



# International Student and Scholar Accident & Sickness Insurance Program

Designed for  
International Students & Scholars at:  
Houston Community College

("the Policyholder")  
2011-2012 Academic Year

Administrator Policy # **CHH00000000**  
Underwriter Reference # **GLB00000000**

**Macori Local Customer Service & Claims: 281-651-8787**  
**Toll Free: 1-800-285-8133**

*Underwritten by*  
**National Union Fire Insurance Company of Pittsburgh, Pa.,**  
with its principal place of business in New York, NY

## Houston Community College International Student Insurance Identification Card

**National Union Fire Insurance Company of Pittsburgh, Pa.**

**Policyholder:** Houston Community College International      **Policy #:** **CCH0000000**  
**Reference #:** **GLB00000000**

**Covered Student/Scholar:** \_\_\_\_\_

**Your School ID#** \_\_\_\_\_

KEEP THIS CARD IN YOUR POSSESSION AT ALL TIMES FOR PRESENTATION TO YOUR MEDICAL PROVIDER  
[www.macori.com/HCC](http://www.macori.com/HCC) is your service link for all Important Information.

**Preferred Providers (See Reverse for Filing Claims)**



This card is for policy identification purposes only. It is not a guarantee of benefits.  
(See reverse side for Important Information)

**Eligibility and Claims:** 800-285-8133 or 281-651-8787  
**Pre-notification:** 877-266-7778

**PREFERRED PROVIDER INFORMATION:**

Private Healthcare Systems

<http://www.phcs.com/>  
Toll Free: 888-560-7427



**Catalyst Rx**  
24-Hour Help Line: 1-888-869-4600  
Group: CATRX    BIN#: 005947

**CLAIM FILING ADDRESS:**

**PROVIDERS:**  
Macori Administration  
P.O. Box 2567  
Spring, TX 77383-2567  
EDI# 22195

**STUDENTS FILE ONLINE AT:**  
[www.macori.com/HCC](http://www.macori.com/HCC)

Houston Metro: 281-651-8787  
Toll Free: 800-285-8133  
Email: [macori@macori.com](mailto:macori@macori.com)

**NON-INSURANCE SERVICES available at [www.macori.com/HCC](http://www.macori.com/HCC)**

• Student Assist: US & Canada – 877-249-5362; Outside US & Canada – call collect 715-295-9625

This brochure provides a brief description of the International Student and Scholar Accident & Sickness Program for eligible International Students and Scholars at Houston Community College. This Program is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. The Master Policy contains complete details of the coverage and is the governing document. Inspection of the Master Policy may be made during business hours at the Office of International Student Service.

**ELIGIBILITY**

**1. Fall 2011 Semester:** All international students and/or scholars engaged in full-time educational activities at Houston Community College are eligible to enroll in this Accident and Sickness plan online at [www.macori.com/hcc](http://www.macori.com/hcc).

**2. Spring/Summer 2012 Semester:** All international students holding an "F" visa and enrolled for credit hours at Houston Community College will be charged for the Accident & Sickness Insurance Plan on their student account. All other international students/scholars engaged in educational activities are eligible to enroll online at [www.macori.com/hcc](http://www.macori.com/hcc)

*\*Please refer to Rates and Coverage Periods below.*

Enrollment outside a scheduled enrollment period is permitted under the following conditions: 1) \*new students/scholars arriving at Houston Community College must enroll within 45 days of arriving in the U.S.; 2)\* within 31 days of loss of coverage under a Group Employer's Health Insurance plan due to ineligibility. Please contact Macori for enrollment assistance.

\*Proof is required at the time the enrollment form is submitted.

**DEPENDENT SPOUSE AND CHILDREN**

A Covered Student may also enroll his or her eligible dependents by completing the enrollment form and remitting premium on-line at [www.macori.com/HCC](http://www.macori.com/HCC). Eligible dependents are the Covered Student's spouse and the Covered Student's unmarried children under age 25. Dependents must enroll for the same period of coverage as the Covered Student, or within 31 days of marriage, birth or arrival in the United States. Contact Macori directly for enrollment.

**PROGRAM YEAR**

This Program commences at 12:01 a.m. on August 27, 2011 and terminates at 11:59 a.m. on August 26, 2012. Refer to

Effective Date and Termination Date of Individual Insurance below.

*Note: If previously covered under another plan providing coverage, please complete the Creditable Coverage questionnaire available at Houston Community College's web page available at [www.macori.com/HCC](http://www.macori.com/HCC).*

*\*August 23, 2011 for students maintaining continuous coverage from the previous Policy Year.*

**EXTENSION OF BENEFITS**

If a Covered Person is confined to a Hospital on the date his or her coverage terminates, charges incurred during the continuation of that Hospital Confinement shall also be included in the term Eligible Expense, but only while they are incurred during the 31 day period following termination of insurance, subject to applicable Maximum Amounts of the Policy. The Extension of Benefits will apply only to the extend the Covered Person will not be covered under the Policy or any health insurance policy in the ensuing term of coverage.

**CONTINUOUS INSURANCE**

Persons who have remained continuously insured under the policy and prior Student Health Insurance policies endorsed by and issued to the Policyholder will be covered for an injury sustained, or a sickness originating, **while continuously insured**, provided continuous insurance is maintained.

**EFFECTIVE DATE OF INDIVIDUAL INSURANCE**

The Insurance will become effective on the later of:

- A) The Policy effective date;
- B) The date indicated on the Enrollment Form (if applicable) for which premium has been paid;
- C) The date the Covered Person departs his or her Home Country to travel to the United States, provided that the scheduled arrival in the United States is no more than 48 hours later than the departure from the Home Country; or
- D) The date the Enrollment Form (if applicable) and premium are received by Macori Administration.

**TERMINATION OF INDIVIDUAL INSURANCE**

The Insurance will terminate on the earliest of:

- A) The last date for which premium has been paid;
- B) The date the Covered Person ceases to be eligible for the Insurance;
- C) The date the Covered Person departs the United States for his or her Home Country;

**RATES AND COVERAGE PERIODS:**

Coverage Period	Fall *8/27/11 to 1/16/12	Spring/Summer 1/17/12 to 8/26/12	Summer Only (new insured only) 6/4/12 to 8/26/12
Student	\$387	\$496	\$186
Spouse	\$1,162	\$1,488	\$558
Each Child	\$755	\$992	\$372

\* 8/23/11 for students maintaining continuous coverage from the previous policy year.

- D) The date the Covered Person enters military service, in which case a pro-rata refund of premium will be given upon request; or
- E) The Termination Date of the Policy.

**IMPORTANT INFORMATION**

**1. Withdrawals:** Except for medical withdrawal due to a covered injury or sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the policy for the full period for which premium has been paid and no refund will be available.

In the case of a medical withdrawal due to a covered Injury or Sickness, coverage will remain in effect for the Covered Person for the remaining period for which premium was paid.

**3. Refund of Premium:** Premiums received by the Company will be considered fully earned and nonrefundable. Refund of premium will be considered only if the Covered Person ceases to be eligible for the insurance.

**4. Subrogation And Recovery Rights**

This Program has a Subrogation and Recovery Rights Provision outlined in the Master Policy. A complete description of the Subrogation and Recovery Rights provision is included in the Master Policy on file with the University or College.

**5. Conformity with State Statutes:** Any provision of the Policy or this brochure which is in conflict with the statutes of the state in which the Policy is delivered or issued for delivery will be administered to conform with the requirements of those state statutes.

**EXCESS PROVISION**

No benefit under this Program is payable for any Expense incurred for Injury or Sickness which is paid or payable by: (1) other valid and collectible medical, health or accident insurance; or (2) under an automobile insurance policy. Eligible Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the Covered Person for failing to comply with policy provisions or requirements.

**ACCIDENTAL DEATH & DISMEMBERMENT**

**STUDENT/SCHOLAR ONLY (Dependents not eligible)**

When, because of an Injury, the Covered Person suffers any of the following Losses within 365 days from the date of the Accident, the Company will pay as follows:

<b>For Loss Of:</b>	<b>Benefit Amount</b>
Loss of Life .....	\$5,000
Loss of Both Hands or Both Feet .....	\$5,000
Loss of Entire Sight of Both Eyes .....	\$5,000
Loss of One Hand and One Eye.....	\$5,000
Loss of One Foot and Entire Sight of One Eye.....	\$5,000
Loss of One Hand or One Foot.....	\$2,500
Loss of Entire Sight of One Eye .....	\$2,500
Loss of Thumb and Index Finger of the Same Hand ....	\$1,250

The term "loss" as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight. Loss of thumb and index finger means complete

severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Covered Person as a result of the same accident, only one amount, the largest will be paid.

**MANDATED BENEFITS:** Texas mandates coverage for the following benefits to be paid as any other Sickness: annual mammograms age 35 and older; treatment of mental or nervous disorders in a Crisis Stabilization Unit or Residential Treatment Center for dependent children the same as if treatment were provided in a Hospital; formulas necessary for the treatment of phenylketonuria or other heritable diseases to the same extent as for prescription drugs; Hospital confinement of 48 hours following a mastectomy and 24 hours following a lymph node dissection for treatment of breast cancer; cytological screening; cardiovascular disease screening; clinical trials; diagnostic or surgical treatment of skeletal joints, including the temporomandibular joint, jaw or the craniomandibular joint resulting from Injury, trauma, congenital defect, development defect of pathology; bone mass measurement for the detection of low bone mass in an osteoporosis qualified individual; diabetes equipment, supplies and self management training; annual prostate cancer screening; screening test for hearing loss from birth through the date a dependent child is 24 months old; immunization expense for a dependent child from birth through the date a dependent child is 6 years old; Hospital confinement for the covered mother and her newborn child for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarean section; services and supplies provided through telemedicine and telehealth services; reconstruction of a breast incident to mastectomy to restore or achieve breast symmetry; colorectal cancer screening examinations; reconstructive surgery for a covered dependent child under 18 years of age to improve the function of, or to attempt to create a normal appearance of an abnormal structure caused by congenital defects; developmental deformities, trauma, tumors, infections, or diseases; prescription contraceptive drugs and devices and related services; and off-label drugs prescribed to treat chronic, disabling or life threatening illness to the same extent as for prescription drugs; and therapies and services as a result of and related to an acquired brain injury. Please see the complete Policy on file with the Policyholder for full details.

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## SCHEDULE OF BENEFITS

<b>Aggregate Maximum per Injury or Sickness</b>	<b>\$250,000</b>
<b>Deductible per Covered Person for each Injury or Sickness</b>	<b>\$100/not to exceed \$500 per Policy Year</b>

<b>BENEFITS: AC</b> indicates Allowable Charges. <b>R&amp;C</b> indicates Reasonable & Customary Charges	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>First \$25,000 of Eligible Expenses</b> (within the allocated limits shown below).	90% of AC	70% of R&C
<b>Additional Eligible Expenses</b> (not to exceed the Aggregate Maximum within the allocated limits shown below).	100% of AC	80% of R&C

INPATIENT BENEFITS											
<b>Room &amp; Board Expense</b>	Including general nursing care, the lesser of the daily average semi-private room rate or	AC	R&C								
<b>Hospital Miscellaneous Expenses</b> for necessary services and supplies, such as:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Operating room</td> <td style="width: 50%;">4. Therapeutic services</td> </tr> <tr> <td>2. Laboratory tests and X-ray examinations, including professional fees</td> <td>5. Pre-admission testing</td> </tr> <tr> <td>3. Drugs or medicines (excluding take-home drugs)</td> <td>6. Surgical supplies</td> </tr> <tr> <td></td> <td>7. Anesthesia supplies</td> </tr> </table>	1. Operating room	4. Therapeutic services	2. Laboratory tests and X-ray examinations, including professional fees	5. Pre-admission testing	3. Drugs or medicines (excluding take-home drugs)	6. Surgical supplies		7. Anesthesia supplies	AC	R&C
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	7. Anesthesia supplies										
<b>Physical Therapy &amp; Related Services</b>	When prescribed by the attending doctor	AC	R&C								
<b>Surgery</b>	Doctor's fees for a surgical procedure	AC	R&C								
<b>Anesthetist Services</b>	In conjunction with surgery	25% of Surgery allowance									
<b>Doctor's Visits</b>	Not to exceed one visit per day and not available if a surgery benefit is payable	AC	R&C								
<b>Mental and Nervous</b> (including Alcohol and Drug Abuse)	Not to exceed 30 days of confinement	AC	R&C								

OUTPATIENT BENEFITS									
<b>Surgery</b>	Doctor's fees for a surgical procedure	AC	R&C						
<b>Day Surgery Miscellaneous</b>	When surgery is performed in a hospital emergency room, trauma center, Doctor's Office, outpatient surgical center or clinic, for services and supplies limited to: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Operating and recovery rooms</td> <td style="width: 50%;">3. Anesthesia supplies</td> </tr> <tr> <td>2. Laboratory tests and X-ray examinations, including professional fees</td> <td>4. Drugs or medicines (excluding take-home drugs)</td> </tr> <tr> <td></td> <td>5. Surgical trays and supplies</td> </tr> </table>	1. Operating and recovery rooms	3. Anesthesia supplies	2. Laboratory tests and X-ray examinations, including professional fees	4. Drugs or medicines (excluding take-home drugs)		5. Surgical trays and supplies	AC	R&C
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<b>Anesthetist Services</b>	In conjunction with day surgery (if required by the hospital)	25% of Surgery allowance							
<b>Doctor's Visits</b>	Not to exceed one visit per day and not available if a surgery benefit is payable (includes contraceptive services (excludes prescribed contraceptives)).	AC	R&C						
<b>Physical Therapy &amp; Related Services</b>	When prescribed by the attending Surgeon after a surgical procedure has been performed on an inpatient or day surgery basis; limited to one visit per day	AC	R&C						
<b>Medical Emergency Expenses</b>	Incurred in a hospital emergency room (for Emergency Medical Conditions only) - \$50 co-payment per visit.	AC	R&C						
<b>Diagnostic X-ray Services</b>	When prescribed by the attending Doctor	AC	R&C						
<b>Radiation Therapy</b>	When prescribed by the attending Doctor	AC	R&C						
<b>Laboratory Procedures</b>	When prescribed by the attending Doctor	AC	R&C						
<b>Shots or Injections</b>	Administered in an emergency room or Doctor's office and charged on the emergency room statement or Doctor's statement	AC	R&C						
<b>Chemotherapy</b>	When prescribed by the attending Doctor	AC	R&C						
<b>Prescription Drugs</b> — includes prescribed contraceptive drugs and devices (excludes contraceptive services)	When prescribed by a licensed Doctor -- \$10 co-payment for each 30-day supply during a 20-day period. However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Policy Year Maximum. See Page 5 for Prescription Information	\$1,000 Aggregate Maximum per policy year							
<b>Mental and Nervous and Alcohol and Drug Abuse</b>	60 visit maximum not to exceed \$100/visit	AC	R&C						

OTHER BENEFITS (Subject to deductible and coinsurance above.)			
<b>Ambulance Service</b>	For emergency ground transportation to or from a Hospital	AC	R&C
<b>Braces &amp; Appliances</b>	When prescribed by the attending Doctor (orthotics are not covered)	AC	R&C
<b>Dental Treatment</b>	For treatment of injury to sound, natural teeth. Not to exceed \$100 per tooth.	AC	R&C
<b>Consultant</b>	When requested and approved by the attending Doctor	AC	R&C
<b>Home Health Care</b>		No Benefits	

**MATERNITY BENEFITS** (See page 5).  
**EMERGENCY MEDICAL EVACUATION, REPATRIATION OF REMAINS** (See page 8).  
 The policy is rated on a single academic year basis. A Covered Person must re-enroll each academic year. Any deductible and/or co-insurance will not be carried forward.

**MATERNITY BENEFITS** - For insured students/scholars and insured spouse, maternity expenses are payable as any other Sickness for childbirth occurring while insured as a result of a pregnancy commencing while insured, including up to 48 hours Hospital Confinement following vaginal delivery and 96 hours for caesarean delivery.

#### **PRESCRIPTION DRUG BENEFIT MANAGER—CATALYST RX**

The Accident & Sickness Insurance Program provides pharmacy coverage through a prescription card program administered by Catalyst Rx. The Covered Person may purchase prescription drugs at over 45,000 network pharmacies nationwide. The Covered Person may check the latest listing at [www.macori.com/HCC](http://www.macori.com/HCC) or by calling the Catalyst Rx Help Desk at 1-888-869-4600.

In order to take full advantage of the prescription benefit program, always have the prescription filled at a network pharmacy.

Please refer to the Schedule of Benefits for co-payment and maximum benefit information (page 4).

#### **DEFINITIONS**

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

**"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.

**"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.

**"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 reassignment 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; learning disabilities; 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:

- (a) placing the Covered Person's health in serious jeopardy;
- (b) serious impairment to bodily functions;
- (c) serious dysfunction of a bodily organ or part;
- (d) serious disfigurement;
- or (e) in the case of a pregnant woman, 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.

**"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; and (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.

**"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 con-

dition 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 Healthcare Financing Administration Medicare Coverage Issues Manual or 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, Injury or pregnancy 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.

**"Reasonable and Customary"** 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.

**"Geographic area"** means the three digit zip code in which the services, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

**"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.
2. for eye examinations, eyeglasses, contact lenses, or prescription for such.
3. 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.
4. for Injury or Sickness resulting from war or act of war, declared or undeclared.
5. as a result of an Injury or Sickness for which the Covered Person is entitled to benefits under any Workers' Compensation or Occupational Disease Law.
6. 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.

7. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. for cosmetic surgery, reconstructive surgery or complications arising therefrom (except as Medically Necessary to restore the natural body after a covered Injury occurring while the Policy is in force provided treatment begins within 3 months from the date of Injury). "Cosmetic surgery" does not include breast reconstructive surgery after a mastectomy except as specifically provided in the Policy.
9. for Injuries sustained as the result of a motor vehicle Accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
10. for preventive treatment, testing, immunizations, medicines, serums, vaccines, vitamins, anti-toxins or oral contraceptives except as specifically provided in the Policy.
11. 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.
12. for Elective Treatment or elective surgery or complications arising therefrom; voluntary or elective abortion, elective sterilization or its reversal unless otherwise provided in the Policy.
13. after the date insurance terminates for a Covered Person except as may be specifically provided in the extension of benefits provision.
14. for any services rendered by a Covered Person's immediate family member, except this exclusion will not apply to the Covered Person's choice of a licensed dentist.
15. for a treatment, service or supply which is not medically necessary.
16. as a result of suicide or any attempt at suicide, including drug overdose or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
17. for treatment of temporomandibular joint dysfunction and associated myofascial pain.
18. for treatment of mental or nervous disorders except as specifically provided in the Policy.
19. for the treatment of alcoholism or substance abuse except as specifically provided in the Policy.
20. for surgery and/or treatment of: acupuncture; gynecostasia; biofeedback-type services, except for treatment of acquired brain injury; breast implants or breast reduction; circumcision; flat feet; corns, calluses and bunions; routine care of toenails, except for care and treatment of an Injury; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis; family planning; 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; learning disabilities; Attention Deficit Disorder; sexual reassignment surgery and related therapy; tubal ligation; vasectomy; and alopecia.
21. for routine physical examinations, health examinations or preschool physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy.

Exclusions and Limitations continued on the following page.

Exclusions and Limitations, continued ...

22. for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column except as specifically provided.
23. in connection with birth control, sterilization or sterilization reversal, including surgical procedures and devices.
24. for Injury resulting from travel in or upon a snowmobile, ATV (all terrain or similar type two or three-wheeled vehicle and/or off-road four wheeled motorized vehicles), or bungee jumping.
25. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from intercollegiate, club, or professional sports activity, including travel to and from the activity and practice; racing or speed contests; skin diving; hang gliding; parasailing; sky diving; glider flying; sail planing; parachuting.
26. for treatment in the Hospital emergency room which is not due to an emergency medical condition.
27. for Injury resulting from fighting, except in self-defense.
28. for treatment of obesity, except resulting from diabetes, regardless of the history or diagnosis, including, but not limited to the following: weight reduction or dietary control programs, prescription or nonprescription drugs or medications such as vitamins (whether taken orally or by injection), minerals, appetite suppressants, or nutritional supplements and any complication resulting from weight loss treatments or procedures.
29. for care and treatment of pregnancy of a Dependent child except for complications of pregnancy.
30. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational.
31. for treatment, service or supply for which a charge would not have been made in the absence of insurance.
32. by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country except as specifically provided.

**PRE-EXISTING CONDITIONS:** Expenses incurred by a Covered Person as a result of a Pre-existing Condition will not be Considered Eligible Expenses for the condition for a period of twelve months of continuous coverage while covered under the Policy.

## **OPTIONAL DENTAL COVERAGE**

**(Additional Premium Required)**

The following Optional Dental Coverage is available subject to payment of additional premium at initial enrollment. The Covered Person may enroll online at [www.macori.com/HCC](http://www.macori.com/HCC). A Limited Dental Coverage that provides benefits for both diagnostic/preventative and primary services is available to students and dependents on an optional basis. **The Dental Plan is only available to students and dependents upon initial enrollment in the 2011-2012 Student Health Insurance Plan.**

The dental plan provides the benefits shown below subject to a Policy Year Maximum benefit of \$500 per person and a Policy Year deductible of \$50 per person.

**Eligibility, Termination, and Effective Dates of coverage under this optional dental plan are the same as the medical plan.**

**A. DIAGNOSTIC AND PREVENTATIVE SERVICES** — After the Policy Year deductible has been satisfied, the Plan will pay 100% of Reasonable and Customary charges for the following services:

- |                     |                         |                       |
|---------------------|-------------------------|-----------------------|
| ■ Oral Exams        | ■ Prophylaxis           | ■ Pulp Vital Tests    |
| ■ Space Maintainers | ■ X-Rays                | ■ Emergency Treatment |
|                     | ■ Biopsy of Oral Tissue |                       |

**B. PRIMARY SERVICES** — After the Policy Year deductible has been satisfied, the Covered Person is responsible for 20% of Reasonable and Customary charges for the following services:

- |                |  |                      |
|----------------|--|----------------------|
| ■ Fillings     | ■ Periodontics                         | ■ Anesthesia         |
| ■ Oral Surgery | ■ Re-cement Crowns, Inlays and Bridges | ■ Repair of Dentures |
| ■ Endodontics  |  |                      |

**DENTAL EXCLUSIONS:** Orthodontic services for which treatment began prior to the policy are excluded; and any gold foil restoration, gold fillings, inlays, crowns, bridges, cosmetic procedures and dentures are excluded.

No benefits will be paid for expenses incurred for broken appointments or for care or treatment of a condition for which you are entitled to or eligible for benefits under any Worker's Compensation Act or similar act.

**DENTAL LIMITATIONS:**

- Two (2) of each of the following per Policy Year: Oral Exams
  - One (1) of each of the following per Policy Year: Bitewing X-rays, Topical Fluoride applications, Pulp Vitality test
  - One (1) full mouth X-ray every three years;
- Benefits for fluoride applications and space maintainers are available only to participants under the age of 19.

Only students and their dependents enrolled in the Basic Plan are eligible to purchase this Optional Dental Coverage. Purchase must be made at the time of initial enrollment into the Basic Plan (additional premium required). The enrollment deadlines applicable to the Term of Coverage for the Basic Plan shall also apply to the Optional Dental Coverage.

Unless otherwise stated, all benefits are subject to all terms of the Policy.

## **TRAVEL GUARD**

### **TRAVEL ASSIST AND STUDENT ASSIST**

**Procedures on How to Access Travel Guard**

**24-Hour Assistance Call Center**

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

- Inside the US and Canada, dial 1-877-249-5362 toll-free.
- Outside the US and Canada:
  - Request an international operator.
  - Request the operator to place a **collect call to the USA at 1-715-295-9625**.
  - Our fax number is 01-262-364-2203.

## REPATRIATION AND MEDICAL EVACUATION

*(Repatriation of Mortal Remains and Medical Evacuation are provided by National Union Fire Insurance Company of Pittsburgh, Pa.)*

**Combined Maximum Limit of  
\$1,000,000**

### REPATRIATION OF MORTAL REMAINS

In the event an Injury or Sickness causes your death while you are outside your home country, the plan will reimburse covered expenses incurred for preparation and transportation of the body remains.

### MEDICAL EVACUATION

The plan will pay for evacuation to the nearest adequate medical facility following a covered Injury or Sickness if you are outside your home country and your doctor determines that adequate medical treatment is not locally available. ***Certain exclusions apply.***

**Travel Guard must make all arrangements and must authorize all expenses in advance for these benefits to be payable.** If it was not reasonably possible to contact Travel Guard in advance, the Company reserves the right to determine the benefits payable, including any reductions.

### STUDENT ASSIST SERVICES

**Concierge Services:** You receive the comfort, care, and attention of Travel Guard'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 Travel Guard'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 "NEW NUMBER" and the password is "security".

For more details visit the Macori, Inc. website at [www.macori.com/HCC](http://www.macori.com/HCC). You will be able to access the information under the University of Houston's personalized webpage.

#### UNDERWRITTEN BY:

National Union Fire Insurance Company of Pittsburgh, Pa.,  
with its principal place of business in New York, NY



ISO/IEC 27001:2005

### CLAIM PROCEDURE

When a Covered Person incurs expenses covered by the Policy, you may file a claim online or obtain a claim form from [www.macori.com/HCC](http://www.macori.com/HCC) (Claim forms are also available at the Student Health Center). Submit all itemized medical bills to the Claims Office listed below:

Notification of Injury or Sickness must be provided within 30 days after the date of Injury or treatment of Sickness. Bills must be submitted within 90 days of the date of treatment.

#### **Claims Office:**

Macori Administration  
P.O. Box 2478  
Spring, TX 77383-2478

#### **INQUIRING ABOUT CLAIMS/BENEFITS**

**Providers:** Houston Area: 281-528-8949

Toll Free: 877-266-7778

**Students:** Houston Area: 281-651-8787

Toll Free: 800-285-8133

**MACORI, INC.**

*Health Insurance for Students/Scholars*

P.O. Box 2478  
Spring, TX 77383-2478

Houston Metro: 281-651-8787

Toll-Free: 1-800-285-8133

**Web Address:** [www.macori.com](http://www.macori.com)

**Email:** [macori@macori.com](mailto:macori@macori.com)

### NON-RENEWABLE ONE-YEAR TERM INSURANCE

The policy is a non-renewable one-year term policy. Similar coverage may be available for the following academic year. It is the insured'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.

### GENERAL SUMMARY

Please keep this brochure as a general summary of the insurance. The Master Policy on file at the University contains all the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between brochure and Master Policy, the Master Policy will govern and control the payment of benefits.

***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 [www.macori.com](http://www.macori.com).***

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