



SAINT LOUIS UNIVERSITY

Saint Louis University Student International Insurance Application Form

Instructions: This international insurance plan is only available for Saint Louis University students. If you are a non-SLU student and not enrolled in classes at SLU, then you do not qualify for the SLU plan. Please note that while this is required for ALL SLU students going abroad, we still advise students to maintain their U.S. Insurance policy. This international plan will not cover you while in your home country and will terminate at the program end date. ***Cost: \$20.00 per week or \$75.00 per month (Cash/Check/ payable to Saint Louis University or IDO) or \$250 for semester billed to the student account.** If you are going with a group that is not coordinated by the Office of International Services, please submit this form, payment, a copy of your passport, flight, ISIC Card form, passport sized photo and Participation Agreement to your Group Coordinator who will then forward all group information to the Office of International Services. Upon receipt of all required information, the office of International Services will then enroll students into the insurance plan. This must be **received no later than 30 days prior to departure.**

***Cost Calculation:** Weekly: Thur, Feb 5 to Thur, Feb 12 = 1 week (note: Thursday to Thursday is one week). Monthly, calculated by the **date** (not weeks): March 4 to April 4 = one month (note: 4th to the 4th is one month). You cannot combine a monthly and weekly plan and must select only one plan. If you are unsure how much your plan will cost, please contact the office of international services before you remit payment.

PLEASE WRITE CLEARLY & COMPLETE IN ENTIRETY

Weekly Plan ____ (Cash/Check) Monthly Plan ____ (Cash/Check) Semester Plan _____ (Billed to Student Account)

First Name _____ Middle Initial _____ Last Name _____ Male ___ Female ___

Banner I.D. _____ Birth date (MM/DD/YY) _____ Phone# _____

Complete Address _____ City/State/zip _____ Email _____@slu.edu

Graduate ___ Undergraduate ___ Scholar ___ Home Country _____ Host Country _____
Note: This international plan will **NOT** cover you while in your home country.

Actual Program Dates: From _____ to _____ Departure Date: _____ Return Date _____
(Semester Students Note: Your semester fee of \$250 will only cover you during your actual program dates. Personal travel beyond these dates is not included. You are welcome to purchase extended coverage, please contact the Study Abroad Coordinator)

Emergency Contact Name _____ and Phone _____

Self Disclosing Medical Information (*optional*). Is there any health related information that your site coordinator should be aware of in case of an emergency (i.e.asthma, depression, diabetes ...etc.)?

This portion is for individual students/groups going on department sponsored programs. (Example, Law school program, Social work program...etc.)

Group Coordinator Name _____ Coordinator Phone _____

Coordinator Department _____ Coordinator Email _____

Please remit payment (non-semester) and the required paperwork listed above with this insurance form to your Group Coordinator. Coordinator: If you are paying by an IDO, please remit to Brenda Rainey, Office of International Services, Des Peres Hall Room 102. Thank you for your cooperation.

Email: Goabroad@slu.edu
Phone: 314-977-2318
<http://studyabroad.slu.edu>

What is not covered?

Unless specifically provided for elsewhere under the Plan, the Plan does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Expenses incurred in excess of Reasonable Expenses.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
4. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
5. Self-inflicted Injuries while sane or insane; suicide, or any attempt thereat while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
6. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health.
7. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
8. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury
9. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
10. Elective termination of pregnancy.
11. Expenses incurred as a result of pregnancy that is not covered.
12. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
13. Organ or tissue transplant.
14. Participating in an illegal occupation or committing or attempting to commit a felony.
15. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
16. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Plan.
17. Expenses incurred within the Covered Person's Home Country.
18. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia.
19. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
20. Diagnosis and treatment of acne and sebaceous cyst.
21. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture which does not follow a covered Hospital Confinement or surgery.
22. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
23. Loss due to an act of war, service in the armed forces of any country or international authority and participation in a: riot; or civil commotion.
24. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
25. Loss arising from a) participating in any professional sport, contest or competition; b) skin/scuba diving, sky diving, hang gliding, or bungee jumping.
26. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
27. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.

Saint Louis University

Study Abroad Plan 2011 - 2012

Blanket Student Accident and Sickness Insurance

HTH Worldwide

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

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No.BCS-3049-A-11. This is not a contract of insurance. Coverage is governed by an insurance policy issued to the Trustee of the HTH Student Group Insurance Trust, which Saint Louis University has agreed to participate in. The policy is underwritten by BCS Insurance Company, Oakbrook Terrace, IL, NAIC # 38245, under policy Form 28.322. Complete information on the insurance is contained in the Certificate of Insurance on file with the school. If there is a difference between this program description and the certificate wording, the certificate controls.

Who is eligible for coverage?

All regular, full-time and part-time Eligible Participants and their Eligible Dependents of the educational organization or institution who:

1. Are engaged in international educational activities; and
2. Are temporarily located outside his/her Home Country as a non-resident alien; and
3. Have not obtained permanent residency status.

When does coverage start?

Coverage for an Eligible Participant starts at 12:00:01 a.m. on the latest of the following:

- 1) The Coverage Start Date shown on the Insurance Identification Card;
- 2) The date the requirements in Section 1 – Eligible Classes are met; or
- 3) The date the premium and completed enrollment form, if any, are received by the Insurer or the Administrator.

Thereafter, the insurance is effective 24 hours a day, worldwide except whenever the Covered Person is in his/her Home Country. In no event, however, will insurance start prior to the date the premium is received by the Insurer.

When does coverage end?

Coverage for an Eligible Participant will automatically terminate on the earliest of the following dates:

- 1.) The date the Policy terminates;
- 2) The Organization's or Institution's Termination Date;
- 3) The date of which the Eligible Participant ceases to meet the Individual Eligibility Requirements;
- 4) The end of the term of coverage specified in the Eligible Participant's enrollment form;
- 5) The date the Eligible Person permanently leaves the Country of Assignment for his/her or her Home Country;
- 6) The date the Eligible Participant requests cancellation of coverage (the request must be in writing); or
- 7) The premium due date for which the required premium has not been paid, subject to the Grace Period provision.
- 8) The end of any Period of Coverage.

What to do in the event of an emergency

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

Excess Coverage

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

hthstudents.com

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

Limitations

Pre-existing conditions are covered under this plan. The Plan does not pay benefits for maternity coverage unless conception occurred while the Covered Person was insured under the Plan

Claims Submission

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

What is covered by the plan?

Schedule of Benefits – Table 1

	Limits – Covered Person
MEDICAL EXPENSES	
Period of Coverage Maximum Benefits	\$250,000
Maximum Benefit per Injury or Sicknesses	\$250,000
Period of Coverage Deductible	\$0 per Injury or Sickness
ACCIDENTAL DEATH AND DISMEMBERMENT	Maximum Benefit: Principal Sum up to \$10,000 for Participant; up to \$5,000 for Spouse; up to \$1,000 per Child(ren)
REPATRIATION OF REMAINS	Maximum Benefit up to \$25,000
MEDICAL EVACUATION	Maximum Lifetime Benefit up to \$100,000
BEDSIDE VISIT	Up to a maximum benefit of \$1,500

Schedule of Benefits – Table 2 – Medical Expenses

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

Schedule of Benefits – Table 3 – Medical Expense Benefits

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

MEDICAL EXPENSE	Limits – Covered Person
Maternity Care for a Covered Pregnancy	Reasonable Expenses. Conception must have occurred while the Covered Person was insured under the Plan
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to \$5,000 Maximum per Period of Coverage for a maximum period of 30 days per Period of Coverage.
Outpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to \$1,000 Maximum
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to \$10,000 Maximum combined total for Inpatient and Outpatient care, up to 30 days immediately following the attending Physician's release for rehabilitation following a covered Hospital confinement or surgery per Period of Coverage.
Routine nursery care of a newborn child of a covered pregnancy	Reasonable Expenses up to \$500 Maximum per Period of Coverage
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$500 per Period of Coverage
Outpatient prescription drugs	100% of actual charge
Preventive and primary care services	Reasonable Expenses for unlimited visits for children up to the age of 12 years and Reasonable Expenses for 3 visits per year for minor children ages 12 years up to 19 years of age.
Hearing Services	100% of Reasonable Expenses up to \$1000 per individual hearing aid per ear every 3 years for covered Dependent Children under age 24.