

**2011-2012**

**Student  
Injury and Sickness  
Insurance Plan**

*Designed for the students of*



*University Health Center  
PO Box 17097  
Jackson, Mississippi 39217*

**Injury and Sickness Insurance  
Underwritten by  
National Union Fire Insurance Company  
of Pittsburgh, Pa., with its principal  
place of business in New York, NY  
("the Company")**

**Administrator Policy #CHH0043732  
Underwriter Reference #CAS9499368**

## PRIVACY POLICY

At the Maksin Group, we value the trust our customers have placed in us. That is why protecting the privacy of personal information is of paramount importance to us. For more information, please go to our website at [www.maksin.com](http://www.maksin.com).

## ELIGIBILITY

All Domestic and International (J-1 Visas) undergraduate and graduate students are required to purchase this insurance plan. All Covered Students may purchase Optional Major Medical, Optional Catastrophic and Optional Travel Guard coverage.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, internet classes and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Optional Coverages may only be purchased simultaneously and in conjunction with the purchase of Basic coverage at the time of initial enrollment in the Plan.

## EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the School becomes effective at 12:01 a.m., August 7, 2011. Coverage becomes effective on the first day of the period for which premium is paid or the day after the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates a 12:01 a.m., August 7, 2012. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

The Covered Student must meet the Eligibility requirements each time he or she pays a premium to continue insurance coverage. To avoid a lapse in coverage, premium must be received within 14 days after the coverage expiration date. It is the Covered Student's responsibility to make timely renewal payments to avoid a lapse in coverage.

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met and continue to be met. If the Company discovers that the Policy eligibility requirements have not been or are not being met, their only obligation is refund of premium less any claims paid. Eligibility requirements must be met each time premium is paid to continue insurance coverage.

Refunds of premiums are allowed only upon entry into the armed forces.

**The Policy is a Non-Renewable One Year Term Policy.**

## EXTENTION OF BENEFITS AFTER TERMINATION

If the Covered Person is confined to a Hospital on the date his or her coverage terminates as a result of Sickness or Injury for which benefits were payable prior to the date his or her coverage terminated, benefits will be payable for the Eligible Expenses incurred until the earliest of: (1) the end of Sickness or Injury; (2) the end of the 90 day period following the date his or her coverage terminated; or (3) the date the applicable Maximum Amount is reached.

## EXCESS PROVISION

Even if the Covered Person has other insurance, this Plan may cover Deductibles and pay Eligible Expenses not covered by other insurance.

No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance or under an automobile insurance policy.

However, this Excess Provision will not be applied to the first \$100 of Eligible Expenses incurred.

Eligible Expenses exclude amounts not covered by the primary carrier due to penalties imposed as a result of the Covered Person's failure to comply with policy provisions or requirements.

**Important:** The Excess Provision has no practical application if the Covered Person does not have other medical insurance or if his or her other insurance does not cover the loss.

## ADDITIONAL BENEFITS

Benefits are provided as mandated by the State of Mississippi such as benefits for Temporomandibular Joint Disorder and Craniomandibular Disorder and Reconstructive Breast Surgery Following Mastectomy. A detail of these benefits may be found in the Master Policy on file at the University.

## MATERNITY TESTING

The Policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered.

**INTERCOLLEGIATE SPORTS  
\$5,000 MAXIMUM BENEFIT  
(FOR EACH INJURY)  
\$100 DEDUCTIBLE (FOR EACH INJURY)**

Covered student athletes who are members of and are participating in intercollegiate football, softball, baseball, basketball, volleyball, cheerleaders, tumblers, bowling, J-Settes track and field sponsored by the Policyholder are covered for sports Injury as follows.

Subject to a Deductible of \$100, benefits will be paid for 100% of the Reasonable and Customary Charges incurred for Intercollegiate Sports Injury up to \$5,000 for each injury.

No benefits will be paid for:

1. Infections, except pyogenic infections caused wholly by a covered Injury;
2. Cysts, blisters, or boils;
3. Overexertion; fainting;
4. Hernia, regardless of how caused;
5. Injury to Sound, Natural Teeth in excess of \$500 maximum per Injury.

**OPTIONAL MAJOR MEDICAL BENEFIT  
\$9,000 MAXIMUM BENEFIT  
(FOR EACH INJURY OR SICKNESS)**

This optional benefit is subject to payment of an additional premium as specified on the enrollment card.

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$1,000 has been paid by the Company.

The Company will pay 80% for additional Eligible Expenses incurred up to the Major Medical Maximum of \$9,000. The total benefit payable under Major Medical is \$10,000 minus the Basic Benefits already paid.

No benefits will be paid under Major Medical for:

1. For Injury: Room and board expenses which exceed the semi-private room rate;
2. For Sickness: Room and board expenses which exceed \$75.00 per day/30 days maximum;
3. Dental treatment;
4. Psychotherapy;
5. Services designated as “No Benefits” in the Basic Medical Expense Benefits Schedule of Benefits; and
6. Any condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6 months immediately prior to the Covered Person’s Effective Date under Optional Major Medical Coverage; except for individuals who have been continuously insured under Optional Major Medical coverage for at least 12 consecutive months.

**OPTIONAL CATASTROPHIC MEDICAL BENEFIT  
\$40,000 MAXIMUM BENEFIT  
(FOR EACH INJURY OR SICKNESS)**

This optional benefit is subject to payment of an additional premium as specified on the enrollment card.

After the Company has paid \$10,000.00 under the Basic Major Medical Benefits, the Company will pay 100% for additional Eligible Expenses incurred up to \$50,000.00.

The total benefit payable under Catastrophic Medical for any one Injury or Sickness is \$50,000 minus all amounts paid under the Basic and Major Medical Plan benefits.

No benefits will be paid under Catastrophic Medical for:

1. For Injury: Room and board expenses which exceed the semi-private room rate;
2. For Sickness: Room and board expenses which exceed \$75.00 per day/30 days maximum;
3. Dental treatment;
4. Psychotherapy;
5. Services designated as “No Benefits” in the Basic Medical Expense Benefits Schedule of Benefits; and
6. Any condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6 months immediately prior to the Covered Person’s Effective Date under Optional Major Medical Coverage; except for individuals who have been continuously insured under Optional Major Medical coverage for at least 12 consecutive months.

**ACCIDENTAL DEATH &  
DISMEMBERMENT BENEFITS**

**Loss of Life, Limb or Sight**

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Covered Person or beneficiary may make a claim to the Company to pay the applicable amount below.

For Loss of:

Life .....	\$2,000
Two or More Members .....	\$1,500
One Member.....	\$1,000
Thumb or Index Finger .....	\$ 500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

**DEFINITIONS**

**Eligible Expense** as used herein 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.

**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.

**Pre-existing Condition** means any Injury, Sickness or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within 6 months prior to the Covered Person’s effective date of insurance.

**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.

**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.

**STUDENT HEALTH CENTER (SHC)  
REFERRAL REQUIRED**

The Covered Student must use the resources of the Health Center first where treatment will be administered, or referral issued. Eligible Expenses incurred for medical treatment rendered outside of the Student Health Center for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is not necessary only under the following conditions:

1. Medical Emergency: The Covered Student must return to SHC for necessary follow-up care;
2. When the Student Health Center is closed.
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the Covered Student is more than 50 miles from campus;
5. Medical care obtained when a Covered Student is no longer able to use the SHC due to a change in student status;
6. Maternity; or
7. Psychotherapy.

**SCHEDULE OF BASIC MEDICAL EXPENSE BENEFITS – INJURY AND SICKNESS**  
**\$1,000 Maximum Benefit Paid as Specified Below For Each Injury or Sickness**  
**\$50 Deductible For Each Injury or Sickness**

The Policy provides benefits for the Reasonable and Customary Charges incurred by a Covered Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$1,000 for each Injury or Sickness, after the \$50 Deductible has been satisfied. Benefits will be paid up to the limits for each service as scheduled below. Injury must be treated by a Doctor within 30 days after the date of Injury. Eligible Expenses include:

<b>Inpatient</b>	<b>Injury</b>	<b>Sickness</b>
<b>Room &amp; Board</b> , daily semi-private room rate; and general nursing care provided by the Hospital .....	Reasonable & Customary Charges .....	\$125 per day/30 days maximum
<b>Hospital Miscellaneous Expenses</b> , such as the cost of the operating room; laboratory tests and x-ray .....	Reasonable & Customary Charges .....	Reasonable & Customary/\$200 maximum
examinations, including professional fees; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.		
<b>Intensive Care</b> .....	Paid under Room & Board.....	Paid under Room & Board
<b>Routine Newborn Care</b> , while Hospital Confined; and routine nursery care provided immediately after birth.....	Paid the same as any other Injury/4 days .....	Paid the same as any other Sickness/4 days
	Hospital Confinement Expense max. ....	Hospital Confinement Expense max.
	No Benefits .....	Paid under Hospital Misc.
<b>Physiotherapy</b> .....	Reasonable & Customary Charges .....	Reasonable & Customary/\$500 maximum
<b>Surgeon's Fees</b> . No more than one surgical procedure will be .....	Reasonable & Customary Charges .....	Reasonable & Customary/\$500 maximum
covered when multiple procedures are performed through the same incision or in immediate succession.		
<b>Anesthesia</b> , professional services in connection with inpatient surgery.....	25% of Surgery Allowance .....	Paid under Hospital Misc.
<b>Registered Nurse</b> , private duty nursing care .....	Reasonable & Customary Charges .....	\$50 per day
<b>Doctor's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.....	Reasonable & Customary Charges .....	\$50 per day/30 days maximum
<b>Pre-admission Testing</b> , payable within 3 working days prior to admission .....	Reasonable & Customary Charges .....	Paid under Hospital Misc.
<b>Psychotherapy</b> .....	No Benefits .....	Paid as any other Sickness
<b>OUTPATIENT</b>		
<b>Surgeon's Fees</b> . No more than one surgical procedure .....	Reasonable & Customary Charges .....	Reasonable & Customary/\$500 maximum
will be covered when multiple procedures are performed through the same incision or in immediate succession.		
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a Hospital, or outpatient facility, .....	Reasonable & Customary Charges .....	Reasonable & Customary/\$100 maximum
including the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Reasonable and Customary charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.		
<b>Anesthesia</b> , professional services in connection with outpatient surgery .....	25% of Surgery Allowance .....	Paid under Surgery Misc.
<b>Outpatient Miscellaneous Benefit</b> , includes benefits designated as Paid under Outpatient Miscellaneous .....	Reasonable & Customary Charges .....	Reasonable & Customary/\$150 maximum
<b>Doctor's Visits</b> , benefits are limited to one visit per day. Benefits for Doctor's Visits .....	Reasonable & Customary Charges .....	\$50 per day
do not apply when related to surgery or Physiotherapy.		
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must .....	Paid under Outpatient Misc. ....	Paid under Outpatient Misc.
be rendered within 72 hours from time of Injury or first onset of Sickness.		
<b>Diagnostic X-ray &amp; Laboratory Services</b> .....	Paid under Outpatient Misc. ....	Paid under Outpatient Misc.
<b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Doctor .....	Paid under Outpatient Misc. ....	Paid under Outpatient Misc.
<b>Chemotherapy &amp; Radiation</b> .....	No Benefits.....	No Benefits
<b>Injections</b> , when administered in the Doctor's office and charged on the Doctor's statement .....	Reasonable & Customary Charges.....	No Benefits
<b>Prescription Drugs</b> .....	No Benefits .....	80% of the Reasonable & Customary Charges/ \$25 Deductible per Prescription
(However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Maximum.)		
<b>Psychotherapy</b> , includes all related or ancillary charges incurred as a result of a Mental and Nervous Disorder.....	No Benefits.....	50% up to \$50 per day/ 52 days maximum per Policy Year
Benefits are limited to one visit per day.		
<b>Physiotherapy</b> .....	\$50 per day/\$500 maximum per Policy Year.....	No Benefits
<b>Other</b>		
<b>Ambulance Services</b> .....	Reasonable & Customary Charges .....	\$250 maximum
<b>Consultant Doctor Fees</b> , when requested and approved by the attending Doctor. ....	Reasonable & Customary Charges .....	No Benefits
<b>Dental</b> , paid on Injury to Sound, Natural Teeth only .....	Reasonable & Customary Charges/\$500 maximum.....	No Benefits
<b>Maternity/Complications of Pregnancy</b> .....	No Benefits .....	Paid as any other Sickness
<b>Intercollegiate Sports</b> .....	See Intercollegiate Sport Benefit Section .....	No Benefits
<b>Durable Medical Equipment</b> .....	Reasonable & Customary Charges/\$500 maximum.....	No Benefits
<b>Alcoholism Expense</b> .....	No Benefits .....	Paid the same as any other Sickness/\$1,000 maximum

## PRE-ADMISSION NOTIFICATION

Maksin Management should be notified of all Hospital Confinements prior to admission.

1. PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS: The patient, Doctor or Hospital should telephone 1-877-775-5430 at least five working days prior to the planned admission.
2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS: The patient, patient's representative, Doctor or Hospital should telephone 1-877-775-5430 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

Pre-Admission Notification calls will be taken from 8:30 a.m. to 5:00 p.m. E.S.T., Monday through Thursday and from 8:30 a.m. to 4:00 p.m., E.S.T., on Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-775-5430.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

## EXCLUSIONS AND LIMITATIONS

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

1. as a result of dental treatment, except for treatment resulting from Injury to sound, natural teeth.
2. for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the Student Health Service fee.
3. for eye examinations, eyeglasses, contact lenses, or prescription for such or treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process. Eye refraction is not covered.
4. for hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
5. 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 commercial scheduled airline maintaining regular published schedules on a regularly established route.
6. for Injury or Sickness resulting from war or act of war, declared or undeclared.
7. as a result of an Injury or Sickness for which benefits are

paid under any Workers' Compensation or Occupational Disease Law.

8. 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.
9. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. as a result of committing or attempting to commit an assault or felony or participation in a felony riot, insurrection or civil commotion.
11. for Elective Treatment or elective surgery; voluntary or elective abortions.
12. 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.
13. for Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor.
14. for loss due to voluntary use of any drug, narcotic or controlled substance, unless prescribed by a Doctor.
15. for surgery and/or treatment of: acne; acupuncture; allergy, including allergy testing; biofeedback-type services; breast implants or breast reduction unless Medically Necessary following a mastectomy; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof; 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; nonmalignant warts, moles and lesions; premarital examinations; sexual reassignment surgery; sleep disorders, including supplies, treatment and testing thereof; preventive medicines or vaccines, except where required for the treatment of Injury; tubal ligation; vasectomy; alopecia; and weight reduction.
16. for expenses incurred in connection with sterilization reversal.
17. for expenses incurred for weight management, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders..
18. for routine newborn infant care, well-baby care and related doctor charges, except as specifically provided.
19. for routine physical examinations and routine testing; preventive testing or treatment; and screening exams, except as specifically provided.

20. for organ transplants, including organ donation.
21. for outpatient physiotherapy, except as specifically provided.
22. for Injury resulting from, the practicing for, participating in interscholastic, intramural, club, or professional sports; activity, including travel to and from the activity and practice; hang gliding; parasailing; sky diving; glider flying; sail planing; parachuting; bungee jumping.
23. for Injury resulting from fighting, except in self-defense.
24. for the services of an assistant surgeon.
25. for treatment of mental or nervous disorders, except as specifically provided in the Policy.
26. for congenital conditions.
27. for foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet.
28. for cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part. It also shall not include breast reconstructive surgery after mastectomy.
29. as a result of home health care.
30. for outpatient prescription drugs except as specifically provided in the Policy. Some excluded medications include, but are not limited to:
  - (a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided for treatment of diabetes;
  - (b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
  - (c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except for drugs for the treatment of cancer that have not been approved by the Federal Food and Drug Administration, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following established reference compendia: (1) The U.S. Pharmacopeia Drug Information Guide for the Health Care Professional (USPDI); (2) The American Medical Association's Drug Evaluations (AMA DE); or (3) The American Society of Hospital Pharmacist's American Hospital Formulary Service Drug Information (AHFS-DI);
  - (d) Products used for cosmetic purposes;
  - (e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - (f) Anorectics - drugs used for the purpose of weight control;
  - (g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - (h) Growth hormones; or
  - (i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

Pre-existing Conditions are not covered for the first 12 months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if:

- (a) the Covered Person has been covered under the Policyholder's prior Policy for 12 consecutive months immediately preceding the effective date of coverage under the policy; or
- (b) the individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. Credit will be given for the time the individual was covered under the prior Creditable Coverage.

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

Creditable Coverage means coverage under any of the following:

- (a) Any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employee plan, or any other entity, and that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage, but does not include accident only, credit, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of workers' compensation or a similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;
- (b) The federal Medicare Program pursuant to Title XVIII of the Social Security Act;
- (c) The Medicaid program pursuant to Title XIX of the Social Security Act, other than coverage consisting solely of benefits under section 1928;
- (d) Chapter 55 of Title 10, United States Code, the Civilian Health and Medical Program of the Uniformed Services;
- (e) a medical care program of the Indian Health Service or of a tribal organization;
- (f) a state health benefits risk pool;
- (g) a health plan offered under chapter 89 of Title 5, United States Code, the Federal Employees Health Benefits Program;
- (h) a public health plan as defined by federal regulations; or
- (i) a health benefit plan under section 5(e) of the Peace Corps Act.

## OPTIONAL TRAVEL GUARD

### Travel Guard 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.
  - Ask the international operator to connect to an AT&T operator.
  - Request the AT&T operator to place a **collect call to the USA at 1-715-295-9625**.
- Our fax number is 1-262-364-2203.

### When to Contact Travel Guard:

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

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

Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home.

The Travel Guard Medical Staff consists of full-time, onsite Registered Nurses and Emergency Physicians who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24-hours; a physician has daily responsibility for a 24-hour period and is on-site during daytime hours.

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

- Advise Travel Guard who you are insured by.
- Provide your Policy number: CHH0043732 / CAS9499368
- Advise Travel Guard regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Guard needs to call you back.

### Description of Services

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

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

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

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

**Medical Assistance:** These services are the most complicated of those offered and can last up to several weeks. They involve Travel Assist's Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include physician/dental/hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains, and insurance/claims coordination.

**Medical Assistance:**

(Benefits provided by National Union Fire Insurance Company)

- Medical Referral
- Out-patient Assistance
- In-patient Assistance

**Medical Transport:**

**Reparation of Mortal Remains/  
Medical Evacuation Benefits**

**(Provided by National Union Fire Insurance Company  
of Pittsburgh, Pa.)**

**\$25,000 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.

**\$25,000 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.

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.

**CLAIM PROCEDURE**

In the event of Injury or Sickness, Covered Students should:  
 (1) Report to the Student Health Center or Infirmary for treatment or referral, or when not in school, to their Doctor or Hospital; (2) Notify Student Health Services or Maksin Management Corp., within 30 days after the date of the covered accident or commencement of the covered sickness or as soon thereafter as is reasonably possible; (3) Secure a claim form from the Student Health Services or Maksin Management Corp.; (4) Complete the form; (5) Submit the claim form complete with bills and receipts to Maksin Management Corp.; (6) Submit only one claim form for each accident or sickness. NOTE: Notification of sickness or accident must be furnished within 30 days after the date of accident or commencement of sickness. Bills for which benefits are to be paid must be submitted within 90 days.

**Insurance is Underwritten by:**

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

**Submit all Claims or Inquiries to:**

Maksin Management Corp.  
 P.O. Box 2647  
 Camden, NJ 08101-2647  
 Toll-Free: 1-877-775-5430  
 Fax: 1-856-486-1739

**Serviced Locally By:**

Holland Insurance, Inc.  
 P. O. Box 328  
 Southaven, MS 38671-0328  
 1-662-895-5528 / 1-888-393-9500  
 Email: gholland@geraldhollandinsurance.com

ONLINE SERVICES: Please visit our website at [www.maksin.com](http://www.maksin.com) for Brochures, Enrollment Cards (printable using Adobe Acrobat), Claims Status and other services.

**Please keep this Brochure as a general summary of the insurance. This is only a brief description of the coverage available under policy series S30494NUFIC-MS. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, the Policy will govern in all cases.**

**PLEASE VISIT THE WEBSITE AT  
 WWW.MAKSIN.COM TO LEARN ABOUT  
 VOLUNTARY DENTAL & VISION DISCOUNT PLANS  
 FOR 2011-2012.**