

## NON-DUPLICATION OF BENEFITS PROVISION

The Policy will not duplicate benefits for expense covered by any other valid and collectible medical, health, or accident insurance or pre-payment plan. Benefits payable under the Policy will be excess and secondary to such other coverage.



## 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, 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 web-site: [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.

## HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator listed below.

Underwritten by  
**SECURITY MUTUAL LIFE INSURANCE COMPANY  
OF NEW YORK**  
BINGHAMTON, NEW YORK

as policy form # SML-230

### Local Representative

Wells Fargo Insurance Services • P.O. Box 276  
Columbus, Ohio 43216-0276  
800-228-6768 • [wfi.wellsfargo.com/colleges](http://wfi.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 Claims Administrator's Privacy  
Notice,*

*you may go to:*

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

*or Request one from:*

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

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

### Network Provider

Beech Street • 800-432-1776 • [www.beechstreet.com](http://www.beechstreet.com)

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

## Student Accident and Sickness Insurance Plan

*For the International Students of*

**VALPARAISO  
UNIVERSITY**  
**2010-2011**



Policy No. 2010M3A69

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.

2010-M3A69 (Bro)

**VALPARAISO UNIVERSITY  
INTERNATIONAL STUDENT & SCHOLAR  
ACCIDENT AND SICKNESS  
INSURANCE PLAN**

This is a brief description of the Student Accident and Sickness Insurance Plan available for International Students & Scholars of Valparaiso University. This Plan is underwritten by Security Mutual Life Insurance Company of New York.

**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 Accident and Sickness Insurance Plan, if comparable insurance coverage cannot be documented to the University's satisfaction.

**DEPENDENT COVERAGE**

International Students/Scholars covered under the Student Accident and Sickness Insurance Plan may also enroll their dependent children under age 24 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 Accident and Sickness Insurance Plan is effective 12:01 a.m. on August 11, 2010. The Annual Policy terminates at 12:01 a.m. on August 11, 2011 or at the end of the period through which the premiums are paid or 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.

**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.

**ACCIDENT AND SICKNESS MEDICAL  
EXPENSE BENEFIT  
INSURED STUDENTS:**

If as the result of an Injury or Sickness, an Insured Person incurs any of the Covered Expenses below, The Company will pay, after a \$50.00 deductible per Injury or Sickness, (limited to three deductibles per policy period) 100% of the Reasonable and Customary Expense incurred, up to an Aggregate Maximum of \$50,000 per Injury or Sickness. The deductible will be waived if services or treatment are received at the Student Health Center first and a referral is obtained.

**INSURED DEPENDENTS:**

If as the result of an Injury or Sickness, an Insured Person incurs any of the Covered Expenses below, the Company will pay, after a \$50.00 deductible per Injury or Sickness, (limited to three deductibles per policy period) 100% of the Reasonable and Customary Expense incurred up to a maximum of \$5,000, and then 80% of the Reasonable and Customary Expense incurred up to an Aggregate Maximum of \$50,000 per Injury or Sickness.

**COVERED EXPENSES**

**Hospital Room and Board Expense:** If an Insured Person requires confinement in a hospital, The Company will pay the Reasonable and Customary Expense incurred, subject to the semi-private room rate up to a maximum of \$500.00 per day.

**Intensive Care Unit Expense:** If an Insured Person requires confinement in a hospital, The Company will pay the Reasonable and Customary Expense incurred for the Intensive Care Unit rate up to a maximum of \$750.00 per day.

**Miscellaneous Hospital Expense:** If an Insured Person incurs expenses during a hospital confinement or day surgery on an outpatient basis for: anesthesia; operating room; laboratory tests; x-rays; oxygen tent; drugs; medicines; dressings; and other necessary non-room and board expenses; The Company will pay the Reasonable and Customary Expense incurred.

**In Hospital Physician Visits Expense:** If an Insured Person requires the services of a Physician, other than the surgeon, while confined to a hospital, The Company will pay the Reasonable and Customary Expense incurred, limited to one visit per day.

**Surgical Expense (Inpatient or Outpatient):** The Company will pay the Reasonable and Customary Expense incurred for surgery performed by a licensed Doctor (In or Out of the Hospital). Benefits will be paid in accordance with the Medical Data Research Schedule for Reasonable and Customary Expense.

**Anesthetist Expense:** If an Insured Person requires an anesthetist during a surgical operation, The Company will pay the Reasonable and Customary Expense incurred.

**Outpatient Physician Visit Expense:** If an Insured Person requires the services of a Physician, The Company will pay the Reasonable and Customary Expense incurred.

**Prescription Drugs:** The Company will pay the Reasonable and Customary Expense incurred for Prescription Drugs.

**Emergency Room Medical Expense:** If an Insured Person requires the use of a hospital emergency room as a result of a Medical Emergency, The Company will pay the Reasonable and Customary Expense incurred.

**Diagnostic X-ray & Laboratory Expense:** If an Insured Person is prescribed by an attending Doctor for diagnostic x-ray and laboratory services on an outpatient basis, The Company will pay the Reasonable and Customary Expense incurred.

**Ambulance Expense:** If an insured person requires the use of a professional ground ambulance for a Medical Emergency, The Company will pay the Reasonable and Customary Expense incurred.

**Accidental Dental Expense:** The Company will pay the Reasonable and Customary Expense incurred for dental treatment as a result of accidental injury to sound natural teeth up to a maximum of \$200.00 per tooth and \$600.00 per occurrence.

**Newborn child:** The Company will pay for injury or sickness within the first 31 days from birth of a child born to an Insured Student, including routine in-hospital nursery care up to a maximum of \$750.00

**Inpatient Mental and Nervous Disorders Expense:** If an Insured Person requires treatment for mental and nervous disorders during hospital confinement, The Company will pay the Reasonable and Customary Expense incurred the same as for any other Sickness.

**Outpatient Mental and Nervous Disorders Expense:** When the Insured Person is not hospital confined, The Company will pay the Reasonable and Customary Expense incurred for outpatient services the same as for any other sickness.

**Mammography Examination Expense:** If an Insured Person requires a mammography exam, The Company will pay the Reasonable and Customary Expense incurred.

**Cytologic Screening Expense:** If an Insured Person requires cytologic screening (pap smear) when deemed medically necessary, The Company will pay 100% of the Reasonable and Customary Expense incurred.

## **EMERGENCY MEDICAL EVACUATION**

### **(International Students and/or Dependents)**

If an Insured Person is unable to continue their academic program as the result of a Covered Injury or Sickness occurring while he/she is covered under the Policy, The Company will pay the necessary reasonable and customary charges, not to exceed \$50,000, for evacuation to another medical facility of the Insured Person's home country. A medical evacuation would be considered only if medically necessary, and after a Hospitalization of at least five (5) days. Any expenses payable under this benefit require approval of the attending Physician as well as The Company.

## **REPATRIATION OF REMAINS**

### **(International Students and/or Dependents)**

In the event of the death of an Insured Person, while he/she is covered under the Policy, The Company will pay the necessary reasonable and customary charges, not to exceed \$25,000, for preparation and transportation of the remains to the Insured Person's place of residence in his/her home country. Any benefits payable under this provision require The Company's prior approval.

## **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**

<u>Description of Loss</u>	<u>Benefit Amount</u>
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:

1. Expenses incurred within the Insured Person's Home Country or country of regular domicile.
2. Preventive medicines, serums or vaccines of any kind; routine physical or other examinations where there are no objective indications of Impairment of normal health; or well baby care.
3. Professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
4. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental injury.
5. Weak, strained or flat feet, corns, calluses or ingrown toenails.
6. Cosmetic surgery or treatment for congenital anomalies, except for reconstructive surgery as the result of a Covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a Covered Injury and is necessary for its treatment.
7. Diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Sickness, except as provided in the Schedule of Benefits.
8. Birth control, including elective surgical procedures or devices.
9. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except medicaid.
10. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance.
11. Treatment of alcoholism or drug addiction except as provided for in the Schedule of Benefits.
12. Any expenses in excess of Usual, Reasonable and Customary Charges.
13. 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.
14. 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.
15. Loss resulting from playing, practicing, traveling to or from, or participating in, any intercollegiate, club or professional sports, except as provided in the Insurance Information Schedule.
16. 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.
17. Services and/or supplies that are not Medically Necessary for the care and treatment of an Injury or Sickness.
18. 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.
19. Elective surgery or treatment.
20. Charges incurred for medically necessary heat treatment, diathermy, manipulation or massage, in any form.

### PRE-EXISTING CONDITION LIMITATION

The Policy does not cover Pre-existing Conditions. However, if an Insured Person was continuously insured under a prior health plan issued to the Policyholder during the twelve (12) month period immediately preceding the date of his/her application for and/or enrollment in coverage under the Policy, benefits that were payable for a condition under this prior Policy will not be considered a Pre-existing Condition under the terms of the Policy.

**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.