



Local Representative

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Program Administered by:

HTH Worldwide

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Insurance Underwritten by:



**BLANKET SHORT TERM STUDENT ACCIDENT AND SICKNESS
INSURANCE** underwritten by BCS Insurance Company,
Oakbrook Terrace, IL, NAIC #38245

Form # 28.328 (NC) REV 06/16

**Blanket Student Accident and
Sickness Insurance**

2016-2017 Study Abroad



*Especially Designed for Students,
Scholars and Faculty Studying Abroad
Attending One of the Participating
Schools of the*

**UNIVERSITY SYSTEM OF THE
STATE OF NORTH CAROLINA**

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. BCS-3428-A-16. This is not a contract of insurance. Coverage is governed by an insurance policy issued to University of North Carolina. The policy is underwritten by BCS Insurance Company, Oakbrook Terrace, IL, NAIC #38245 under policy Form 28.2302 (NC). 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.

TABLE 1

INJURY AND SICKNESS MEDICAL BENEFIT PLAN SUMMARY

| | Limits per Covered Person |
|---|--|
| MEDICAL EXPENSES | |
| Period of Coverage Maximum Benefits | \$350,000 |
| Maximum Benefit per Injury or Sickness | \$350,000 |
| Deductible | \$0 per Injury or Sickness |
| ACCIDENTAL DEATH AND DISMEMBERMENT | Maximum Benefit: Principal Sum up to \$25,000 for Participant; up to \$25,000 for Spouse; up to \$25,000 for Child(ren) |
| REPATRIATION OF REMAINS | Maximum Benefit up to \$50,000 |
| MEDICAL EVACUATION | Maximum Lifetime Benefit for all Evacuations up to \$200,000 |
| BEDSIDE VISIT | Up to a maximum benefit of \$5,000 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 |

TABLE 2

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

TABLE 3

The benefits listed below are subject to Table 1, Period of Coverage Maximums, Maximums per Injury or Sickness, Deductibles, Coinsurance, Out-of-Pocket Maximums and Table 2 Plan Type Limits.

| MEDICAL EXPENSES | Limits per Covered Person |
|---|---|
| Treatment of Congenital Conditions and conditions arising or resulting directly therefrom | Reasonable Expenses for benefits for congenital defects or anomalies shall specifically include, but not be limited to, all necessary treatment and care needed by individuals born with cleft lip or cleft palate. |

COVERED MEDICAL EXPENSES

| MEDICAL EXPENSES | Limits per Covered Person |
|---|---|
| Annual cervical cytology screening for women 18 and older | Same as any Sickness |
| Low dose mammography screening, one baseline mammogram and one mammogram per year. | Same as any Sickness |
| Maternity Care for a Covered Pregnancy | Same as any Sickness |
| Inpatient treatment of mental and nervous disorders | Reasonable Expenses |
| Outpatient treatment of mental and nervous disorders | Reasonable Expenses |
| Treatment for Chemical Dependency | Same as any Sickness |
| Non-surgical Treatment of Temporomandibular Joint Disorder (TMJ) | Reasonable Expenses up to \$3,500 |
| Treatment of specified therapies, including acupuncture and Physiotherapy | Reasonable Expenses up to \$5,000 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. |
| Repairs to sound, natural teeth required due to an Injury | 100% of Reasonable Expenses up to \$500 Maximum per Period of Coverage |
| Dental Treatment (including extractions) to alleviate pain | 100% of Reasonable Expenses up to \$100 per Period of Coverage |
| Outpatient prescription drugs | 100% of actual charge |
| Outpatient prescription contraceptives and devices | Covered under prescription drugs benefit above |
| Medical treatment received in the Home Country, if NOT covered by Other Plan | 100% of Reasonable Expenses up to \$10,000 Period of Coverage maximum |

Other benefits may apply as mandated by the State of North Carolina. Please see full Certificate of Insurance for more details.

What the Insurer Pays for Covered Medical Expenses: If a Covered Person incurs expenses while insured under the Plan due to an Injury or a Sickness, the Insurer will pay the Reasonable Expenses for the Covered Medical Expenses listed below. All Covered Medical Expenses incurred as a result of the same or related cause, including any Complications, shall be considered as resulting from one Sickness or Injury. The amount payable for any one Injury or Sickness will not exceed the Maximum Benefit for the Eligible Participant or the Maximum Benefit for an Eligible Dependent stated in Coverage A - Medical Expenses of Table 1 of the Schedule of Benefits. Benefits are subject to the Deductible Amount, Coinsurance, Copayments, and Maximum Benefits stated in the Schedule of Benefits, specified benefits and limitations set forth under Covered Medical Expenses, the General Policy Exclusions, the Pre-existing Condition Limitation, and to all other limitations and provisions of the Policy.

Covered General Medical Expenses and Limitations: Covered Medical Expenses are limited to the Reasonable Expenses incurred for services, treatments and supplies listed below. All benefits are per Injury or Sickness unless stated otherwise.

No Medical Treatment Benefit is payable for Reasonable Expenses incurred after the Covered Person's insurance terminates as stated in the Period of Coverage provision. However, if the Covered Person is in a Hospital on the date the insurance terminates, the Insurer will continue to pay the Medical Treatment Benefits until the earlier of the date the Confinement ends or 31 days after the date the insurance terminates.

If the Covered Person was insured under a group policy administered by the Administrator immediately prior to the Coverage Start Date shown on the Identification Card issued to the Participant, the Insurer will pay the Medical Treatment Benefits for a Covered Injury or a Covered Sickness such that there is no interruption in the Covered Person's insurance.

- **Physician office visits.**
- **Hospital Services:** Inpatient Hospital services and Hospital and Physician Outpatient services consist of the following: Hospital room and board, including general nursing services; medical and surgical treatment; medical services and supplies; Outpatient nursing services provided by an RN, LPN or LVN; local, professional ground ambulance services to and from a local Hospital for Emergency Hospitalization and Emergency Medical Care; x-rays; laboratory tests; prescription medicines; artificial limbs or prosthetic appliances, including those which are functionally necessary; the rental or purchase, at the Insurer's option, of durable medical equipment for therapeutic use, including repairs and necessary maintenance of purchased equipment not provided for under a manufacturer's warranty or purchase agreement.

The Insurer will not pay for Hospital room and board charges in excess of the prevailing semi-private room rate unless the requirements of Medically Necessary treatment dictate accommodations other than a semi-private room.

If Tests and X-rays are the result of a Physician Office Visit or of Hospital and Physician Outpatient Services there is no additional Copayment for these Tests or X-rays. A Deductible may apply.

However, if there is neither a Physician Office Visit nor Hospital or Physician Outpatient Services delivered, the Hospital and Physician Outpatient Services Copayment applies.

- **Emergency Hospital Services:** Emergency Hospital Services are Emergency Medical Care delivered in a Hospital emergency room as defined in this Policy. If there is no admission to the Hospital, there will be a Copayment as stated in the Schedule of Benefits.

Additional Covered General Medical Expenses and Limitations:

These additional Covered Medical Expenses are limited to the Reasonable Expenses incurred for services, treatments and supplies listed below. All benefits are per Injury or Sickness unless stated otherwise.

- Pregnancy
- Annual cervical cytology screening for cervical cancer and its precursor states for women age 18 and older
- Mammography screening, when screening for occult breast cancer is recommended by a Physician
- Colorectal cancer screenings
- Diabetic Supplies/Education
- Prostate screening tests
- Breast Reconstruction due to Mastectomy
- Hormone Replacement Therapy
- Off Label use for Cancer
- Anesthesia and hospital charges necessary for safe and effective administration of dental procedures for young children, persons with serious mental or physical conditions, and persons with significant behavioral problems; coverage in health benefit plans
- Chemical Dependency
- Temporomandibular Joint Disorder (TMJ)

Accidental Death and Dismemberment Benefit

The Insurer will pay the benefit stated below if a Covered Person sustains an Injury in the Country of Assignment resulting in any of the losses stated below within 364 days after the date the Injury is sustained:

| Loss | Benefit |
|--------------------------|---------------------------|
| Loss of life | 100% of the Principal Sum |
| Loss of one hand | 50% of the Principal Sum |
| Loss of one foot | 50% of the Principal Sum |
| Loss of sight in one eye | 50% of the Principal Sum |

Loss of one hand or loss of one foot means the actual severance through or above the wrist or ankle joints. Loss of the sight of one eye means the entire and irrecoverable loss of sight in that eye.

If more than one of the losses stated above is due to the same Accident, the Insurer will pay 100% of the Principal Sum. In no event

will the Insurer pay more than the Principal Sum for loss to the Covered Person due to any one Accident. The Principal Sum is stated in Table 1 of the Schedule of Benefits. If more than one of the losses stated above is due to the same Accident, the Insurer will pay 100% of the Principal Sum. In no event will the Insurer pay more than the Principal Sum for loss to the Covered Person due to any one Accident.

The Principal Sum is stated in Table 1 of the Schedule of Benefits.

There is no coverage for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.

Medical Evacuation, Repatriation of Remains and Bedside Visit Benefits

Medical evacuation, repatriation and bedside visit expenses for insured student, scholar, and their dependents must be arranged for and approved in advance by HTH Worldwide.

MEDICAL EVACUATION BENEFIT If a Covered Person is involved in an accident or suffers a sudden, unforeseen illness requiring emergency medical services, while traveling outside of his/her home country, and adequate medical facilities are not available, the Administrator will coordinate and pay for a medically-supervised evacuation, up to the Maximum Limit shown in the Schedule of Benefits, to the nearest appropriate medical facility. This medically-supervised evacuation will be to the nearest medical facility only if the facility is capable of providing adequate care. The evacuation will only be performed if adequate care is not available locally and the Injury or Sickness requires immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment. The determination of whether a medical condition constitutes an emergency and whether area facilities are capable of providing adequate medical care shall be made by physicians designated by the Administrator after consultation with the attending physician on the Covered Person's medical conditions. The decision of these designated physicians shall be conclusive in determining the need for medical evacuation services. Transportation shall not be considered medically necessary if the physician designated by the Administrator determines that the Covered Person can continue his/her trip or can use the original transportation arrangements that he/she purchased. The Insurer will pay Reasonable Charges for escort services if the Covered Person is a minor or if the Covered Person is disabled during a trip and an escort is recommended in writing by the attending Physician and approved by the Insurer.

REPATRIATION OF REMAINS BENEFIT If a Covered Person dies from a Covered Sickness or Injury, while traveling outside of his/her home country during the School Year, the Insurer will pay the necessary expenses actually incurred, up to the Maximum Limit shown in the Schedule of Benefits for the preparation of the body for burial, or the cremation, and for the transportation of the remains to his/her Home Country. This benefit covers the legal minimum requirements for the transportation of the remains. It does not include the transportation of anyone accompanying the body, urns, caskets, coffins, visitation, burial or funeral expenses. Any expense for repatriation of remains requires approval in advance by the Plan Administrator.

No benefit is payable if the death occurs after the Termination Date of the Plan. However, if the Covered Person is Hospital Confined on the Termination Date, eligibility for this benefit continues until the earlier of the date the Covered Person's Confinement ends or 31 days after the Termination Date. The Insurer will not pay any claims under this provision unless the expense has been approved by the Plan Administrator before the body is prepared for transportation.

This benefit is available only to Covered Persons who are living outside of their Home Country while engaged in educational activities.

BEDSIDE VISIT BENEFIT If a Covered Person is Hospital Confined due to an Injury or Sickness for more than 3 days, is likely to be hospitalized for more than 3 days or is in critical condition, while traveling outside of his/her home country, the Insurer will pay up to the maximum benefit as listed in Table 1 of the Schedule of Benefits 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 person designated by the Covered Person. Payment for meals, ground transportation and other incidentals are the responsibility of the family member or friend.

With respect to any one trip, this benefit is payable only once for that trip, regardless of the number of Covered Persons on that trip. The determination of whether the Covered Member will be hospitalized for more than 3 days or is in critical condition shall be made by the Administrator after consultation with the attending physician. No more than one (1) visit may be made during any Period of Coverage. No benefits are payable unless the trip is approved in advance by the Plan Administrator.

This benefit is available only to Covered Persons who are living outside of their Home Country while covered under this Plan.

In the event of an emergency, North Carolina students should go immediately to the nearest physician or hospital and then contact HTH's emergency assistance service, identifying themselves as a member of University of North Carolina group plan. HTH Worldwide, in conjunction with its assistance providers, will continuously monitor the student's medical situation, and provide care options, if appropriate.

HTH Worldwide Assistance Services – +1.610.254.8771
(collect calls from outside the United States are accepted)

Toll Free Inside the U.S. – 1.800.257.4823

If you are in need of non-emergency medical care overseas, first contact your Resident Director or your host institution contact person who can help you locate a medical facility.

If you have Internet access, then log on to hthstudents.com, and using the instructions in this guide, locate a physician near you. HTH has already identified and certified physicians who can provide medical care in many study abroad destinations. If you have difficulty locating medical care, contact HTH directly. The numbers for HTH are on the back of your medical insurance ID card and are contained in this guide in the Important Telephone Numbers section.

DEFINITIONS

Accident (Accidental) means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Covered Person is insured under the Plan.

Covered Medical Expense means an expense actually incurred by or on behalf of a Covered Person for those services and supplies which are: 1) Administered or ordered by a Physician; 2) Medically Necessary to the diagnosis and treatment of an Injury or Sickness; 3) Are not excluded by any provision of the Policy; and incurred while the Covered Person's insurance is in force under the Policy, except as stated in the Extension of Benefits provision. A Covered Medical Expense is deemed to be incurred on the date such service or supply which gave rise to the expense or charge was rendered or obtained. Covered Medical Expenses are listed in Table 3 and described in Section 2; 4) Coverage will not be denied for services rendered through a registered nurse acting under the authority of rules and regulations adopted by the North Carolina Medical Board and the Board of Nursing. This will also include direct payment to a registered nurse for conducting examinations or medical procedures for the purposes of collecting evidence from victims of offenses described in NCGS 90-171.38(b) if the registered nurse has completed the program established by said subsection.

Emergency Hospitalization and Emergency Medical Care means hospitalization or medical care that is provided for an Injury or a Sickness condition manifesting itself by acute symptoms of sufficient severity including without limitation sudden and unexpected severe pain for which the absence of immediate medical attention could reasonably result in: 1) permanently placing the Covered person's health in jeopardy; or 2) causing other serious medical consequences ;or 3) causing serious impairment to bodily functions; or 4) causing serious and permanent dysfunctions of any bodily organ or part.

Injury means bodily injury caused directly by an Accident. It must be independent of all other causes. To be covered, the Injury must first be treated while the Covered Person is insured under the Policy. A Sickness is not an Injury. A bacterial infection that occurs through an Accidental wound or from a medical or surgical treatment of a Sickness is an Injury.

Medically Necessary means those covered services or supplies that are: 1) Provided for the diagnosis, treatment, cure, or relief of a health condition, illness, injury, or disease; and, except as allowed under North Carolina law and not for experimental, investigational, or cosmetic purposes; 2) Necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, illness, injury, disease, or its symptoms; 3) Within generally accepted standards of medical care in the community; 4) Not solely for the convenience of the insured, the insured's family, or the provider.

For medically necessary services, nothing in this subsection precludes an insurer from comparing the cost-effectiveness of alternative services or supplies when determining which of the services or supplies will be covered. If a physician authorizes a service, that does not necessarily make it a medically necessary covered service.

Reasonable Expense means the normal charge of the provider, incurred by the Covered Person, in the absence of insurance, 1.) for a medical service or supply, but not more than the prevailing charge in the area for a like service by a provider with similar training or experience, or 2.) for a supply which is identical or substantially equivalent. The final determination of a reasonable and customary charge rests solely with the Insurer.

Sickness means an illness, ailment, disease, or physical condition of a Covered Person starting while insured under the Policy.

LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION LIMITATION

The Insurer does not pay benefits for loss due to a Pre Existing Condition.

GENERAL POLICY EXCLUSIONS

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

1. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, including routine care of a newborn infant, unless otherwise noted.
2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
3. 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.
4. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident, except to correct a congenital defect.
5. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Plan is in effect.
6. For diagnostic investigation or medical treatment for infertility, fertility, or birth control. This does not apply to prescription coverage for contraceptive drugs or devices.
7. Reproductive and infertility services.
8. Participating in an illegal occupation or committing or attempting to commit a felony.
9. 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. 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, unless otherwise noted.
11. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
12. Diagnosis and treatment of acne and sebaceous cyst.
13. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture which does not follow a covered Hospital Confinement or surgery.
14. Loss arising from
 - a. participating in any professional sport, contest or competition;
15. 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.
16. Non-FDA approved drugs provided or made available to a patient who received the drug during a covered clinical trial after the clinical trial has been discontinued.
17. Services or supplies that the Insurer considers to be Experimental or Investigative.

Additional Services: Emergency Political Evacuation/Repatriation and Natural Disaster Services

DRUM, Inc. provides coverage for Political Evacuation/Repatriation and Natural Disaster Services. Refer to the Political and Security Evacuation and Natural Disaster Services online pamphlet for a summary of coverage.

HOW TO ENROLL

Eligible Participants and their Eligible Dependents are encouraged to enroll into this program. Please contact your International Student Advisor for instructions on how to enroll in this program. Costs for the program effective August 1st, 2016 are:

| | Daily Premium Students | Daily Premium Faculty & Staff |
|------------------------|------------------------|-------------------------------|
| Participant | \$1.42 | \$2.95 |
| Participant & Spouse | \$4.38 | \$5.90 |
| Participant & Family | \$7.50 | \$9.00 |
| Participant & Children | \$4.56 | \$6.00 |

Medical Evacuation and Repatriation of Remains and DRUM only coverage may be purchased at \$33.35 per month (students/scholars/faculty only).