



# Student Health Insurance Plan 2011-2012

Designed for the Students of  
**Louisiana State University**  
and  
**A&M College**

("the Policyholder")

**Baton Rouge, Louisiana 70803**

Administrator Policy Number: CHH0017842

Underwriter Reference Number: CAS9499385

Underwritten by:

National Union Fire Insurance Company of Pittsburgh, Pa.,  
with its principal place of business in New York, NY  
("the Company")

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## Alternative Coverage

If you do not meet the eligibility requirements of this student policy, please call

**1-800-285-8133**

for information on  
alternative coverage.

Alternative coverage can also be accessed at:

[www.macori.com](http://www.macori.com)

## Privacy Policy

As an ISO certified company, Macori understands that your privacy is important; therefore, we do not disclose non-public personal information to anyone, except as required by law. Appropriate physical, electronic and procedural safeguards are maintained to ensure the security of your non-public personal information. You may obtain a copy of our privacy policy by visiting [www.LSUstudentinsurance.com](http://www.LSUstudentinsurance.com).

## Eligibility

Louisiana State University and Agricultural & Mechanical College (referred to as LSU and LSU Law Center) students who are full and part-time, excluding Continuing Education Participants, who are registered for resident study (and taking classes at LSU and LSU Law Center) are eligible to purchase the Plan. Eligible students may also insure their eligible dependents, but are responsible for paying those fees directly to the insurance company through Macori Administration by logging on to [www.LSUstudentinsurance.com](http://www.LSUstudentinsurance.com). Eligible dependents, for the purpose of this insurance, are defined as the Covered Student's legal spouse and any unmarried children, including a grandchild in the legal custody of the grandparent, under 21 years of age (under 24 years for unmarried full-time students who remain wholly dependent upon the Covered Student). Dependents' eligibility expires concurrently with that of the Covered Student. Covered spouses that are 50 years of age or older may continue as a Covered Person when their eligibility of coverage ceases due to death of the Covered Student.

Any person who purchases the Plan and qualifies as an eligible Covered Person at the time of enrollment shall be covered for the duration of the coverage period purchased. When coverage terminates because the student is no longer able to remain in school because of an Injury or Sickness which occurred while the student was covered under the policy, the eligibility requirement will be waived for the Covered Person to purchase coverage for the remainder of the policy year. Participation in the Plan will be on a voluntary basis for all domestic students and a mandatory with right of waiver basis for all International non-immigrant students, scholars, trainees and researchers (J-1 scholars to be included). Non-immigrant International students with F or J Visa status will participate unless they demonstrate other adequate coverage for medical expenses and medical evacuation/repatriation acceptable to the University by completing a waiver prior to the published enrollment/waiver deadline.

Eligibility requirements must be met each time a premium is paid to continue coverage. The Company maintains the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If it is discovered that the Policy eligibility requirements have not been met, the Company's only obligation is to refund premium, less any claims paid.

Students who meet eligibility requirements and are enrolled in the Plan for the Spring/Summer coverage period are not required to attend Summer Session classes. The Summer eligibility requirement will be waived. Students who are purchasing Summer coverage and were not previously enrolled for Spring/Summer will be required to meet eligibility requirements. Only new enrolling students in the Summer Session are eligible to purchase coverage under the Summer period.

**It is the student's responsibility to confirm that their premiums are assessed / received / paid and to make payments on the due dates, whether or not a billing statement is received.**

Easy on-line access to your student insurance:  
[www.LSUstudentinsurance.com](http://www.LSUstudentinsurance.com)

## Effective and Termination Dates

The Master Policy on file at the University becomes effective at 12:01 a.m., August 14, 2011. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 11:59 p.m. on August 13, 2012. Individual coverage will terminate on that date, or at the end of the period for which premium was paid, if earlier. All benefits cease on the Covered Student’s Termination Date, except as shown under “Extension of Benefits after Termination.”

To avoid a lapse in coverage, premium must be received within 31 days after the prior coverage period expiration date. It is the Covered Person’s responsibility to make timely renewal payments to avoid a lapse in coverage.



## Extension of Benefits After Termination

If the Covered Person is confined to a Hospital on the date his or her coverage terminates as a result of Sickness or Injury for which benefits were payable prior to the termination date, benefits will be payable for the Eligible Expenses incurred until the earliest of: (1) the end of Sickness or Injury; (2) the end of the 90 day period following the date the Policy terminated; or (3) the date the applicable Maximum Amount is reached.

If, on the date coverage terminates, a Covered Person is receiving treatment for a covered pregnancy, benefits will be payable for the Eligible Expenses incurred for that pregnancy after the date coverage terminates until the earliest of the following: (1) the date the pregnancy ends; (2) the date the applicable Maximum Amount is reached.

The Extension of Benefits will apply only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

## Coverage Dates & Payment Options

ANNUAL	FALL	SPRING/ SUMMER	THREE PAYMENTS*	NINE PAYMENTS*		SUMMER	
08/14/11 - 08/13/12	08/14/11 - 01/05/12	01/06/12 - 08/13/12	08/14/11 - 12/13/11	08/14/11 - 10/05/11	01/11/12 - 02/14/12	05/01/12 - 06/08/12	06/05/12 - 08/13/12
			12/14/11 - 04/13/12	10/06/11 - 11/23/11	02/15/12 - 03/29/12	06/09/12 - 07/13/12	
			04/14/12 - 08/13/12	11/24/11 - 01/10/12	03/30/12 - 04/30/12	07/14/12 - 08/13/12	

\* Payment options are not available through PAWS. Students must enroll for auto draft/charge directly through [www.LSUstudentinsurance.com](http://www.LSUstudentinsurance.com) to be eligible for these payment options.

## How to Enroll

**Domestic students** may either (1) enroll online through PAWS (under the “additional services” selections) until the 14th day of class in order to begin coverage on the Effective Date for that semester; or (2) purchase coverage for themselves and dependents directly at [www.LSUstudentinsurance.com](http://www.LSUstudentinsurance.com) until 31 days after the effective date of coverage for each semester. Payment options available for students and dependents are Annual, Fall, Spring/Summer, Summer, 3 pay, and 9 pay.

3 Pay and 9 Pay options are not available through PAWS. 3 Pay and 9 Pay Payment plans constitute installments for Annual coverage (8/14/11 to 8/13/12). Therefore, the payment plans are available commencing in the Fall only. Payments after initial enrollment are automatically deducted by bank draft or credit card. All payment methods and plan options must be the same for students and anyone added as his/her dependent. Covered Persons may not change their choice of plans during the Policy Year, nor will he/she receive a “gain” in subsequent years by purchasing the Enhanced Plan for a condition for which benefits or the pre-existing waiting period began while covered under the Basic Plan. To see if you qualify for coverage in between enrollment periods, please contact Macori directly.

**Non-immigrant International students** enrolled in credit hours will automatically be billed for the Basic Plan, medical evacuation and repatriation each semester, unless proof of other acceptable insurance is presented and a waiver is approved by International Services prior to the University semester deadline. International student and dependent upgrade requests for the Enhanced Plan and requests to add dependents should be submitted to LSU International Services by the semester deadlines. International students may only elect the annual or semester payment options.

**Eligible Graduate Assistant** is a graduate student holding a full-time (50% effort) assistantship for any given semester. Graduate Assistants eligible to receive premium assistance must enroll in the semester payment option through PAWS. **Enrollment is NOT automatic (except for F and J Visa students).**

## Refunds

Refunds of premiums to eligible students and dependents are allowed only upon entry into the Armed Forces, and to International students returning to their home country and leaving the University permanently, provided there have been no claims filed during the Policy Year and provided that the request is made in writing to Macori Administration within 60 days of entering the Armed Forces or departing the United States.

## Continuation Privilege

A continuation plan is available upon the Termination Date after graduation. Call 1-800-285-8133 or email [macori@macori.com](mailto:macori@macori.com) to obtain information about the continuation plan and enrollment.

Rates	ANNUAL	SEMESTER		THREE PAYMENTS*	NINE PAYMENTS*	SUMMER
		FALL	SPRING/ SUMMER			
<b>Basic Plan—\$50K Per Injury or Sickness</b>						
Student—Domestic	\$1,044	\$531	\$531	\$357	\$125	\$270
Student—International	\$1,059	\$539	\$539	\$363	\$127	\$273
Eligible Graduate Assistant—Domestic **	—	\$181	\$181	Payment Plan not available.		
Eligible Graduate Assistant—International **	—	\$189	\$189	Payment Plan not available.		
<b>Dependent Coverage (Amounts shown below are in addition to the Student Rate.)</b> Enrollment of dependents is available on-line through <a href="http://www.LSUstudentinsurance.com">www.LSUstudentinsurance.com</a> .						
Spouse	\$1,944	\$981	\$981	\$657	\$225	\$495
Child(ren)	\$1,943	\$980	\$980	\$656	\$224	\$494
Spouse & Child(ren)	\$3,888	\$1,953	\$1,953	\$1,305	\$441	\$981
<b>Enhanced Plan—\$250K Per Policy Year</b>						
Student—Domestic	\$1,296	\$657	\$657	\$441	\$153	\$333
Student—International	\$1,311	\$665	\$665	\$447	\$155	\$336
Eligible Graduate Assistant—Domestic **	—	\$307	\$307	Payment Plan not available.		
Eligible Graduate Assistant—International **	—	\$315	\$315	Payment Plan not available.		
<b>Dependent Coverage (Amounts shown below are in addition to the Student Rate.)</b> Enrollment of dependents is available on-line through <a href="http://www.LSUstudentinsurance.com">www.LSUstudentinsurance.com</a> .						
Spouse	\$2,376	\$1,197	\$1,197	\$801	\$273	\$603
Child(ren)	\$2,375	\$1,196	\$1,196	\$800	\$272	\$602
Spouse & Child(ren)	\$4,752	\$2,385	\$2,385	\$1,593	\$537	\$1,197
<b>Medical Evacuation &amp; Repatriation Benefits</b> are included in all International student premiums listed above. Benefits for domestic participants and dependents are available through <a href="http://www.LSUstudentinsurance.com">www.LSUstudentinsurance.com</a> .						
Per Member	\$15	\$8	\$8	\$6	\$2	\$3

\* Payment options are not available through PAWS. Students must enroll for payment plans auto draft/charges directly through [www.LSUstudentinsurance.com](http://www.LSUstudentinsurance.com) to be eligible for these payment options.

\*\* Eligible Graduate Assistant is a graduate student holding a full-time (50% effort) assistantship for any given semester. Graduate Assistants eligible to receive premium assistance must enroll in the semester payment option through PAWS.

## Benefit Plans

Students can choose from two coverage levels. **The Basic Plan** provides a Maximum Benefit of \$50,000 per Accident or Sickness. **The Enhanced Plan** provides an aggregate Maximum Benefit of \$250,000 per policy year. In addition to increased Maximum Benefits the Enhanced Plan offers increased benefits, lower prescription co-pays, and lower policy year deductibles. **Note: Some maximums are less.**

LSU Schedule of Benefits		BASIC		ENHANCED	
<b>Policy Year Maximum</b>		N/A		\$250,000	
<b>Per Accident/Sickness Maximum</b>		\$50,000		N/A	
<b>Deductible:</b>	\$300/\$600	**\$300/\$600	\$200/\$400	**\$200/\$400	
Individual/Family per Policy Year—Includes MRI,CAT/PET Scans, Inpatient Hospital Miscellaneous and Surgical Services, Outpatient Testing, Lab/X-ray, Surgical and other Medically Necessary services, and Mental Health/Substance Abuse					
<b>BENEFITS AC</b> indicates Allowable Charges. <b>R&amp;C</b> indicates Reasonable & Customary Charges.	<b>In-Network</b>	<b>Non-Network</b>	<b>In-Network</b>	<b>Non-Network</b>	
<b>Coinsurance</b> (Covered Person’s responsibility after deductible unless otherwise specified)	25% of AC	50% of R & C	20% of AC	40% of R & C	
<b>Maximum Out-of-Pocket</b> (Per Policy Year) Individual/Family	** \$3,000/\$6,000	** \$3,000/\$6,000	** \$2,000/\$4,000	** \$2,000/\$4,000	
<b>INPATIENT SERVICES (Pre-Admission Notification Required)</b>					
<b>Anesthetist (based on Surgical Allowable Charges)</b>	75%	75%	75%	75%	
<b>Hospital Expenses</b> , such as Room and Board (average semi-private room) and operating room, lab tests, X-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapy services and supplies	25% of AC	50% of R&C	20% of AC	40% of R&C	
<b>Doctor Visits</b> (not payable for surgery)	25% of AC	50% of R&C	20% of AC	40% of R&C	
<b>Mental Health/Substance Abuse (other than Severe Mental Illness)—45 day maximum per Policy Year</b>	25% of AC	50% of R&C	20% of AC	40% of R&C	
<b>Routine newborn nursery care</b> (nursery charges only)	25% of AC	50% of R&C	20% of AC	40% of R&C	
<b>Surgical Services</b> (doctor charges)	25% of AC	50% of R&C	20% of AC	40% of R&C	
<b>OUTPATIENT SERVICES (Referral Requirement, see page 6)</b>					
<b>Anesthetist (based on Surgical Allowable Charges)</b>	75%	75%	75%	75%	
<b>Chemotherapy</b>	25% of AC	50% of R&C	20% of AC	40% of R&C	
<b>Day Surgery Miscellaneous</b> (facility charges)	25% of AC	50% of R&C	20% of AC	40% of R&C	
<b>Emergency Room</b> (per visit)	Copay \$200 - waived if admitted		Copay \$200—waived if admitted		
<b>Outpatient Miscellaneous Benefits</b> , including diagnostic X-ray and laboratory	20% of AC	50% of R&C	0% of AC	40% of R&C	
<b>Doctor’s Visits/Specialists</b> (per office visit) Copayments	*Copays: \$30/\$40	50% of R&C	*Copays: \$20/\$30	40% of R&C	
<b>Physical, Speech and Occupational Therapy</b>	25% of AC	50% of R&C	20% of AC	40% of R&C	
<b>Surgical Services</b> (doctor charges)	25% of AC	50% of R&C	20% of AC	40% of R&C	
<b>Mental Health/Substance Abuse (other than Severe Mental Illness) - 52 day maximum / one visit per day</b>	25% of AC	50% of R&C	20% of AC	40% of R&C	
<b>Attention Deficit / Hyperactivity Disorder (ADD/ADHD)</b>	Paid as any other Sickness, subject to the following: Initial visit \$600 maximum, subsequent visits \$50 per visit up to \$2,500 per Policy Year, \$10,000 lifetime maximum				
<b>Injections received in Doctor’s Office</b> (Copays are per visit)	*Copay: \$20 per visit	50% of R&C per injection	*Copay: \$20 per visit	40% of R&C per injection	
<b>CATALYST RX PHARMACIES are the In-Network Providers—3 Tier (Generic/Formulary Brand/Non Formulary)</b>					
<b>Copays</b>	\$10/\$30/\$50	No benefit	\$10/\$25/\$40	No benefit	
<b>Contraceptives included under the Enhanced Plan Only.</b> Benefit per Policy Year (all conditions combined)	\$1,000 Maximum		\$1,500 Maximum		
<b>OTHER (Referral Requirement, see page 6)</b>					
<b>Ambulance service</b>	30% of R&C		20% of R&C		
<b>Maternity</b>	Paid as any other Sickness		Paid as any other Sickness		
<b>Durable Medical Equipment</b> (\$2,500 Maximum/Policy Year)	25% of AC	50% of R&C	20% of AC	40% of R&C	
<b>Preventive &amp; Wellness Services</b> (Limitations apply. See page 7)	Included	N/A	Included	N/A	
<b>Mandated Benefits</b>	(See page 7)				
<b>Repatriation &amp; Medical Evacuation</b> Included in International Rates / Additional Premium & enrollment required for Domestic Participants. (See page 12)	\$1,000,000 Combined Maximum <b>Subject to requirements and limitations as shown on page 12.</b>				
* <i>Coinsurance and deductible do not apply.</i>	** <i>Separate Non-Network Deductibles and Out-of-Pocket Maximums apply.</i>				
<b>Important Notice:</b> Under a special agreement with Verity HealthNet PPO: Baton Rouge General Hospital waives the co-insurance obligations on Eligible Facility Expenses. This waiver does not include deductibles, copayment, penalties or any other fees; including provider fees for inpatient and outpatient care rendered at Baton Rouge General Hospital and billed separately.					

## Student Health Center (SHC)

Students **MUST** use the SHC as primary access to medical care. Exceptions include: maternity, change of student status and outside the Student Health Center's Hours of Operation shown below. See Student Health Center Referrals section below for complete details on exceptions.

Student Health Center Services			
<b>Medical Services</b> <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialty Care</li> <li>• Lab &amp; X-ray</li> </ul>	<b>Mental Health Counseling</b> <ul style="list-style-type: none"> <li>• Emotional difficulties</li> <li>• Substance abuse</li> <li>• Marital and family distress</li> <li>• Academic concerns</li> </ul>	<b>Pharmacy</b> <ul style="list-style-type: none"> <li>• Prescription medication</li> <li>• Over the counter supplies</li> <li>• Over the counter drugs</li> </ul>	<b>Preventive &amp; Wellness Services</b> <ul style="list-style-type: none"> <li>• Screenings/Exams</li> <li>• Immunizations/Vaccines</li> <li>• Health Promotion Consults</li> <li>• Health Workshops</li> </ul>
Hours of Operation			
<b>Fall and Spring Semesters:</b>	Monday – Friday (8:00 a.m. – 5:00 p.m.) Saturday (8:00 a.m. – 11:30 a.m.) Medical Clinic & Pharmacy only The Medical Clinic is closed on Wednesdays from 11:30 a.m. to 1:00 p.m. except for emergencies.		
<b>Summer and between semesters:</b>	Monday – Friday (8:00 a.m. – 4:15 p.m.) The Medical Clinic is closed on Wednesdays from 11:30 a.m. to 1:00 p.m. except for emergencies.		
<b>Location:</b>	Corner of Infirmary Road and West Chimes Street across the street from the School of Music.		

### Important Policy Requirements

The cost containment features listed below are included in the Plan to keep student health care cost more affordable. Electing to not use these features can result in higher out-of-pocket cost for services. Any additional cost is the responsibility of the student.

### Student Health Center (SHC) Referrals

Students **MUST** use the resources of the Student Health Center first, where treatment will be administered or a referral issued. Expenses incurred for medical treatment rendered outside the Student Health Center for which no prior referral was obtained OR for which the Student Health Center could have provided the services WILL NOT BE PAID unless an exception applies. A new Student Health Center referral per Accident or Sickness is required each Policy Year. A Student Health Center referral is **NOT REQUIRED** for dependents.

A SHC referral for outpatient care is required except under the following conditions:

1. Medical emergencies. If follow-up care is needed, student must return to the Student Health Center (see "Emergency Medical Condition" on Page 8).
2. When service is rendered at another facility during break or vacation periods. If follow-up care is needed, students must return to the Student Health Center.
3. Medical care received when the student is more than 25 miles from campus. If follow-up care is needed, student must return to the Student Health Center.
4. Medical care is obtained when a student is no longer able to use the SHC due to a change in student status. Proof of change in status must be submitted with claim.
5. Maternity.
6. Dependent spouses may utilize the Student Health Center. However, the referral requirement does not apply to dependents.
7. Dependent children are not eligible to use the SHC and therefore they are exempt from the referral requirement.

### Verity Healthnet /First Health Preferred Provider Organizations (PPO)

**Preferred Providers** are the Doctors, hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers are: Verity HealthNet Hospitals and Doctors and First Health.

Under a special agreement with Verity HealthNet PPO: Baton Rouge General Hospital waives the co-insurance obligations on Eligible Facility Expenses. This waiver does not include deductibles, copayment, penalties or any other fees; including provider fees for inpatient and outpatient care rendered at Baton Rouge General Hospital and billed separately.

**Out of Network** providers have not agreed to any prearranged fee schedules. Covered Persons may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Covered Person's responsibility.

**Network Area** means the 50 mile radius around the University.

Health care services may be provided to you at a Network Health Care Facility by facility-based doctors who are not in your health plan. You may be responsible for payment of all or part of the fees for those out-of-network services, in addition to applicable amounts due for co-payments, coinsurance, deductibles, and non-covered services.

#### **MEDICAL PLAN:**

Specific information about in-network and out-of-network facility-based physicians can be found at [www.lsustudentinsurance.com](http://www.lsustudentinsurance.com) or by calling the Customer Service Telephone Number at 1-800-285-8133.

**VERITY**  
HealthNet

 **First Health®**

#### **PRESCRIPTION DRUG BENEFIT MANAGER:**

Website link available at:  
[www.LSUSTUDENTINSURANCE.COM](http://www.LSUSTUDENTINSURANCE.COM)

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## Pre-Certification Requirement

Pre-certification is required for the following services:

All outpatient surgery, inpatient admissions, therapies, durable medical equipment and inpatient mental health/substance abuse. Certification must be made within 48 hours prior to services or upon diagnosis of pregnancy. If a hospital admission or outpatient surgery is due to an emergency, certification must be received within 48 hours of the admission or procedure or as soon as possible. The purpose of this feature is to maintain the quality of care needed in the most cost-efficient setting.

**Please Note:** Pre-certification of the above services does not constitute a promise of payment.

**Important:** Failure to obtain the pre-certification will result in all benefits being paid as Non-Network regardless if the provider is a network provider.

**Therapies:** The plan provides benefits for students who are in need of rehabilitative physical therapy, occupational therapy, speech and language pathology therapy. Any co-payments, deductibles, or coinsurance will apply. These benefits will not exceed the policy maximum benefits shown.

## Preventive & Wellness Services

Preventive Services are other than those for sudden, unforeseeable, external events which result in an Injury or Sickness, disease, and complications of pregnancy, which are not pre-existing conditions.

### Available on Both Plans:

- **For Women:** Annual GYN exam, pap smear screening, mammogram and cytopathology are included.
- **For Men:** Prostate and rectal exams are included.
- **For Children:** Immunizations up to age 6 (\$20 copayment per visit applies in-network) and nursery newborn care.

### Available In-Network on Enhanced Coverage Option Only: (Subject to deductibles, copayments and/or coinsurance)

- Wellness and Preventive Benefits include, but are not limited to annual physical, preventive screenings, chest x-rays, colonoscopy, hearing exam & testing, Hepatitis Screening and STD testing, flu & pneumonia shots, TB Testing, DPT vaccines, bone density screening, HPV vaccine and immunizations.
- Routine infant care, well baby care and related doctor charges. Applicable deductibles, co-payments and/or coinsurance apply to those services payable under the Policy.
- Services provided normally without charge by the Student Health Center, due to payment of the Student Health Center fee, are not covered under these provisions.

## Mandated Benefits

This Plan covers all applicable mandated benefits required by the State of Louisiana, including but not limited to the following:

- 1) Cleft Lip and Cleft Palate Coverage,
- 2) Hearing Impaired Transliterator Services,
- 3) Coverage for mammograms and cervical cancer screening for insured females,
- 4) Coverage for attention deficit hyperactivity disorder,
- 5) Coverage for Severe Mental Illness;
- 6) Prostate cancer screening,
- 7) Immunization coverage for dependent children,
- 8) Coverage for routine gynecological care,
- 9) Coverage for clinical trial for cancer treatment,
- 10) Coverage for low protein food products,
- 11) Coverage for diabetes,
- 12) Colorectal Cancer Screening;
- 13) Bone Mass Measurement;
- 14) Dental Anesthesia,
- 15) Hearing Aids for Children.

For complete details, please review the Master Policy on file at the University.

## - DEFINITIONS -

**“Accident”** means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

**“Allowable Charges (AC)”** means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

**“Covered Person”** means a Covered Student while coverage under the Policy is in effect and those dependents with respect to whom the Covered Student is insured.

**“Covered Student”** means a student of the Policyholder who is insured under the Policy.

**“Creditable Coverage”** means coverage under any of the following:

- (a) Any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employee plan, or any other entity, and that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage, but does not include accident only, credit, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of workers’ compensation or a similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;
- (b) The federal Medicare Program pursuant to Title XVIII of the Social Security Act;
- (c) The Medicaid program pursuant to Title XIX of the Social Security Act, or other coverage consisting solely of benefits under section 1928;
- (d) Chapter 55 of Title 10, United States Code, the Civilian Health and Medical Program of the Uniformed Services;

**Definitions**, continued on page 8

**Definitions**, continued from page 7

- (e) a medical care program of the Indian Health Service or of a tribal organization
- (f) a state health benefit risk pool
- (g) a health plan offered under chapter 89 of Title 5, United States Code, the Federal Employees Health Benefits Program;
- (h) a public health plan as defined in regulations promulgated by the commissioner of insurance; or
- (i) a health benefit plan under section 5(e) of the Peace Corps Act.

Creditable coverage includes continuation or conversion coverage but does not include Accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to a liability insurance, insurance arising out of a workers compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

**“Doctor”** means:

- (a) legally qualified doctor licensed by the state in which he or she practices; and
- (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 of such practitioner; and
- (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term “Doctor” does not include a Covered Person’s immediate family member.

**“Elective Treatment”** means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person’s effective date of coverage.

Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction unless as a result of mastectomy; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; botox injections; treatment of infertility and routine physical examinations except as specifically provided under the Policy.

**“Eligible Expense”** means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury

- (a) not in excess of the Reasonable and Customary charges; or
- (b) not in excess of the charges that would have been made in the absence of this coverage;
- (c) is the negotiated rate, if any;
- (d) incurred while the Policy is in force as to the Covered Person.

**“Emergency Medical Condition”** means a medical condition of recent onset and severity, including severe pain, that would lead a prudent lay-person, acting reasonably and possessing an average knowledge of medicine and health, to believe that the absence of immediate medical attention could reasonably be expected to result in:

- (a) placing the health of the person, or with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy,
- (b) serious impairment to such person’s bodily functions;
- (c) serious impairment or dysfunction of any bodily organ or part of such person;
- (d) serious disfigurement of such person.

**“Experimental/Investigational”** means a drug, device or medical care or treatment that meets the following:

- (a) a drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- (b) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law;
- (c) the drug, device, medical care or treatment or the patient’s informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility’s Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval;
- (d) reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or
- (e) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with standard means of treatment or diagnosis.

**“Reliable evidence”** means published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device, medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Covered Expenses will be considered in accordance with the drug, device, medical care or treatment at the time the Expense is incurred.

**“Hospital”** means a facility which meets all of these tests:

- (a) it provides in-patient services for the care and treatment of injured and sick people; and
- (b) it provides room and board services and nursing services 24 hours a day; and
- (c) it has established facilities for diagnosis and major surgery; and
- (d) it is supervised by a Doctor; and
- (e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and
- (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: Mental or Nervous Disorders. The term “Hospital” includes:

- (a) an ambulatory surgical center or ambulatory medical center; and
- (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

**Definitions**, continued on page 9

**Definitions**, continued from page 8

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

**"Injury"** means bodily injury due to an Accident which:

- (a) results solely, directly and independently of disease, bodily infirmity or any other causes;
- (b) occurs after the Covered Person's effective date of coverage; and
- (c) occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

**"Medical Necessity/Medically Necessary"** means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Covered Person or provider;
- (b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- (d) it is experimental /investigational or for research purposes; or
- (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or
- (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
- (g) involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual or Center for Medicare and Medicaid Services Issues Manual; or
- (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

It does not include emergency services necessary to screen and stabilize a Covered Person. Services for such Emergency Medical Condition shall not require any prior authorization before benefits under this Policy become payable. When the benefit payment for such services has been authorized, the Company will not subsequently retract its authorization after benefit payment has been made or reduce payment for an item, treatment or service furnished in reliance upon approval, unless approval was based upon a material omission or misrepresentation about the Covered Person's health condition made by the provider of Emergency Services. For immediately required post-evaluation or post-stabilization services, the Company will be available 24 hours a day, 7 days a week, to facilitate review.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

**"Pre-Existing Condition"** means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 90 days prior to the Covered Person's effective date of coverage under the Policy or a pregnancy existing on the Covered Person's effective date of Coverage under the Policy.

**"Reasonable and Customary (R&C)"** means the charge, fee or expense which is the smallest of:

- (a) the actual charge;
- (b) the charge usually made for a covered service by the provider who furnishes it;
- (c) the negotiated rate, if any; and
- (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

**"Sickness"** means disease, illness or complications of pregnancy which begin after the effective date of the Covered Person's coverage. All related conditions and recurrent symptoms of one or a similar condition will be considered one Sickness.

**- EXCLUSIONS -**

The Policy does not cover nor provide benefits for loss or expenses incurred:

1. Treatment, services or supplies which:
  - are not Medically necessary;
  - are not prescribed by a doctor as necessary to treat a Sickness or Injury;
  - are determined to be experimental/investigational in nature by "the Company";
  - are received without charge or legal obligation to pay;
  - would not routinely be paid in the absence of insurance;
  - are received from any family member.
2. as a result of dental treatment, or dental x-rays except for treatment resulting from Injury to sound natural teeth.
3. for eye examinations, eyeglasses, contact lenses, replacement of eyeglasses or prescription for such; radial keratotomy or laser surgery; orthodontic braces and orthodontic appliances or prescriptions or examinations for such; or treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process.
4. for hearing examinations or hearing aids; tinnitus maskers or examinations for prescribing them; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process. This exclusion does not apply with respect to hearing aid coverage for minors as mandated by LSA-R.S.22:215.25.
5. as a result of an 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 commercial scheduled airline maintaining regular published schedules on a regularly established route.
6. for Injury or Sickness resulting from war or act of war, declared or undeclared.
7. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
8. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
9. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. for cosmetic surgery except that "cosmetic surgery" shall not

**Exclusions**, continued on page 10

**Exclusions**, continued from page 9

10. *Continued* ... include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
11. for preventive treatment, testing, medicines, serums, vaccines, vitamins or oral contraceptives except as specifically provided in the Policy.
12. as a result of committing or attempting to commit an assault or felony or participation in a felony, riot, illegal occupation, insurrection or civil commotion.
13. for Elective Treatment or elective surgery except as specifically provided in the Policy.
14. after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
15. for services normally provided without charge by the school and covered by the school fee for services.
16. as a result of suicide or any attempt at suicide, including drug overdose, or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
17. for loss sustained or contracted in consequence of the Covered Person's being intoxicated or under the influence of narcotics unless administered on the advice of a Doctor.
18. for surgery and/or treatment of: acupuncture; gynecomastia; biofeedback-type services; breast implants or breast reduction unless Medically Necessary following a mastectomy; circumcision; corns, calluses and bunions; family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; hair growth or removal; impotence, organic or otherwise; premarital examinations; sexual reassignment surgery and related therapy; sleep disorders, including supplies, treatment and testing thereof; and weight reduction.
19. for routine physical examinations, health examinations or preschool physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
20. as a result of a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place, except in a Driver's Education Program.
21. for elective abortions.
22. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from interscholastic, intercollegiate, professional and semi-professional sports; hang gliding; parasailing; sky diving; glider flying; parachuting; ballooning; or bungee jumping.
23. for rest cures or custodial care.
24. for Injury resulting from fighting, except in self-defense.
25. for treatment of obesity, regardless of the history or diagnosis,

including, but not limited to the following: weight reduction or dietary control programs, prescription or nonprescription drugs or medications such as vitamins (whether taken orally or by injection), minerals, appetite suppressants, or nutritional supplements and any complication resulting from weight loss treatments or procedures.

26. for eye surgery such as radial keratotomy when the primary purpose is to correct myopia (near-sightedness), hyperopia (far-sightedness) or astigmatism (blurring).
27. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational.
28. within the Covered Person's home country of domicile with respect to a Covered Person who is not a United States Citizen.
29. for botox injections.
30. for treatment, service or supply for which a charge would not have been made in the absence of insurance.



### - LIMITATIONS & REDUCTIONS -

1. Pre-existing Condition Limitation—Pre-existing Conditions are not covered for the first 12 months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if: 1) the individual has been continuously covered under the Policy for 12 consecutive months; or 2) the individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. We will credit the time the individual was under prior Creditable Coverage and; 3) whose most recent prior Creditable Coverage was under a group health plan, governmental plan or church plan, or health insurance offered in connection with any such plan; and 4) who elected coverage under a COBRA continuation provision or a similar state program; and 5) who, if the individual elected such continuation coverage, has exhausted such continuation coverage under such provision or program.  
Proof of prior coverage may be directed to the Claims Department at: Macori Administration, P.O. Box 2567, Spring, Texas 77383-2567.
2. In no event shall the total combined benefits for a single Injury or Sickness through continuing years of coverage exceed the Lifetime Maximum Policy Benefit.
3. Non-Duplication of Coverage—This plan: if the benefits in this brochure are payable under more than one provision in this brochure, then benefits will be provided only under the provision providing the greater benefit.

### - SUBROGATION -

The Company shall be subrogated to all rights of recovery which any Covered Person has against any person, firm, or company to the extent of payments for benefits made by the Company to or for benefit of a Covered Person. The Covered Person shall provide and do whatever is necessary to secure all rights to the Company.

### - COORDINATION OF BENEFITS -

#### (Applies to Benefits for Sickness)

This provision allows the Plan to coordinate payment with other medical insurance policies under which the Covered Person may have in force so that the total benefits paid under all available policies will not exceed 100% of the allowable expense incurred.

### - EXCESS PROVISION -

#### (Applies to Benefits for an Accident)

This provision allows the Plan to be secondary to any other medical insurance under which the Covered Person is covered. Benefits will be paid for Eligible Expenses and the unpaid balances after the Covered Person's other insurance has paid. No benefits are payable for any expense incurred for an Accident which is paid or payable by other valid and collectible insurance or under an automobile insurance policy. Eligible Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the Covered Person for failing to comply with policy provisions or requirements.

### - FILING A CLAIM -

A claim must be received by the Claims Office within 90 days from the date of service.

The claim must include:

- The itemized medical and/or hospital bills,
- Name of Patient,
- Covered Student's name, address and LSU ID,
- A company claim form is required for all claims, which can be completed online at [www.LSUstudentinsurance.com](http://www.LSUstudentinsurance.com) or a PDF of the claim form is available to submit by mail.
- Students Only - Student Health Center referral is required for ALL outpatient treatment except for medical emergencies or as stated in the "Student Health Center (SHC) Referrals" section on page 6.

Mail Claims to: Macori Administration  
P.O. Box 2567, Spring, Texas 77383-2567

### - APPEALING A DENIED CLAIM -

Covered Persons will have one (1) year from the date of the Explanation of Benefits to make an appeal to the Claims Office.

The appeal must be in writing and include:

- The claim information in question,
- A statement of why the claimant feels the denial or reduced payment was improper,
- The name of the health care provider or hospital,
- The date of service,
- The place of service,
- A description of the service, and
- The charge.

A written response will be sent to the Covered Person within fifteen (15) days of receipt. If the appeal involves a medical or legal issue, consultation may be obtained through Peer Review.



### - 24-HOUR STUDENT NURSELINE -

#### AMERICAN HEALTH HOLDING, INC.

*(American Health Holding, Inc. is not affiliated with National Union Fire Insurance Company of Pittsburgh, Pa.)*

**For confidential health care advice and information, 24 hours a day, 365 days a year,**

## CALL TOLL-FREE

## 866-315-8756

- Comprehensive Resources and Advice from Registered Nurses
- Direct access to an extensive Health Information Library, covering issues ranging from women's health to pediatrics. Detailed directories with topic codes and instructions for access to health-related topics.
- Choose to talk directly to a nurse. Discuss a current illness or health issue, or receive counseling on chronic conditions. Nurses can also educate callers about treatments, lifestyle choices and self-care strategies.
- Integrated phone services to specially trained personnel, trained to provide referral services for mental health concerns.
- Special Care for Emergencies
- Integrated Emergency Support Services are available whenever members are in an emergency room or unexpectedly hospitalized. In serious emergencies, the clinical team including doctors and registered nurses, assist patients and their families so they can make informed decisions about their care and treatment.
- The clinical team provides emotional reassurance, explains medical terms, discusses hospital culture and common routines, recommends resources and facilitates communications between patient and family to help them through the emergency.

## Travel Guard and Student Assist Services

### Procedures on How to Access Travel Guard and Student Assist Services 24-Hour Assistance Call Center

#### Who is Travel Guard:

Multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help participants should the need arise while traveling.

The Travel Guard Medical Staff consists of full-time, on-site Registered Nurses and Emergency Doctors who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24-hours; a doctor has daily responsibility for a 24-hour period and is on-site during daytime hours.

#### When to Contact Travel Guard:

- Before you incur expenses.
- If you are 100+ miles from home and require medical assistance or have a medical emergency.
- If you are 100+ miles from home and need assistance with a non-medical situation such as lost luggage, lost documents, legal help, etc.

#### How to Contact Travel Guard:

- Inside the US and Canada, dial 1-877-249-5362 toll-free.
- Outside the US and Canada:
  - Request an [international operator](#).
  - Ask the international operator to connect to an [AT&T operator](#).
  - Request the AT&T operator to place a **collect call to the USA at 1-715-295-9625**.
  - Our fax number is 1-262-364-2203.

**Travel Guard is available 24-hours-a-day/7-days-a-week/  
365-days-a-year**

What information will you need to provide when you call:

- Advise Travel Guard your TPA is Macori Administration
- Provide your Policy Number or School Name
- Advise Travel Guard regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Guard needs to call you back.

#### Description of Services

**General Information:** Services listed below include advice and information regarding travel documentation, immunization requirements, political/environmental warnings, and information on global weather conditions. Travel Guard can also provide information on available currency exchange rates, local Bank/Government holidays, and by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Guard also provides emergency message storage & relay and translation services.

- Visa & Immunization
- Weather & Exchange Rates
- Environmental & Political Warnings

**Technical:** Services listed below include assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Guard can arrange cash transfers & vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter enroute emergencies that force them to interrupt their trips.

- Legal Referral
- Enroute Travel Assistance
- Embassy/Consulate Information
- Claims-related Assistance
- Lost/Stolen Luggage & Personal Effects Assistance
- Telephone Interpretation
- Lost Document Assistance & Cash Transfer Assistance

**Medical:** These services are the most complicated of those offered and can last up to several weeks. They involve Travel Guard's Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include doctor/dental/hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains and insurance claims coordination.

#### **Medical Assistance:**

- Medical Referral
- In-patient Assistance
- Out-patient Assistance

NOTE: Evacuation of Mortal Remains as shown below

### REPATRIATION AND MEDICAL EVACUATION BENEFITS

(Benefits for Repatriation of Mortal Remains and Medical Evacuation are provided by National Union Fire Insurance Company of Pittsburgh, Pa.)

**Combined Maximum Limit of \$1,000,000**

#### **REPATRIATION OF MORTAL REMAINS**

In the event an Injury or Sickness causes death while a participant is outside their home country, the plan will reimburse covered expenses incurred for preparation and transportation of the body remains.

#### **MEDICAL EVACUATION**

The plan will pay for evacuation to the nearest adequate medical facility following a covered Injury or Sickness if a participant is outside their home country and a doctor determines that adequate medical treatment is not locally available. **Certain exclusions apply.**

**Travel Guard must make all arrangements and must authorize all expenses in advance for these benefits to be payable.** If it was not reasonably possible to contact Travel Guard in advance, the Company reserves the right to determine the benefits payable, including any reductions.

### STUDENT ASSIST SERVICES

**Concierge Services:** You receive the comfort, care, and attention of Travel Guard's Personal Assistance Coordinators available 24/7 to respond to virtually any request — large or small.

**Personal Security Assistance:** You can feel safe and secure with Travel Guard's Personal Security Assistance at home or while traveling. To activate personal security services, please log on to: [www.chartisinsurance.com/personalsecurity](http://www.chartisinsurance.com/personalsecurity). For initial setup, your login is "9499385" and the password is "security".

For more details visit the Macori, Inc. website at [www.macori.com/LSU](http://www.macori.com/LSU)

# Welcome to Student Assist

General Overview: Some services may not apply to your Plan. Participants may review benefits and contact information below. For more information, please call 877-249-5362.



## LiveTravel® Emergency Assistance

*Student Assist keeps you on the move. A unique service that is like having a dedicated around-the-clock travel counselor just a phone call away to solve last-minute travel problems or emergencies.*

- Flight rebooking
- Hotel rebooking
- Rental vehicle booking
- Emergency return travel arrangements
- Roadside Assistance
- Rental Vehicle Return
- Guaranteed hotel check-in



## Concierge Services

*You receive the comfort, care, and attention of Student Assist's personal assistance coordinators available 24/7 to respond to virtually any request — large or small.*

- Laundry services
- Fast food delivery assistance
- Event Ticketing
- Wireless device assistance
- Tutor Finder
- Housing assistance
- Latest sports scores and schedules
- Bar / Restaurant / Nightclub arrangements
- Flight arrangements
- Ground transportation coordination / Taxi Services
- Movie and theater information
- Restaurant referrals and reservations
- Latest worldwide weather and ski reports
- Find, wrap, and deliver one-of-a-kind gifts
- Special occasion reminders and gift ideas



## Worldwide Travel Assistance

*Travel is never a hassle with this complete suite of travel help. Our assistance coordinators will arrange all your travel affairs and are always connected to the latest travel information.*

- Lost baggage search; stolen luggage replacement assistance
- Lost passport/travel documents assistance
- ATM locator
- Emergency cash transfer assistance
- Travel information including visa/passport requirements
- Emergency telephone interpretation assistance
- Urgent message relay to family, friends or business associates
- Up-to-the-minute travel delay reports
- Long-distance calling cards for worldwide telephoning
- Inoculation information
- Embassy or Consulate Referral
- Currency Conversion or purchase
- Up-to-the-minute information on local medical advisories, epidemics, required immunizations and available preventive measures
- Up-to-the-minute travel supplier strike information
- Legal referrals/bail bond assistance
- Worldwide public holiday information



## Travel Medical Assistance

*From physician referrals to coordination of medical evacuations, we attend to your medical needs anywhere in the world.*

- Emergency medical evacuation transportation assistance
- Physician/hospital/ dental/ vision referrals
- Repatriation of mortal remains
- Return travel arrangements
- Emergency prescription replacement
- Dispatch of doctor or specialist
- Medical evacuation quote
- In-patient and out-patient medical case management
- Qualified liaison for relaying medical information to family members
- Arrangements of visitor to bedside of hospitalized insured
- Eyeglasses and corrective lens replacement assistance
- Medical Payment Arrangements
- Medical cost containment/expense recovery and overseas investigation
- Medical bill audits
- Shipment of medical records
- Medical equipment rental/ replacement



## Personal Security Assistance

*You can feel safe and secure with Student Assist's Personal Security Assistance at home or while traveling.*

- PERSONAL SECURITY:**
- Security evacuation assistance
  - Immediate 24-hour support services
  - Security and safety advisories, global risk analysis and consultation specialist
  - Urgent message alert and relay
  - Confidential storage of personal and medical profile for use in emergency situations
  - On-line security web information

- IDENTITY THEFT:**
- Assist Identity theft victim by ordering and reviewing credit bureau records on their behalf
  - Investigate financial accounts where identity theft is suspected
  - Interact with law enforcement to pursue prosecution of criminals
  - Review account activity to identify any suspicious activities
  - Review and resolve victim's issues
- \*Identity theft services are not available to residents of New York State.

## VOLUNTARY DENTAL OPTIONAL



AlwaysCare Benefits, Inc. (a Starmount Life Insurance Company) is an independent, privately owned and operated business headquartered in Baton Rouge, Louisiana. Members may access a national dental PPO network of over 73,000 access points and a national vision network of over 22,000 participating providers, or choose an out-of-network provider. Members may choose different providers for vision exam and materials purchases. Most participating providers, excluding Wal-Mart and Sam's Club, offer discounts on items purchased after the insurance benefit has been used and on non-covered items.

- Dental and vision plans are stand-alone options. The plans are not tied to the Student Health Plan.
- Students will be required to pay for the dental and vision premiums on an annual basis or at the start of each semester.
- Students will be required to enroll and terminate coverage in conjunction with their student status.

## Stand Alone Dental

Deductible	\$50 Plan Year Maximum (3 per family)   \$150 maximum deductible per family)
Benefit Year Maximum	\$1,000 per calendar year (applies to Class A, B & C)
Carryover Benefit	Included (*) See chart below
Coinsurance After Deductible	Class A – 100% Covered (Deductible does not apply to Class A Services) Class B – 20% Student Responsibility   80% Insurance Responsibility Class C – 50% Student Responsibility   50% Insurance Responsibility
Class A – Preventive Services	Waiting Period: None Routine exams (1 per 6 months) Prophylaxis (1 per 6 months) Bitewing X-rays (max 4 films; 1 per 12 months) Fluoride to age 16 (1 per 12 months) Full mouth X-ray (1 per 24 months)
Class B – Basic Services	Waiting Period: None Sealants to age 16 (permanent molars, 1 per 36 months) Fillings Simple extractions (all extractions for impacted teeth are excluded)
Class C – Endodontics (root canals)	Waiting Period: 12 Months
Reimbursements*	In-Network: Fee Schedule Non-Network: 90th Percentile

\* **Exclusion** - All extractions of impacted teeth.

## Carryover Benefit Rider\*

Base Plan Annual Maximum	Threshold Limit	Carryover Amount	Carryover Account Maximum	Total Potential Annual Maximum
\$1,000	\$500	\$250	\$1,000	\$2,000

\* **Carryover Benefit:** If an Insured submits Qualifying Claims for Covered Expenses during a benefit year and, in that benefit year, receives benefits that are less than their group's Threshold Limit, the Insured will be credited a Carryover Benefit. Carryover Benefits will be accrued and stored in the Insured's Carryover Account to be used in the next benefit year. If, in the next benefit year, an Insured reaches his or her Policy Year Maximum Benefit, we will pay a benefit from the Insured's Carryover Account up to the amount stored in the Insured's Carryover Account. The accrued Carryover Benefits stored in the Carryover Account may not be greater than the Carryover Account Maximum.

	Annual	Fall	Spring / Summer	Three Payments	Nine Payments	Summer
<b>Voluntary Dental – Stand Alone</b>						
Student	\$285	\$152	\$152	\$104	\$41	\$69
Student + 1	\$570	\$294	\$294	\$199	\$73	\$128
Student + Family	\$1014	\$516	\$516	\$347	\$122	\$221

## AlwaysDental<sup>SM</sup> Exclusions/Limitations

AlwaysCare Members whose dental plan includes coverage of crowns and bridges will have the options of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed, 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant related services are not covered.

The following services are not covered:

- Any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- The correction of congenital malformations;
- The replacement of lost or discarded or stolen appliances;
- Replacement of bridges, dentures, crowns, inlays, onlays or dentures unless more than five (5) years old and cannot be made serviceable;
- Appliances, services or procedures relating to: (i) the change or maintenance of vertical dimensions; (ii) restoration of occlusion (iii) splinting; (iv) correction of attrition, abrasion, erosion or a fraction; (v) bite regulation or (vi) bite analysis;
- Services provided for any type of temporomandibular joint (TMJ) dysfunction, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
- Charges for implants (except noted above), removal of implants, precision or semi-precision attachments, Denture duplication, overdentures and any associated surgery, or other customized services or attachments, and related procedures;
- Dentures for teeth missing prior to effective date of coverage; some exceptions apply and are detailed in the Certificate of Coverage;
- Multiple x-rays done on same date of service will be combined to a full-mouth x-ray;
- Cosmetic restorations on posterior permanent teeth and all primary teeth will be given alternate benefit;
- Anesthesia is covered with complex oral surgery only. Charges are subject to review. Pre-treatment estimate is recommended.

Details for the Dental program are available via AlwaysCare, toll-free 1-888-729-5433 ext. 2013. In Baton Rouge 1-225-926-2888 ext. 2013 or online at [www.LSUstudentinsurance.com](http://www.LSUstudentinsurance.com)

Mail Claims to: PO Box 80139, Baton Rouge, LA 70898-0139.

**These Dental Benefits are not affiliated with or issued by National Union Fire Insurance Company of Pittsburgh, Pa.**

**They are separate from the Student Health Plan described in this Plan Summary.**

## VOLUNTARY VISION OPTION

Service		
	In-Network	Out-of-Network
Exam	\$10 co-pay	Up to \$35
Materials	\$10 co-pay	
Standard Plastic Lenses		
Single Vision	Covered	Up to \$25
Bifocal	Covered	Up to \$40
Trifocal	Covered	Up to \$50
Lenticular	\$80 allowance	Up to \$50
Progressive	\$70 allowance	Up to \$40
Frames		
Member may select any frame available	Up to \$120 retail allowance	Up to \$50 retail allowance
Contact Lenses (*)		
Fit, follow-up & materials:		
- Effective	Up to \$120	Up to \$100
- Medically Necessary	Up to \$210	Up to \$210

(\*) In lieu of eyeglass lenses and frames.

## VOLUNTARY VISION OPTION, Continued

Vision Frequencies	
Exam	1 per 12 months
Standard Plastic Lenses	1 per 12 months
Frames	1 per 24 months
Contact Lenses	1 per 12 months

	Annual	Fall	Spring/ Summer	Three Payments	Nine Payments	Summer
<b>Voluntary Vision – Stand Alone</b>						
<b>Student</b>	\$125	\$72	\$72	\$51	\$23	\$35
<b>Student + 1</b>	\$237	\$128	\$128	\$88	\$36	\$59
<b>Student + Family</b>	\$400	\$209	\$209	\$143	\$54	\$93

### AlwaysVision<sup>SM</sup> Exclusions/Limitations

- This is a primary vision care benefit and is intended to cover only eye examinations and corrective eye wear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.
- Covered Materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Participating Provider.
- Benefits are payable only for expenses incurred while the Group and Individual Member coverage is in force.
- Laser Vision Correction Network: Membership provides access to Preferred Pricing. Transactions are handled directly between Members and Providers. Refractive surgery is an elective procedure and may involve potential risks to patients. The Plan cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas.
- Orthoptics or vision training and any supplemental testing; Plano (non-prescription) lenses; or two pair of eyeglasses in lieu of bifocals or trifocals;
- Medical or surgical treatment of the eyes;
- An eye exam or corrective eye wear required by an employer as a condition of employment;
- Any injury or illness covered under Workers' Compensation or similar law, or which is work related;
- Plain or prescription sunglasses or tinted lenses;
- Sub-normal vision aids;
- Charges in excess of Usual and Customary for services and materials;
- Experimental or non-conventional treatments or devices;
- Safety eyewear;
- Spectacle lens styles, materials, treatments or "add-ons" not shown in the Schedule of Benefits.

Details of the Vision program are available via AlwaysCare, toll-free 1-888-729-5433 ext. 2013.

In Baton Rouge 1-225-926-2888 ext. 2013 or online at [www.LSUstudentinsurance.com](http://www.LSUstudentinsurance.com)

Mail Claims to: PO Box 14389, Baton Rouge, LA 70898-4389.

**These Vision Benefits are not affiliated with or issued by National Union Fire Insurance Company of Pittsburgh, Pa. They are separate from the Student Health Plan described in this Plan Summary.**

## Important Policy Contact Information

ENROLLMENT / PREMIUM	MEDICAL CLAIMS AND BENEFITS:
Macori Administration P.O. Box 2567 Spring, TX 77383-2567 Toll Free: 1-800-285-8133 Houston Metro: 281-651-8787 FAX: 281-651-8808 <a href="http://www.LSUstudentinsurance.com">www.LSUstudentinsurance.com</a>	Macori Administration P.O. Box 2567 Spring, TX 77383-2567 Toll Free: 1-800-285-8133 Houston Metro: 281-651-8787 FAX: 281-288-6534 <a href="http://www.LSUstudentinsurance.com">www.LSUstudentinsurance.com</a>

ALWAYS CARE DENTAL AND VISION CLAIMS AND BENEFIT ADMINISTRATION	
Mail Claims to: P.O. Box 14389 Baton Rouge, LA 70898-4389 In Baton Rouge: 1-225-926-2888, ext 2013 Online at: <a href="http://www.LSUstudentinsurance.com">www.LSUstudentinsurance.com</a>	

LSU STUDENT HEALTH CENTER (SHC)	24/7 NURSELINE
Infirmary Road & West Chimes Baton Rouge, LA 70803-2401 1-225-578-6271 <a href="http://www.lsu.edu/shc">www.lsu.edu/shc</a>	<b>CALL TOLL-FREE 866-315-8756</b>

PREFERRED PROVIDER NETWORKS (PPO)	
<u>INSIDE LOUISIANA:</u> Verity HealthNet Local: 225-819-1135 <a href="http://www.verityhealth.com">www.verityhealth.com</a>	<u>OUTSIDE LOUISIANA:</u> First Health Toll Free: 800-226-5116 <a href="http://www.firsthealth.coventryhealthcare.com/">www.firsthealth.coventryhealthcare.com/</a>




## Hospitals Available in the Baton Rouge Area

Verity Network						First Health Network	
<b>Baton Rouge General Bluebonnet</b>	<b>Baton Rouge General Mid City</b>	<b>Lane Memorial Hospital</b>	<b>Neuro-Medical Center</b>	<b>Surgical Specialty Center of Baton Rouge</b>	<b>Earl K. Long Medical Center</b>	<b>Our Lady of the Lake</b>	<b>Woman's Hospital</b>
8585 Picardy Ave	3600 Florida Blvd	6300 Main Street	Perkins Road 10105 Park Rowe Circle	8080 Bluebonnet Blvd	5825 Airline Hwy.	5000 Hennessy Blvd	Airline at Goodwood 9050 Airline Hwy.
<b>225-763-4000</b>	<b>225-387-7000</b>	<b>225-658-4000</b>	<b>225-763-9900</b>	<b>225-408-8080</b>	<b>225-358-1000</b>	<b>225-765-6565</b>	<b>225-927-1300</b>

LOCAL SERVICING AGENT	TRAVEL ASSIST
Donna Teer, Account Executive Gallagher Benefit Services, Inc. Phone: 800-256-8960 FAX: 866-501-5965 Email: <a href="mailto:Donna_Teer@ajg.com">Donna_Teer@ajg.com</a>	INSIDE US & CANADA: 1-800-626-2427  OUTSIDE US & CANADA: <ul style="list-style-type: none"> <li>Request an international operator.</li> <li>Request an international operator to connect to an AT&amp;T operator.</li> <li>Request the AT&amp;T operator to place a collect call to <b>1-715-295-9625</b>. FAX: 1-262-364-2203</li> </ul>





**QUESTIONS REGARDING COVERAGE, CLAIMS PROCEDURES  
AND/OR CLAIMS STATUS SHOULD BE DIRECTED TO:**

**CLAIMS OFFICE:**

**MACORI ADMINISTRATION**

c/o Macori, Inc.  
P.O. Box 2567  
Spring, TX 77383-2567  
Toll Free: 1-800-285-8133



**FOR PROVIDERS INQUIRING ABOUT CLAIMS AND BENEFITS:**

*Toll-Free: 1-877-266-7778 Houston Area: 281-651-8787*

**AGENCY:**



**MACORI, INC.**

*Health Insurance for Students/Scholars*

**Houston Metro: 281-651-8787**

**Toll Free: 800-285-8133**

**Website: [www.macori.com](http://www.macori.com)**

**E-mail: [macori@macori.com](mailto:macori@macori.com)**

*We value the trust our customers have placed in us. Protecting the privacy of your personal information is of paramount importance to us. For more information, please go to [www.macori.com](http://www.macori.com)*

**IMPORTANT:** This is only a brief description of the coverage available under policy series S30494NUFIC-LA. The Policy may contain reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, or if any point is not covered in this document, the terms and conditions of the Policy will govern in all cases.

Eligibility and Claims: 800-285-8133 or 281-651-8787

Pre-Certification: 877-266-7778

**PREFERRED PROVIDER INFORMATION:**

**Inside Louisiana:**

Verity HealthNet

[www.verityhealthnet.com](http://www.verityhealthnet.com)

Toll Free: 225-819-1135



**Outside Louisiana:**

First Health

[www.firsthealth.coventryhealthcare.com/](http://www.firsthealth.coventryhealthcare.com/)

Toll Free: 800-226-5116



**CLAIM FILING ADDRESS:**

**PROVIDERS:**

Macori Administration

P.O. Box 2567

Spring, TX 77383-2567

**Pharmacy:**

Catalyst Rx

24-Hour Help Line: 1-888-869-4600

Group: CATRX

BIN#: 005947



**NON-INSURANCE SERVICES** available at [www.macori.com/LSU](http://www.macori.com/LSU)  
Student Assist: US & Canada – 877-249-5362; Outside US & Canada – call collect 715-295-9625

**Visit: [www.lsustudentinsurance.com](http://www.lsustudentinsurance.com) for:**

- Benefits & Enrollment Information
- ID Cards
- Interactive On-Line Claim Form
- “View My Account” - check your claims and coverage status
- Locate a PPO Medical Provider and/or Catalyst Rx Pharmacy
- 24-Hour Nurseline Information
- Optional Enrollment: Dependents, Dental, Vision, Medical Evacuation and Repatriation



# Louisiana State University and A&M College

## 2011-2012 ENROLLMENT FORM FOR STUDENTS, GRADUATES AND THEIR DEPENDENTS

Administrator Policy Number: CHH0017842 – Underwriter Reference Number: CAS9949385  
Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa.

STUDENT ID # \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
Last (Family) Name First (Given) Name Middle Initial

GENDER:  Male  Female DATE OF BIRTH: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
House/Building Number and Street Name

\_\_\_\_\_ Apt. or P.O. Box # or Rural Route City State ZIP Code

TELEPHONE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Complete information below for Dependents to be insured. Dependent coverage is available only for Students insured under the Plan.

SPOUSE:  Male  Female Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Check One) Month Day Year

\_\_\_\_\_ First (Given) Name Middle Initial Last (Family) Name

CHILD:  Male  Female Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Check One) Month Day Year

\_\_\_\_\_ First (Given) Name Middle Initial Last (Family) Name

CHILD:  Male  Female Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Check One) Month Day Year

\_\_\_\_\_ First (Given) Name Middle Initial Last (Family) Name

CHILD:  Male  Female Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Check One) Month Day Year

\_\_\_\_\_ First (Given) Name Middle Initial Last (Family) Name

CHILD:  Male  Female Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Check One) Month Day Year

\_\_\_\_\_ First (Given) Name Middle Initial Last (Family) Name

**NOTICE:** Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form; 2) Rates are not pro-rated other than as listed on this enrollment form; 3) He/She meets the eligibility requirements for this coverage as described in the policy; and 4) If it is later determined that the student is not eligible, the premium will be refunded minus any claims paid.

**Premium will not be refunded except for ineligibility or entrance into the armed forces.**

**Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and maybe subject to fines and confinement in prison.**

### Student Acknowledgment / Authorization to Release Personal Health Information (PHI)

I understand and acknowledge that Personal Health Information (PHI) and medical records to or from any appropriate government agency, health care practitioner, facility, supplier, or other provider or insurance carrier will be released, as necessary, to (1) coordinate patient care and health benefits, (2) process claims for reimbursements, (3) monitor the appropriateness of care provided and (4) assure compliance with any applicable rules or legislation. I understand that records and information will not be released by the LSU Student Health Center, Macori, Inc., or Macori Administration for any other purpose, or to any other person, except as required by law or with my written consent, or the written consent of my legal representative.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE CHECK ALL APPROPRIATE BOXES**

**CATEGORY:**  Undergraduate  \* Graduate  \* Graduate Assistant  
**INTERNATIONAL VISA TYPE:**  F  J  Other

\* **NOTE:** Graduates receiving insurance subsidy **MUST** enroll on PAWS to receive the premium credit.

Rates	ANNUAL	SEMESTER		THREE PAYMENTS*	NINE PAYMENTS*	SUMMER
		FALL	SPRING/SUMMER			
<b>BASIC PLAN—\$50K Per Injury or Sickness</b>						
Student—Domestic	<input type="checkbox"/> \$1,044	<input type="checkbox"/> \$531	<input type="checkbox"/> \$531	<input type="checkbox"/> \$357	<input type="checkbox"/> \$125	<input type="checkbox"/> \$270
Student—International	<input type="checkbox"/> \$1,059	<input type="checkbox"/> \$539	<input type="checkbox"/> \$539	<input type="checkbox"/> \$363	<input type="checkbox"/> \$127	<input type="checkbox"/> \$273
Eligible Graduate Assistant—Domestic **	—	\$181	\$181	Payment Plan not available		
Eligible Graduate Assistant—International **	—	\$189	\$189	Payment Plan not available		
<b>Dependent Coverage (Amounts shown below are in addition to the Student Rate)</b> Enrollment of dependents is available on-line through <a href="http://www.LSUstudentinsurance.com">www.LSUstudentinsurance.com</a> . If dependents are added, they must be insured under the same plan and payment option.						
Spouse	<input type="checkbox"/> \$1,944	<input type="checkbox"/> \$981	<input type="checkbox"/> \$981	<input type="checkbox"/> \$657	<input type="checkbox"/> \$225	<input type="checkbox"/> \$495
Child(ren)	<input type="checkbox"/> \$1,943	<input type="checkbox"/> \$980	<input type="checkbox"/> \$980	<input type="checkbox"/> \$656	<input type="checkbox"/> \$224	<input type="checkbox"/> \$494
Spouse & Child(ren)	<input type="checkbox"/> \$3,888	<input type="checkbox"/> \$1,953	<input type="checkbox"/> \$1,953	<input type="checkbox"/> \$1,305	<input type="checkbox"/> \$441	<input type="checkbox"/> \$981
<b>ENHANCED PLAN—\$250K Per Policy Year</b>						
Student—Domestic	<input type="checkbox"/> \$1,296	<input type="checkbox"/> \$657	<input type="checkbox"/> \$657	<input type="checkbox"/> \$441	<input type="checkbox"/> \$153	<input type="checkbox"/> \$333
Student—International	<input type="checkbox"/> \$1,311	<input type="checkbox"/> \$665	<input type="checkbox"/> \$665	<input type="checkbox"/> \$447	<input type="checkbox"/> \$155	<input type="checkbox"/> \$336
Eligible Graduate Assistant—Domestic **	—	\$307	\$307	Payment Plan not available		
Eligible Graduate Assistant—International **	—	\$315	\$315	Payment Plan not available		
<b>Dependent Coverage (Amounts shown below are in addition to the Student Rate)</b> Enrollment of dependents is available on-line through <a href="http://www.LSUstudentinsurance.com">www.LSUstudentinsurance.com</a> . If dependents are added, they must be insured under the same plan and payment option.						
Spouse	<input type="checkbox"/> \$2,376	<input type="checkbox"/> \$1,197	<input type="checkbox"/> \$1,197	<input type="checkbox"/> \$801	<input type="checkbox"/> \$273	<input type="checkbox"/> \$603
Child(ren)	<input type="checkbox"/> \$2,375	<input type="checkbox"/> \$1,196	<input type="checkbox"/> \$1,196	<input type="checkbox"/> \$800	<input type="checkbox"/> \$272	<input type="checkbox"/> \$602
Spouse & Child(ren)	<input type="checkbox"/> \$4,752	<input type="checkbox"/> \$2,385	<input type="checkbox"/> \$2,385	<input type="checkbox"/> \$1,593	<input type="checkbox"/> \$537	<input type="checkbox"/> \$1,197
<b>MEDICAL EVACUATION &amp; REPATRIATION BENEFITS</b> are included in all International premiums listed above. Benefits for domestic participants are available through <a href="http://www.LSUstudentinsurance.com">www.LSUstudentinsurance.com</a>						
Per Person	<input type="checkbox"/> \$15	<input type="checkbox"/> \$8	<input type="checkbox"/> \$8	<input type="checkbox"/> \$6	<input type="checkbox"/> \$2	<input type="checkbox"/> \$3
<b>VOLUNTARY DENTAL – Stand Alone</b>						
Student	<input type="checkbox"/> \$285	<input type="checkbox"/> \$152	<input type="checkbox"/> \$152	<input type="checkbox"/> \$104	<input type="checkbox"/> \$41	\$69
Student + I	<input type="checkbox"/> \$570	<input type="checkbox"/> \$294	<input type="checkbox"/> \$294	<input type="checkbox"/> \$199	<input type="checkbox"/> \$73	<input type="checkbox"/> \$128
Student + Family	<input type="checkbox"/> \$1,014	<input type="checkbox"/> \$516	<input type="checkbox"/> \$516	<input type="checkbox"/> \$347	<input type="checkbox"/> \$122	<input type="checkbox"/> \$221
<b>VOLUNTARY VISION – Stand Alone</b>						
Student	<input type="checkbox"/> \$125	<input type="checkbox"/> \$72	<input type="checkbox"/> \$72	<input type="checkbox"/> \$51	<input type="checkbox"/> \$23	<input type="checkbox"/> \$35
Student + I	<input type="checkbox"/> \$237	<input type="checkbox"/> \$128	<input type="checkbox"/> \$128	<input type="checkbox"/> \$88	<input type="checkbox"/> \$36	<input type="checkbox"/> \$59
Student + Family	<input type="checkbox"/> \$400	<input type="checkbox"/> \$209	<input type="checkbox"/> \$209	<input type="checkbox"/> \$143	<input type="checkbox"/> \$54	<input type="checkbox"/> \$93
* Payment options are not available through PAWS, students must enroll directly through <a href="http://www.LSUstudentinsurance.com">www.LSUstudentinsurance.com</a> to be eligible for these payment options. Payment Plans are not available to Graduate Assistants receiving an insurance stipend.			** Eligible Graduate Assistant is a graduate student holding a full-time (50% effort) assistantship for any given semester. Graduate Assistants eligible to receive premium assistance must enroll in the semester payment option through PAWS.			

**Payment Plan Instructions:** Each fall semester, annual coverage may be purchased using the 3 or 9 payment auto draft/charge payments plans. Upon making your first payment, the credit card or bank account provided will be auto drafted as follows: 3 Pay Plan: 12/14/11 and 4/14/12 OR 9 Payment Plan: 10/6/11, 11/24/11, 1/11/12, 2/15/12, 3/30/12, 5/1/12, 6/9/12 and 7/14/12. These are annual auto-pay options for coverage for the entire Policy Year.

**Manual Payment Instructions:** Make check or money order payable to National Union Fire Insurance Company of Pittsburgh, Pa.. in U.S. dollars or refer to the Charge Card Authorization below to charge your premium to Visa or MasterCard. Mail this enrollment card along with premium payment to Macori Administration – Voluntary College Premium, PO Box 71327, Philadelphia, PA 19176-1327. Your cancelled check or credit card billing is your receipt and notification of coverage. It is the student’s responsibility for timely renewal payments whether or not a renewal notice is received.

**CHARGE CARD AUTHORIZATION PAYMENT INFORMATION**

AMOUNT \$ \_\_\_\_\_ CARD \_\_\_\_\_ \*CVS# \_\_\_\_\_ EXPIRATION \_\_\_\_\_ - \_\_\_\_\_  
 Month Year

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*CVS Security Code is located on the back of your card next to the signature line.

**OR PAYMENT BY CHECK:** CHECK # \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_