

3. Routine physical or other examinations where there are no objective indications of Impairment of normal health.
4. Well baby care.
5. Professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
6. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental injury.
7. Weak, strained or flat feet, corns, calluses or ingrown toenails.
8. Expenses incurred for plastic or cosmetic surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from reconstructive surgery; For the purposes of this provision, reconstructive surgery means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible. For the purposes of this provision, cosmetic surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance).
9. Diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Sickness.
10. Birth control, including elective surgical procedures or devices.
11. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except medicaid.
12. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance.
13. Treatment of alcoholism or drug addiction except as provided for in the Schedule of Benefits.
14. Any expenses in excess of Usual, Reasonable and Customary Charges.
15. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on

- a regularly established route anywhere in the world.
16. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Insurance Information Schedule.
  17. Loss resulting from playing, practicing, traveling to or from, or participating in, any intercollegiate, club or professional sports, except as provided in the Schedule of Benefits.
  18. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
  19. Services and/or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
  20. Expenses incurred after: a) the date insurance terminates as to the Insured Person, b) the Aggregate Lifetime Maximum benefit for each Covered Injury or Sickness has been attained, or c) the end of the Benefit Period specified in the Benefit Schedule.
  21. Elective surgery or treatment.
  22. Charges incurred for medically necessary chiropractic care, acupuncture, physical therapy, heat treatment, diathermy, manipulation or massage, in any form.

**PRE-EXISTING CONDITION LIMITATION (Not applicable to any covered person under the age of 19.)** The Policy does not cover Preexisting Conditions for the twelve months following effective date of an Insured Person's coverage. However, We will waive this Limitation for an Insured who: 1) Is a returning Student who has been Continuously Insured; or 2) Is a newly enrolled Student or a student who has not been Continuously Insured and who can provide satisfactory evidence of prior Creditable Coverage. To qualify for this waiver, an Insured must fulfill all of the following requirements: a) He or she must not be covered under any other health insurance. b) He or she must have had health insurance for a total of 12 months. Coverage of less than 12 months will be credited toward satisfying the Preexisting Condition Limitation. This provision will be effective provided the Insured becomes eligible and applies for coverage under

this Policy within 63 days of the termination or his or her prior coverage. c) His or her most recent coverage must meet the definition of Creditable Coverage.

**Continuously Insured** means that the Insured Person has maintained continuous coverage under the Policy and/or prior student health insurance policies issued to the Policyholder. Previously Insured Persons who re-enroll for coverage within the time limits shown in the Insurance Information Schedule following expiration of coverage under a preceding student health insurance Policy will have maintained continuous insurance. An Insured person who does not re-enroll within this time frame will have a break in continuous insurance. Any Injury sustained or any Sickness originating before or during such break will be considered a Pre-existing Condition.

**CLAIM PROCEDURE**

In the event of accident or illness the Student should:

1. If at School report immediately to the Valparaiso University Health Center so that proper treatment can be prescribed or approved. **Note:** The scholar does not report to the VU Health Center, a scholar should proceed to a physician's office, an off-hours clinic or an emergency facility.
2. If away from School (including foreign travel) consult a doctor and follow his/her instructions. Pay the bill and obtain a receipt. Notify the Claims Administrator, Special Risk Claims, Commercial Travelers Mutual Insurance Company, as soon as possible, or the International Studies Office.

Claim forms and instructions on claim procedures are available at the University Health Center or visit the website: [www.studentplanscenter.com](http://www.studentplanscenter.com) Written notice of injury or of sickness upon which claim may be based must be provided to the Company within 30 days of the date of the commencement of the first loss for which benefits arising out of each such injury or sickness may be claimed, or as soon thereafter as is reasonably possible. Bills for which benefit is to be paid must be submitted within 90 days of the treatment.

**NOTE:** Medical expense due to intercollegiate (varsity) athletic injury should be referred to the Varsity Athletic Trainers for further instructions.

**GRIEVANCE AND APPEALS PROCEDURE**

If an Insured Person has a grievance or is appealing a grievance decision, contact us either orally or in writing: The Claims Administrator: Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502. Phone 800-756-3702

**Notice to insured** (a) Upon the Insured Person's notice of a grievance, we or our agent shall provide timely, adequate, and appropriate notice to each insured of: (1) the grievance procedure required under Indiana law; (2) the external grievance procedure required under Indiana law; (3) information on how to file a grievance and a request for an external grievance review permitted under Indiana law; and (4) a toll free telephone number through which an Insured Person may contact Us at no cost to the Insured Person to obtain information and to file grievances. Please submit all appeal requests to the Claims Administrator listed below.

Underwritten by  
COMPANION LIFE INSURANCE COMPANY  
COLUMBIA, SC

as policy form # CLBH-280(2011)(IN)

**Local Representative**

Wells Fargo Insurance Services USA, Inc. • P.O. Box 276  
Columbus, Ohio 43216-0276  
800-228-6768 • [wfs.wellsfargo.com/colleges](http://wfs.wellsfargo.com/colleges)

**Claims Administered by**

Special Risk Claims  
Commercial Travelers Mutual Insurance Company  
70 Genesee Street • Utica, NY 13502  
Toll Free: 800-756-3702

[www.studentplanscenter.com](http://www.studentplanscenter.com)

*For a copy of the Company's Privacy Notice,  
you may go to:*

[www.commercialtravelers.com/privacy.html](http://www.commercialtravelers.com/privacy.html)

*or Request one from the Local Representative*

*or Request one from:*

Commercial Travelers Mutual Insurance Company  
c/o Privacy Officer • 70 Genesee St. • Utica, NY 13502

*(Please indicate the school you attend  
with your written request.)*

**Network Provider**

Encore • 800-513-7177 • [www.novanetppo.com](http://www.novanetppo.com)

*Representations of this plan  
must be approved by the Company.*

**Student Health  
Insurance Plan**

*For the International Students of*

**VALPARAISO  
UNIVERSITY  
2013-2014**



Policy No. 2013M3A69

This is not the Policy. Rather it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

This student health insurance coverage is compliant with the HHS ruling of March 16, 2012 that pertains to student health insurance, however, it may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits pertaining to other types of health insurance other than Student Health Insurance. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Your student health insurance coverage has an annual limit of \$500,000 on all covered benefits. If you have any questions or concerns about this notice, contact the Underwriting Company stated in this brochure. You may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's plan for more information.

**VALPARAISO UNIVERSITY  
INTERNATIONAL STUDENT & SCHOLAR  
HEALTH INSURANCE PLAN**

This is a brief description of the Student Health Insurance Plan available for International Students & Scholars of Valparaiso University. This Plan is underwritten by Companion Life Insurance Company, Columbia, SC.

**ELIGIBILITY**

All International Students and Scholars of Valparaiso University, who are engaged in full-time educational activities outside their home country or country of regular domicile as non-resident aliens, are enrolled in the Student Health Insurance Plan, if comparable insurance coverage cannot be documented to the University's satisfaction.

**DEPENDENT COVERAGE**

International Students/Scholars are covered under the Student Health Insurance Plan and may also enroll their dependent children under age 26 or spouses who reside with the Insured Student/Scholar. Children must reside with, and be fully supported by the Insured Student. Newborn children will also be covered for Injury or Sickness, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will automatically continue for 31 days after the date of birth. To continue the coverage beyond the 31 day period, the Insured must complete and return the Dependent Enrollment Form with payment to the Plan Administrator. You may secure an enrollment form from the Office of International Student Affairs or by contacting the Local Representative.

**POLICY TERM**

The insurance coverage under the Student Health Insurance Plan is effective 12:01 a.m. on August 11, 2013. The Policy terminates at 12:01 a.m. on August 11, 2014. Coverage is in effect only during the period for which premium is paid and will end on the termination date or on the date the Insured Person departs for their home country.

**DEFINITIONS**

The following important definitions apply to this program:

**Covered Injury** means a bodily injury that is:

1. sustained by an Insured Person while he/she is insured under the Policy or the School's prior policies; and
2. caused by an accident directly and independently of all other causes.

Coverage under the School's policies must have remained continuously in force from the date of Injury until the date services or supplies are received for them to be considered as a Covered Medical Expense under the Policy. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries are considered a single Covered Injury.

**Covered Sickness means:**

Sickness, disease or trauma related disorder due to Injury which causes a loss while the Policy is in force and which results in Covered Medical Expenses. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. Sickness includes Complications of Pregnancy. Sickness will also include normal pregnancy.

**Pre-existing Condition means:**

Any health condition, Sickness or Injury that existed any time prior to the effective date of coverage and for which medical advice was given or for which a Physician recommended or provided treatment within the six (6) months immediately preceding the Insured's effective date of coverage under the Policy.

**SCHEDULE OF BENEFITS**

We will pay benefits for Covered Medical Expenses that are incurred by the Insured Person for Loss due to Covered Injury, Covered Sickness, or Covered Preventive Services. Benefits payable are subject to the Maximum Benefit for all Covered Injury, Covered Sickness and Covered Preventive Services combined and any specified benefit maximum amounts, deductibles, coinsurance or copayments.

Deductible . . . . . \$50 per Insured per Policy Year  
Benefit Period . . . . . Policy Year  
Aggregate Medical Maximum . . . . . \$500,000 Per Policy Year  
Out-of-Pocket Maximum . . . . . \$6,000

**Coinsurance\***

Tier 1: 80% Usual and Reasonable . . . . . From \$100 to \$5,000  
Tier 2: 50% Usual and Reasonable. . . . . From \$5,000 to \$500,000

**Inpatient Benefits**

Room and Board Expense . . . . . Per coinsurance above\*  
Intensive Care. . . . . Per coinsurance above\*  
Hospital Miscellaneous Expenses . . . . . Per coinsurance above\*  
Surgery . . . . . Per coinsurance above\*  
Anesthetist Services . . . . . Per coinsurance above\*  
Assistant Surgeon. . . . . Per coinsurance above\*  
Registered Nurse's Expense . . . . . Per coinsurance above\*  
Physician's Visits. . . . . Per coinsurance above\*  
Physical Therapy . . . . . Per coinsurance above\*  
Mental and Nervous Treatment . . . . . Per coinsurance above\*

**Outpatient Benefits**

Surgery . . . . . Per coinsurance above\*  
Anesthetist Services . . . . . Per coinsurance above\*  
Assistant Surgeon. . . . . Per coinsurance above\*  
Outpatient Surgery Miscellaneous . . . . . Per coinsurance above\*  
Physician's Visits. . . . . Per coinsurance above\*  
Emergency Services . . . . . Per coinsurance above\*  
Diagnostic X-ray Services. . . . . Per coinsurance above\*  
Laboratory Procedures (Outpatient) . . . . . Per coinsurance above\*  
Prescription Drugs . . . . . Per coinsurance above\*  
(no copayment for generic contraceptives)  
Outpatient Miscellaneous Expenses . . . . . Per coinsurance above\*  
Preventative Services\* . . . . . 100% of Usual and Reasonable (not subject to deductible, copay or coinsurance)  
Physical Therapy . . . . . Per coinsurance above\*  
Mental and Nervous Treatment . . . . . Per coinsurance above\*

**Other Benefits**

Ambulance Service . . . . . Per coinsurance above\*  
Maternity Benefit . . . . . Per coinsurance above\*  
Routine Newborn Care . . . . . Per coinsurance above\*  
Accident Dental Treatment . . . . . up to \$200 per tooth to \$600 maximum  
Medical Evacuation . . . . . Usual and Reasonable not to exceed \$50,000  
Repatriation. . . . . Usual and Reasonable not to exceed \$25,000  
Accidental Death & Dismemberment . . . . . Principal Sum: \$10,000

\*Please visit [www.healthcare.gov/prevention](http://www.healthcare.gov/prevention) for more information.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

If an Insured Person's Injury results in any of the following losses within 365 days after the date of accident, We will pay the sum shown opposite the Loss. We will not pay more than the principal Sum for all losses due to the same accident.

**Table of Losses**

Description of Loss	Benefit Amount
Life: . . . . .	\$10,000
Both Hands or Both Feet or Sight of Both Eyes . . . . .	\$10,000
One Hand and One Foot . . . . .	\$10,000
Either Hand or Foot and Sight of Both Eyes . . . . .	\$10,000
Either Hand or Foot . . . . .	\$ 5,000
Sight of One Eye . . . . .	\$ 5,000

The term of Loss as used herein shall mean: 1) with regard to hands and feet, actual severance through or above wrist or ankle joint; and 2) with regard to eyes, entire irrecoverable loss of sight.

**MANDATED BENEFITS**

The following benefits are mandated in the state of Indiana. They will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, copayment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits include, but are not limited to: Cancer Screening Tests; Mastectomy, Reconstructive Surgery and Prosthetic Devices; Diabetes Equipment, Supplies and Service; Off-Label Cancer Drug Coverage and Pervasive Developmental Disorders Treatment Benefit. See the Policy on file with the school for further details on these benefits.

**EXCLUSIONS**

The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the Policy and as shown in the Schedule of Benefits:

1. Expenses incurred within the Insured Person's Home Country or country of regular domicile.
2. Preventive medicines, serums or vaccines of any kind.