



# Wayne State University

("the Policyholder")

## Student Accident and Sickness Insurance Plan For International Students

# 2012–2013

The Plan is Underwritten by  
National Union Fire Insurance Company  
of Pittsburgh, Pa.,  
with its principal place of business in  
New York, NY ("the Company")

Administered By;  
Pearce Administration,  
a DBA of Maksin Management Corp  
PO Box 2407  
Florence, SC 29508  
1-888-722-1668

Accident and Sickness Plan:  
Administrator Policy Number: CHH8036293  
Underwriter Reference Number: CAS9493047

Sports Accident Insurance Plan:  
Administrator Policy Number: EMH0001433  
Underwriter Reference Number: CAS9493068

Keep this brochure as a general summary of the insurance

**Your student health insurance coverage, offered by National Union Fire Insurance Company of Pittsburgh, Pa., may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012, and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of \$250,000 on essential health benefits. If you have any questions or concerns about this notice, contact Chartis, PO Box 2407, Florence, SC 29503 or toll-free 1-888-722-1668. Be advised that 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 employer plan or the parent's individual health insurance issuer for more information.**

This brochure is only a brief description of the coverage available under policy series S30494NUFIC-MI. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions, some of which may not be included in this brochure. Full details of the coverage are contained in the Master Policy on file at the University. If any discrepancy exists between the contents of this brochure and the Policy, the Policy will govern in all cases.

### **UNIVERSITY HEALTH SERVICES**

The Campus Health Center is the University's on-campus health facility. Staffed by adult and family nurse practitioners, a mental health nurse practitioner and others, it is open: Monday-Friday, 9:00 a.m. to 6:00 p.m. For more information, call the Campus Health Center at (313) 517-5041. In the event of an emergency, call 911 or the Campus Police at (313) 377-2222. Please inform them if you are an International Student or Scholar.

### **ELIGIBILITY**

All exchange visitors, scholars, registered international students with J-1 and F-1 status taking credit hours, working in a true co-op program, or practical training, enrolled in ELI courses are required to enroll in the WSU sponsored Student Accident and Sickness Insurance Plan unless proof of comparable coverage is provided to the OISS Office by the waiver deadline. The annual cost for the Student Health Insurance Plan is \$1,201 for a student under the age of 30 and \$1,801 for a student age 30 and over.

Students enrolled in the Plan may also insure their eligible Dependents. Dependent coverage must be purchased at the same time that the student enrolls in the Plan. Eligible Dependents include a spouse residing with the Covered Student and children under age 26. Student and Dependent coverage may be purchased online at <http://www.studentinsurance.com/schools/MI/Wayne/>.

Newborn children and adopted children are covered for Injury or Sickness from birth until 31 days old. Coverage may be continued for that child when the Company is notified in writing within 31 days from the date of birth and required premium is paid. Please contact Pearce Administration at 1-888-722-1668 for enrollment information.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. The Company maintains the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been and continue to be met. If the Company discovers that the Policy eligibility requirements have not been or are not being met, its only obligation is to refund premium, less any claims paid. A Covered Student must meet the eligibility requirements each time he or she pays to continue insurance coverage.

#### ENROLLMENT PROCESS AND ENROLLMENT/WAIVER DEADLINES

Eligible international students are required to enroll in this plan or provide proof of comparable coverage to the OISS Office by the appropriate Enrollment/Waiver Deadline listed below. To enroll, go to <http://www.studentinsurance.com/schools/MI/Wayne/> and select your school from the drop-down menu on the left hand side and follow the instructions.

Enrollment Period	Enrollment/Waiver Deadline
Annual .....	10/16/12
Fall .....	10/16/12
Winter .....	01/25/13
Summer .....	07/03/13
Winter/Spring/Summer .....	01/25/13

The only enrollment exceptions are the following qualifying events: 1) adding a new spouse or Dependent child (within 31 days of marriage, birth, adoption); 2) enrolling as a new student (within 31 days of enrollment at the University); or 3) ineligibility under another

creditable plan (within 31 days of ineligibility). Please contact Chartis at 1-888-722-1668 for enrollment information.

#### EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective at 12:01 a.m. on August 1, 2012 and terminates at 11:59 p.m. on July 31, 2013. Refunds of premiums are allowed only upon entry into the armed forces. The Company will refund the unearned, pro-rata premium to such person upon written request and receipt of appropriate proof of service within 30 days of leaving school.

Coverage effective dates for Covered Students and their eligible Dependents will be the latter of: the effective date of the Master Policy; the effective date of the term of coverage for which premium has been paid for the Covered Person; for a qualifying event, the date eligibility requirements are met and for which correct premium is paid. Coverage will continue during the period for which premium is paid.

Coverage terminates at the earliest of: the termination date of the Master Policy; the last day of the term of coverage for which premium has been paid for the Covered Person; the date the Covered Person ceases to be eligible to purchase the insurance; or the date a Covered Person enters full time, active military service.

**It is the Covered Person's responsibility to assure timely renewal payments to avoid a lapse in coverage. A lapse in coverage will subject claims to the pre-existing condition clause.**

#### CERTIFICATE OF CREDITABLE COVERAGE

Coverage under the Policy is "Creditable Coverage" under Federal Law. When coverage terminates, the Covered Person can request a Certificate of Coverage that is evidence of coverage under the Policy. The Covered Person may need such a certificate if he she becomes covered under a group health

plan or other health plan within 63 days after the coverage under the Policy terminates. If the subsequent health plan excludes or limits coverage for medical conditions the Covered Person had before enrolling, this Certificate may be used to reduce or eliminate those exclusions or limitations.

In order to obtain a Certificate of Creditable Coverage, please contact Chartis, PO Box 2407, Florence, SC 29503, visit our website at <http://www.studentinsurance.com/Schools/MI/Wayne/> or call 1-888-722-1668.

### NON-DUPLICATION OF COVERAGE

If benefits are payable under more than one provision under the Policy, then benefits will be provided only under the provision providing the greater benefit.

### EXTENSION OF BENEFITS AFTER TERMINATION

If the Covered Person is Hospital confined on the date his or her insurance ends, the term Eligible Expenses includes charges incurred after the date such insurance ends. Eligible Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 30 days after the date such insurance ends or until discharged from the Hospital, whichever is earlier, subject to any maximum amounts stated in the Policy.

The Extension of Benefits will apply only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

### STATE MANDATED BENEFITS

The State of Michigan mandates coverage for the following benefits: Treatment of Alcoholism and Substance Abuse in an Intermediate Care Facility and Outpatient Care Facility; Treatment of Diabetes to include equipment, supplies and outpatient self-management training; Reconstructive Breast Surgery following a Mastectomy; Off-Label Drugs; and Antineoplastic Therapy.

The Policy will cover any other applicable mandated benefits as required by the State of Michigan.

### DEFINITIONS

**“Accident”** means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

**“Act”** means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

**“Allowable Charges”** means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

**“Covered Person”** means a Covered Student while coverage under the Policy is in effect and those Dependents with respect to whom a Covered Student is insured.

**“Covered Student”** means a student of the Policyholder who is insured under the Policy.

**“Doctor”** means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term “Doctor” does not include a Covered Person’s Immediate Family Member.

**“Elective Treatment”** means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person’s effective date of coverage.

Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction unless as a result of mastectomy; sexual reas-

signment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; immunizations; botox injections; treatment of infertility and routine physical examinations.

**“Eligible Expense”** means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

**“Emergency Medical Condition”** means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care could reasonably be expected to result in any of the following:

- (a) the Covered Person's life could be in serious jeopardy;
- (b) bodily functions would be seriously impaired;
- (c) a body organ or part would be seriously damaged;
- (d) serious disfigurement; or
- (e) serious jeopardy to the health of the fetus.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

**“Essential Benefits”** means the essential health benefits defined in Section 1302(b) of the Act. This includes at least the following general categories and the items and services covered within the categories:

- (a) Ambulatory patient services;
- (b) Emergency services;
- (c) Hospitalization;
- (d) Maternity and newborn care;
- (e) Mental health and substance use disorder services, including behavioral health treatment;
- (f) Prescription drugs;
- (g) Rehabilitative and habilitative services and devices;
- (h) Laboratory services;
- (i) Preventive and wellness services and chronic disease management;
- (j) Pediatric services, including oral and vision care.

**“Experimental/Investigational”** means a drug, device or medical care or treatment that meets the following:

- (a) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- (b) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law;
- (c) the drug, device, medical care or treatment or the patient's informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval;
- (d) reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or

- (e) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with standard means of treatment or diagnosis.

Reliable evidence means: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device, medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device, medical care or treatment at the time the Expense is incurred.

**“Hospital”** means a facility which meets all of these tests:

- (a) it provides in-patient services for the care and treatment of injured and sick people; and
- (b) it provides room and board services and nursing services 24 hours a day; and
- (c) it has established facilities for diagnosis and major surgery; and
- (d) it is supervised by a Doctor; and
- (e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and
- (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: Mental or Nervous Disorders or substance abuse. The term “Hospital” includes: (a) an ambulatory surgical center or ambulatory medical center; (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

**“Immediate Family Member(s)”** means a person who is related to the Covered Person in any of the following ways: Spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**“Injury”** means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person’s effective date of coverage; and (c) occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

**“Medical Necessity/Medically Necessary”** means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Covered Person or provider; or
- (b) it is not the appropriate treatment for the Covered Person’s diagnosis or symptoms; or
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- (d) it is Experimental/Investigational or for research purposes; or
- (e) could have been omitted without adversely affecting the patient’s condition or the quality of medical care; or

- (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
- (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or
- (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

**“Pre-Existing Condition”** means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person’s effective date of coverage under the Policy or a pregnancy existing on the Covered Person’s effective date of Coverage under the Policy.

**“Reasonable and Customary (R&C)”** means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing. Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date.

**“Sickness”** means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person’s coverage. Sickness also includes pregnancy and Complications of Pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

## EXCLUSIONS AND LIMITATIONS

The Policy does not cover nor provide benefits for Loss or Expenses incurred:

1. as a result of dental treatment, or dental x-rays, except for treatment resulting from Injury to sound, natural teeth as specifically provided in the Policy.
2. for services normally provided without charge by the Policyholder’s Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the Student Health Service fee.
3. for eye examinations, eyeglasses, contact lenses; hearing aids; or prescriptions or examinations for such except as required for repair caused by a covered Injury. Eye refraction is not covered.
4. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any 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.
5. for Injury or Sickness resulting from war or act of war, declared or undeclared.
6. as a result of an Injury or Sickness for which benefits are paid under any Workers’ Compensation or Occupational Disease Law.
7. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
8. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.

## SCHEDULE OF BENEFITS

<b>Policy Year Maximum Benefit</b>	\$250,000 per condition per Policy Year	
<b>Deductible</b>	\$150 per policy year per person. Deductible is waived when medical services are rendered at or referred by the University Student Health Center	
<b>Policy Year Maximum Out-of-Pocket Limit:</b> When the Covered Person's share of the Eligible Expenses reaches a \$5,000 Out-of-Pocket Limit per Policy Year, the Company will pay 100% of Eligible Expenses subject to applicable maximums. Co-payments and amounts above applicable maximums do not apply toward the Out-of-Pocket Limit.		
<b>ELIGIBLE MEDICAL SERVICES</b>	<b>IN-NETWORK</b>	<b>NON-NETWORK</b>
<b>INPATIENT BENEFITS</b>		
<b>Room and Board and general nursing care</b> (up to the average semi-private room rate except ICU)	80% of Allowable Charges	60% of R&C Charges
<b>Hospitalization Expense Benefit</b> (such as the cost of the operating room; laboratory tests and x-ray examinations (including professional fees); anesthesia; drugs (excluding take-home drugs) or medicines; dressings; and other Medically Necessary and prescribed Hospital expenses)	80% of Allowable Charges After \$100 Deductible per Confinement	60% of R&C Charges After \$100 Deductible per Confinement
<b>Pre-Admission Testing</b>	80% of Allowable Charges	60% of R&C Charges
<b>Physiotherapy and Acupuncture</b> (combined total for Inpatient and Outpatient care, up to 50 days immediately following the attending Doctor's release for rehabilitation following a covered Hospital confinement or surgery per policy year)	80% of Allowable Charges	60% of R&C Charges
<b>Surgical Services (Doctor's Charges)</b>	80% of Allowable Charges	60% of R&C Charges
<b>Assistant Surgeon</b>	80% of Allowable Charges	60% of R&C Charges
<b>Anesthesia</b>	80% of Allowable Charges	60% of R&C Charges
<b>Doctor / Consultant Visits</b>	80% of Allowable Charges	60% of R&C Charges
<b>Mental or Nervous Disorders &amp; Alcohol or Substance Abuse</b>	Same as any other Sickness	Same as any other Sickness
<b>OUTPATIENT BENEFITS</b>		
<b>Day Surgery Miscellaneous (Facility Charges)</b> (such as the cost of the operating room; laboratory tests and x-ray examinations (including professional fees); anesthesia; drugs (excluding take-home drugs) or medicines; dressings; and other Medically Necessary and prescribed facility expenses)	80% of Allowable Charges After \$100 Deductible per Visit	60% of R&C Charges After \$100 Deductible per Visit
<b>Surgical Services (Doctor's Charges)</b>	80% of Allowable Charges	60% of R&C Charges
<b>Assistant Surgeon</b>	80% of Allowable Charges	60% of R&C Charges
<b>Anesthesia</b>	80% of Allowable Charges	60% of R&C Charges
<b>Doctor's / Consultant's Office Visit</b>	80% of Allowable Charges After \$20 Co-Payment per Visit	60% of R&C Charges After \$20 Co-Payment per Visit
<b>Physiotherapy</b>	80% of Allowable Charges	60% of R&C Charges
<b>Emergency Medical Condition</b> (use of Emergency Room and Supplies)	80% of Allowable Charges After \$100 Co-Payment per Visit	60% of R&C Charges After \$100 Co-Payment per Visit
<b>Laboratory and X-Ray Examinations, CAT Scan/MRI</b>	80% of Allowable Charges	60% of R&C Charges
<b>Radiation Therapy and Chemotherapy</b>	80% of Allowable Charges	60% of R&C Charges
<b>Mental or Nervous Disorders</b>	Same as any other Sickness	Same as any other Sickness
<b>Preventive Services Benefit</b> includes preventive services such as screenings, exams, and immunizations as specified by the Patient Protection and Affordable Care Act (PPACA). To view a list of covered preventive services, log onto: <a href="http://www.healthcare.gov/prevention/index.html">www.healthcare.gov/prevention/index.html</a>	100% of Allowable Charges (not subject to Deductible or Co-Payment amounts)	60% of R&C Charges
<b>Routine Physical Exam</b>	80% of Eligible Expenses after \$20 co-payment per visit	60% of R&C after \$20 co-payment per visit
<b>Alcohol or Substance Abuse -Outpatient and Intermediate Care Facility</b>	Same as any other Sickness	Same as any other Sickness
<b>Outpatient Prescription Drugs</b> The Preferred Providers for prescriptions are through Informed Rx, an SXC company. For the complete listing is providers, please go to, . <a href="http://www.studentinsurance.com/Schools/MI/Wayne/">http://www.studentinsurance.com/Schools/MI/Wayne/</a> . Benefits include prescribed FDA-approved birth control methods.	100% of Eligible Expenses \$25 Co-Payment for generic drugs and \$50 Co-Payment for brand name drugs The Co-Payment amounts will be waived for prescribed FDA-approved birth-control methods.	
<b>Maternity Care</b>	Same as any other Sickness	Same as any other Sickness
<b>Immunization Expenses</b> —Eligible Expenses do not include a Doctor's office visit in connection with immunization or testing for tuberculosis	80% of Allowable Charges	60% of R&C Charges
<b>OTHER SERVICES</b>		
<b>Ambulance Service</b>	80% of Eligible Expenses	80% of Eligible Expenses
<b>Durable Medical Equipment / Braces and Appliances</b> (only upon a Doctor's written prescription)	80% of Allowable Charges	60% of R&C Charges
<b>Dental</b> (Injury to sound, natural teeth)	100% of Reasonable Expenses up to \$800 per Policy Year maximum with a \$200 per tooth maximum	

9. for cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
10. as a result of committing or attempting to commit an assault or felony or participation in a felony, riot, illegal occupation, insurrection or civil commotion.
11. for Elective Treatment or elective surgery.
12. for any services rendered by a Covered Person's Immediate Family Member.
13. for a treatment, service or supply which is not Medically Necessary.
14. as a result of suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
15. for treatment of temporomandibular joint dysfunction (TMJ).
16. for loss due to voluntary use of any drug, narcotic or controlled substance, unless prescribed by a Doctor.
17. for Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor.
18. for surgery and/or treatment of: acne; biofeedback-type services; corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical correction thereof, unless due to Injury occurring while coverage is in force; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; hair growth or removal; impotence, organic or otherwise; non-malignant warts, moles and lesions; premarital

examinations; sexual reassignment surgery and related therapy; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including supplies, treatment and testing thereof; vasectomy; and weight reduction.

19. for preventive medicines, serums, vaccines, except as specifically provided.
20. for routine physical examinations, and routine testing; preventive testing or treatment and screening exams; health examinations or pre-school physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
21. for treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception, elective sterilization or its reversal, artificial insemination or in vitro fertilization.
22. as a result of a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place, except in a Driver's Education Program.
23. for organ, tissue and cell transplants.
24. after the date insurance terminates for a Covered Person, except as may be specifically provided in the Extension of Benefits Provision.
25. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from intercollegiate sports; professional and semi-professional sports; scuba diving; hang gliding; parachuting; bungee jumping.
26. for treatment in the Hospital emergency room that is not due to an Emergency Medical Condition.
27. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational.
28. for elective abortions.

### ACCIDENTAL DEATH AND DISMEMBERMENT

If a Covered Person sustains any of the following losses as the result of a covered Accident, within 180 days after the date of such Accident, the Company will pay the amount shown below. "Member" means hand, foot or eye. Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of an eye means the total, permanent loss of sight in the eye. Loss of a thumb or index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). The Principal Sum is the maximum amount payable under this benefit for all losses resulting from any one accident.

#### Maximum Amount:

Student.....	\$10,000
Spouse.....	\$5,000
Child.....	\$1,000

#### For Loss of      Percentage of Maximum Amount

Life.....	100%
Two or more members .....	100%
One member.....	50%
Thumb and Index Finger of Same Hand.....	25%

### PREFERRED PROVIDER ORGANIZATION

Preferred Provider Organization: Cofinity

Toll-Free Telephone Number: 800-226-5116

Cofinity Website: [www.cofinity.com](http://www.cofinity.com)

In an effort to control insurance medical costs and enhance payment, this Plan has implemented a Preferred Provider Organization (PPO) of Hospitals, facilities and Doctors who have contracted to provide service at a discounted, negotiated rate to Covered Persons eligible for benefits. The PPO for Wayne State University is Cofinity.

If a Covered Person seeks treatment from a non-participating provider, benefits will be reduced to the percentage shown in the Schedule of Benefits. Please be aware that if a Covered Person is treated at a PPO Hospital, it does not guarantee that all providers at the Hospital are participating providers. In addition, if a Covered Person is referred by a participating provider to another facility or provider, it does not mean that the provider or facility to

which the Covered Person is referred is also a participating provider. It is the Covered Person's responsibility to verify that the provider is part of the PPO. A list of providers in the Cofinity Network is also available for review via the "Preferred Provider Lookup" that can be accessed at <http://www.studentinsurance.com/Schools/MI/Wayne/>.

### FULL EXCESS COVERAGE

If a Covered Person incurs Eligible Expenses for any of the services on the Schedule of Benefits, the Company will pay the Eligible Expenses incurred, subject to the Deductible amount and Covered Percentage (if any), that are in excess of expenses payable by any other health care plan, regardless of any Coordination of Benefits provision contained in such health care plan.

### PRE-EXISTING CONDITIONS

Pre-existing Conditions are not covered for the first 6 months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if:

- (a) to the first \$3,500 of Eligible Expenses incurred during the first 6 months of coverage; or
- (b) the Covered Person has been covered under the Policy for more than 6 months; or
- (c) the individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. Credit will be given for the time the individual was covered under the prior Creditable Coverage; and
- (d) the individual's most recent prior Creditable Coverage was under an employer group plan; and
- (e) the individual accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

Pre-existing Conditions does not apply to:

- (a) a newborn Dependent child; or

- (b) a child adopted by the Covered Person or placed with the Covered Person for adoption, if adoption or placement for adoption occurs while covered under the Policy.

**CREDIT FOR PRIOR COVERAGE:** A Covered Person whose coverage under prior Creditable Coverage ended no more than 63 days before the Covered Person's effective date under this Policy, will have any applicable Pre-Existing Condition limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the Company will credit only the days of such coverage after the break.

Creditable Coverage means coverage under any of the following:

- (a) Any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employee plan, or any other entity, and that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage, but does not include accident only, credit, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of workers' compensation or a similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;
- (b) The federal Medicare Program pursuant to Title XVIII of the Social Security Act;
- (c) The Medicaid program pursuant to Title XIX of the Social Security Act, other than coverage consisting solely of benefits under section 1928;
- (d) Chapter 55 of Title 10, United States Code,

the Civilian Health and Medical Program of the Uniformed Services;

- (e) a medical care program of the Indian Health Service or of a tribal organization;
- (f) a state health benefits risk pool;
- (g) a health plan offered under chapter 89 of Title 5, United States Code, the Federal Employees Health Benefits Program;
- (h) a public health plan as defined by federal regulations; or
- (i) a health benefit plan under section 5(e) of the Peace Corps Act.

### CONTINUOUS COVERAGE

Continuously insured means a person who has been continuously insured under the Policy and prior Student Health Insurance policies issued to the school. Persons who have remained continuously insured will be covered for conditions first manifesting themselves while continuously insured except for expenses payable under prior policies in the absence of the current Policy. Previously insured Dependents and students must re-enroll for coverage in order to avoid a break in coverage within 31 days of the end of the prior coverage to maintain coverage for conditions which existed in prior Policy Years. Once a break in coverage in continuous insurance occurs, the definition of Pre-Existing Condition will apply in determining coverage of any condition that existed during such break.

### SUBROGATION

In the event any payments for benefits provided to a Covered Person are because of an Injury caused by a Third Party's wrongful act or negligence, the Company, to the extent of that payment, will be subrogated to any recovery or right of recovery the Covered Person has against that Third Party, provided: (a) the Covered Person is entitled to payment for Hospital, surgical or medical services as the result of a Third Party settlement or court judgment; and (b) such settlement or judgment specified an amount or portion of payment that represents payment for such benefits; and (c) the Company has paid benefits to the Covered Person under the Policy for the same services or benefits covered by the settlement or judgment.

The Covered Person agrees to make a decision on pursuing a claim against a Third Party within 30 days of the date the Company requires that the Covered Person provide Notice of Claim for the Injury or condition for which benefits under the Policy are sought and to notify the Company of his or her decision within such 30 day period.

In the event the Covered Person decides not to pursue payment of claim against such Third Party, the Covered Person: (a) authorizes the Company to pursue, sue, compromise or settle any such payment of claim in the name of the Covered Person; (b) authorizes the Company to execute any and all documents necessary; and (c) agrees to cooperate fully with the Company in the prosecution of any such payment of claim.

If the Company exercises its rights under this provision, it will recover no more than the amount paid under the Policy for such benefits. The Covered Person will execute and deliver such instruments and papers which may be needed to secure the rights described above.

The Company will not pay or be responsible, without its written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on behalf of a Covered Person against any Third Party or coverage.

"Subrogation" means the Company's right to recover any benefit payments made under this plan: (a) because of an Injury to a Covered Person caused by a Third Party's wrongful act or negligence; and (b) which become recoverable from the Third Party or the Third party's insurer.

The Company's right of subrogation will not be enforced until the Covered Person has been made whole, as determined by a court of law, as a result of injury or Sickness.

"Third Party" means any person or organization other than the Company, the Policyholder or the Covered Person.

This provision will not apply if it is prohibited by law.

**REPATRIATION OF REMAINS/  
MEDICAL EVACUATION BENEFITS**  
(Provided by National Union Fire Insurance  
Company of Pittsburgh, Pa.)

**REPATRIATION OF REMAINS BENEFIT**  
**\$25,000 Maximum Amount**

If a Covered Person suffers loss of life due to Injury or Emergency Sickness while outside his or her home country, the Company will pay, subject to the Policy limitations, for Eligible Expenses reasonably incurred to return his or her body to his or her current place of primary residence, but not exceeding the Maximum Amount per Covered Person. Eligible Expenses include, but are not limited to: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible. Travel Guard must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact Travel Guard in advance.

**EMERGENCY EVACUATION BENEFIT**  
**\$25,000 Maximum Amount**

The Company will pay, subject to the Policy limitations, for Eligible Emergency Evacuation Expenses reasonably incurred if the Covered Person suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while outside his or her home country, but not exceeding the Maximum Amount per Covered Person for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sicknesses from the same or related causes. Travel Guard must make all arrangements and must authorize all expenses in advance for any Emergency Evacuation benefits to be payable. The Company reserves the right to determine the benefits payable, including reductions, if it is not reasonably possible to contact Travel Guard in advance.

***Please refer to TRAVEL GUARD section of this brochure for information on how to contact Travel Guard for medical evacuation and repatriation benefit assistance.***

Covered Persons are also entitled to the following travel and medical assistance services. This program is not affiliated with, nor endorsed by, National Union Fire Insurance Company of Pittsburgh, Pa.

### **TRAVEL GUARD**

#### **Procedures on How to Access Travel Guard 24-hour Assistance Call Center**

##### **How to Contact Travel Guard:**

- Inside the U.S. and Canada, dial 1-800-626-2427 toll-free.
- Outside the U.S. and Canada:
  - Request an international operator.
  - Ask the international operator to connect to an AT&T operator.
  - Request the AT&T operator to place a collect call to Houston, TX, USA at 713-267-2525.
- Our fax number is 01-262-364-2203.

##### **When to Contact Travel Guard:**

- Call Travel Guard when you require medical assistance or have a medical emergency.
- Call Travel Guard for all non-medical situations (lost luggage, lost documents, legal help, etc.).
- Call Travel Guard whenever there is a question.

Travel Guard is available 24-hours-a-day/7-days-a-week/365-days-a-year.

Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home. The Travel Guard Medical Staff consists of full-time, onsite Registered Nurses and Emergency Doctors who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24-hours; a doctor has daily responsibility for a 24-hour period and is on-site during daytime hours.

##### **What information will you need to provide to Travel Guard when you call:**

- Advise Travel Guard who you are insured by.
- Provide your Policy number, CHH8036293/CAS9493047
- Advise Travel Guard regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Guard needs to call you back.

### **Description of Services**

**Information/General:** These services include advice and information regarding travel documentation, immunization requirements, political/environmental warnings, and information on global weather conditions. Travel Guard can also provide information on available currency exchange rates, local Bank/Government holidays, and, by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Guard also provides emergency message storage & relay and translation services.

- \* Visa & Immunization
- \* Weather & Exchange Rates
- \* Environmental & Political Warnings

**Technical:** These services provide assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Guard can arrange cash transfers & vehicle return in the event of Sickness or accident, provide legal referrals, and help with arrangements for members who encounter enroute emergencies that force them to interrupt their trips.

- \* Legal Referral
- \* Embassy/Consulate Information
- \* Lost/Stolen Luggage & Personal Effects Assistance
- \* Lost Document Assistance
- \* Cash Transfer Assistance
- \* En-route Travel Assistance
- \* Claims-related Assistance
- \* Telephone Interpretation

**Medical:** These services are the most complicated of those offered and can last up to several weeks. They involve Travel Guard's Medical Staff in addition to other network providers and often include

post-case payment/billing coordination on the traveler's behalf. These services include Doctor/dental/Hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains, and insurance/claims coordination.

Medical Assistance:

- \* Medical Referral
- \* Out-patient Assistance
- \* In-patient Assistance

### STUDENT ASSIST SERVICES

**Concierge Services:** You receive the comfort, care, and attention of Student Assist's Personal Assistance Coordinators available 24/7 to respond to virtually any request – large or small.

**Personal Security Assistance:** You can feel safe and secure with Student Assist's Personal Security Assistance at home or while traveling. To activate personal security services, please log on to: [www.chartisinsurance.com/US/security](http://www.chartisinsurance.com/US/security). For initial setup, your login is "9493047" and the password is "security".

For students **not** enrolled in the Student Accident and Sickness Insurance Plan, Graduate Teaching Assistants, Graduate Student Assistants and Graduate Research Assistants, the Repatriation of Remains/Medical Evacuation Benefits, including Travel Guard Assistance, may be purchased for \$48 per Policy Year (or any part thereof) at <http://www.studentinsurance.com/Schools/MI/Wayne/>.

For more details visit  
<http://www.studentinsurance.com/Schools/MI/Wayne/>

### SPORTS ACCIDENT INSURANCE PLAN

**Policy #EMH0001433/CAS9493078**

**Up to \$250 Maximum Benefit per**

**Intercollegiate Injury per Policy Year**

Intercollegiate Sports Injury: Benefits are payable for treatment of injuries sustained during the practice for, participating in, or traveling as a team member to and from intercollegiate sports activities sponsored by the Policyholder. Full details of the coverage are available in the Policy on file with the Policyholder.

### CLAIM FILING PROCEDURES

Claims forms can be accepted directly from Doctors or facilities if the claim form includes the name of the Covered Person, Covered Student's school name, date of services, diagnosis, treatment procedure and billed charges. Proof of loss must be furnished within 90 days after the date of such loss.

Online claim forms can be accessed at <http://www.studentinsurance.com/Schools/MI/Wayne/>. Fill in the necessary information, have the attending Doctor complete his/her portion of the form, or attach all other itemized medical and Hospital bills and mail to:

**Maksin Management Corp**

PO Box 2407

Florence, SC 29503

1-888-722-1668

Questions regarding benefits, specific claim information and periods of coverage should be directed to the address or Customer Service phone number listed above.

Visit <http://www.studentinsurance.com/Schools/MI/Wayne/> to access the following functions:

- Pharmacy Benefit Manager
    - *Travel Guard Form*
- (voluntary for students **not** enrolled in the Student Accident & Sickness Insurance Plan)

#### Review pertinent account information:

- Verification of Insurance
- Download Online ID Card
  - Check Claim Status
  - Policy Brochure
  - PPO Link

At Chartis, we value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more privacy information, please go to the website at <http://www.studentinsurance.com/Schools/MI/Wayne/>.

### **NON-RENEWABLE ONE YEAR TERM INSURANCE**

The Policy is non-renewable one year term insurance. Similar coverage may be purchased for the following academic year. It is the Covered Student's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.