy Exclusions, the Pre-Existing Condition Limitation, the Recognized Student Health Center provision and to all other limitations and provisions of the Policy.

**Covered General Medical Expenses and Limitations:** Covered Medical Expenses are limited to the Reasonable Expenses incurred for services, treatments and supplies listed below. All benefits are per Injury or Sickness unless stated otherwise.

No Medical Treatment Benefit is payable for Reasonable Expenses incurred after the Covered Person's insurance terminates as stated in the Period of Coverage provision. However, if the Covered Person is in a Hospital on the date the insurance terminates, the Insurer will continue to pay the Medical Treatment Benefits until the earlier of the date the Confinement ends or 31 days after the date the insurance terminates.

If the Covered Person was insured under a group policy administered by the Administrator immediately prior to the Policy Effective Date, the Insurer will pay the Medical Treatment Benefits for a Covered Injury or a Covered Sickness such that there is no interruption in the Covered Person's insurance.

- **Physician office visits.**

- **Hospital Services:** Inpatient Hospital services and Hospital and Physician Outpatient services consist of the following: Hospital room and board, including general nursing services; medical and surgical treatment; medical services and supplies; Outpatient nursing services provided by an RN, LPN or LVN; local, professional ground ambulance services to and from a local Hospital for Emergency Hospitalization and Emergency Medical Care; x-rays; laboratory tests; prescription medicines; artificial limbs or prosthetic appliances, including those which are functionally necessary; the rental or purchase, at the Insurer's option, of durable medical equipment for therapeutic use, including repairs and necessary maintenance of purchased equipment not provided for under a manufacturer's warranty or purchase agreement.

The Insurer will not pay for Hospital room and board charges in excess of the prevailing semi-private room rate unless the requirements of Medically Necessary treatment dictate accommodations other than a semi-private room.

- **Recognized Student Health Centers:** If there is a charge for visits to, or medical services, treatments and supplies received from, a Recognized Student Health Center for an Injury or a Sickness, benefits for those visits, medical services, treatments and supplies will be paid at 100% of Reasonable Expenses with no Copayment or Deductible. If the Recognized Student Health Center is not able to treat

treat the Covered Person, it will refer the Covered Person to a provider (if available) included on the Administrator's list provided to the Recognized Student Health Center.

**• Additional Covered General Medical Expenses and Limitations:**

These additional Covered Medical Expenses are limited to the Reasonable Expenses incurred for services, treatments and supplies listed below.

- Pregnancy
- Annual cervical cytology screening for cervical cancer and its precursor states for women age 18 and older
- Mammography screening, when screening for occult breast cancer is recommended by a Physician
- Colorectal cancer screenings
- Diabetic Supplies/Education
- Prostate screening tests
- Reconstructive Surgery Following Mastectomy
- Contraceptives
- Osteoporosis/Bone Mass Measurement:
- Newborn Hearing Screening
- Clinical Trials
- Anesthesia and Hospitalization for Dental Procedures
- Complications of Pregnancy
- Surveillance tests for ovarian cancer

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

The Insurer will pay the benefit stated below if a Covered Person sustains an Injury in the Country of Assignment resulting in any of the losses stated below within 365 days after the date the Injury is sustained:

Loss	Benefit
Loss of life	100% of the Principal Sum
Loss of one hand	50% of the Principal Sum
Loss of one foot	50% of the Principal Sum
Loss of sight in one eye	50% of the Principal Sum

*Loss of one hand or loss of one foot means the actual severance through or above the wrist or ankle joints. Loss of the sight of one eye means the entire and irrecoverable loss of sight in that eye.*

If more than one of the losses stated above is due to the same Accident, the Insurer will pay 100% of the Principal Sum. In no event will the Insurer pay more than the Principal Sum for loss to the Covered Person due to any one Accident. The Principal Sum is stated in Table 1 of the Schedule of Benefits.

**MEDICAL EVACUATION AND REPATRIATION OF REMAINS BENEFITS**

Medical evacuation and repatriation expenses for insured student, scholars, and their dependents must be arranged for and approved in advance by HTH Worldwide.

**• MEDICAL EVACUATION BENEFIT** If a Covered Person sustains an Injury or suffers a sudden Sickness while traveling outside his/her Home Country, the Insurer will pay the Medically Necessary expenses incurred, up to the lifetime Maximum Limit for all medical evacuations shown in Table 1 of the Schedule of Benefits, for a medical evacuation to the nearest Hospital, appropriate medical facility or back to the Covered Person's Home Country. Transportation must be by the most direct and economical route. However, before the Insurer makes any payment, it requires written certification by the attending Physician that the evacuation is Medically Necessary. Any expenses for medical evacuation require the Insurer's or the Administrator's prior approval. No benefits are payable under any other provision of the Policy for expense incurred by the Covered Person on and after the date of the evacuation.

**• REPATRIATION OF REMAINS BENEFIT** If an Injury or a Sickness results in the Covered Person's loss of life outside his/her Home Country, the Insurer will pay the Reasonable Expense incurred for cremation or for preparation of the body for burial in, and for transportation of the body to, the Home Country up to the maximum stated for this benefit in Table 1 of the Schedule of Benefits. Payment of this benefit is subject to the Limitations and Conditions on Eligibility for Benefits. No benefit is payable if the death occurs after the Period of Coverage Termination Date. However, if the Covered Person is Hospital Confined on the Period of Coverage Termination Date, eligibility for this benefit continues until the earlier of the date the Covered Person's Confinement ends or 31 days after the Period of Coverage Termination Date. The Insurer will not pay any claims under this provision unless the expense has been approved by either the Insurer or the Administrator before the body is prepared for transportation.

**ADDITIONAL BENEFITS**

**HTH Web Tools:** To help you understand and communicate important facts concerning your health, HTH makes available easy-to-use databases at [hthstudents.com](http://hthstudents.com)

- Drug Translation Guide – Prescription and over-the-counter medications are sold under different names around the world. This database will help ensure you are prescribed the equivalent medications you rely on in your home country
- Medical Phrases and Terms Translation – clear communication is vital; learn the proper terms and phrases across the world's ten most commonly spoken languages
- CityHealth Profiles –detailed information about hospitals and pharmacies in over 600 destinations around the world.
- Security Profiles – World class security briefings for nearly 200 destinations.
- News – breaking security and health news customized for your location or itinerary and interest and sent to your email inbox

**Pharmacy Discount Card:** As one of the many benefits of enrolling in a medical plan provided by HTH Worldwide, you are eligible to receive prescription drug discounts through a program offered by MedCare, one of the leading pharmacy benefit companies. MedCare has an extensive, nationwide, pharmacy network that offers you discounts on your prescriptions. Simply show your medical ID card at the time your prescription order is placed.

To find a pharmacy that accepts the card, log on to the MedCare website at [www.medimpact.com](http://www.medimpact.com) and search for a provider in your area by entering your zip code. If you do not have access to a computer, you can call the MedCare customer service department at **1.800.788.2494**.

Once you pay for your prescription medication, submit your claim for reimbursement to HTH Worldwide by including your proof of payment and by completing an HTH Worldwide claim form (see How to File a Claim above). We will reimburse you for your covered expenses according to the prescription medication benefit described in your certificate of insurance.

## DEFINITIONS

**Accident (Accidental)** means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Covered Person is insured under the Policy.

**Covered Medical Expense** means an expense actually incurred by or on behalf of a Covered Person for those services and supplies which are: 1. administered or ordered by a Physician; 2. Medically Necessary to the diagnosis and treatment of an Injury or Sickness; 3. are not excluded by any provision of the Policy; and incurred while the Covered Person's insurance is in force under the Policy, except as stated in the Extension of Benefits provision. A Covered Medical Expense is deemed to be incurred on the date such service or supply which gave rise to the expense or charge was rendered or obtained. Covered Medical Expenses are listed in Table 3 and described in Section 2.

**Emergency Hospitalization and Emergency Medical Care** means hospitalization or medical care: 1. That is provided for an Injury or a Sickness caused by the sudden, unexpected onset of a medical condition with acute symptoms of sufficient severity and pain to require immediate medical care; and 2. In the absence of which one could reasonably expect that one or more of the following would occur: a.) The Covered Person's health would be placed in serious jeopardy. b.) There would be serious impairment of the Covered Person's bodily functions. c.) There would be serious dysfunction of any of the Covered Person's bodily organs or parts.

**Injury** means bodily injury caused directly by an Accident. It must be independent of all other causes. To be covered, the Injury must first be treated while the Covered Person is insured under the Policy. A Sickness is not an Injury. A bacterial infection that occurs through an Accidental wound or from a medical or surgical treatment of a Sickness is an Injury.

**Medically Necessary** means services or supplies which are provided for the diagnosis, treatment, relief or cure of a disease, Injury, illness, or health condition and which satisfy all of the following: a.) it is not for experimental, investigational, or cosmetic purposes; and b.) it is

necessary for and appropriate to the diagnosis, treatment, relief or cure of disease, Injury, illness, health condition or its symptoms; and c.) it is consistent with recognized standards which are generally accepted by the United States medical community as effective for diagnosis, relief, cure or treatment; and d.) it is not provided solely for the convenience of an insured, family member, or provider.

**Reasonable Expense** means the normal charge of the provider, incurred by the Covered Person, in the absence of insurance, 1.) for a medical service or supply, but not more than the prevailing charge in the area for a like service by a provider with similar training or experience, or 2.) for a supply which is identical or substantially equivalent. The final determination of a reasonable and customary charge rests solely with the Insurer.

**Sickness** means an illness, ailment, disease, or physical condition of a Covered Person starting while insured under the Policy.

## LIMITATIONS AND EXCLUSIONS

### PRE-EXISTING CONDITION LIMITATION

The Policy does not pay benefits for loss due to a Pre-Existing Condition during the first one (1) year of coverage, except as follows: The Policy will pay for Covered Medical Expenses incurred in connection with a Covered Person's Pre-Existing Condition during the first one (1) year of coverage, subject to a maximum benefit of \$2,500. After the Covered Person has been covered under the Policy for one (1) year, Pre-Existing Conditions will be covered the same as any other Injury or Sickness. A Pre-Existing Condition means any Injury or Sickness which had its origin or symptoms, or for which a Physician was consulted or for which treatment or a medication was recommended or received up to one (1) year prior to the Covered Person's effective date of coverage.

This limitation does not apply to the Medical Evacuation Benefit and to the Repatriation of Remains Benefit and does not apply to any dependent child adopted by an Eligible Participant, or placed with an Eligible Participant for adoption, if the adoption or placement for adoption occurs while the Eligible Participant is eligible for coverage under the Policy.

The Pre-Existing Condition Limitation is also amended to include a credit for the time a Covered Person was covered by Creditable Coverage that was in effect not more than 63 days before the Covered Person's effective date under the Policy. As used here, Creditable Coverage means coverage provided under:

- a. A self-funded or self-insured employee welfare benefit plan that provides health benefits and that is established in accordance with the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.);
- b. A group health benefit plan provided by a health insurance carrier or health maintenance organization;
- c. An individual health insurance policy or evidence of coverage;
- d. Part A or Part B of Title XVIII of the Social Security Act (42 U.S.C. Section 1395c et seq.);

- e. Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), other than coverage consisting solely of benefits under Section 1928 of that Act (42 U.S.C. Section 1396s);
- f. Chapter 55, Title 10, United States Code (10 U.S.C. Section 1071 et seq.);
- g. A medical program of the Indian Health Service or of a tribal organization;
- h. A state health benefits risk pool;
- i. A health plan offered under Chapter 89, Title 5, United States Code (5 U.S.C. Section 8901 et seq.);
- j. A public health plan as defined by federal regulations;
- k. A health benefit plan under Section 5 (e), Peace Corps Act (22 U.S.C. Section 2504(e)).
- l. The Health Insurance Program for children established in Part 8 of Chapter 108A of the General Statutes, or any successor program.

**GENERAL POLICY EXCLUSIONS**

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. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health.
- 2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
- 3. 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.
- 4. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
- 5. For diagnostic investigation or medical treatment for infertility, fertility.
- 6. Expenses incurred in excess of Reasonable Expenses.
- 7. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit and to the Repatriation of Remains Benefit.
- 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. The diagnosis or treatment of Congenital Conditions, except for a newborn, foster, or adopted child while insured under the Policy.
- 13. Expenses incurred within the Covered Person's Home Country.
- 14. Treatment to the teeth and gums, including surgical extractions of teeth.
- 15. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
- 16. Diagnosis and treatment of acne and sebaceous cyst.
- 17. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
- 18. Intentionally self-inflicted Injuries while sane or insane; suicide, or any attempt thereof while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit and to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
- 19. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; civil commotion.
- 20. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
- 21. Loss arising from participation in professional sports, scuba diving, hang gliding, parachuting or bungee jumping.
- 22. 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.
- 23. 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.

**HOW TO ENROLL**

Eligible Participants and their Eligible Dependents are encouraged to enroll into this program – please contact your International Student Advisor for instructions on how to enroll in this program. Cost for the program for the 2009 – 2010 academic year are:

Type of Coverage	Monthly Premium
Participant	\$56.50
Participant & Spouse	\$256.00
Participant & Family	\$343.50
Participant & Children	\$144.00

Medical Evacuation and Repatriation of Remains Only coverage may be purchased at \$3.80 per month (students only).