

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. Expenses incurred as a result of pregnancy that is not covered.
7. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
8. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit, and to the Repatriation of Remains Benefit.
9. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, and to the Repatriation of Remains Benefit.
10. Organ or tissue transplant.
11. Participating in an illegal occupation or committing or attempting to commit a felony.
12. 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.)
13. 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.
14. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
15. Expenses incurred within the Covered Person's Home Country.
16. 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.
17. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
18. Diagnosis and treatment of acne and sebaceous cyst.
19. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture which does not follow a covered Hospital Confinement or surgery.
20. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
21. 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, and to the Repatriation of Remains Benefit.
22. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; civil commotion; or acts of terrorism.
23. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
24. Loss arising from
 - a. participating in any intercollegiate/interscholastic or professional sport, contest or competition;
 - b. participating in any intramural sport competition, contest or competition;
 - c. participating in any club sport competition, contest or competition;
 - d. participating in any professional sport, contest or competition;
 - e. skin/scuba diving, sky diving, hang gliding, bungee jumping.
25. 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.
26. Services or supplies that the Insurer considers to be Experimental or Investigative.

Claims Submission

Claims are to be submitted to HTH Worldwide, PO Box 30259, Tampa, FL 33630, USA. See the hthstudents.com website for claim forms and instructions on how to file.

Texas Intensive English Program

2011 - 2012

Blanket Student Accident and Sickness Insurance

HTH Worldwide

100 Matsonford Road
One Radnor Corporate Center
Suite 100
Radnor, PA 19087 USA
Call: 610.254.8700
Fax: 610.293.3529
Email: customerservice@hthworldwide.com

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. HM-1066-11. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Texas Intensive English Program and 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 organization and may be viewed at www.hthstudents.com. 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 and part-time Eligible Participants and their 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.

When does coverage start?

Coverage for an Eligible Participant 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. 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 ceases to meet the Individual Eligibility Requirements; 4. The end of the term of coverage specified in the Eligible Participant's enrollment form, if any, including any requested extension; 5. The date the Eligible Participant leaves the Country of Assignment for his/her or her Home Country; 6. The date the Eligible Participant 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.

Excess Coverage

The Insurer will reduce the amount payable under the Policy to the extent expenses are covered under any Other Plan. The Insurer will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or other similar provisions. The amount from Other Plans includes any amount to which the Covered Person is entitled, whether or not a claim is made for the benefits. The Policy is secondary coverage to all other policies.

hthstudents.com

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.

Pre-Existing Condition Limitation

The Insurer does not pay benefits for loss due to a Pre-Existing Condition during the first 6 months of coverage. Pre-Existing Conditions will be covered after the Covered Person's coverage has been in force for 6 months; 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. The origin, cause, or nature of the Pre-Existing Injury or Sickness will be used to determine the applicable Coverage, limitations, and exclusions. This limitation does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit and to the Bedside Visit Benefit.

What is covered by the plan?

Schedule of Benefits – Table 1

	Limits – Covered Person
MEDICAL EXPENSES	
Lifetime Maximum Benefit	\$1,000,000
Policy Year Maximum Benefits	\$50,000
Maximum Benefit per Injury or Sicknesses	\$50,000
Basic Medical Expense Benefit per Injury or Sickness	Up to \$5,000 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 \$45,000 Maximum
Deductible	\$0 per Injury or Sickness
REPATRIATION OF REMAINS	Maximum Benefit up to \$50,000
MEDICAL EVACUATION	Maximum Lifetime Benefit up to \$50,000

Schedule of Benefits – Table 2 – Medical Expenses

	Indemnity Plan Limits
Physician Office Visits	For Basic, after Deductible, 100% of Reasonable Expenses. For SMM Benefit, after Deductible, 80% of Reasonable Expenses
Inpatient Hospital Services and Hospital and Physician Outpatient Services	For Basic, after Deductible, 100% of Reasonable Expenses. For SMM Benefit, after Deductible, 80% 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. Co-payment for the delivery of the child of a Covered Pregnancy. Coverage will be provided to a woman who has just given birth to a child of at least: 1) 48 hours after an uncomplicated vaginal delivery; and 2) 96 hours after an uncomplicated delivery by caesarean section. This includes post delivery care coverage as described on pages 3-4 of the attached Endorsement.
Inpatient treatment of mental and nervous disorders	Reasonable Expenses up to \$200 per day for a maximum period of 45 days per Policy Year.
Outpatient treatment of mental and nervous disorders	Reasonable Expenses up to \$200 per treatment for a maximum period of 60 treatments per policy year.
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to \$2,500 Maximum per Policy Year on an Inpatient Basis.
Therapeutic termination of pregnancy Elective termination of pregnancy	Reasonable Expenses up to \$500 Maximum per Policy Year
Routine nursery care of a newborn child of a covered pregnancy	Reasonable Expenses
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$250 per tooth per Injury
Outpatient prescription drugs	100% of actual charge