Ball State University

2012 – 2013

Blanket Student Accident and Sickness Insurance

HTH Worldwide
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One Radnor Corporate Center
Suite 100
Radnor, PA 19087 USA
Call: 610.254.8700
Fax: 610.293.3529
Email: customerservice@hthworldwide.com

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No.BCS-3024-12. This is not a contract of insurance. Coverage is governed by an insurance policy issued to the Trustee of the HTH Student Group Insurance Trust, which Ball State University has agreed to participate in. The policy is underwritten by BCS Insurance Company, Oakbrook Terrace, IL, NAIC # 38245, under policy Form 28.302. 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.

HTH Worldwide

How the Plan Works

Who is eligible for coverage?

All regular, full-time and part-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 starts at 12:00:01 a.m. on the latest of the following:
1) The Coverage Start Date shown on the Insurance Identification Card; 2) The date the requirements in Section 1 – Eligible Classes are met; or 3) 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. 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 will automatically terminate on the earliest of the following dates: 1.) The date the Policy terminates; 2) The Organization's or Institution's Termination Date; 3) The date of which the Eligible Participant ceases to meet the Individual Eligibility Requirements: 4) The end of the term of coverage specified in the Eligible Participant's enrollment form; 5) The date the Eligible Person permanently leaves the Country of Assignment for his/her or her Home Country; 6) The date the Eligible Participant 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. 8) The end of any Period of Coverage.

How much does the Plan cost?

Monthly rates for coverage are:

	Participant	Spouse	Child	Children
Monthly Rate	$92.50	$370.00	$138.75	$277.50
Annual Rate	$1,110.00	$4,440.00	$1,665.00	$3,330.00

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.

hthstudents.com

Once Eligible Participants receive their Medical Insurance ID card from HTH Worldwide, they should visit 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.

Coordination of Benefits

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.

Claims Submission

Claims are to be submitted to HTH Worldwide, PO Box 30259, Tampa, FL 33630, USA. See the hthstudents.com website for claim forms and instructions on how to file.

What is covered by the plan?

Schedule of Benefits – Table 1

	Limits – Covered Person
MEDICAL EXPENSES	
Period of Coverage Maximum Benefits	$1,000,000
Maximum Benefit per Injury or Sicknesses	$250,000
Period of Coverage Maximum Out-of-Pocket Limit *	After the Covered Person reaches a $2,500 Out-of-pocket Limit per Period of Coverage
ACCIDENTAL DEATH AND DISMEMBERMENT	Maximum Benefit: Principal Sum up to $10,000 for Participant; up to $5,000 for Spouse; up to $1,000 per Child(ren)
REPATRIATION OF REMAINS	Maximum Benefit up to $15,000
MEDICAL EVACUATION	Maximum Lifetime Benefit up to $50,000
BEDSIDE VISIT	Up to a maximum benefit of $1,000

* Out-of-pocket Limit means the amount of Reasonable Expenses for which the Covered Person is responsible after which the Insurer pays 100% of the Reasonable Expenses, subject to the limits and provisions of the Policy.

Schedule of Benefits – Table 2 – Medical Expenses

	PPO Plan In PPO Limits+	PPO Plan Outside PPO Limits
Physician Office Visits*	100% of Reasonable Expenses after $20 Copayment per visit	75% of Reasonable Expenses
Inpatient Hospital Services, Emergency Hospital Services, Hospital and Physician Outpatient Services	100% of Reasonable Expenses after $50 Copayment per visit	75% of Reasonable Expenses

+Payment of Covered Medical Expenses for Preferred Providers is based on the Insurer's negotiated rate. Preferred Providers have agreed to accept the negotiated rate as payment in full.

*All Physician Visit Copayments 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.

Schedule of Benefits – Table 3 – 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 EXPENSES	Limits per Covered Person
Maternity Care for a Covered Pregnancy	Reasonable Expenses. Conception must have occurred while the Covered Person was insured under the Policy.
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to $10,000 Maximum per Period of Coverage for a maximum period of 30 days per Period of Coverage.
Outpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to $1,000 Maximum per Period of Coverage
Outpatient back and spine treatment (including modalities)	Reasonable Expenses up to $1,000 Maximum per Period of Coverage with a $50 per visit Maximum and a Maximum of 3 visits per week
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to $1,000 Maximum per Period of Coverage on an Inpatient basis Reasonable Expenses up to $50 Maximum per visit subject to a Maximum of 20 visits on an Outpatient basis. This benefit is per Period of Coverage
Routine nursery care of a newborn child of a covered pregnancy	Reasonable Expenses up to $750 Maximum per Period of Coverage
Annual cervical cytology screening for women 18 and older	Reasonable Expenses
Low dose mammography screening, one baseline mammogram and one mammogram per year	Reasonable Expenses
Medical treatment arising from participation in intercollegiate, interscholastic, or club sports	Reasonable Expenses up to $10,000 Maximum per Period of Coverage. Injuries from participation in intramural sports are covered as any other Injury
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to $500 Maximum Period of Coverage
Outpatient prescription drugs including oral contraceptives and devices	50% of actual charge
Medical treatment received in the Home Country, if NOT covered by Other Plan	100% of Reasonable Expenses up to $1,000 Period of Coverage maximum
Hearing Services	100% of Reasonable Expenses up to $1,000 per individual hearing aid per ear every 3 years for covered Dependent Children under age 24.
Scalp Prosthesis	100% of Reasonable Expenses for scalp hair prosthesis for up to $500 per Period of Coverage
Lead Poisoning	100% of Reasonable Expenses
Low Protein Food Products	100% of Reasonable Expenses

GENERAL POLICY EXCLUSIONS

Unless specifically provided for elsewhere under the Plan, the Plan 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. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
4. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
5. 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.
6. Expenses incurred prior to the beginning of the current Period of Coverage or after the end of the current Period of Coverage except as described in Covered General Medical Expenses and Limitations and Extension of Benefits.
7. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, unless otherwise noted.
8. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
9. 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 or as specifically covered under the Plan.
10. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
11. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Plan.
12. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Plan is in effect.
13. Elective termination of pregnancy.
14. Expenses incurred as a result of pregnancy that is not covered.
15. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
16. Reproductive and infertility services.
17. Expenses incurred for, or related to sex change surgery or to any treatment of gender identity disorders.
18. Organ or tissue transplant.
19. Participating in an illegal occupation or committing or attempting to commit a felony.
20. 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.
21. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
22. 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, unless otherwise noted.
23. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
24. Diagnosis and treatment of acne and sebaceous cyst.
25. Expenses incurred as a result of Immunizations, vaccinations, or vitamins.
26. Diagnosis and treatment of sleep disorders.
27. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
28. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
29. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
30. Expenses incurred for any services rendered by a family member or a Covered Person's immediate family or a person who lives in the Covered Person's home.

31. Unless specifically provided for elsewhere under the Policy, the cost of treatment or services that are provided normally without charge by Policyholder' Student Health Center, covered or provided by the student health fee, rendered by an person employed by the Policyholder, including team Doctor and trainers or any other service performed at no cost.
32. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority and participation in a; riot; or civil commotion.
33. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
34. Loss arising from) participating in any professional sport, contest or competition; b) while participating in any practice or condition program for such sport, contest or competition; c) Racing or speed contests; d) skin/scuba diving, sky diving, hang gliding, parachuting, or bungee jumping.
35. 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.
36. 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.
37. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
38. Hearing aids. Except as specifically covered under the Plan.
39. Routine hearing tests except as provided under Preventive and Primary Care.

Pre-Existing Condition

The Insurer does not pay benefits for loss due to a Pre-existing Condition during the first 6 months of coverage. Pre-existing Conditions will be covered after the Covered Person's coverage has been in force for 6 months. This limitation does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit and to the Bedside Visit Benefit.

Limitation of Maternity Coverage

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