

**INTERNATIONAL
STUDENT
ACCIDENT & SICKNESS
INSURANCE PLAN**

Designed for the
International Students of



**Bowie State University
Bowie, Maryland
2011-2012**

*Please keep this Summary of coverage for future
reference*

BSUI-MD11

POLICY NO. UEL2901S

**For questions about this plan
please use the following contact
information:**

Local Servicing Agent

NJ&C Insurance Services
5479 Wooded Way
Columbia, MD 21044
410-740-0971

Coverage, Eligibility and Premium

The Allen J Flood Companies Inc.
2 Madison Ave.
Larchmont, NY 10538
1-800-734-9326
www.ajfusa.com

Claim Status and all other Claim Inquiries

Online at: <http://www.klais.com/>

or

Klais & Company, Inc.
1867 West Market Street
Akron, OH 44313
1-800-331-1096
EDI Payor No. **34145**
Group No. **SF739B1**

PPO Network Provider List

Beech Street

Online at: www.Beechstreet.com
1-800-877-1444

MultiPlan

Online at: www.mulitplan.com
1-888-342-7427

**When calling the above toll-free telephone
numbers, please have the name of your school
and the policy number (UEL2901S) available.**

STUDENT ACCIDENT & SICKNESS INSURANCE PLAN

The following is a brief description of the International Student Accident and Sickness Insurance Plan for international students of Bowie State University. The exact provisions governing this insurance are contained in the Master Policy issued to Bowie State University. The Master Policy shall control in the event of any conflict between this brochure and the Policy. This Plan is underwritten by United States Fire Insurance, administered by The Allen J. Flood Companies, Larchmont, NY and serviced locally by NJ&C Insurance Services, Columbia, MD. **The Policy Number is UEL2901S.**

POLICY TERM

The insurance under Bowie State University's International Student Accident and Sickness Coverage becomes effective at 12:01 a.m. on **August 30, 2011**. An Insured Person's coverage becomes effective on that date or the date the application and full premium are received by the Company or Plan Administrator, whichever is later. The annual policy terminates at 12:01 a.m. **August 30, 2012** or the end of the period for which premium has been paid. The Spring Semester is effective at 12:01 on **January 23, 2012** and will terminate at 12:01 on **August 30, 2012** or the end of the period for which premium has been paid.

ELIGIBILITY

All International Students who are actively engaged in education or educational research activities at the Bowie State University are automatically enrolled in this plan. Permanent Residents or those who have applied for Permanent Residency status are not eligible for this plan.

LATE ENROLLMENT

Students will be able to enroll after the enrollment deadline if they lose coverage under their parent's plan or employer plan. The student will have to enroll within 63 days in order to avoid a break in coverage (see Pre-existing Condition Limitation). The Insured Student will be covered from the date after the application and premium are received by the Plan Administrator. **Premiums will not be pro-rated.**

DEPENDENT COVERAGE

"Dependent" or **"Eligible Dependent"** means the Insured's Spouse under age 70; or Child who:

- (a) Is under 26 years of age; and
- (b) Is not provided coverage as a named subscriber, insured, enrollee, or coverage person under any other group or individual health benefits plan, group health plan, church plan, or health benefits plan, or entitled to benefits under Title XVIII of the Social Security Act, Public Law 89-97, 42 U.S.C. section 1395 et seq.; or
- (c) A Child of any age who is medically certified by a Physician as having an intellectual disability or a physical disability and is dependent upon the Insured.

"Spouse" means the lawful Spouse, under age 70 (unless otherwise stated in the Application), of an Insured. "Child" can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

If this coverage is in force for an Insured Student when such student acquires a new Child, the newborn child, adopted child, or child placed for purposes of adoption will be automatically covered for the first 31-days after birth, adoption or placement. Coverage for such a child will be the same as any other Eligible Dependent, and for the medically necessary treatment of medically diagnosed congenital or genetic defects, birth abnormalities, premature birth care, nursery care, orthodontics, oral surgery, otologic, audiological speech/language therapy and treatment for cleft lip and cleft palate. Coverage may continue for the child beyond the first 31-days provided any required additional premium for the child has been paid. The automatic coverage of a child will end on the 32nd day after birth, adoption, or placement if any required additional premium has not been paid. Coverage will be for the same benefits and to the same extent as coverage is provided for the Insured Student unless otherwise stated.

IDENTIFICATION CARDS

The Student Identification Card is located on the inside back cover of this brochure. Please detach and retain this card in a safe place.

PREMIUM REFUND POLICY

Insured Students, who enter the Armed Forces of any country or withdraw from school within 31 days, will not be covered under this Plan as of the date of such event. Those students will be entitled to a pro rata refund of premium upon written request. Premium received by the Company is fully earned upon receipt.

EXTENSION OF BENEFITS

If an Insured Person is totally disabled when the Insured Person's coverage terminates for any reason except the Insured Student's failure to pay a required premium, We will provide for the continuation of the same policy benefits, in accordance with the policy benefits in effect at the time the Insured Person's coverage terminates, for expenses incurred by the Insured Person for the condition causing the disability until the earlier of: (1) the date the Insured Person ceases to be totally disabled; or (2) 12 months after the date coverage terminates. Proof of total disability may be required at any time.

DEFINITIONS

Doctor as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (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 residence of such practitioner, including chiropractors and podiatrists; (c) a certified nurse midwife while acting within the scope of that certification; (d) a certified nurse practitioner while acting within the scope of that certification and while working under the direct supervision of a physician; (e) a registered nurse certified as a nurse anesthetist while acting within the scope of that certification; or (f) a licensed certified social worker-clinical while acting within the scope of that license and certification.

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 Insured Person's Effective Date of coverage. Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction; breast implants; sexual reassignment surgery; impotence (organic or otherwise); submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered chronic

purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; treatment of infertility and routine physical examinations.

Expense or Covered Charge as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Policy is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits Provision.

Injury means bodily injury caused by an accident, which is the sole cause of the Loss. All injuries due to the same or related cause are considered one Injury.

Insured Person means an Insured Student while insured under this Plan.

Insured Student means a student of the Policyholder who is eligible and insured for coverage under this Plan.

Loss means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

Medical Emergency means the unexpected onset of an Injury or Sickness which requires immediate or urgent medical attention which, if not provided, could result in a Loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

Medically Necessary means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Insured Person or provider;
- (b) it is not the appropriate treatment for the Insured Person's diagnosis or symptoms;
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and

appropriate diagnosis or 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.

Per Condition Aggregate Maximum means the total amount of benefits payable for each Injury or Sickness under the Student Health Insurance Policy or Policies issued to the Policyholder immediately before this Plan.

Reasonable and Customary Expense means fees and prices generally charged within the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature.

Sickness means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

We, Us or Our means United States Fire Insurance Company.

You, Your or Yours means the Insured Student

PREFERRED PROVIDER NETWORK

Utilizing the Beech Street or Multiplan Nationwide Preferred Provider Network may decrease your out of pocket costs under this Accident and Sickness Insurance Plan. These Provider Networks consist of hospitals, physicians and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. You are not required to utilize a Beech Street or Multiplan Provider. In order to use the services of a participating provider you must present your United States Fire Insurance Company Medical Identification Card found at the back of this brochure. An Insured Person may contact Beech Street at 1-800-877-1444, toll free number available Monday through Friday, 8:00 a.m. to 8:00 p.m. to receive information on participants in their area, or visit their web site at www.beechstreet.com. An Insured Person may contact Multiplan at 1-888-342-7427, toll free number available Monday through Friday, 8:00 a.m. to 8:00

p.m. to receive information on participants in their area, or visit their web site at www.multiplan.com.

DESCRIPTION OF BENEFITS

ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFITS

BENEFIT SCHEDULE

If as a result of an Injury or Sickness, an Insured Person incurs covered medical Expenses, We will pay 80% of the Covered Charges incurred within 52 weeks from the date of the accident or from the date of the first medical treatment of the Sickness, up to **\$5,000** per Injury or Sickness; thereafter, 100% of the Covered Charges incurred up to a Per Condition Aggregate Maximum of **\$50,000** per Injury or Sickness. The most We will pay for any one Injury or Sickness is **\$50,000**. Each Injury or Sickness is subject to a **\$50** deductible for students and **\$100** for dependents. The **\$50** deductible for students will be waived if treatment is referred by the University Wellness Center. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient Doctor visits; (e) inpatient and outpatient consultant; (f) ambulance; and (g) other expenses incurred for the treatment of an Injury. The first Expense must be incurred within 180 days from the date of the accident.

Hospital Room and Board Expense: If an Insured Person requires confinement in a hospital, We will pay the Covered Charges incurred, according to the Benefit Schedule, up to the semi-private room rate.

Miscellaneous Hospital Expense Benefit: If an Insured Person incurs Expenses during a hospital confinement or day surgery on an outpatient basis, We will pay the Covered Charges incurred according to the Benefit Schedule. Such Expenses include: (a) anesthesia, anesthesia supplies and services; (b) operating, delivery and treatment rooms and equipment; (c) diagnostic x-ray and laboratory tests; (d) lab studies; (e) oxygen tent; (f) blood and blood services; (g) prescribed drugs and medicines; (h) medical and surgical dressings, supplies, casts and splints; (i) radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; (j) chemotherapy treatment with radioactive substances; (k) intravenous injections and solutions, and their administration; (l) physical and occupational

therapy; and (m) other necessary and prescribed hospital expenses.

Hospital Outpatient Department Expense: If an Insured Person requires services while not hospital confined for the use of the Hospital Outpatient Department or other outpatient facility, We will pay the Covered Charges incurred according to the Benefit Schedule.

Surgical Expense (Inpatient or Outpatient): We will pay the Covered Charges incurred, for surgery performed by a licensed Doctor (In or Out of the Hospital). Out of network benefits will be paid in accordance with the PHCS (Prevailing Healthcare Charges System) Schedule at the 80th percentile for Reasonable and Customary Expense.

In-Hospital Doctor's Fees Expense: If an Insured Person who is confined as a resident bed-patient in a hospital, requires the services of a Doctor, who may or may not have performed the surgery on the Insured Person, We will pay the Covered Charges incurred, according to the Benefit Schedule, limited to one visit per day.

Outpatient Doctor Visit Expense: If an Insured Person requires the services of a Doctor, We will pay the Covered Charges incurred, according to the Benefit Schedule, limited to one visit per day.

Ambulance Expense: If an Insured Person requires the use of an ambulance, We will pay the Covered Charges incurred according to the Benefit Schedule.

Mental and Nervous Conditions and Alcohol and Drug Abuse Expense Benefit: If an Insured Person requires treatment for mental and nervous conditions and alcohol and drug abuse, benefits will be limited to the following: (a) hospital inpatient or partial hospitalization shall be paid as any other sickness; (b) outpatient benefits will be paid beginning with the second visit as follows: benefits will be payable at 80% for the first 5 visits in any one calendar year or benefit of not more than 12 months, 65% for the 6th through 30th visit, 50% for the 31st visit and any other visit thereafter or benefit of not more than 12 months.

Office visits for the purpose of medication management shall not be counted against the number of visits outlined above and shall be paid under the same terms and conditions as office visits for physical sickness.

Outpatient Prescription Drug Expense: If an Insured Person requires a prescription drug prescribed by a Doctor, We will pay the Covered Charges incurred according to the Benefit Schedule.

ADDITIONAL BENEFITS

Benefits are payable subject to the Policy limitations for the following additional benefits: medical and low protein food; pap smear; temporomandibular joint dysfunction; mammography screening; home health care; reconstructive breast surgery incident to a mastectomy; osteoporosis prevention screening; prostate cancer screening; colorectal cancer screening; diabetes expense; patient care cost in medical clinical trials; general anesthesia for dental care for certain insureds; chlamydia screening; home visit expense following a mastectomy or orchiectomy; breast prosthesis following a mastectomy; hair prosthesis due to cancer treatment; in vitro fertilization; morbid obesity; child hearing aids; child wellness; child habilitative services; nicotine replacement therapy drugs; accident dental injury; cleft lip or cleft palate; second opinion; maternity expense benefit and human papilloma virus screening test.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

When, because of Injury, the Insured Student suffers any of the following losses within 365 days from the date of the accident, We will pay as follows:

STUDENT ONLY:

For Loss of:

Amount

Life	\$5,000
Both hands or both feet or sight of both eyes	\$5,000
One hand and one foot	\$5,000
One hand and sight of one eye	\$5,000
One foot and sight of one eye	\$5,000
Either hand or foot or sight of one eye	\$2,500

Loss of hands and feet means the loss at or above the wrist

or ankle joints. Loss of sight in that eye means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

This provision does not cover the loss if it in any way results from or is caused or contributed by: (1) physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by this Plan; (2) an infection, unless it is caused solely and independently by a covered accident; (3) participation in a felony; or (4) the Insured Person being intoxicated or under the influence of any drug unless taken as prescribed by a physician. In addition to the above, this provision is subject to the Exclusions and Limitations of this Plan.

EMERGENCY MEDICAL EVACUATION

If in the event of a serious Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person, the Plan will pay benefits up to **\$10,000**. "Emergency Medical Evacuation" means: (a) the Insured Person's medical condition warrants immediate Transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate medical treatment can be obtained; or (b) for International Students, and their Dependents after being treated at a local Hospital; the Insured Person's medical condition warrants Transportation to his/her Home Country to obtain further medical treatment to recover.

"Covered Expenses" are Expenses up to the maximum stated in the Plan of Insurance for: (a) Transportation, (b) medical services, and (c) medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All Transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by the Company.

"Home Country" means the country from which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be the country that the Insured Person has declared with the Company.

“Transportation” means any land, water or air conveyance required to transport the Insured Person during an Emergency Medical Evacuation. Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to: air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Doctor.

Emergency medical evacuation must be approved in advance by the Company.

REPATRIATION OF REMAINS

In the event of the death of an Insured Person, We will pay the actual charges for the Covered Expenses for the preparation and transportation of the Insured Person’s remains to his or her Home Country or home residence not to exceed a maximum of **\$10,000**. This will be done in accord with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit.

“Covered Expenses” include, but are not limited to, Expenses for embalming, cremation, coffins, and transportation.

“Home Country” means the country from which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be the country that the Insured Person has declared with the Company.

Repatriation of remains must be approved in advance by the Company.

EXCLUSIONS

The Policy does not cover nor provide benefits for:

- 1) Services normally provided without charge by the Policyholder’s student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
- 2) Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports,

intercollegiate club sports, and professional sports, except for benefits payable under an attached Intercollegiate Sports rider;

- 3) Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
- 4) Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
- 5) Services incurred prior to the Insured Person's Effective Date or during Hospital Confinement in one or more facilities which began prior to the Insured Person's Effective Date;
- 6) Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to natural teeth;
- 7) Injury or Sickness resulting from declared or undeclared war; or any act thereof;
- 8) Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage. However, this exclusion is not applicable to Medicaid recipients or to the treatment of tuberculosis, mental illness, or another covered illness received in a Hospital or other institution of the State or of a county or municipal corporation of the State, whether or not the Hospital or other institution is deemed charitable.
- 9) For services, supplies or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature;

- 10) Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
- 11) Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;
- 12) Well baby care, including routine exams and immunizations, except as specifically provided;
- 13) Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance. However, this exclusion is not applicable to Medicaid recipients or to the treatment of tuberculosis, mental illness, or another covered illness received in a Hospital or other institution of the State or of a county or municipal corporation of the State, whether or not the Hospital or other institution is deemed charitable;
- 14) An amount of a charge in excess of the Reasonable and Customary Expense;
- 15) Elective Treatment or elective surgery, except as specifically provided;
- 16) Services not Medically Necessary;
- 17) 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;
- 18) For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile;
- 19) Suicide, attempted suicide, or intentionally self-inflicted injury;
- 20) Voluntary or elective abortion; except as specifically provided.

22) Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also, services and supplies in connection with Experimental or Investigational Care for the terminally ill. This exclusion does not apply to the Medical Clinical Trials Expense Benefit.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Insured Person should:

1. In the event of a life threatening Injury or Sickness go immediately to the hospital. If at Bowie State University report to the University Wellness Center at once so proper treatment can be prescribed or approved. If away from Bowie State University, or if the University Wellness Center is closed, consult a Doctor and follow his/her advice.
2. Notify the Claim Administrator, Klais & Company Inc. within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
3. Obtain a Claim Form from Klais
4. The completed and signed claim form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to Klais, at the address below.
5. Itemized medical bills must be attached to the claim form at the time of submission. Claims cannot be processed from "Balance Due" statements. Subsequent medical bills should be mailed promptly to the Claim Administrator at the address below. No additional claim forms are needed as long as the Insured Person's name and identification number are included on the bill.
6. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Klais.

REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND REQUIRES A SEPARATE CLAIM FORM.

RIGHT TO APPEAL

An Insured Person has a right to file an appeal or grievance on any coverage decision or adverse decision rendered while insured under this policy. An Insured Person may contact our Claim Administrator, Klais & Company (Co) Inc. at 1 800-331-1096. Klais will address concerns and attempt to resolve them satisfactorily. If Klais is unable to resolve a concern over the phone, they will request submission of the concern in writing to pursue a formal appeal. .

RIGHT TO RECOVERY

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on medical necessity.

If you have any questions about this insurance plan please contact:



BOWIE STATE UNIVERSITY
UNIVERSITY WELLNESS CENTER
(301) 860-4170
FAX: (301) 860-4179

The Plan is Underwritten By

United States Fire Insurance Company
By: Fairmont Specialty, a Part of
Crum & Forster

Policy No. **UEL2901S**
Form #: CP 27261-MD

Students please Detach and Retain the Identification Card below:

United States Fire Insurance Company Bowie State University - 2011-2012 International Student Insurance Identification Card	
Policy No. UEL2901S	Group No. SF739B1
Insured Student: _____	
Identification No. _____	
Effective: <input type="checkbox"/> August 30, 2011 – January 23, 2012 <input type="checkbox"/> January 23, 2012 – August 30, 2012	
<u>To Verify Coverage & Submit a Claim</u> Claims Administrator Klais & Company, Inc. 1867 West Market Street Akron, OH 44313 1-800-331-1096 EDI Payor: 34145	
<u>For a List of Providers:</u>	
BeechStreet 1-800-877-1444 www.beechstreet.com	To locate a provider outside of your primary network: Multiplan: 1-888-342-7427 www.multiplan.com
	

ID CARDS FOR DEPENDENTS WILL BE ISSUED BY THE PLAN ADMINISTRATOR UPON RECEIPT OF THE ENROLLMENT FORM WITH FULL PREMIUM PAYMENT.