

Blanket Student Accident and Sickness Insurance

2014-2015

Local Representative

North Carolina Association of Insurance Agents, Inc.
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Cary, NC 27512
1.800.849.6556

Program Administered by:

HTH Worldwide

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Radnor, PA 19087
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Insurance Underwritten by:



BLANKET SHORT TERM STUDENT ACCIDENT AND SICKNESS
INSURANCE underwritten by BCS Insurance Company,
Oakbrook Terrace, IL, NAIC #38245

Form # 28.316A (NC)

REV 06/14



*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

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. BCS-3432-14. This is not a contract of insurance. Coverage is governed by an insurance policy issued to University of North Carolina. The policy is underwritten by BCS Insurance Company, Oakbrook Terrace, IL, NAIC #38245 under policy Form 28.2302 (NC). 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.

TABLE 1

	Limits Eligible Participant	Limits Spouse/Child
MEDICAL EXPENSES		
Period of Coverage Maximum Benefits	\$150,000	\$50,000
Maximum Benefit per Injury or Sicknesses	\$150,000	\$50,000
Basic Medical Expense Benefit per Injury or Sickness	\$10,000 Maximum: 100% of Reasonable Expenses after Deductible	\$10,000 Maximum: 100% of Reasonable Expenses after Deductible
Supplemental Major Medical Expense Benefit (SMM) per Injury or Sickness	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
Catastrophic Major Medical Expense Benefit (CMM) per Injury or Sickness	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
Period of Coverage Deductible. (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.)	\$100 per Injury or Sickness	\$100 per Injury or Sickness
ACCIDENTAL DEATH AND DISMEMBERMENT	Maximum Benefit: Principal Sum up to \$10,000	Maximum Benefit: Spouse Principal Sum up to \$5,000 / Child Principal Sum up to \$1,000
REPATRIATION OF REMAINS	Maximum Benefit up to \$15,000	Maximum Benefit up to \$15,000
MEDICAL EVACUATION	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

Physician Office Visits*	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.
Inpatient Hospital Services	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.
Hospital and Physician Outpatient Services	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.
Emergency Hospital Services	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.

NOTICE: Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because actual provider charges may not be used to determine plan/insurer or similar term and insured/member/enrollee or similar term payment obligations.

**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.*

TABLE 3

The benefits listed below are subject to Table 1 Maximums, Annual Maximums, Maximums per Injury and Sickness, Deductibles, Coinsurance, Out-of-Pocket Maximums and Table 2 Plan Type Limits .

MEDICAL EXPENSES	Limits per Covered Person
Maternity Care for a Covered Pregnancy	Same as any Sickness
Inpatient treatment of mental and nervous disorders	Reasonable Expenses up to \$5,000 Maximum per Period of Coverage
Outpatient treatment of mental and nervous disorders	Reasonable Expenses up to \$500 Maximum per Period of Coverage
Treatment for Chemical Dependency	Same as any Sickness
Treatment of specified therapies, including acupuncture and Physiotherapy	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 Period of Coverage.
Elective termination of pregnancy	Reasonable Expenses up to \$500
Medical treatment arising from participation in intercollegiate, interscholastic, intramural or club sports	Reasonable Expenses up to \$5,000 Maximum per Period of Coverage
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$500 Maximum per period of coverage
Dental Treatment (including extractions) to alleviate pain	100% of Reasonable Expenses up to \$500 per Period of Coverage
Non-surgical Treatment of Temporomandibular Joint Disorder (TMJ)	Reasonable Expenses up to \$3,500
Outpatient prescription drugs	80% of actual charge
Outpatient prescription contraceptives and devices	Covered under prescription drugs benefit above
Professional ground or air ambulance service to nearest hospital	Reasonable Expenses up to \$350 per Injury or Sickness

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 for the Eligible Participant or the Maximum Benefit for an Eligible Dependent stated in Coverage A—Medical Expenses of Table 1 of the Schedule of Benefits. Benefits are subject to the Deductible Amount, Coinsurance, Copayments, 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, 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 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 Coverage Start Date shown on the Identification Card issued to the Participant, 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.

If Tests and X-rays are the result of a Physician Office Visit or of Hospital and Physician Outpatient Services there is no additional

Copayment for these Tests or X-rays. A Deductible may apply. However, if there is neither a Physician Office Visit nor Hospital or Physician Outpatient Services delivered, the Hospital and Physician Outpatient Services Copayment applies.

- **Emergency Hospital Services:** Emergency Hospital Services are Emergency Medical Care delivered in a Hospital emergency room as defined in this Policy. If there is no admission to the Hospital, there will be a Copayment as stated in the Schedule of Benefits.
- **Recognized Student Health Centers:** The Policy does not cover 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 a person employed by the Policyholder, including team Doctor and trainers or any other service performed at no cost. No premium charged is charged for any such treatment. 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.
- **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. All benefits are per Injury or Sickness unless stated otherwise.
 - 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
 - Off Label use for Cancer
 - Breast Reconstruction due to Mastectomy
 - Anesthesia and hospital charges necessary for safe and effective administration of dental procedures for young children, persons with serious mental or physical conditions, and persons with significant behavioral problems; coverage in health benefit plans
 - Chemical Dependency
 - Temporomandibular Joint Disorder (TMJ)

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 364 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. 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.

There is no coverage for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.

MEDICAL EVACUATION AND REPATRIATION OF REMAINS BENEFITS

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

- **MEDICAL EVACUATION BENEFIT** If a Covered Person is involved in an accident or suffers a sudden, unforeseen illness requiring emergency medical services, while traveling outside of his/her home country, and adequate medical facilities are not available, the Administrator will coordinate and pay for a medically-supervised evacuation, up to the Maximum Limit shown in the Schedule of Benefits, to the nearest appropriate medical facility. This medically-supervised evacuation will be to the nearest medical facility only if the facility is capable of providing adequate care. The evacuation will only be performed if adequate care is not available locally and the Injury or Sickness requires immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment. The determination of whether a medical condition constitutes an emergency and whether area facilities are capable of providing adequate medical care shall be made by physicians designated by the Administrator after consultation with the attending physician on the Covered Person's medical conditions. The decision of these designated physicians shall be conclusive in determining the need for medical evacuation services. Transportation shall not be considered medically necessary if the physician designated by the Administrator determines that the Covered Person can continue his/her trip or can use the original transportation arrangements that he/she purchased. The combined benefit for all necessary evacuation services is listed in Table 1 of the Schedule of Benefits.

- **REPATRIATION OF REMAINS BENEFIT** If a Covered Person dies, the Insurer will pay the necessary expenses actually incurred, up to the Maximum Limit shown in the Schedule of Benefits, for the preparation of the body for burial, or the cremation, and for the transportation of the remains to his/her Home Country. This benefit covers the legal minimum requirements for the transportation of the remains. It does not include the transportation of anyone accompanying the body, urns, caskets, coffins, visitation, burial or funeral expenses. Any expense for repatriation of remains requires approval in advance by the Plan Administrator.

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:

- 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 most commonly spoken languages.
- CityHealth Profiles – Detailed information about hospitals and pharmacies around the world.
- Security Profiles – World class security briefings for hundreds of 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 the Points of Care Savings Program offered by Universal Rx, one of the country's leading pharmacy benefit companies. Universal Rx has an extensive, nationwide pharmacy network that offers you discounts on your prescriptions. In addition to savings on prescriptions, you will enjoy similar cash savings on five other Points of Care Savings Program categories — Mail Order Prescription Drugs, Durable Medical Goods, Over-the-Counter Medications, Diabetes Supplies, and Hearing Aid Products & Services.

To find a pharmacy that accepts the card, log-on to the hthstudents.com website and navigate to the Doctors, Hospitals and Pharmacies search tool to find a participating pharmacy closest to you.

Once you pay for your prescription medications, submit your claim for reimbursement to HTH Worldwide by including your proof of payment and by completing an HTH Worldwide claim form. Claim forms and instructions on how to file a claim are available on hthstudents.com.

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) Not excluded by any provision of the Policy; and incurred while the Covered Person's insurance is in force under the Policy. 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; 4) Coverage will not be denied for services rendered through a registered nurse acting under the authority of rules and regulations adopted by the North Carolina Medical Board and the Board of Nursing. This will also include direct payment to a registered nurse for conducting examinations or medical procedures for the purposes of collecting evidence from victims of offenses described in NCGS 90-171.38(b) if the registered nurse has completed the program established by said subsection.

Emergency Hospitalization and Emergency Medical Care means hospitalization or medical care for a condition manifesting itself by acute symptoms of sufficient severity, including but not limited to, severe pain, or by acute symptoms developing from a chronic medical condition that would lead a prudent layperson, possessing an average knowledge of health and medicine, to reasonably expect the absence of immediate medical attention to result in any of the following: 1) placing the health of an individual, or with respect to a pregnant woman, the health of the woman or unborn child, in serious jeopardy; 2) serious impairment to bodily functions; 3) serious dysfunction of any bodily organ or part; 4) causing other serious medical consequences.

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 those covered services or supplies that are: 1) Provided for the diagnosis, treatment, cure, or relief of a health condition, illness, injury, or disease; and, except as allowed under North Carolina law and not for experimental, investigational, or cosmetic purposes; 2) Necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, illness, injury, disease, or its symptoms; 3) Within generally accepted standards of medical care in the community; 4) Not solely for the convenience of the insured, the insured's family, or the provider. For medically necessary services, nothing in this subsection precludes an insurer from comparing the cost-effectiveness of alternative services or supplies when determining which of the services or supplies will be covered. If a physician authorizes a service, that does not necessarily make it a medically necessary covered service.

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 6 months of coverage, except as follows: The Policy will pay for Covered Medical Expenses incurred in connection with a Covered Person's pre existing Sickness during the first 6 months of coverage, subject to a maximum benefit of \$2,500. After the Covered Person has been covered under the Policy for 6 months, Pre Existing Conditions will be covered the same as any other Injury or Sickness; however, a Pre-Existing Injury or Sickness covered after the Pre-Existing waiting period, will be subject to the same limitations and exclusions as an Injury or Sickness incurred during Coverage under this Policy.

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. Expenses incurred in excess of Reasonable Expenses.
2. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, including routine care of a newborn unless otherwise noted.
3. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
4. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
5. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident and except to correct a congenital defect.
6. For diagnostic investigation or medical treatment for infertility, fertility, or birth control. This does not apply to prescription coverage for contraceptive drugs or devices.
7. Organ or tissue transplant.
8. Participating in an illegal occupation or committing or attempting to commit a felony.
9. 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.)
10. 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.
11. The diagnosis or treatment of Congenital Conditions, except for a newborn child, foster or adopted child insured under the Policy.
12. Expenses incurred within the Covered Person's Home Country.
13. 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.
14. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
15. Diagnosis and treatment of acne and sebaceous cyst.
16. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
17. Intentionally 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.
18. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; or civil commotion.
19. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
20. Loss arising from
 - a. participating in any professional sport, contest or competition;
 - b. skin/scuba diving, sky diving, hang gliding, or bungee jumping.
21. 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.
22. 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.
23. Non-FDA approved drugs provided or made available to a patient who received the drug during a covered clinical trial after the clinical trial has been discontinued.
24. Services or supplies that the Insurer considers to be Experimental or Investigative.

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 2014-2015 academic year are:

Type of Coverage	Monthly Premium
Participant	\$87.60
Participant & Spouse	\$382.45
Participant & Family	\$520.40
Participant & Children	\$225.55

Medical Evacuation and Repatriation of Remains Only coverage may be purchased at \$10.75 per month (students only).