

WHAT IS NOT COVERED?

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.
3. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury
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.
6. Elective termination of pregnancy.
7. Expenses incurred as a result of pregnancy that is not covered.
8. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
9. Organ or tissue transplant.
10. Participating in an illegal occupation or committing or attempting to commit a felony.
11. 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.)
12. 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.
13. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
14. Expenses incurred within the Covered Person's Home Country.
15. 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.
16. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
17. Diagnosis and treatment of acne and sebaceous cyst.
18. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture which does not follow a covered Hospital Confinement or surgery.
19. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
20. 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.
21. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; civil commotion.
22. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
23. Loss arising from a) participating in any professional sport, contest or competition; b) skin/scuba diving, sky diving, hang gliding, or bungee jumping.
24. 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.
25. 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.
26. Services or supplies that the Insurer considers to be Experimental or Investigative

University of Notre Dame International Studies Semester Program

2010

Blanket Student Accident and Sickness Insurance



Administered by:

HTH Worldwide

One Radnor Corporate Center

Suite 100

Radnor, PA 19087

1.888.243.2358

hthstudents.com

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. HM-1094-A-10. This is not a contract of insurance. Coverage is governed by an insurance policy issued to University of Notre Dame underwritten by HM Life Insurance Company, Pittsburgh, PA, NAIC #0812-93440 under policy form HM207-SI. 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

WHO IS ELIGIBLE FOR COVERAGE?

All regular, full-time Eligible Participants and Eligible Dependents of the educational organization or institution who: 1. Are engaged in international educational activities; and 2. Are temporarily located outside his/her Home Country as a non-resident alien; and 3. Have not obtained permanent residency status.

HOW TO ENROLL ONLINE

To enroll on-line, visit the hthstudents.com website, and enter the University of Notre Dame – International Studies Semester Program Group Access Code, BGP-1982, in the designated area. This will allow you to view plan details, pricing and enroll in the plan on-line if paying with a credit card. Optionally, you can print an enrollment form and enroll by mail and pay by check or credit card. Monthly rates for coverage are:

	Participant	Spouse	Child	Children
Up to age 49	\$34.25	\$137	\$51.50	\$103
Age 50 to 64	\$137	\$411	\$51.50	\$103
Age 65 to 74	\$342.50	\$1,027.50	-	-

WHEN DOES COVERAGE START?

Coverage for an Eligible Participant and Eligible Dependents starts at 12:00:01 a.m. on the latest of the following: 1. The effective date of the Policy; or 2. The Participating Organization's or Institution's Effective Date; 3. The effective date shown on the Insurance Identification Card, if any; 4. The date the premium and completed enrollment form, if any, are received by the Insurer or the Administrator. Thereafter, the insurance is effective 24 hours a day, worldwide except whenever the Covered Person is in his/her Home Country. In no event, however, will insurance start prior to the date the premium is received by the Insurer.

WHEN DOES COVERAGE END?

Coverage for an Eligible Participant and Eligible Dependents will automatically terminate on the earliest of the following dates: 1. The date the Policy terminates; 2. The Participating Organization's or Institution's Termination Date; 3. The date of which the Eligible Participant or Eligible Dependent ceases to meet the Individual Eligibility Requirements; 4. The end of the term of coverage specified in the Eligible Participant's or Dependent's enrollment form, if any, including any requested extension; 5. The date the Eligible Participant or Eligible Dependent leaves the Country of Assignment for his/her or her Home Country; 6. The date the Eligible Participant or Eligible Dependent requests cancellation of coverage (the request must be in writing); or 7. The premium due date for which the required premium has not been paid, subject to the Grace Period provision.

WHAT TO DO IN THE EVENT OF AN EMERGENCY

All Eligible Participants are entitled to Global Assistance Services while traveling outside of the United States. In the event of an emergency, they should go immediately to the nearest physician or hospital without delay and then contact HTH Worldwide. HTH Worldwide will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact HTH Worldwide in the event of an emergency, call 1.800.257.4823 or collect to +1.610.254.8771.

COORDINATION OF BENEFITS

Some people have health care coverage through more than one medical insurance plan at the same time. COB allows these plans to work together so the total amount of all benefits will never be more than 100 percent of the allowable expenses during any policy year. This helps to hold down the costs of health coverage. COB does not apply to life insurance, accidental death and dismemberment, or disability benefits.

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Once Eligible Participants receive their Medical Insurance ID card from HTH Worldwide, they should visit hthstudents.com, and using the certificate number on the front of the card, sign in to the site for comprehensive information and services relating to this plan. Participants can track claims, search for a doctor, view plan information, download claim forms and read health and security information.

CLAIMS SUBMISSION

Claims are to be submitted to HTH Worldwide, Attn: International Claims, One Radnor Corporate Center, Suite 100, Radnor, PA 19087 USA. See the hthstudents.com website for claim forms and instructions on how to file.

WHAT IS COVERED BY THE PLAN?

Schedule of Benefits – Table 1

	Limits – Covered Person
Lifetime Maximum Benefit	\$1,000,000
Policy Year Maximum Benefits	\$100,000
Maximum Benefit per Injury or Sicknesses	\$100,000
Deductible	\$0 per Injury or Sickness
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000 for Participant; up to \$5,000 for Spouse; up to \$1,000 per Dependent Child
Repatriation of Remains	Maximum Benefit up to \$50,000
Medical Evacuation	Maximum Lifetime Benefit for all Evacuations up to \$100,000
Bedside Visit	Up to a maximum benefit of \$2,500

Schedule of Benefits – Table 2 – Medical Expenses

	Indemnity Plan Limits
Physician Office Visits, Hospital and Physician Outpatient Services, Inpatient Hospital Services	100% of Reasonable Expenses

Schedule of Benefits – Table 3 – Medical Expense Benefits

Benefits listed below are subject to Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness, Co-Insurance, Deductibles, Out-of-Pocket Maximums; and Table 2 Plan Type Limits

MEDICAL EXPENSE	Limits – Covered Person
Maternity Care for a Covered Pregnancy	Reasonable Expenses. Conception must have occurred while the Covered Person was insured under the Policy.
Treatment of drug and alcohol abuse	Included in coverage for Inpatient and Outpatient mental and nervous disorders
Inpatient and Outpatient treatment of mental and nervous disorders	Reasonable Expenses
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses on an Inpatient basis. Reasonable Expenses for Outpatient care immediately following the attending Physician's release for rehabilitation following a covered Hospital confinement or surgery.
Routine nursery care of a newborn child of a covered pregnancy	Reasonable Expenses up to \$500 Maximum per Policy Year
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$250 per tooth
Dental Treatment (including extractions) to alleviate pain	100% of Reasonable Expenses up to \$500 per lifetime
Outpatient prescription drugs*	100% of actual charge

* Oral contraceptives and contraceptive devices will not be covered, except when specifically requested by a physician based on medical necessity and for the purpose other than contraception. Implantable contraceptive devices, such as Norplant, are not considered covered prescription drugs. Drug treatment for the correction of existing pathologies of the reproductive system will be considered a covered expense.

PRE-EXISTING CONDITION LIMITATION

The Insurer does pay benefits for loss due to a Pre-Existing Condition.