

# Accident & Sickness Insurance Plan 2011 - 2012



## Oregon University System Study Abroad Accident and Sickness Insurance Plan

Underwritten by: Insurance Company of the  
State of Pennsylvania  
Policy # GLB 9130672

Brokered by:  
Gallagher Koster

## SCHEDULE OF MEDICAL BENEFITS

The Company will pay the covered medical expenses listed below if treatment or care is Medically Necessary and the expense is incurred due to a covered injury or bodily infirmity, and rendered by a qualified Doctor or Physician. Benefit payments are subject to any benefit maximums that apply.

Lifetime Medical Maximum per Covered Accident or Sickness.....	\$200,000
Deductible.....	\$0
Pre-Existing Conditions Maximum .....	\$5,000
Co-Insurance.....	100% of Reasonable and Customary

<b>Hospital Room and Board Expenses:</b> the daily semi-private room rate	Reasonable and Customary
<b>Hospital Miscellaneous:</b> services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when confined in a hospital. This does not include personal services of a non-medical nature.	Reasonable and Customary
<b>Daily Intensive Care Unit Expenses</b>	Reasonable and Customary
<b>Medical Emergency Care Expenses:</b> incurred within 72 hours of an accident and including the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies.	Reasonable and Customary
<b>Outpatient Surgical Room and Supply Expenses</b>	Reasonable and Customary
<b>Outpatient diagnostic X-rays, laboratory procedures and tests</b>	Reasonable and Customary
<b>Doctor or Physician Non-Surgical Treatment/Examination Expenses:</b> excluding medicines, but including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visit when referred by the attending Doctor.	Reasonable and Customary
<b>Doctor or Physician's Surgical Expenses</b>	Reasonable and Customary
<b>Anesthesiologist Expenses:</b> for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.	Reasonable and Customary
<b>Outpatient Laboratory Test Expenses</b>	Reasonable and Customary
<b>X-ray Expenses (including reading charges) but not for dental X-rays</b>	Reasonable and Customary
<b>Dental Expenses:</b> including dental X-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Covered Accident.	Reasonable and Customary
<b>Ambulance Expenses:</b> for ground or air transportation from the emergency site to the Hospital	Reasonable and Customary
<b>Physiotherapy:</b> Physical therapy, Chiropractic & Acupuncture.	Reasonable and Customary
<b>Durable Medical Equipment:</b> prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of injury. No benefits will be paid for rental charges in excess of the purchase price, (man-made limbs or eyes; casts, splints or crutches; purchase of a truss or brace, oxygen and rental equipment for giving oxygen; rental of wheelchair or Hospital bed; rental of dialysis equipment and supplies; colostomy bags and ureteros-tomy bags, and two external post-operative breast prostheses.)	80% of Reasonable and Customary
<b>Prescription Drug Expenses:</b> including dressings, drugs and medicines prescribed by a Doctor	Reasonable and Customary
<b>Medical Services and Supplies:</b> including expenses for blood and blood transfusions, oxygen and its administration	Reasonable and Customary
<b>Mental and Nervous Disorders, Alcoholism and Drug Dependency Coverage:</b> Covered Expenses are payable for treatment of Injury or Bodily Infirmity from a Mental or Nervous Disorder, alcoholism or drug dependency, up to (a) an aggregate limit of 30 days of inpatient care in any consecutive 12 month period, and (b) outpatient treatment up to a benefit limit of 10 outpatient visits in any consecutive 12 month period.	Reasonable and Customary
<b>Interscholastic and Intercollegiate Sports Injury</b>	Reasonable and Customary
<b>Club and Intramural Sports Injury</b>	Reasonable and Customary
See Policy for further details of benefit descriptions. Policy is on file at the University and/or School.	

## EXCEPTIONS AND EXCLUSIONS

This Policy will not cover charges or expenses:

1. Services normally provided without charge by this Policyholder's student health service center; infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
2. Preventative medicines, serums, immunizations, or vaccines, except as specifically provided;
3. Pre-existing Conditions as defined in this Policy;
4. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rate premium to such Insured Person;
5. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with professional sports;
6. 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 the congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
7. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungee-cord jumping;
8. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
9. 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;
10. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain;
11. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
12. Charges for treatment of any Injury or Sickness due to an Insured Person's commission of or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
13. Injury due to participation in a riot;
14. Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage;
15. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;
16. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
17. 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 lasik or other vision procedures except as required for repair caused by a covered Injury;
18. Routine periodical physical examinations, except as specifically provided;
19. Expenses incurred for allergy testing;
20. Expenses for any service or supply not specified in this Policy as a covered service;
21. An amount of a charge in excess of the Reasonable and Customary Expense;
22. Elective Treatment or elective surgery, except as specifically provided;
23. Services not Medically Necessary;
24. Oral contraceptives and other forms of contraception used for contraceptive purposes only;
25. 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;
26. Treatment of mental or nervous disorders except as specifically provided;
27. Treatment of alcohol and substance abuse except as specifically provided;
28. Expense incurred for: tubal ligation; vasectomy, breast implants; breast reduction, sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne, non-prescription birth control; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia, hirsutism, and learning disabilities or disorders or Attention Deficit Disorder;
29. Voluntary or elective abortion, except as specifically provided;
30. Hearing aids, including exams for fitting, except as required to correct damage caused by an Injury which occurs while the patient is covered by this Plan, provided they are obtained within four months of the date of the Injury.

## Travel and Medical Assistance Services provided by Travel Guard

Travel Guard does not replace your medical insurance. All medical costs incurred should be submitted to your health plan are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by Travel Guard. Claims for reimbursement will not be accepted.

Pre-Trip Information	Critical Care Monitoring	Care for Minor Children
Medical Consultation, Evaluation, and Referrals	Medically Supervised Evacuation	Repatriation of Mortal Remains
Hospital Admission Guarantee	Prescription Assistance	Emergency Trauma Counseling
Emergency Medical Evacuation	Emergency Message Transmission	Lost Luggage or Document Assistance
	Transportation to Join Parent	Interpreter and Legal Referrals

**ADDITIONAL INSURANCE BENEFITS**

\$10,000 Accidental Death and Dismemberment

\$200,000 Emergency Medical Evacuation\*

\$200,000 Emergency Security Evacuation\*

\$50,000 Repatriation of Remains\*

\*Arranged and provided by Travel Guard  
(subject to the exclusions and limitations of the policy number GLB9130672)

**Claims Administered by:**

Health Special Risk, Inc.

HSR Plaza II

4100 Medical Parkway

Carrollton, TX 75007

(866) 523 - 3183

email: GKstudyabroad@hsri.com

**Emergency Assistance Services:**

Travel Guard

6464 Savoy Suite 200

Houston, TX 77036

877-832-3523 (inside the US and Canada)

1-715-295-1194

(access an international operator, and ask them to place a collect call to the US)

**Plan Administered by:**

Gallagher Koster

500 Victory Road

Quincy, MA 02171

1-877-275-5867 or 1-617-769-6096

oregonstudyabroad@gallagherkoster.com

**The Underwriting Company:**

Insurance Company of the State of Pennsylvania

Policy number GLB9130672

**Important Notice**

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state of Oregon. Complete details may be found in the policy on file at the Oregon University System Office. The policy is subject to the laws of Oregon.

Please keep this information as a reference.