

**INTERNATIONAL
STUDENT
ACCIDENT
&
SICKNESS
INSURANCE
PROGRAM**

Designed for the
International Students of:



9000 W. College Pkwy.
Palos Hills, IL 60465-0937
morainevalley.edu

2012-2013

UNIVERSITY REQUIREMENTS

All international persons who meet the Eligibility requirements are required to participate in this insurance program.

ELIGIBILITY

All International Students or Scholars under the age of 65 with a current passport and non-immigrant visa temporarily residing outside their home country, while actively engaged in educational study at Moraine Valley Community College must be insured under this Plan. Exemptions from participation in this Plan may be granted for students who are already covered under certain governmental/embassy-sponsored plans or employer plans. To apply for an exemption, the student should contact the Moraine Valley International Student Services Department.

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.

Please note: this insurance plan is not available to individuals who reside in the states of Idaho, Massachusetts, Minnesota and Washington and/or individuals traveling from outside the United States to the states of Idaho, Massachusetts, Minnesota and Washington.

EFFECTIVE DATE OF COVERAGE

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 12, 2012; 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 College, 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.

TERMINATION DATE OF COVERAGE

Coverage for an Insured Student shall terminate on the last day of the period for which premium has been paid.

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.

CONTINUOUS COVERAGE

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.

EXCESS BENEFITS

All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

EXTENSION OF BENEFITS

If an Insured Person is hospital confined on his/her 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 to the Insured Person for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

DEFINITIONS

Deductible - means the dollar amount of covered expenses which must be incurred as an out-of-pocket expense by each Insured for any one disablement.

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.

PRE-EXISTING CONDITION LIMITATION

“Pre-existing Condition” is defined as any injury or illness which was contracted or which manifested itself, or for which treatment or medication was prescribed six (6) months prior to the effective date of coverage under this plan.

The Pre-existing Condition Waiting Period is twelve (12) months. If an Insured Person receives treatment or service for a Pre-existing Condition: (a) the Company will not pay benefits for such condition until the day after a twelve (12) consecutive month period has passed from the Insured’s effective date, and (b) the Company will pay only for Loss or expense incurred after such twelve (12) consecutive month period.

Payment will be in accordance with the provision of this Plan. If the Insured Person has a lapse in coverage, the Pre-existing Condition Waiting Period will have to be satisfied again.

COMPANY’S RIGHT OF SUBROGATION

In the event you require medical treatment due to another person’s negligence (such as an automobile accident), the Company has the right to seek recovery of any benefits it pays toward your medical expenses.

PREFERRED PROVIDER NETWORK

If an Insured Person uses a physician from the Preferred Provider Network, the Company will reimburse covered expenses at a higher amount when compared to using a Non-Network Provider. We have made arrangements with **PHCS, a MultiPlan Preferred Provider Network**, who has contracted with numerous hospitals, physicians and other health care providers in order to administer care at a prearranged, preferred dollar amount. If a Covered Person chooses to use a Network Provider, benefits will be paid at 90% of the PPO Allowance, subject to any limits as stated on the Schedule of Benefits. If a Covered Person chooses to use a Non-Network Provider, benefits will be reduced to 75% of the Usual and Customary charges incurred, subject to any limits as stated on the Schedule of Benefits. Prior to seeking care with a Network Provider, the Covered Person should always verify that the doctor continues to be a Network Provider. For a complete list of participating providers, access **MultiPlan's** website at **www.multiplan.com** and **select PHCS**, or call their **toll free number 1-800-922-4362**.

CATALYST RX PHARMACY NETWORK

The pharmacy network provides prescription drug coverage for all conditions with the exception of preventive drugs (birth control pills are covered). Prescriptions must be filled at any participating Catalyst RX pharmacy. The Covered Person is responsible for a **\$10 co-payment per generic prescription; \$15 co-payment per brand name prescription; or \$30 co-payment per multi-source prescription**. No claim forms are required. The participating pharmacy will file claims directly with the administrator for reimbursement of the remaining charges.

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

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

ACCIDENTAL DEATH & DISMEMBERMENT INDEMNITY

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.

Principal Sum:	\$10,000	Student
Principal Sum:	\$ 5,000	Spouse
Principal Sum:	\$ 1,000	Each Child

<u>For Loss of:</u>	<u>Benefit</u>
Life	Principal Sum
Both Hands or Both Feet, or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Either Hand or Foot	Half Principal Sum
Sight of One Eye	Half Principal Sum

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.

MEDICAL EXPENSE BENEFITS SCHEDULE - INJURY AND SICKNESS BENEFITS

\$100 Policy Year Deductible per Insured.

\$250,000 Maximum Benefit

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 Benefit of \$250,000 per Injury and Illness.

Inpatient Hospital Services require a \$50 co-payment per admission.

Outpatient Services including out-patient hospital services and hospital emergency room, require a \$50 co-payment per visit, except Physician's Visits which require a \$20 co-payment per visit.

INPATIENT COVERED EXPENSES

IN-NETWORK

OUT-OF-NETWORK

Room and Board Expense: semi private room containing two or more beds including meals, special diets and nursing services	90% of PPO Allowance	75% of Usual & Customary
Intensive Care: including 24-hour nursing care	90% of PPO Allowance	75% of Usual & Customary
Miscellaneous Expenses: including anesthesia, anesthesia supplies and services; operating, delivery and treatment rooms and equipment; diagnostic x-ray and laboratory tests; lab studies; oxygen tent; blood and blood services; prescribed drugs and medicines; medical and surgical dressings, supplies, casts and splints; radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; chemotherapy treatment with radioactive substances; intravenous injections and solutions and their administration; physical and occupational therapy	90% of PPO Allowance	75% of Usual & Customary
Physiotherapy: when prescribed by the attending Physician and administered by a licensed physiotherapist	90% of PPO Allowance	75% of Usual & Customary
Surgeon: Physician's fees for a surgical procedure	90% of PPO Allowance	75% of Usual & Customary
Assistant Surgeon: when required during a surgical operation	90% of PPO Allowance	75% of Usual & Customary
Anesthetist Services: in conjunction with surgery	90% of PPO Allowance	75% of Usual & Customary
Registered Graduate Nurse: when prescribed by the attending Physician	90% of PPO Allowance	75% of Usual & Customary
Physician's Visits: limited to one visit per day when a surgery benefit is not paid	90% of PPO Allowance /	75% of Usual & Customary /
Psychotherapy: treatment of mental and nervous disorders, and substance and alcohol abuse	90% of PPO Allowance /	75% of Usual & Customary /
	30 Days Maximum	30 Days Maximum

OUTPATIENT BENEFITS

Surgeon: Physician's fees for a surgical procedure	90% of PPO Allowance	75% of Usual & Customary
Assistant Surgeon: when required during a surgical operation	90% of PPO Allowance	75% of Usual & Customary
Miscellaneous for Day Surgery: 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: operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicines (excluding take home drugs); and miscellaneous supplies	90% of PPO Allowance	75% of Usual & Customary
Anesthetist Services: in conjunction with a surgical procedure	90% of PPO Allowance	75% of Usual & Customary
Physician's Visits: limited to one visit per day when a surgery benefit is not paid,	Insured Co-pay of \$20 Per Visit /	Insured Co-pay of \$20 Per Visit /
	90% of PPO Allowance	75% of Usual & Customary
Physiotherapy: (including acupuncturist) when prescribed by the attending physician and when administered by a licensed physiotherapist	\$50 Per Visit /3 Visits Per Week /	\$50 Per Visit /3 Visits Per Week /
	\$1,000 Per Policy Year	\$1,000 Per Policy Year
Medical Emergency Expenses: incurred in a hospital emergency room	90% of PPO Allowance	75% of Usual & Customary
Diagnostic X-rays Services: when prescribed by the attending Physician, to include negative testing without a diagnosis following a symptomatic condition**	90% of PPO Allowance	75% of Usual & Customary
Radiation Therapy: when prescribed by the attending Physician	90% of PPO Allowance	75% of Usual & Customary
Laboratory Procedures: when prescribed by the attending Physician, to include negative testing without a diagnosis following a symptomatic condition**	90% of PPO Allowance	75% of Usual & Customary
Miscellaneous Tests and Procedures: incurred loss for which no other policy benefit is provided, to include negative testing without a diagnosis following a symptomatic condition**	90% of PPO Allowance	75% of Usual & Customary
Shots or Injections: administered in an emergency room or Physician's office and charged on the emergency room statement or Physician statement	90% of PPO Allowance	75% of Usual & Customary
Chemotherapy: when prescribed by the attending Physician	90% of PPO Allowance	75% of Usual & Customary
Psychotherapy: treatment of mental and nervous disorders, and substance and alcohol abuse	90% of PPO Allowance /	75% of Usual & Customary /
	\$3,000 Per Policy Year	\$3,000 Per Policy Year

****Symptomatic Condition - a condition which indicates an Injury or Illness is present**

OTHER BENEFITS

Ambulance Service: for transportation to or from a hospital	90% of PPO Allowance	75% of Usual & Customary
Braces and Appliances: when prescribed by the attending Physician exclusively for the purpose of healing of the specific part of the body for which the brace or appliance is prescribed (replacement braces and appliances are not covered)	90% of PPO Allowance	75% of Usual & Customary
Dental braces, except when necessitated by accidental bodily Injury, are not covered.		
Consultant Physician Services: for second surgical opinion by a board certified specialist on the need for non-emergency surgery recommended by the Insured person's Physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Benefits will also be provided for any required x-rays and diagnostic tests done in connection with that consultation	90% of PPO Allowance	75% of Usual & Customary
Dental Treatment: for treatment of Injury to sound, natural teeth	\$200 Per Tooth / \$600 Per Injury	\$200 Per Tooth / \$600 Per Injury
Elective Abortion: covered as any other Illness	90% of PPO Allowance /	75% of Usual & Customary /
	\$500 Maximum Per Policy Year	\$500 Maximum Per Policy Year
Home Health Care Expense Benefit: for covered home health services	90% of PPO Allowance	75% of Usual & Customary
Venereal Disease: covered as any other Illness	90% of PPO Allowance	75% of Usual & Customary
Allergy Testing and Treatment: covered as any other Illness	90% of PPO Allowance	75% of Usual & Customary

Prescription Drugs: when prescribed by the attending Physician. Prescriptions must be filled at a Catalyst RX participating pharmacy.

Per Prescription Co-payments: \$10 for Generic Drugs; \$15 for Brand Name Drugs; \$30 for Multi-Source Drugs ... Please see Catalyst RX paragraph herein for details

CHIROPRACTIC CARE

Benefits are provided for treatment with manipulation or massage of spinal and musculoskeletal structures; the total amount payable for any or all covered medical expenses incurred for services rendered by a certified and licensed Chiropractor; covered as any condition; **limited to a \$500 benefit per Policy Year.**

ADDITIONAL MEDICAL BENEFITS

Benefits are payable subject to policy limitations for the following additional benefits: Inpatient Alcohol and Drug Abuse; Maternity Expense; Pediatric Preventive Care; Mammography Expense; Mastectomy; Post-Mastectomy Expense; Cytologic Screening Expense; Infertility Expense; Breast Implant Removal Expense; Temporomandibular Joint Disorder and Craniomandibular Disorder Expense; Prostate-Specific Antigen Expense; Diabetes Expense; Colorectal Cancer Screening Expense.

Please refer to the Master Policy on file at Moraine Valley Community College for a complete description of these benefits.

ASK MAYO CLINIC

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

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

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

EXCLUSIONS

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 injury or illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within the six (6) 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

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

1. Report at once to the nearest doctor or hospital.
2. Secure a claim form from **www.rustinternational.com**. Fill in the necessary information and attach all itemized bills showing claimant's name, nature of illness/injury, and description and charge for each service provided. **Mail or fax to the Plan Administrator:**

AMA & ASSOCIATES
P. O. BOX 659570
San Antonio, TX 78265-9570
FAX: 1-210-822-4113

**THE COMPANY MUST BE NOTIFIED
WITHIN 90 DAYS FROM DATE OF INJURY
OR FIRST TREATMENT FOR SICKNESS**

For additional information regarding this policy,
please call:



This Plan is Underwritten By:

The Insurance Company of the State of Pennsylvania

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

TRAVEL GUARD ASSIST PROGRAM

The Travel Guard Assist Program is offered along with the Accident and Sickness Insurance Program. The premium rates include both programs. Travel Guard 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 Travel Guard:

- * 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 Travel Guard 24-hour Worldwide Call Center:

Phone Numbers

Inside the USA or Canada (877) 832-3523

From Countries other than the USA or Canada:

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

to place a collect call to (715) 295-1194

Terms & Conditions

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

Suicide, attempted suicide or intentionally self-inflicted injury, or sexually transmitted conditions, Acquired Immune Deficiency Syndrome (AIDS), Human Immune Deficiency Virus (HIV) infection; participation in any professional, semi-professional or interscholastic team sport or any bodily contact sport; being under the influence of drugs, alcohol or other intoxicants unless prescribed by a Physician and taken as prescribed; participation in a felony, riot, crime, misdemeanor or civil commotion; participation in contests of speed using a motorized vehicle or bicycle; participating in skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing, pot-holing or while riding on a motorcycle; congenital anomalies; declared or undeclared war or any act thereof; service in the military, naval or air service of any country; piloting any aircraft or while flying as a passenger in any aircraft owned or operated by the Policyholder.