

## WHAT IS NOT COVERED?

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.
2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
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.
5. Elective termination of pregnancy.
6. Expenses incurred as a result of pregnancy that is not covered.
7. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
8. Expenses incurred in excess of Reasonable Expenses
9. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit, and to the Repatriation of Remains Benefit.
10. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, and to the Repatriation of Remains Benefit.
11. Participating in an illegal occupation or committing or attempting to commit a felony.
12. For treatment, services, supplies, or Confinement in a Hospital owned or operated by a national government or its agencies. (This does not apply to charges the law requires the Covered Person to pay.)
13. 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.
14. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
15. Treatment to the teeth, or gums, including surgical extraction's of teeth.
16. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
17. Diagnosis and treatment of acne and sebaceous cyst.
18. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
19. Self-inflicted Injuries while sane or insane; suicide, or any attempt thereat while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit, and to the Repatriation of Remains Benefit.

20. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; civil commotion.
21. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
22. Loss arising from
  - a. participating in any intercollegiate/interscholastic or professional sport, contest or competition;
  - b. participating in any intramural sport competition, contest or competition;
  - c. participating in any club sport competition, contest or competition
  - d. participating in any professional sport, contest or competition;
  - e. scuba diving, hang gliding, and bungee jumping.
23. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
24. 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.
25. Services or supplies that the Insurer considers to be Experimental or Investigative.

### PRE-EXISTING

The Insurer does not pay benefits for loss due to a Pre-Existing Condition during the first one (1) year of coverage. Pre-Existing Condition means any Injury or Sickness which had its origin or symptoms, or for which a Physician was consulted or for which treatment or a medication was recommended or received up to one (1) year prior to the Covered Person's effective date of coverage. This limitation does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit and to the Bedside Visit Benefit.

### CLAIMS SUBMISSION

Claims are to be submitted to HTH Worldwide, PO Box 30259, Tampa, FL 33630, USA. Claims incurred outside the US are to be submitted to HTH Worldwide, One Radnor Corporate Center, Suite 100, Radnor, PA 19087 USA. See the hthstudents.com website for claim forms and instructions on how to file.

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This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. HM-1190-I/A-08. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Partners of Americas underwritten by HM Life Insurance Company, Pittsburgh, PA, NAIC #0812-93440 under policy form HM207-SI. 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.

# Partners of the Americas

2009 – 2010

Blanket Student Accident and Sickness Insurance



**THIS CERTIFICATE CONTAINS A DEDUCTIBLE PROVISION**

**Please call 1.888.350.2002 for assistance regarding claims and information about coverage**

*Administered by:*

**HTH Worldwide**

One Radnor Corporate Center, Suite 100  
Radnor, PA 19087  
1.888.350.2002  
hthstudents.com

## WHO IS ELIGIBLE FOR COVERAGE?

All regular, full-time Eligible Participants of the educational organization or institution who:

1. Are engaged in international educational activities; and
2. Are temporarily located outside his/her Home Country as a non-resident alien; and
3. Have not obtained permanent residency status.

## WHEN DOES COVERAGE START?

Coverage for an Eligible Participant starts at 12:00:01 a.m. on the latest of the following: 1. The effective date of the Policy; or 2. The Participating Organization's or Institution's Effective Date; 3. The effective date shown on the Insurance Identification Card, if any; 4. The date the premium and completed enrollment form, if any, are received by the Insurer or the Administrator.

Thereafter, the insurance is effective 24 hours a day, worldwide. In no event, however, will insurance start prior to the date the premium is received by the Insurer.

## WHEN DOES COVERAGE END?

Coverage for an Eligible Participant will automatically terminate on the earliest of the following dates: 1. The date the Policy terminates; 2. The Participating Organization's or Institution's Termination Date; 3. The date of which the Eligible Participant ceases to meet the Individual Eligibility Requirements; 4. The end of the term of coverage specified in the Eligible Participant's enrollment form, if any, including any requested extension; 5. The date the Eligible Participant leaves the Country of Assignment for his/her or her Home Country; 6. The date the Eligible Participant requests cancellation of coverage (the request must be in writing); or 7. The premium due date for which the required premium has not been paid, subject to the Grace Period provision.

## 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.

## COORDINATION OF BENEFITS (COB)

Some people have health care coverage through more than one medical insurance plan at the same time. COB allows these plans to work together so the total amount of all benefits will never be more than 100 percent of the allowable expenses during any policy year. This helps to hold down the costs of health coverage. COB does not apply to life insurance, accidental death and dismemberment, or disability benefits.

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.

## WHAT IS COVERED BY THE PLAN?

**Schedule of Benefits  
Table 1**

	<b>Limits – Covered Person</b>
<b>MEDICAL EXPENSES</b>	
<b>Lifetime Maximum Benefit</b>	\$500,000
<b>Policy Year Maximum Benefits</b>	\$50,000
<b>Maximum Benefit per Injury or Sicknesses</b>	\$50,000
<b>Basic Medical Expense Benefit per Injury or Sickness</b>	Up to \$50,000 Maximum: 100% of Reasonable Expenses after Deductible.
<b>Deductible</b>	\$50 per Injury or Sickness
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	Maximum Benefit: Principal Sum up to \$10,000
<b>REPATRIATION OF REMAINS</b>	Maximum Benefit up to \$15,000
<b>MEDICAL EVACUATION</b>	Maximum Lifetime Benefit for all Evacuations up to \$100,000

**Schedule of Benefits  
Table 2 – Medical Expenses**

	<b>Indemnity Plan Limits</b>
<b>Physician Office Visits</b>	For Basic, after Deductible, 100% of Reasonable Expenses
<b>Inpatient Hospital Services</b>	For Basic, after Deductible, 100% of Reasonable Expenses
<b>Hospital and Physician Outpatient Services</b>	For Basic, after Deductible, 100% of Reasonable Expenses

**Schedule of Benefits  
Table 3 – Medical Expense Benefits**

Benefits listed below are subject to Table 1 Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness, Co-Insurance, Deductibles, Out-of-Pocket Maximums; and Table 2 Plan Type Limits

<b>MEDICAL EXPENSE</b>	<b>Limits – Covered Person</b>
<b>Maternity Care for a Covered Pregnancy</b>	Reasonable Expenses, Conception must have occurred while the Covered Person was insured under the Participation Certificate
<b>Inpatient treatment of mental and nervous disorders including drug or alcohol abuse</b>	Reasonable Expenses up to \$5,000 lifetime
<b>Outpatient treatment of mental and nervous disorders including drug or alcohol abuse</b>	Reasonable Expenses up to \$500 Maximum per lifetime
<b>Treatment of specified therapies, including acupuncture and Physiotherapy</b>	Reasonable Expenses on an Inpatient basis. Reasonable Expenses up to \$2,000 Maximum per Injury or Sickness on an Outpatient basis.
<b>Therapeutic termination of pregnancy</b>	Reasonable Expenses up to \$500
<b>Medical treatment of Injuries sustained as a result of a covered motor vehicle accident</b>	Reasonable Expenses up to \$10,000 Maximum per Injury or Sickness
<b>Repairs to sound, natural teeth required due to an Injury</b>	100% of Reasonable Expenses up to \$200 per tooth Maximum per Injury
<b>Dental Treatment (including extractions) to alleviate pain</b>	100% of Reasonable Expenses up to \$500 per Lifetime
<b>Outpatient prescription drugs</b>	50% of actual charge
<b>Professional ground or air ambulance service to nearest hospital</b>	Reasonable Expenses up to \$500 per Injury or Sickness
<b>Medical treatment received in the Home Country, if NOT covered by Other Plan</b>	100% of Reasonable Expenses up to \$50,000 lifetime maximum