

**STUDENT  
ACCIDENT & SICKNESS  
INSURANCE PROGRAM**

**Designed for the  
International Students of:**



**2009-2010**

**Policy Number: GLB 9709470**

**Brochure Number: 0810-2491 (09)**

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## **UNIVERSITY REQUIREMENTS**

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All international students and scholars are required to participate in this insurance program unless proof of comparable coverage is furnished.

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### **ELIGIBILITY**

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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.

Insured students may also purchase dependent coverage. Eligible dependents are the Spouse (residing with the Insured Student) and unmarried children under nineteen years of age who are not self-supporting, and reside with the Insured Student. Dependent eligibility expires concurrently with that of the Insured Student.

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### **EFFECTIVE DATE OF COVERAGE**

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

- 1) 12:01 a.m., Standard Time on August 22, 2009; or
- 2) the beginning date of the period of coverage purchased; or
- 3) the day after the date of postmark when premium is received by the University, Company Agent or Administrator.

Coverage will always become effective at 12:01 a.m., Standard Time on the date determined by this provision. The effective date of coverage for dependents will not precede that of the Insured Student.

The individual's insurance coverage is effective 24 hours a day on a worldwide basis except when the student withdraws from school and resumes residency in his/her home country.

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### **TERMINATION DATE OF COVERAGE**

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

- 1) the last day of the period for which premium has been paid; or
- 2) 12:01 a.m., Standard Time on August 22, 2010.

Coverage for any dependent shall terminate as indicated above or on the time and date the Insured Student's insurance terminates, whichever is earlier.

A pro-rated 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.

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### **CONTINUOUS COVERAGE**

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Coverage for an Insured Person will be considered as continuous during consecutive periods of insurance (such as Fall, Spring, 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

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The coverage provided under this policy ceases on the Termination Date. However, if an Insured is hospital confined on the termination date from a covered injury or illness for which benefits were paid before the termination date, covered medical expenses for such injury or illness will continue to be paid until the Insured is discharged from the hospital or at the end of 90 days, whichever comes first.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

## PRE-EXISTING CONDITIONS

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Pre-existing Conditions, defined as any illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within the 12 months prior to the effective date of this insurance, are covered under this policy to a maximum of \$5,000 per policy year. After an Insured Person has maintained 12 months of continuous uninterrupted 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 this Plan. If the Insured Person has a lapse in coverage, a period of 12 months of continuous uninterrupted coverage will have to be satisfied again before pre-existing conditions are covered as any condition.

## DEFINITIONS

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**Illness** - means sickness or disease of any kind contracted and commencing after the effective date of the policy and causing loss covered by the policy.

**Injury** – means bodily injury caused by an accident that: (1) occurs while the policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

**Medical Emergency** - means treatment for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) within 72 hours of the date of injury or onset of illness, such that a prudent layperson with average knowledge of health and medicine could reasonably expect that his health or bodily functions would be in serious jeopardy without immediate medical attention.

**Physician** – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

**Usual and Customary Charges** - means an average of charges by other providers, within the same zip code, for the same or similar service or equipment.

## WALGREENS HEALTH INITIATIVES PHARMACY NETWORK

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The pharmacy network provides prescription drug coverage for all covered conditions when prescriptions are filled at any participating Walgreens 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.

For member services information, please call **Walgreens Health Initiatives RX Member Services at 800-207-2568**, or access their website at [www.mywhi.com](http://www.mywhi.com). This service is available 24/7 after the issuance of the identification/prescription card.

## COMPANY'S RIGHT OF SUBROGATION

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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.

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**STUDENT HEALTH CENTER CHARGES**

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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.

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**ACCIDENTAL DEATH & DISMEMBERMENT INDEMNITY**

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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.

<u>For Loss of:</u>	<u>Benefit</u>
Life .....	\$25,000.00
Both Hands or Both Feet, or Sight of Both Eyes .....	\$25,000.00
One Hand and One Foot .....	\$25,000.00
Either Hand or Foot and Sight of One Eye .....	\$25,000.00
Either Hand or Foot .....	\$12,500.00
Sight of One Eye .....	\$12,500.00

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

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**INTERCOLLEGIATE SPORTS COVERAGE**

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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, up to a **maximum benefit of \$10,000.** Benefits for injury to sound, natural teeth will be limited to a per tooth maximum of \$250.

**OPTIONAL -- INCREASE YOUR  
INTERCOLLEGIATE SPORTS COVERAGE  
AN ADDITIONAL \$65,000 IN BENEFITS**

**ADDITIONAL PREMIUM REQUIRED**

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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 for an additional \$65,000 in benefits under this Optional Intercollegiate Sports Coverage, not to exceed a combined maximum benefit of \$75,000 per policy year.

Intercollegiate sports coverage is only available if the participant is also enrolled in the student accident and sickness program. Please see the enrollment form for additional premium per sport.

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**MAMMOGRAM BENEFIT**

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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.

## MEDICAL EXPENSE BENEFITS SCHEDULE

**The first \$25.00 of covered expenses is a per injury or per illness deductible** and is the responsibility of the Insured. The deductible is waived when treatment is referred by the Student Health Center.

The Company will pay benefits, as described below, for the Usual and Customary 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) illness beginning with the date of first treatment, not to exceed a maximum of \$250,000.00 per injury or illness.

### **INPATIENT BENEFITS**

<b>Room &amp; Board Expense:</b> including general nursing care .....	Semi-private Room Rate
<b>Intensive Care:</b> including 24-hour nursing care .....	Usual & Customary Charges
<b>Hospital Miscellaneous Expenses:</b> 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); 6) miscellaneous supplies; and 7) pre-admission testing .....	Usual & Customary Charges
<b>Physiotherapy:</b> when prescribed by the attending physician and administered by a licensed physiotherapist .....	Usual & Customary Charges
<b>Surgery:</b> Physician's fees for a surgical procedure .....	Usual & Customary Charges
<b>Anesthetist Services:</b> in conjunction with surgery .....	Usual & Customary Charges
<b>Registered Graduate Nurse:</b> when prescribed by the attending physician .....	Usual & Customary Charges
<b>Physician's Visits:</b> one visit per day when a surgery benefit is not paid .....	Usual & Customary Charges

### **OUTPATIENT BENEFITS**

<b>Surgery:</b> Physician's fees for a surgical procedure .....	Usual & Customary Charges
<b>Day Surgery Miscellaneous:</b> 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 6) miscellaneous supplies .....	Usual & Customary Charges
<b>Anesthetist Services:</b> in conjunction with surgery .....	Usual & Customary Charges
<b>Physician's Visits:</b> one visit per day when a surgery benefit is not paid .....	Usual & Customary Charges
<b>Physiotherapy:</b> when prescribed by the attending physician after a surgical procedure has been performed and when administered by a licensed physiotherapist, limited to one visit per day .....	Usual & Customary Charges
<b>Physiotherapy:</b> when administered by a licensed physiotherapist for non post-surgical treatment, to a maximum of .....	\$500.00
<b>Medical Emergency Expenses:</b> incurred in a hospital emergency room, surgical center, or clinic .....	Usual & Customary Charges
<b>Diagnostic X-ray Services:</b> when prescribed by the attending physician, to include negative testing without a diagnosis following a symptomatic condition .....	Usual & Customary Charges
<b>Radiation Therapy:</b> when prescribed by the attending physician .....	Usual & Customary Charges
<b>Laboratory Procedures:</b> when prescribed by the attending physician, to include negative testing without a diagnosis following a symptomatic condition .....	Usual & Customary Charges
<b>Miscellaneous Tests and Procedures:</b> when prescribed by the attending physician for an incurred loss for which no other policy benefit is provided, to include negative testing without a diagnosis following a symptomatic condition .....	Usual & Customary Charges
<b>Shots or Injections:</b> administered in an emergency room or physician's office and charged on the emergency room statement or physician's statement .....	Usual & Customary Charges
<b>Chemotherapy:</b> when prescribed by the attending physician .....	Usual & Customary Charges
<b>Prescription Drugs:</b> please see the Walgreens Health initiatives Pharmacy Network paragraph herein for details.	

### **OTHER BENEFITS**

<b>Ambulance Service:</b> for transportation to or from a hospital .....	Usual & Customary Charges
<b>Braces and Appliances:</b> 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) .....	Usual & Customary Charges
Dental braces, except when necessitated by accidental bodily injury, are not covered.	
<b>Consultant Physician Services:</b> when requested and approved by the attending physician .....	Usual & Customary Charges
<b>Dental Treatment:</b> for treatment of injury to sound, natural teeth, to a maximum of .....	\$250.00 Per Tooth
<b>Impacted Wisdom Teeth:</b> to a maximum of .....	\$250.00 Per Tooth
<b>Registered Nurse (outpatient):</b> when prescribed by the attending physician on an outpatient basis .....	Usual & Customary Charges
<b>Abortion:</b> covered as any other illness, to a maximum of .....	\$500.00 Per Policy Year
<b>Club Sports:</b> covered as any other injury, to a maximum of .....	\$25,000.00
<b>Venereal Disease:</b> covered as any other illness .....	Usual & Customary Charges
<b>Hepatitis B Injections:</b> covered as any illness, to a maximum of .....	\$100.00
<b>TB Testing:</b> covered as any illness .....	Usual & Customary Charges
<b>Snowmobile Accidents:</b> .....	Covered As Any Other Injury
<b>Pre-existing Conditions</b> not specifically excluded under the terms of the Policy: covered as any other condition, to a maximum of .....	\$5,000.00 Per Policy Year

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## **PSYCHOTHERAPY**

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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 \$7,000.00 of eligible incurred charges less a co-payment of 10% to a maximum benefit of \$6,300.00; or
  - (c) The difference between \$7,000.00 and the benefits paid for outpatient services.
2. For treatment as an "Outpatient", benefits will be the lesser of:
  - (a) The first \$2,000.00 of eligible incurred charges less a co-payment of 10% to a maximum benefit of \$1,800.00; or
  - (b) The difference between \$7,000.00 and the benefits paid for inpatient Hospital Services.
3. For "Transitional Treatment", benefits will be the lesser of:
  - (a) The first \$3,000.00 of eligible incurred charges less a co-payment of 10% to a maximum benefit of \$2,700.00; or
  - (b) The difference between \$7,000.00 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.

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## **BREAST RECONSTRUCTION**

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Benefits will be paid the same as any other illness for breast reconstruction of the affected tissue resulting from a surgical procedure known as a mastectomy. Benefits shall be subject to all deductibles, copayments, coinsurance, limitations, or any other provisions of the Policy.

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## **DIABETES BENEFIT**

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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.

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## **CHILDHOOD IMMUNIZATIONS**

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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.

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## **STATE MANDATED BENEFITS**

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

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

## EXCLUSIONS

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**Unless otherwise provided within the Schedule of Benefits**, no benefits shall be payable for medical expenses provided with respect to expenses incurred:

1. For Pre-Existing Conditions, defined as any illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within the 12 months prior to the effective date of this insurance;
2. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
3. For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;
4. Due to declared or undeclared war or any act thereof;
5. For injury sustained while participating in practice or play of interscholastic, intercollegiate, club, semi-professional or professional sports or travel connected therewith;
6. For pregnancy, child birth or miscarriage (except when conception occurred while insured hereunder); elective abortion; elective caesarean section;
7. For routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a physician;
8. For cosmetic or plastic surgery, except as the result of an accident;
9. For elective surgery which can be postponed until the insured returns to his/her country of residence;
10. For any mental or nervous disorders(except as specifically provided) or rest cures;
11. For dental care, except as the result of injury to natural teeth caused by an accident;
12. For eye refractions or eye examinations for the purpose prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
13. In connection with alcoholism and drug addiction (except as specifically provided), or use of any drug or narcotic agent;
14. For congenital anomalies and conditions arising out of or resulting therefrom;
15. For expenses which are non-medical in nature;
16. For expenses as a result of or in connection with an intentionally self-inflicted injury;
17. For expenses as a result of or in connection with the commission of a felony offense;
18. For specific named hazards: traveling upon a motorcycle, scuba diving, mountain climbing, sky diving, professional or amateur racing, and piloting any aircraft;
19. For treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;
20. For any expenses for services rendered by any member of an Insured's family or by employees or physicians or other persons employed or retained by the Participant or for the use of the Participant's facilities except those benefits specifically listed as payable at the Participant's Health Service, Infirmary or Hospital;
21. For preventive medicines, serums or vaccines, shots or injections (unless required as a result of accidental bodily injury and administered within 24 hours);
22. For allergy testing or treatment;
23. For diagnostic testing, evaluation or treatment in connection with infertility, fertility, birth control or impotence;
24. For treatment or removal of non-malignant moles; warts or boils; acne; actinic or seborrheic keratosis (example: sun-spots or skin blemishes); dermatofibrosis; or nevus of any description or form (example: birth marks); bunions; keloid surgery (except when as a result of an accidental bodily injury or sickness incurred while insured); hernia of any kind; varicosity; sleep disorders, including the testing thereof; deviated nasal septum, including submucous resection and/or other surgical correction thereof except when the direct result of accidental bodily injury incurred while insured hereunder;
25. For venereal disease;
26. For private air travel, to include ballooning or ultra-light aircraft; parasailing; hang gliding; bungee jumping; travel in or upon a snow mobile or ATV (all terrain or similar type vehicle); travel in or upon any three-wheeled vehicle; racing of any kind.

## CLAIM PROCEDURE

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In the event of injury or illness, the Student should:

1. Report at once to the Student Health Service or Infirmary, 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:**

**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**

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



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This Plan is Underwritten By:

**The Insurance Company of the State of Pennsylvania  
with its principal place of business in New York, New York**

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**IMPORTANT INFORMATION:** Please retain this brochure as it outlines the provisions of the Master Policy which is on file at the University. No individual policies will be issued. In the event of a claims dispute, the Master Policy will prevail.

## INTERNATIONAL TRAVEL ASSIST PROGRAM

Provided by: AIU Holdings, Inc.

The International Travel Assist Program is offered along with the Accident and Sickness Insurance Program. The premium rates include both programs. Travel Assist provides 24-hour emergency telephone assistance service available during the Insured's coverage period. In the event of a medical emergency, English speaking help and advice may be available to you.

### Highlights of this program include:

#### Transportation

- **Emergency Evacuation and Medically Necessary Repatriation:** benefits are provided to a maximum single limit of \$100,000 if an Injury or Sickness results in necessary evacuation or repatriation. Both must be ordered by a legally licensed Physician and approved by The Company.
- **Return of Mortal Remains:** benefits are provided to a maximum of \$20,000 to return the covered person's body to his/her home country, including cost of embalming, cremation, and necessary coffin.
- **Transportation to Join Disabled Member:** when a covered person is hospitalized for more than seven days, economy, round trip transportation to the place of hospitalization is provided to a person chosen by the covered person, including \$100 per day for 30 days for accommodations, meals and transportation in the area of hospitalization.

**All Transportation Expenses must be:** 1) recommended by the attending Physician; 2) required by the standard regulations of the conveyance transporting the covered person; and 3) **verified and approved in advance by the Assistance Company.**

#### Worldwide Emergency Assistance Services

The Company can assist with the following services (**the covered person is responsible for all the costs involved**): pre-departure information; lost/stolen luggage and personal effects; trip interruption; medical evaluation and referrals; critical care monitoring; lost document assistance; emergency personal cash transfer; emergency medication; emergency message transmission; shipment of medical records, and legal referrals worldwide/bail bonds.

#### When to Contact AIU Assist:

- \* When you require medical assistance or have a medical emergency.
- \* For all non-medical situations (lost luggage, lost documents, legal help, etc.).
- \* Whenever there is a question.

#### How to Contact the AIU Assist 24-hour Worldwide Call Center:

##### Phone Numbers

Inside the USA or Canada ..... (800) 626-2427

From Countries other than the USA or Canada:

- \* Request an international operator
- \* Request the international operator

**to place a collect call to** ..... (713) 267-3367

#### Terms & Conditions

**The Assistance Company is not responsible for any loss caused by or resulting from:**

Suicide or attempted suicide; Intentionally self-inflicted injuries; War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not); civil war; Mental or emotional disorders, unless hospitalized; Being under the influence of drugs or intoxicants unless prescribed by a Physician; Commission or the attempt to commit a criminal act; Participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest; Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses; mild lesions; simple injuries including but not limited to, sprain, simple fractures, or mild sickness that can be treated locally and do not prevent You from continuing Your studies abroad; infections under treatment and not healed; Pregnancy and childbirth (except for complications of pregnancy); and if travel is undertaken for the sole purpose of securing medical treatment.