

# **STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN**

Designed for the Students of



Detroit, Michigan

**2007-2008**

This insurance plan includes a Preferred  
Provider Organization (PPO) Provision.

**Policy No. CUH201257**



## To Our Students and Their Parents:

To obtain full value from participation in college life, a student's good health is essential. Recognizing this fact and desiring to help you safeguard your present state of well-being, the University of Detroit Mercy maintains an on-campus Health Center.

The University of Detroit Mercy Health Center, which is staffed by nurse practitioners and/or physician assistants, has expanded its services. The Health Center staff has available consultant services through Providence Hospital. The Health Center will be providing complete health assessments, women's health exams, and periodic wellness clinics. Students may receive care and treatment for minor illnesses or injuries. However, our on-campus Health Center is not equipped to handle serious accidents and sicknesses, so students will be referred elsewhere for appropriate treatment.

**The University requires all residence hall students and encourages all students carrying three or more credit hours to have adequate hospital surgical/medical insurance.** For the convenience of such students—especially those whose other coverage needs supplementing to meet today's inflated prices, and those who this year may automatically be removed from their parents' plans because of marriage, attainment of some specified age or other change in the dependency status—the University offers the Supplemental Accident and Sickness Plan described in this brochure. Because University of Detroit Mercy can assume no responsibility for health care costs incurred by students, we urge you to review its details, while double-checking the adequacy of any other coverage you have, and to seriously consider enrolling in this plan.

**All international students** (F-1 or J-1 visa status) possessing and maintaining a current passport and visa and who are temporarily located outside their home country and have not been granted permanent residency status while engaged in educational activities at the University, are required to be insured under the Policy. Coverage is available for students engaged in "Practical Training." Contact the International Services Office for more information. (A person who is an immigrant or permanent resident alien is not eligible for this coverage.)

All international students will be automatically enrolled in this plan and the premium charged to the student's tuition billing. Waiver may only be granted to people already insured under equivalent plans. Contact the International Students Office for more information.

**Graduate students** are not required to waive participation in the Student Health Insurance Plan, however, they are eligible to purchase the Plan on a voluntary basis. For more information and to request an Enrollment Form, please contact Specialty Risk Group at 877-581-2672 or enroll online at [www.specrisk.com/detroitmercy](http://www.specrisk.com/detroitmercy)

The University of Detroit Mercy Student Health Insurance Plan has been developed especially for UDM students. The Plan provides coverage for illnesses and injuries that occur on and off campus, and includes special cost-saving features to keep the coverage as affordable as possible. The University is pleased to offer the Plan as described in this Brochure.

Please keep this Brochure as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

## **THE UNIVERSITY OF DETROIT MERCY STUDENT HEALTH INSURANCE PLAN**

This is a brief description of the Accident and Sickness Health Expense benefits available for UDM students and their eligible dependents. The Plan is underwritten by Combined Insurance Company. The exact provisions governing this insurance are contained in the Master Policy. The Plan is administered by Administrative Concepts, Inc.

### **POLICY PERIOD**

Students:

**Annual:** Coverage for all insured students enrolled for the Annual Policy will become effective at 12:01 a.m. on August 20, 2007, and will terminate at 12:01 a.m. on August 20, 2008.

**Fall Semester:** Coverage for all insured students enrolled for the Fall Semester will become effective at 12:01 a.m. on August 20, 2007, and will terminate at 12:01 a.m. on January 3, 2008.

**Winter Semester:** Coverage for all insured students enrolled for the Winter Semester will become effective at 12:01 a.m. on January 3, 2008, and will terminate at 12:01 a.m. on August 20, 2008.

## PREMIUM RATES

	Annual 8/20/07 to 8/20/08	Fall 8/20/07 to 1/3/08	Winter/Summer 1/3/08 to 8/20/08
Residential & International			
Students	\$826.00	\$276.00	\$550.00
Spouse	\$1651.00	\$551.00	\$1100.00
Each Child	\$1240.00	\$414.00	\$826.00
Graduate			
Students	\$926.00	\$463.00	\$463.00
Spouse	\$1778.00	\$889.00	\$889.00
Each Child	\$1334.00	\$667.00	\$667.00

## PREMIUM REFUND POLICY

Insured Students entering the Armed Forces of any country will not be covered under this Plan as of the date of such entry. Those students withdrawing from the school to enter military service will be entitled to a pro-rata refund of premium upon written request. Requests should be made to Specialty Risk Group at the address on the back of the brochure. Premium received by the Company is fully earned upon receipt. No other requests for a refund of premium will be considered.

## ELIGIBILITY

To ensure that all Residential Life and International students are covered by an active health insurance plan as required by UDM, each year you will be automatically enrolled in the Student Health Insurance Plan unless you submit a Waiver Form by September 2, 2007 that testifies that you have other comparable insurance, and have agreed to maintain that coverage while a student at UDM. *Graduate Students are not required to waive participation in the Plan.*

## DEPENDENT COVERAGE

Insured Students may also purchase Dependent coverage. "Dependent" means: (a) the Insured Student's spouse residing with the Insured Student; or (b) the Insured Student's unmarried Children under the age of nineteen. Dependents who accompany students to the U.S. must be enrolled at the same time as the student. Dependents who follow to join the student in the U.S. must be enrolled upon arrival in the U.S. Children must be fully supported by the Insured Student. Coverage for newborn children will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth.

Such coverage will start from the moment of birth, if the Insured Student is already insured for dependent coverage when the child is born. If the Insured Student does not have dependent coverage when the child is born, We cover the newborn child for dependent benefits from and after the moment of birth, or any minor child placed with an Insured Student for adoption for dependent benefits from and after the moment the child is placed in the physical custody of the Insured Student for adoption. To continue the newborn child's dependent benefits past the first 31 days, the Insured Student must notify Us in writing within 31 days of the child's birth.

The term "children" includes an Insured Student's biological children; step-children; adopted children from the date of placement in the Insured Student's home and who depend on the Insured Student for their full support.

A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical handicap or mental retardation; and (b) became so handicapped before reaching the age limit; and (c) is chiefly dependent on the Insured Student for support and maintenance.

Within 31 days after the child reaches the age limit, the Insured Student must send us proof of the child's dependency or handicap. We may ask for more proof of the child's dependency and handicap, but We will not ask for proof more frequently than annually after the two year period following the child's attainment of the limiting age.

Any Dependent on active duty in any military, naval, or air force of any country is not eligible for coverage under this Policy.

Proper notice will be furnished to the Insured Student by the Company as to the amount of any additional premium for such newborn child's coverage.

For information or general questions on dependent enrollment, contact Specialty Risk Group at or 877-581-2672 or visit our website [www.specrisk.com](http://www.specrisk.com).

## DEFINITIONS

Whenever used in this Policy:

**Accident** means a specific unforeseen event, which happens while the Insured Person is covered under this Policy and which directly, and from no other cause results in an injury.

**Coinsurance** means the percentage of Reasonable and Customary Expenses for which the Insured Person is responsible for a covered service.

**Copayment** means the specified dollar amount an

Insured Person must pay for specified charges. The copayment is separate from and not a part of the Deductible or Coinsurance.

**Covered Charge or Expense** as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Policy is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits Provision.

**Covered Percentage** means that part of the Covered Charge that is payable by the Company after the Deductible or Copayment has been met.

**Deductible** means the amount of Expenses for covered services and supplies which must be incurred by the Insured Person before specified benefits become payable.

**Doctor** as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification.

**Injury** means bodily injury caused by an accident, which is the sole cause of the Loss. All injuries due to the same or related cause are considered one Injury.

**Insured Person** means an Insured Student and their covered Dependent(s) while insured under this Plan.

**Insured Student** means a student of the Policyholder who is eligible and insured for coverage under this Plan.

**Loss** means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

**Medical Emergency** means a sudden onset of a medical condition that manifests itself by signs and symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

- (a) serious jeopardy to the Insured Person's health or to a pregnancy in the case of a pregnant Insured Person;
- (b) serious impairment to bodily functions; or
- (c) serious dysfunction of any bodily organ or part.

**Medically Necessary** means that a service, drug or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply shall be considered "needed" if it:

(a) is ordered by a licensed Doctor; and

(b) is commonly and customarily recognized through the medical profession as appropriate for the particular Injury or Sickness for which it was ordered.

A service, drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

**Reasonable and Customary Expense** means fees and prices generally charged within the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature.

**Sickness** means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

**We, Us or Our** means Combined Insurance Company of America.

**You, Your or Yours** means the Insured Student.

## **PREFERRED PROVIDER NETWORK**

The University of Detroit Mercy Accident and Sickness Insurance Plan provides access to hospitals and health care providers locally through the Preferred Provider Organization of PPOM. The advantage to using a Network Provider is that these providers have agreed to accept a predetermined fee or Preferred Allowance as payment for their services. Consequently, when Insured Persons use Network Providers. Out-of-Pocket expenses will be less because any applicable copayment will be based on a Preferred Allowance. The Insured Person should be aware that Network Provider Hospitals may be staffed with Non-Network Providers. Receiving services or care from a Non-Network Providers does not guarantee that all charges will be paid at the Network Provider level of benefits. It is important that the Insured Person verify that his or her Doctors are Network Providers each time he or she calls for an appointment or at the time of service. The most efficient and accurate way to identify PPOM Network Providers is by visiting their web site at [www.ppom.com](http://www.ppom.com).

## **DESCRIPTION OF BENEFITS**

Payment will be made as allocated herein for Covered Medical Expenses incurred for any one Accident or any one Sickness while insured under the Plan, not to exceed Policy Year Maximum while Continuously Insured of \$50,000 for any one covered Accident or any one covered Sickness.

The payment of any Copays, Deductibles, the balance above any Coinsurance amount, and any medical

expenses not covered are the responsibility of the Covered Person.

To maximize your savings and reduce out-of-pocket expenses, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Non-Network Provider is subject to Reasonable and Customary (R&C) Charge allowance maximums. Any charges in excess of the R&C allowance are not covered under the Plan.

A complete listing of Preferred Providers is available through the internet [www.ppom.com](http://www.ppom.com).

## **SUMMARY OF BENEFITS CHART**

The following benefits are subject to the imposition of Policy limits and exclusions. All coverage is based on R&C Charges unless otherwise specified.

**Policy Maximum:** \$50,000 per condition.

**Deductible:** The insured person is responsible for a \$50.00 deductible per Sickness or Accident not to exceed \$200.00 per policy year. The deductible will be waived if first seen at the UDM Health Service and receives a referral for additional medical treatments.

**Co-insurance:** Preferred Provider Network payable at 100% of first \$2500.00 then 80%. Non-network provider: 60% of R & C.

**Co-payments:** OP Physician visit \$10.00 per visit. Emergency room visits (when not admitted) \$50.00 per visit.

### **HOSPITAL EXPENSE BENEFIT**

**Hospital Room & Board Expense:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

**Miscellaneous Hospital Expense:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

### **SURGICAL EXPENSE BENEFITS (INPATIENT OR OUTPATIENT)**

**Surgery Expense:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

**Multiple Surgical Procedure:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

**Anesthesia Expense:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

**Assistant Surgeon Expense:** Expenses for the charges of an assistant surgeon during a surgical procedure are payable at 20% of the actual payment made to the surgeon.

**Second Surgical Opinion Expense:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

**IN-HOSPITAL DOCTOR'S FEES AND MEDICAL EXPENSE BENEFIT:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

### **OUTPATIENT EXPENSE BENEFIT**

**Doctor's Office Visit Expense:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge, after a \$10.00 co-pay per visit.

**Hospital Outpatient Department Expense** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

**Emergency Room Expense:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge after a \$50.00 copayment, when not admitted.

**Diagnostic X-ray and Laboratory Testing Expense:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

**Physical Therapy Expense:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge, after a \$10.00 copayment per visit.

### **MENTAL & NERVOUS CONDITIONS EXPENSE BENEFIT**

**Inpatient Expense:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge. **Benefit Maximum:** 30 days per Policy Year.

**Outpatient Expense:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance, maximum of 20 visits per Policy Year. Non-Network Provider: 60% of the R & C Charge, maximum of 20 visits per Policy Year, subject to a \$10.00 copayment per visit.

## **ALCOHOL & DRUG ABUSE EXPENSE BENEFIT**

**Inpatient Expense:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge. **Benefit Maximum:** 30 days per Policy Year.

**Outpatient Expense:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance, maximum of 20 visits per Policy Year. Non-Network Provider: 60% of the R & C Charge, maximum of 20 visits per Policy Year, subject to a \$10.00 copayment per visit.

**CANCER SCREENING AND CYTOLOGIC SCREENING (PAP SMEAR) EXPENSE:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

**MATERNITY EXPENSE:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

**BREAST CANCER DIAGNOSTIC & REHABILITATIVE :** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

**PROSTHETIC DEVICES/RECONSTRUCTIVE SURGERY AFTER MASTECTOMY EXPENSE BENEFIT:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

**DIABETES EXPENSE BENEFIT:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

**PRESCRIPTION DRUG BENEFIT:** 80% of R & C up to \$750 per plan year.

**PRE-ADMISSION TESTS EXPENSE:** Covered Medical Expenses are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R & C Charge.

**REPATRIATION OF BODY REMAINS EXPENSE AND EMERGENCY MEDICAL EVACUATION EXPENSE:** Covered Percentage: 100% of actual Expense Benefit Maximum: \$10,000 for each Expense Benefit

## **ADDITIONAL BENEFITS**

**Ambulance Expenses:** Covered Medical Expenses for the Medically Necessary transportation to the nearest qualified medical facility are payable as follows: Network Provider: 80% of the Preferred Allowance.

Non-Network Provider: 80% of the R&C Charge.

**Dental Injury Expenses:** Covered Medical Expenses incurred in connection with an Accidental Injury to sound, natural teeth are payable as follows: Network Provider: 80% of the Preferred Allowance. Non-Network Provider: 60% of the R&C Charge.

### **UDM HEALTH SERVICES REFERRAL REQUIRED**

Students must use the resources of the Health Services first where treatment will be administered, or referral issued. A referral issued by the UDMHS must accompany the claim when submitted.

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

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

Dependent spouses and children are not eligible to use the UDMHS, and therefore, are exempt from the above limitations and requirements.

### **CONFORMITY WITH STATE STATUTES**

*This Plan also covers all mandated benefits as required by the state in which this Policy is issued.*

### **MENTAL & NERVOUS CONDITIONS EXPENSE BENEFIT**

**Inpatient Hospital Confinement:**When the Insured Person requires Hospital Confinement for treatment of a Mental or Nervous Condition, We will pay the Covered Percentage of the Covered Charges incurred for such Hospital Confinement on the same basis as any other Sickness as described in Part A, Hospital Room and Board Expense of the Hospital Expense Benefit. Such confinement must be in a licensed or certified facility, including Hospitals.

**Outpatient Services:** We will pay the Covered Percentage of the Covered Charges incurred as shown in the Plan of Insurance for covered outpatient services for the treatment of Mental and Nervous Conditions. The Mental and Nervous Condition must, in the professional

judgement of health care providers, be treatable, and the treatment must be Medically Necessary. Outpatient Treatment and Doctor services include charges made by an outpatient treatment department of a Hospital or community mental health facility or charges for services rendered in a Doctor's office. Treatment may be provided by any properly licensed Doctor, psychologist or other provider as required by law.

### **ALCOHOL & DRUG ABUSE EXPENSE BENEFIT**

**Inpatient Hospital Confinement:** When the Insured Person is confined as an inpatient in: (i) a Hospital; or (ii) a Detoxification Facility for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency, We will pay the Covered Percentage of the Covered Charges incurred for such Hospital Confinement on the same basis as any other Sickness as described in Part A, Hospital Room and Board Expense of the Hospital Expense Benefit. Such confinement must be in a licensed or certified facility, including Hospitals.

We will pay the Covered Percentage of the Covered Charges incurred as shown in the Plan of Insurance for covered outpatient services and intermediate care for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency.

Outpatient Treatment and Doctor services include charges for services rendered in a Doctor's office or by an outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, so long as the Hospital, community mental health facility or alcoholism treatment facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health. The services must be legally performed by or under the clinical supervision of a licensed Doctor or a licensed psychologist who certifies every three months that the Insured Person needs to continue such treatment.

Intermediate Care includes the use, in a full 24-hour residential therapy setting, or in a partial, less than 24-hour, residential therapy setting, of any or all of the following therapeutic techniques, as identified in a treatment plan for Insured Persons physiologically or psychologically dependent upon or abusing alcohol or drugs:

- (a) chemotherapy
- (b) counseling
- (c) detoxification services
- (d) other ancillary services, such as medical testing, diagnostic evaluation, and referral to other services identified in a treatment plan.

## **CYTOLOGIC SCREENING (PAP SMEAR) EXPENSE BENEFIT**

We cover charges for Expenses incurred for an annual Cytologic Screening (Pap Smear) or more frequently when recommended by a Doctor, nurse practitioner, or a certified nurse midwife. Such benefits will include the examination, laboratory fee, and the Doctors interpretation of the laboratory results. We cover such charges the same way We treat Covered Charges for any other Sickness.

**Maternity Expense Benefit:** We will pay benefits for an Insured Person's Covered Charges for maternity care, including Hospital, surgical and medical care. We cover charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and a minimum of 96 hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a health care facility, unless the attending Doctor in consultation with the mother, makes a decision for an earlier discharge from the Hospital. For a mother and newborn child who remain in the Hospital for the minimum length of time stated above, We will pay for one home health care visit if prescribed by the attending Doctor. For a mother and newborn child who have a shorter Hospital stay, We will pay for one home visit scheduled within 24 hours after Hospital discharge; and an additional home visit if prescribed by an attending provider.

Newborn Infant Care – Newborn infant care is covered when the infant is confined in the Hospital and has received continuous Hospital care from the moment of birth. This includes: (a) nursery charges; (b) charges for routine Doctor's examinations and tests; and (c) charges for routine procedures. This benefit does not include circumcision. This benefit also includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities of newborn children covered from birth. Covered services may be provided by a certified nurse-midwife under qualified medical direction if he or she is affiliated with or practicing in conjunction with a licensed facility. We cover such charges the same way We treat Covered Charges for any other Sickness.

## **BREAST CANCER DIAGNOSTIC & REHABILITATIVE EXPENSE**

We will pay the Covered Percentage of the Covered Charges for the following.

- (a) breast cancer diagnostic services rendered while Hospital confined or on an outpatient basis, including but not limited to surgical breast biopsy, pathologic examination and mammography screening performed for diagnostic purposes as follows:

1. one baseline mammogram for insured women age 35 through 39;
  2. one mammogram every year for insured women age 40 and over.
- (b) breast cancer outpatient treatment services, including but not limited to surgery, radiation therapy, chemotherapy, hormonal therapy and related medical follow-up services.
  - (c) breast cancer rehabilitative services to improve the result of, or ameliorate the debilitating consequences of, treatment of breast cancer. Covered services may be rendered while Hospital confined or on an outpatient basis and include, but are not limited to, reconstructive plastic surgery, physical therapy and psychological and social support services.

We cover such charges the same way We treat Covered Charges for any other Sickness.

**Prosthetic Devices/Reconstructive Surgery After Mastectomy Expense Benefit:** We will pay the Covered Percentage of the following Covered Charges incurred by an Insured Person following a mastectomy covered under the Policy:

- (a) medical care and attendance for reconstructive surgery;
- (b) cost and fitting of a prosthetic device.

The Insured Person's Doctor must certify that the proposed course of rehabilitative treatment is Medically Necessary. We cover such charges the same way We treat Covered Charges for any other Sickness.

**Diabetes Expense Benefit:** Covered Charges include those incurred for the following equipment, supplies and educational training for the treatment of an Insured Person with diabetes as determined to be Medically Necessary and prescribed by a Doctor. The term "diabetes" includes an Insured Person with: (a) gestational diabetes; (b) insulin-dependent diabetes; and (c) non-insulin-dependent diabetes.

- (a) blood glucose monitors and blood glucose monitors for the legally blind;
- (b) test strips for glucose monitors, visual reading and urine testing strips, lancets and spring-powered lancet devices;
- (c) syringes;
- (d) insulin pumps and medical supplies required for the use of an insulin pump;

- (e) diabetes self-management training to ensure that Insured Persons with diabetes are trained as to the proper self-management and treatment of their diabetic condition, subject to the following:
1. Coverage is limited to completion of a certified diabetes education program upon occurrence of either of the following:
    - if considered Medically Necessary upon the diagnosis of diabetes by a Doctor who is managing the Insured Person's diabetic condition and if the services are needed under a comprehensive plan of care to ensure therapy compliance or to provide necessary skills and knowledge;
    - (ii) if a Doctor diagnoses a significant change with long-term implications in the Insured Person's symptoms or conditions that necessitates changes in the Insured Person's self-management or a significant change in medical protocol or treatment modalities.
  2. Training must be provided by a diabetes outpatient training program certified to receive Medicaid or Medicare reimbursement or certified by the department of community health. Training shall be conducted in group settings whenever practicable.

We cover such charges the same way We treat Covered Charges for any other Sickness.

**Prescription Drug Expense Benefit:** If by reason of Injury or Sickness, an Insured Person requires drugs, We will pay the Covered Percentage of the Covered Charges incurred by the Insured Person for such drugs and the Medically Necessary services associated with the administration of such drugs, subject to the Copayment shown in the Plan of Insurance.

The drugs must be prescribed by a Doctor. We only cover drugs which are approved for the treatment of the Insured Person's Injury or Sickness by the Food and Drug Administration. We will also cover a drug prescribed for a treatment for which it has not been approved by the Food and Drug Administration if the drug is recognized as being medically appropriate for the specific treatment for which the drug has been prescribed in one of the following established reference compendia:

- (1) the American Medical Association Drug Evaluations;
- (2) the American Hospital Formulary Service Drug Information;
- (3) the United States Pharmacopoeia Drug Information; or

- (4) it is recommended by a clinical study or review article in two major peer-reviewed professional journals that present data supporting the use or uses to be generally safe and effective.

However, Covered Charges do not include experimental or investigational drugs or any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment for which the drug has been prescribed.

Prescription drug expenses include the following if determined to be Medically Necessary and prescribed by a Doctor for an Insured Person with diabetes. The term "diabetes" includes an Insured Person with: (a) gestational diabetes; (b) insulin-dependent diabetes; and (c) non-insulin-dependent diabetes.

- (a) insulin;
- (b) nonexperimental medication for controlling blood sugar;
- (c) medications used in the treatment of foot ailments, infections and other medical conditions of the foot, ankle or nails associated with diabetes.

Prescription drug expenses include federal Food and Drug Administration (FDA) approved drugs used in antineoplastic therapy and the reasonable cost of its administration, regardless of whether the specific neoplasm for which the drug is being used as treatment is the specific neoplasm for which the drug has received approval by the FDA. However all of the following conditions must be met:

- (a) the drug is ordered by a Doctor for treatment of a specific type of neoplasm;
- (b) the drug is approved by the FDA for use in anti-neoplastic therapy;
- (c) the drug is used as part of an antineoplastic drug regimen;
- (d) current medical literature substantiates its efficacy and recognized oncology organizations generally accept the treatment; and
- (e) the Doctor has obtained informed consent from the Insured Person for the treatment regimen which includes FDA approved drugs for off-label indications.

**Pre-Admission Tests Expense Benefit:**

Notwithstanding any provision in this Plan to the contrary, We will pay benefits for Covered Charges made by a Hospital for use of its outpatient facilities for tests ordered by a Doctor. The tests must be performed as a planned preliminary to the Insured Person's admission as an inpatient for surgery in that same Hospital. However: (a) the test must be necessary for, and con-

sistent with, the diagnosis and treatment of the condition for which surgery is to be performed; (b) reservations for a Hospital bed and for an operating room must be made prior to the date the tests are done; (c) the surgery actually takes place within seven days of pre-surgical tests; and (d) the Insured Person is physically present at the Hospital for the tests.

## **INTERNATIONAL ASSISTANCE PROGRAM**

The International Assistance Program (IAP) is included in the Student Insurance Plan that provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

1. Referral to the nearest, most appropriate medical facility, and/or Provider.
2. Medical monitoring by board certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and Insured.
4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriation of remains.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Contact On Call International for any of these services:

Toll Free from U.S. and Canada: 1-800-850-4556

Dial Direct or Call Collect Worldwide: 1-603-898-9159 or

Contact our website: [www.oncallinternational.com](http://www.oncallinternational.com)

## **MEDICAL EVACUATION & REPATRIATION**

### **Emergency Medical Evacuation**

We will pay for benefits for the Covered Expenses incurred, up to \$10,000 if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person. Emergency Medical Evacuation means: (a) the Insured Person's medical condition warrants immediate Transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate

medical treatment can be obtained; or (b) for International Students after being treated at a local Hospital; the Insured Person's medical condition warrants Transportation to his/her Home Country to obtain further medical treatment to recover. All Transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by the Company. Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to: air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Doctor.

### **Repatriation Of Remains**

In the event of the death of an Insured Person, We will pay the actual charges up to a maximum of \$10,000 for preparation and transportation of the Insured Person's remains to his or her home country. This will be in accord with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit. Covered expenses include expenses for embalming, cremation, coffins, and transportation. Repatriation of remains must be approved in advance by the Company.

## **EXCLUSIONS**

The Plan does not cover nor provide benefits for unless otherwise provided within the Schedule of Benefits:

1. Preventative medicines, serums, immunizations or vaccines, except as specifically provided;
2. Routine periodical physical examinations, except as specifically provided;
3. Organ transplants, except as specifically provided;
4. Hospice services, except as specifically provided;
5. Pre-existing Conditions as defined in this Policy;
6. Nonprescription drugs or medicines;
7. 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-rata premium to such Insured Person;
8. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, intercollegiate club sports, and professional sports, except as specifically provided;

9. Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or mandatory no-fault benefits insurance;
10. 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 congenital disease or anomaly of a covered Dependent child, which has resulted in a functional defect;
11. 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 bungie-cord jumping;
12. Correction of congenital defects except as specifically provided;
13. 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 sound, natural teeth;
14. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain;
15. Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also services and supplies in connection with Experimental or Investigational Care for the terminally ill;
16. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
17. For Expenses for which a contributing cause was the Insured Person's commission of, or attempt to commit a felony, or for which an Insured Person's engagement in an illegal occupation was the contributing cause;
18. Injury due to participation in a riot;
19. Injury or Sickness for which benefits are paid under Workers' Compensation or Occupational Disease Law;
20. For services or supplies rendered by a close relative of the Insured Person or by a home health aide who is a member of your household. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and sisters;
21. Personal hygiene/convenience items; telephone consultations, missed appointments, photocopies or medical records, or completion of claim forms; expenses incurred for custodial care or services

- not needed to diagnose or treat an Injury or Sickness, including but not limited to services related to the activities of daily living;
22. For services, supplies or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature;
  23. Foot care only to improve comfort or appearance such as care for flat feet; subluxation; corns; calluses; routine care of toenails and the like, except for treatment of bunions, capsular, or bone surgery and infected and impacted toenails, which are covered when Medically Necessary;
  24. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
  25. Services, supplies, drugs, or laboratory tests related to programs designed for the purpose of weight reduction, except for surgical treatment of morbid obesity;
  26. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
  27. Marriage, family, and group counseling;
  28. Services or supplies primarily for educational, vocational or training purposes, except the initial visit to diagnose and determine if a medical condition is causing a learning disability;
  29. Expense incurred for vision therapy, radial keratotomy, eyeglasses, and contact lenses (except when required after surgery), other vision and hearing aids except as required for repair caused by a covered Injury;
  30. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
  31. Expenses for any service or supply not specified in this Policy as a covered service;
  32. An amount of a charge in excess of the Reasonable and Customary Expense;
  33. Elective Treatment or elective surgery, except as specifically provided;
  34. Services not Medically Necessary;
  35. Expenses for emergency room treatment for an Injury or Sickness not a Medical Emergency as defined in this Policy, including emergency "follow-up" visits;
  36. 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 reg-

ularly established route, except as specifically provided;

37. For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile;
38. Suicide, attempted suicide, or intentionally self-inflicted injury;
39. Injuries incurred by the Insured Person while intoxicated or under the influence of any drug unless taken as prescribed by a Doctor;
40. Expense incurred for: tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery; impotence (except approved services related to organic dysfunctions); 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;
41. Expense incurred for any service, treatment or supply for the diagnosis or treatment of sexual dysfunction (including erectile dysfunction). This includes, but is not limited to, drugs, laboratory and x-ray tests, counseling, transsexual procedures or penile prostheses necessary due to any medical condition or organic disease. A penile prosthesis will be eligible for payment only after prostate surgery; Viagra or any therapeutic equivalents;
42. Expenses incurred for any experimental drug or drug combination which the Federal Food and Drug Administration (FDA) has not approved for any indication, or for any drug which the FDA has determined to be contraindicated for a particular condition;
43. Expenses incurred for replacement braces and appliances, except for repair or replacement that is required by a changed condition due to Sickness or Injury;
44. Alternative health care, including (but not limited to) acupuncture, except as specifically provided, acupressure, biofeedback, reflexology, and rolfing type services;
45. Services, supplies and facility that are provided mainly for rest care, maintenance or custodial care;
46. Care, treatment or supplies furnished by a program or agency funded by any government;
47. Hospital inpatient admissions primarily for diagnostic studies when bed care is not Medically Necessary;
48. Nicotine addiction;
49. Patient controlled anesthesia;
50. Spinal manipulation including adjustment and other chiropractic-type services.

## **PRE-EXISTING CONDITIONS LIMITATION**

A Pre-Existing Condition is a Sickness, Injury, or related condition for which medical advice, diagnosis, care or treatment was recommended or received within 6 months prior to the Effective Date of the Insured Person's coverage under this Policy.

The Pre-existing Condition Waiting Period is twelve (12) months. If an Insured Person receives treatment or service for a Pre-existing Condition: (a) We will not pay benefits for such condition until the day after a twelve (12) consecutive month period has passed from the Insured Student's effective date, and (b) We will pay only for Loss or expense incurred after such twelve (12) consecutive month period.

Payment will be in accord with the provisions of this Policy. If the Insured Person has a lapse in coverage, the Pre-existing Condition Waiting Period will have to be satisfied again.

## **CONTINUOUS INSURANCE**

This Plan may be replacing a Prior Plan with another insurer. Prior Plan means the Student Health Insurance policy or policies issued to the Policyholder immediately before the current Policy. "Injury" or "Sickness" shall include an Injury sustained, or a Sickness first manifesting itself, while the Insured Person is continuously insured under the Prior Plan and became insured under this Policy without a break in coverage. But no benefits shall be payable for such Injury or Sickness to the extent that such benefits are payable under the Prior Plan for the same expenses. This will apply even though the Prior Plan provided that it will not duplicate the benefits under another Policy. Also, the total amount of benefits payable for Injury or Sickness under this Policy and the Prior Plan cannot exceed the the Per Condition Aggregate Maximum.

## **COORDINATION OF BENEFITS PROVISION**

Michigan State Law permits Coordination of Benefits when an Insured Person is covered under more than one valid and collectible health insurance plan. A complete description of the Coordination of Benefits provision is included in the Master Policy on file with the University of Detroit Mercy.

## **REIMBURSEMENT & SUBROGATION**

If We pay covered expenses for an accident or injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the

expenses paid. We may also take subrogation action directly against the third party. Our Reimbursement rights are limited by the amount You recover. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

## **CLAIM PROCEDURES**

In the event of an Injury or Sickness the Insured Person should:

1. Report to the the University of Detroit Mercy Health Service or to the nearest Doctor or hospital.
2. If away from UDM, or if the Health Service is closed, consult a Doctor and follow his/her advice.
3. Notify Administrative Concepts, Inc. (ACI) within 30 days after the date of the Injury or commencement of the Sickness or as soon thereafter as is reasonably possible.
4. Complete the Claim Form in full and sign it.
5. The completed and signed Claim Form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to the Claims Administrator, ACI, at the address on the back of the brochure.
6. Itemized medical bills must be attached to the Claim Form at the time of submission. Claims cannot be processed from "Balance Due" statements. Subsequent medical bills should be mailed promptly to the Plan Manager at the address below. No additional Claim Forms are needed as long as the Insured Person's/Student's name and identification number are included on the bill.
7. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to ACI at the address below. Office hours are 9:00 a.m. to 4:00 p.m. (EST) Monday through Friday.

## **APPEALS**

If a claim is wholly or partially denied, a written notice will be sent to the Insured Person containing the reason for the denial. The notice will include a reference to the provision in the Plan description and a description of any additional information which might be necessary for reconsideration of the claim. The notice will also describe the right to appeal.

**REMEMBER THAT EACH INJURY OR SICKNESS  
IS A SEPARATE CONDITION AND A SEPARATE  
CLAIM FORM.**

Any provisions of this Plan which, on its effective date, is in conflict with the statutes of the state in which the Insured Person resides on such date, is hereby amended to conform to the minimum requirements of such statutes.

**HIPAA PRIVACY NOTICE**

**Under HIPAA's Privacy Rule We are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your enrollment materials. If, at any-time, you wish to request a copy of Combined Insurance Company of America's Privacy Notice, write to 5050 Broadway, Chicago, IL 60640 Attn: HIPAA Privacy Office or call 1-800-225-4500, select HIPAA.**





**The Plan is Underwritten by:**  
Combined Insurance Company of America  
Policy Number: CUH201257

**Claims Administrator**  
Administrative Concepts, Inc.  
997 Old Eagle School Road, Suite 215  
Wayne, PA 19087-1706  
Phone: 888-293-9229  
Fax: 610-293-9299  
[www.visit-aci.com](http://www.visit-aci.com)

**Plan Manager**  
Specialty Risk Group International, Inc.  
2233 N. Hamline Avenue, Suite 550  
St. Paul, MN 55113  
1-877-581-2672  
[www.specrisk.com](http://www.specrisk.com)

**For Assistance with Questions**  
Relating to this insurance plan call  
1-877-581-2672

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to University of Detroit Mercy.