

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.
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. For diagnostic investigation or medical treatment for infertility, fertility.
6. Expenses incurred in excess of Reasonable Expenses.
7. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
8. Organ or tissue transplant.
9. Participating in an illegal occupation or committing or attempting to commit a felony.
10. 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.)
11. 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.
12. The diagnosis or treatment of Congenital Conditions, except for a newborn, foster or adopted child while insured under the Policy.
13. Expenses incurred within the Covered Person's Home Country.
14. Treatment to the teeth, gums, including surgical extractions of teeth.
15. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
16. Diagnosis and treatment of acne and sebaceous cyst.
17. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture which does not follow a covered Hospital Confinement or surgery.
18. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
19. Intentionally self-inflicted Injuries while sane or insane; suicide, or any attempt thereof while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit 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. Elective termination of pregnancy.
23. Loss arising from participation in professional sports, scuba diving, hang gliding, parachuting or bungee jumping.
24. 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.
25. 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.
26. Expenses incurred as a result of pregnancy that is not covered, except for complications of pregnancy.

Elon University

Study Abroad 2009

Elon Study Abroad participants are covered only outside of the U.S. – policy terminates upon return to the U.S.

Blanket Student Accident and Sickness Insurance



Agent Representative:

Collegiate Risk Management, Inc.
110 Athens Street, Suite, 200
Tarpon Springs, FL 34689
1.800.922.3420
collegiaterisk.com

Administered by:

HTH Worldwide
One Radnor Corporate Center, Suite 100
Radnor, PA 19087
1.888.243.2358
hthstudents.com

Underwritten by:



This blanket accident and sickness policy is underwritten by
UniCare Life & Health Insurance Company
NAIC # 842-80314

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This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. U-1178-A-09. This policy complies with state mandated benefits for North Carolina and therefore, Participants may be entitled to additional benefits. Please see the Certificate of Insurance on file with the school for more information. Any provisions of this certificate that may be in conflict with the laws of the state where the purchaser is located will be administered to conform with the requirements of that state's laws, including mandated benefits. If there is a difference between this program description and the certificate wording, the certificate controls.

WHO IS ELIGIBLE FOR COVERAGE?

All regular, full-time Eligible Participants and their Eligible Dependents 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 and Eligible Dependents begins 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 except whenever the Covered Person is in his/her Home Country. 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 and Eligible Dependent 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 or Eligible Dependent 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 or Eligible Dependent leaves the Country of Assignment for his/her or her Home Country; 6. The date the Eligible Participant or Eligible Dependent 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.

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 Covered Person is entitled, whether or not a claim is made for the benefits. The Policy is secondary coverage to all other policies.

hthstudents.com

Once Eligible Participants receive their Medical Insurance ID card from HTH Worldwide, they should visit 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.

PRE-EXISTING CONDITION

The Policy does pay benefits for loss due to a Pre-Existing Condition.

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 website for claim forms and instructions on how to file.

WHAT IS COVERED BY THE PLAN?

Schedule of Benefits – Table 1

	Limits – Covered Person
MEDICAL EXPENSES	
Lifetime Maximum Benefit	\$1,000,000
Policy Year Maximum Benefits	\$100,000
Maximum Benefit per Injury or Sicknesses	\$100,000
Deductible	\$0 per Injury or Sickness
ACCIDENTAL DEATH AND DISMEMBERMENT	Maximum Benefit: Principal Sum up to \$10,000 for Participant; up to \$5,000 for Spouse; and up to \$1,000 for Dependent
REPATRIATION OF REMAINS	Maximum Benefit up to \$25,000
MEDICAL EVACUATION	Maximum Lifetime Benefit for all Evacuations up to \$100,000
BEDSIDE VISIT	Up to a maximum benefit of \$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

Schedule of Benefits – Table 2 – Medical Expenses

	Indemnity Plan Limits
Physician Office Visits, Hospital and Physician Outpatient Services, Inpatient Hospital Services	100% of Reasonable Expenses.

Schedule of Benefits – Medical Expense Benefits

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

MEDICAL EXPENSE	Limits – Covered Person
Maternity Care for a Covered Pregnancy	Reasonable Expenses
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to \$2,500 Maximum per lifetime for a maximum period of 30 days per lifetime
Outpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to \$500 Maximum per lifetime
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 per Policy Year
Therapeutic termination of pregnancy	Reasonable Expenses up to \$500 Maximum per Policy Year
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$500 per Policy Year maximum
Outpatient prescription drugs including oral and Norplant contraceptives	100% of actual charge

Additional Services – in addition to the benefits listed above, Covered Members are also entitled to an **Emergency Reunion Benefit**. This means in the event of an Emergency Medical Evacuation due to a covered Injury or Illness, where the physician feels that it would be beneficial for the insured to have a family member at his/her side during transport, the insured will be reimbursed for travel and lodging expenses for that relative, up to \$10,000, provided that all travel arrangements are coordinated in advance by the assistance provider. Benefits payable include economy air ticket and other related expenses not to exceed \$250.00 a day for a maximum of five days.