



# 2011 - 2012

## BLANKET INSURANCE POLICY PROVIDING TRAVEL ACCIDENT AND SICKNESS INSURANCE

**For questions or assistance with the plan contact:**

**UHS Managed Care/Student Insurance Office**

Telephone 734-764-5182

Toll-free 866-368-0002

Email: [mancare-stuins@umich.edu](mailto:mancare-stuins@umich.edu)

Website: [www.uhs.umich.edu/tai](http://www.uhs.umich.edu/tai)

## **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](mailto:customerservice@hthworldwide.com)

This Plan provides medical benefits while a person is temporarily away from Home. This Plan provides short-term, limited duration coverage. It is not subject to the guaranteed renewability and portability provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Insured Person may not purchase insurance under this Plan for a Period of Insurance longer than 12 months.

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. HM-3217-A-11. This is not a contract of insurance. Coverage is governed by an insurance policy issued to the University of Michigan underwritten by HM Life Insurance Company, Pittsburgh, PA, NAIC #0812-93440 under policy form HM207-TH. 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.

**HTH Worldwide**

# How the Plan Works

## Who is eligible for coverage?

Who is Eligible to Enroll Under This Plan? An Eligible Participant:

1. Is a member or employee of a Group covered under the Policy.
2. Has submitted an enrollment form, if applicable, and the premium to the Insurer.
3. Is a bona fide member in good-standing of a membership Group.

## Eligible Dependents

An Eligible Dependent means a person who is the Eligible Participant's:

1. spouse;
2. unmarried natural child, stepchild or legally adopted child who has not yet reached age 22;
3. own or spouse's own unmarried child, of any age, enrolled prior to age 22, who is incapable of self support due to continuing mental retardation or physical disability and who is chiefly dependent on the Eligible Participant. The Insurer requires written proof from a Physician of such disability and dependency within 31 days of the child's 22<sup>nd</sup> birthday and annually thereafter;
4. unmarried child, from their 19<sup>th</sup> to their 22<sup>nd</sup> birthday who is a full-time student attending an accredited college, university, vocational or technical school, and who is fully dependent upon the Eligible Participant for support. The Insurer may require proof of student status, but not more than once a Period of Insurance;
5. For a person who becomes an Eligible Dependent (as described below) after the date the Eligible Participant's coverage begins, coverage for the Eligible Dependent will become effective in accordance with the following provisions:
  - a. Newborn Children: Coverage will be automatic for the first 31 days following the birth of an Insured Participant's Newborn Child. To continue coverage beyond 31 days, the Newborn child must be enrolled within 31 days of birth.
  - b. Adopted Children: An Insured Participant's adopted child is automatically covered for Illness or Injury for 31 days from either date of placement of the child in the home, or the date of the final decree of adoption, whichever is earlier. To continue coverage beyond 31 days, as Insured Participant must enroll the adopted child within 31 days either from the date of placement or the final decree of adoption.
  - c. Court Ordered Coverage for a Dependent: If a court has ordered an Insured Participant to provide coverage for an Eligible Dependent who is spouse or minor child, coverage will be automatic for the first 31 days following the date which the court order is issued. To continue coverage beyond 31 days, and Insured Participant must enroll the Eligible Dependent within that 31 day period.

The term "primary care" means that the Insured Participant provides food, clothing and shelter on a regular and continuous basis during the time that the District of Columbia public schools are in regular session.

A person **may not** be an Insured Dependent for more than one Insured Participant.

**Additional Requirements for an Eligible Participant and Eligible Dependents: An Eligible Participant or an Eligible Dependent must meet all of the following requirements:**

1. under Age 81.
2. For children under age 6, must be enrolled with a parent.
3. Initial purchase must be made in home country prior to departing on trip.

### **Trip Coverage Start Date**

The Insured Person's coverage under the Policy for a trip during the Period of Insurance starts: 1) For a scheduled trip to a Foreign Country, when the Insured Person boards a conveyance at the start of the trip.

### **Trip Coverage End Date**

The Insured Person's coverage under the Plan for a trip during the Period of Insurance ends: 1) For a scheduled trip to a Foreign Country, when the Insured Person alights from a conveyance at the completion of the trip. 2) On the Period of Insurance Termination Date. However, if the Insured Person has not canceled his/her coverage, then coverage for a trip will extend past the Period of Insurance Termination Date if the Insured Person's return is delayed by unforeseeable circumstances beyond his/her control. In this event, coverage will terminate as stated immediately above or, if earlier, 11:59 p.m. on the seventh day following the Period of Insurance Termination Date. 3) If the Insured Person is covered under the Medical Evacuation Benefit, upon the Insured Person's evacuation to his/her Home Country. In no event will coverage for a trip extend past the Maximum Trip Coverage Period stated: coverage for any one trip may not exceed 364 days.

### **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.

### **[hthstudents.com](http://hthstudents.com)**

Once Eligible Participants receive their Medical Insurance ID card from HTH Worldwide, they should visit [hthstudents.com](http://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.

### **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](http://hthstudents.com) website for claim forms and instructions on how to file.

### **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 Insured Person is entitled, whether or not a claim is made for the benefits. This Policy is secondary coverage to all other policies. The Insurance Coverage Area is any place that is outside the United States.

# Benefit Overview Matrix

Following is a very brief description of the benefit schedule of the Plan. This should be used only as a quick reference tool. The entire Certificate of Coverage sets forth, in detail, the rights and obligations of both the Insured Person and the Insurer. It is, therefore, important that **THE ENTIRE CERTIFICATE OF COVERAGE BE READ CAREFULLY!**

Policy Maximums	Insurer pays up to Per Insured Person
<b>Trip Period Maximum Benefits</b>	\$500,000
<b>Period of Insurance Maximum Benefits</b>	\$500,000
Benefits	Insurer pays
Professional Services a. Surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic X-ray and lab b. Office Visits: including X-rays and lab work billed by the attending physician.	100%
Inpatient Hospital Services a. Surgery, X-rays, In-hospital doctor visits b. In-patient medical emergency	100%
Ambulatory Surgical Center	100%
<b>Outside the U.S. Outpatient prescription drugs</b>	100% of Covered Expenses
Dental Care required due to an Injury	100% of Covered Expenses up to \$500 maximum per Period of Insurance
<b>Physical and/or Occupational Therapy/Medicine</b>	Maximum payment of \$50 per visit and maximum of 24 visits per Period of Insurance
<b>Medical treatment received in the Home Country, if NOT covered by Other Plan</b>	100% of Covered Expenses up to \$10,000 maximum per Period of Insurance
<b>Accidental Death And Dismemberment</b>	Maximum Benefit: Principal Sum up to \$25,000
<b>Repatriation Of Remains</b>	Deductible is not applicable. Maximum Benefit up to \$100,000
<b>Medical Evacuation</b>	Deductible is not applicable. Maximum Benefit per Period of Insurance for all Evacuations up to \$200,000
<b>Bedside Visit</b>	Deductible is not applicable. Maximum Benefit per Period of Insurance up to \$1,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person

# Exclusions and Limitations: What the Plan does not pay for

## EXCLUDED SERVICES

The Plan does not provide benefits for:

1. Any **amounts in excess of maximum amounts of Covered Expenses** stated in this Plan.
2. Services **not specifically listed** in this Plan as Covered Services.
3. Services or supplies that are **not Medically Necessary** as defined by the Insurer.
4. Services or supplies that the Insurer considers to be **Experimental or Investigative**.
5. Services received **before the Effective Date** of coverage or during an inpatient stay that began before that Effective Date of Coverage.
6. Services received **after coverage ends** unless an extension of benefits applies as specifically stated under Extension of Benefits in the 'Who is Eligible for Coverage' section of this Plan.
7. Services for which the Insured Person has **no legal obligation to pay** or for which no charge would be made if he/she did not have a health policy or insurance coverage.
8. Services for any condition **for which benefits are recovered or can be recovered**, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
9. Treatment or medical services required **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.
10. Conditions caused by or contributed by (a) **an act of war**; (b) The inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) An Insured Person participating in the **military service** of any country; (d) An Insured Person participating in an **insurrection, rebellion, or riot**; (e) Services received for any condition caused by an Insured Person's commission of, or attempt to commit a **felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation**.
11. Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is **related to the Insured Person** by blood, marriage or adoption, or the Insured Person's employer.
12. Inpatient or outpatient services of a **private duty nurse**.
13. Inpatient room and board charges in connection with a **Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain**; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
14. Inpatient room and board charges in connection with a Hospital stay primarily for **diagnostic tests** which could have been performed safely on an outpatient basis.
15. **Dental services**, dentures, bridges, crowns, caps or other dental prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically stated under Dental Care for Accidental Injury in the Benefits section of this Plan.
16. Dental and orthodontic services for Temporomandibular Joint Dysfunction (**TMJ**).
17. **Orthodontic Services**, braces and other orthodontic appliances.
18. **Dental Implants**: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
19. **Hearing aids**.
20. Routine **hearing tests**.
21. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan.
22. An **eye surgery** solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
23. Outpatient **speech therapy**.
24. **Cosmetic surgery** or other services for beautification, including any medical complications that are generally predictable and associated with such services by the organized medical community. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a newborn child, or to Medically Necessary reconstructive surgery performed to restore symmetry incident to a mastectomy.

25. Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to **sex change**.
26. Treatment of **sexual dysfunction** or inadequacy.
27. All services related to the evaluation or treatment of **fertility and/or Infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization
28. **Cryopreservation** of sperm or eggs.
29. **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
30. Services primarily for **weight reduction** or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method of treatment.
31. **Routine physical exams** or tests that do not directly treat an actual illness, injury or condition, including those required by employment or government authority.
32. Charges by a provider for **telephone consultations**.
33. Items which are furnished primarily for the Eligible Participant's **personal comfort** or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, etc.).
34. **Educational services** except as specifically provided or arranged by the Insurer.
35. **Nutritional counseling** or food supplements.
36. **Durable medical equipment** not specifically listed as Covered Services in the Covered Services section of this Plan. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings.
37. **Growth Hormone Treatment**.
38. Routine **foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, injury or symptoms involving the feet.
39. **Charges for which the Insurer are unable to determine the Insurer's liability** because the Eligible Participant or an Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize the Insurer to receive all the medical records and information the Insurer requested; or (b) provide the Insurer with information the Insurer requested regarding the circumstances of the claim or other insurance coverage.
40. Charges for the services of a **standby Physician**.
41. Charges for **animal to human organ transplants**.
42. Under the medical treatment benefits, for loss due to or arising from a motor vehicle Accident if the Insured Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
43. Loss arising from
  - a. participating in any professional sport, contest or competition;
  - b. Racing or speed contests;
44. Claims arising from loss due to riding in any **aircraft** except one licensed for the transportation of passengers.
45. Under the **Accidental Death and Dismemberment provision**, for loss of life or dismemberment for or arising from an Accident in the U.S.
46. Under the **Repatriation of Remains Benefit and the Medical Evacuation Benefit provision**, for repatriation of remains or medical evacuation of the Covered Accident in the U.S.
47. Treatment of **Congenital Conditions**.