

**DOMESTIC
STUDENT ACCIDENT
&
SICKNESS
INSURANCE PLAN**
for the students of



**Texas Southern
University**

**Administrator Policy
#AMH9023738
Underwriter Reference
#CAS9710386**

2007-2008
Academic Year

ENROLLMENT FORM ATTACHED
*Please keep this brochure
for future reference.*

Dear Student:

A committee consisting of Texas Southern University administrators and students has selected an Accident and Sickness Insurance Plan in which T.S.U. students may enroll. The Program is offered by Texas Southern University ("the Policyholder") on an optional basis. It offers students who may not have insurance an opportunity for coverage. **All resident hall occupants are automatically enrolled in the plan.**

The following is a brief description of the Accident and Sickness Medical Expense benefits for students at Texas Southern University. This plan is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. Complete details of coverage are in the Policy issued to the University. It may be inspected during business hours at the Student Health Center. Any discrepancy between this brochure and the Policy will be governed by the Policy.

Willie Marshall
Vice President For Student Services

ELIGIBILITY

All students of Texas Southern University are eligible to participate in the insurance program described in this brochure. Home study, correspondence, internet, and television (TV) courses do not fulfill eligibility requirements. Insured students may also cover their dependents (spouse and children under age 25, including grandchildren, or age 25 or more **and** primarily supported by the Insured Person **and** incapable of self-sustaining employment by reason of mental or physical handicap) by paying the necessary additional costs.

Newborn children are covered for Injury or Sickness from birth until 31 days old. Coverage may be continued for that child when we are notified within 31 days from the date of birth and required premium is paid.

To enroll in this Plan, complete the attached enrollment form and return it along with a check, credit card authorization or money order made payable to "National Union Fire Insurance Company of Pittsburgh, Pa."

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

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m. *August 27, 2007 (*8/28/07 for students maintaining continuous coverage from the previous policy year). Individual Coverage becomes effective the date the application and full premium are received by Macori, whichever is later. **No enrollment form will be accepted beyond 30 days from the effective date of each coverage period.** Individual coverage will terminate at the earliest of: a) the termination of the Policy (11:59 p.m., August 26, 2008); b) the last day of the Term of Coverage for which premium is paid; c) the date a Covered Person enters full time active military service (coverage will automatically terminate and a pro-rata refund of premium will be made (send the Company Proof of

Service). This does not include Reserve or National Guard duty for training unless it extends beyond 31 days. Dependent coverage will not be effective prior or beyond that of the Covered Student.

STUDENT HEALTH CENTER (SHC)

The Covered Student should use the resources of the Student Health Center first where treatment will be administered or the student will be referred for treatment elsewhere. Treatment at the Student Health Center is more cost effective for the Covered Student.

PREFERRED PROVIDER ORGANIZATION

(Inpatient or Outpatient)

This plan offers a network of Preferred Provider Organization (PPO) hospitals for the Covered Person's use. This network is called Beech Street, Inc. A listing of medical providers in the Houston area (or for other areas of the U.S.) may be secured from Beech Street, Inc. (BSI) at: 1-800-432-1776 (the Covered Person should indicate that he or she is covered at Texas Southern University) or from Macori's website at: www.macori.com. Use of these hospitals is optional (and does not guarantee the discount); however, it may reduce the Covered Person's out-of-pocket expenses.

DESCRIPTION OF BENEFITS

Deductible.....**NONE**

ACCIDENT & SICKNESS MEDICAL EXPENSE

Payment will be made for Eligible Expenses incurred within 52 weeks from the date of the Accident or the date of the first treatment for each Sickness. Expenses are allocated as follows:

- **Hospitalization Expense:** Up to \$2,500 for hospital room and board (average semi-private room rate), X-ray examinations and laboratory tests, anesthesia, medications, use of operating room, plaster casts and temporary surgical appliances when the Covered Person is confined as a bed patient in the hospital. This benefit applies to each period of confinement.
- **Outpatient Expense:** Up to \$250 for: (1) Hospital services rendered within 72 hours after accidental Injury or onset of Sickness, (2) Hospital services on the day surgery is performed, (3) X-ray and laboratory tests to the extent that benefits for such services would have been provided if rendered to an inpatient of the hospital.
- **Doctor's Expense (In or Out of Hospital):** Up to a maximum of \$150 for treatment rendered by a licensed doctor as follows (Injury or Sickness):
 - (1) First accident visit.....\$50
 - (2) First sickness visit.....\$50
 - (3) Subsequent visits.....\$50
- **Consultant Expense:** Up to \$100 for the services of a consulting doctor, when required by the attending physician.
- **Ambulance Expense:** Up to \$100 for a professional ambulance service, when required due to the emergency nature of a Sickness or Injury.

Description of Benefits (continued)

- **Surgical Expense (In or Out of Hospital):** Benefits are paid in accordance with Ingenix 75th percentile to a maximum of \$1,400 per Sickness or Injury. (Ingenix, Inc. 75th percentile is used in determining Reasonable & Customary). When an assistant surgeon is used, 80% of the above payment will apply to the surgeon and 20% to the assistant. Services of an anesthesiologist will be payable to a maximum of 25% of the aggregate amount payable to the surgeons.
- **Dental Injury Expense:** Up to \$500 for expenses incurred for treatment of Injury to sound natural teeth.
- **Inpatient Mental Nervous Disorder Expense:** Paid under hospitalization expense and limited to one confinement per sickness.
- **Outpatient Mental Nervous Disorder Expense:** Up to \$50 per visit to a maximum of five visits, for services rendered by legally qualified or licensed psychologist.

Mandated Benefits – The State of Texas mandates coverage for the following benefits to be paid as any other Sickness: diabetes equipment, supplies and self-management training; diagnostic and/or surgical treatment of skeletal joints, including the temporomandibular or the craniomandibular joint; immunizations for Dependent children; hospital confinement of 48 hours following a mastectomy and 24 hours following a lymph node dissection for treatment of breast cancer; reconstruction of a breast incident to mastectomy to restore or achieve breast symmetry; prostate cancer screening; colorectal cancer screening for individuals 50 years or older who are at normal risk for developing colon cancer; mammograms; bone mass measurements for treatment of osteoporosis; screening test for hearing loss for Dependent children from birth to 24 months of age; reconstructive surgery for a Covered Dependent under the age of 18 to improve function or create normal appearance of an abnormal structure caused by congenital defects, developmental deformities, trauma, tumors, infections, or disease; the treatment of Mental or Nervous Disorders in a Crisis Stabilization Unit or Residential Treatment Center for Dependent children the same as if treatment were provided in a Hospital; Hospital Confinement for the covered mother and her newborn child will be for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarean section; therapies and services as a result of and related to an Acquired Brain Injury; and telehealth or telemedicine services. Please see the Policy on file with the University for full details.

Continuation of Coverage: The right to continue this coverage is available to a Covered Student who has lost eligibility by graduating. A Covered Student has the option to continue coverage for up to 6 months starting from the date insurance would otherwise terminate at a premium that is 2% higher than that charged for coverage under the Policy. Continuation of coverage will be subject to the terms of the Policy. Written request for continuation and payment of premium must be received by Macori, Inc., within 31 days following the later of: the date of coverage under the Policy terminates; or the date notice of the right of continuation is given by the Policyholder.

REDUCTIONS AND LIMITATIONS

Coordination of Benefits

Benefits available for Accidents & Sicknesses are coordinated with other health insurance you may have in force as described in the Policy.

Non-Duplication of Coverage

If the benefits of this plan are payable under more than one provision in the Policy, then benefits will be provided only under the provision providing the greater benefit.

Pre-Existing 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:

- The individual has been continuously covered under the Policy for 12 months; or
- The Individual is not eligible for Medicare or Medicaid; or
- The Individual does not have other insurance; or
- The individual did not lose his or her insurance for not paying the premium or for committing fraud; or
- 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 and whose recent Creditable Coverage was under a group health plan, government plan or church plan. The Certificate of Creditable Coverage from prior Carrier(s) should be submitted at initial enrollment in the Student Accident & Sickness Insurance Plan.

Subrogation

If claims are incurred as a result of another person's negligence, the insurance company has the right to seek reimbursement in accordance with the Policy.

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.

Hospital means a facility which meets all of these tests: (a) it provides inpatient 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 which it is located; and (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

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; or (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 a single injury.

Definitions (continued)

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; or (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 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. 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: A Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 12 months prior to the Covered Person's effective date of coverage under the Policy.

Reasonable and Customary 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: Illness, disease, pregnancy and complications of pregnancy which begin after the effective date of a Covered Person's coverage. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

EXCLUSIONS

The Company won't pay benefits for:

1. Treatment, services or supplies which: (a) Are not Medically Necessary; (b) Are determined to be experimental/investigational in nature by the Company; (c) Would not routinely be paid in the absence of insurance; (d) Are received from any Immediate Family Member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Injury or Sickness arising out of or in the course of employment or which is compensable under Workers' Compensation or Occupational Disease Act or Law.

4. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline.
5. Surgery and/or treatment for: circumcision; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; and sexual reassignment surgery.
6. Expenses incurred as a result of dental treatment, except as specifically provided.
7. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
8. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury.
9. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
10. Services or supplies normally provided without charge by the Policyholder or by any person employed or retained by the Policyholder which are covered by the student health fee.
11. Routine medical care, except as specifically provided.
12. Cosmetic surgery or complications resulting therefrom, including surgery to improve or restore a Covered Person's appearance, unless needed to repair conditions resulting from an Injury occurring after the Covered Person's effective date of coverage, provided treatment begins within three months from the date of Accident; and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect.
13. Preventive medicines, serums, vaccines, vitamins, unless specifically provided.
14. Outpatient Prescription Drugs.
15. Submucous resection and/or other surgical correction for deviated septum other than for required treatment of acute purulent sinusitis or Injury.
16. Participating in the practice or play in any professional, semi-professional, or intercollegiate sports.
17. Breast reconstruction and complications arising therefrom except for breast reconstruction incident to mastectomy.
18. Routine physical examinations including routine well child care, except as mandated for dependent children.
19. Eyeglasses, contact lenses, and examination for the prescription or fitting thereof.
20. Alcoholism or drug addiction.
21. Routine medical care, health examinations, screenings, except as mandated by Texas Insurance Code.
22. Outpatient expense for in-vitro fertilization procedures.

REFUNDS

Refund of premium will be made only in the event the individual enters full-time active duty in any Armed Forces; otherwise coverage will continue for the period for which premium was paid.

CLAIM PROCEDURE

When a Covered Person incurs expenses covered by the Policy, secure a Company claim form from the Student Health Center (or online at www.macori.com), complete the requested information, attach all itemized hospital and medical bills and return to the claims office.

QUESTIONS REGARDING COVERAGE, CLAIMS PROCEDURES OR CLAIM STATUS SHOULD BE DIRECTED TO MACORI:

Premium Office:
MACORI, INC.
PO Box 2478
Spring, TX 77383-2478

Claims Office:
MACORI ADMINISTRATION
A DBA of Maksin Management Corp
P.O. Box 2478
Spring, TX 77383-2478

MACORI, INC.

Health Insurance for Students/Scholar.

Web address: www.macori.com

Email: macori@macori.com

**Houston Area: 281-651-8787
Toll-Free Outside Houston: 1-800-285-8133**

FOR PROVIDERS INQUIRING ABOUT CLAIMS/BENEFITS:

METRO HOUSTON AREA: 281-528-8949

An explanation of benefits does not guarantee payment.

Notification of Injury or Sickness must be provided within 30 days after the date of Injury or treatment of Sickness. Bills must be submitted within 90 days of the date of treatment.

This is only a brief description of the coverage available under the policy series S30494NUFIC-TX. The Policy may contain definitions, 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, the Policy will govern in all cases.

**Underwritten by:
NATIONAL UNION FIRE INSURANCE COMPANY
OF PITTSBURGH, Pa.
A Member Company of American International Group, Inc. (AIG)
with its principal place of business in New York, NY
("the Company")**

"We value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more privacy information, please go to www.macori.com."

NAMES OF DEPENDENTS TO BE COVERED

	<u>Name</u>	<u>Date of Birth</u>
Spouse	_____	_____
Child	_____	_____
Child	_____	_____
Child	_____	_____

✂ tear or cut

CLAIM INFORMATION

In the event of Sickness or Injury the Covered Person should:

1. For non-emergency care, report at once to the Student Health Center.
2. Secure and complete a claim form from the Student Health Center or online at www.macori.com.
3. **For timely claim payment, file your claim with your other insurance company (or your parent's if you are covered under their policy) and with Macori Administration, at the same time. Mail Macori Administration copies of what your other insurance paid, Explanation of Benefits (EOB).**
4. Report claims promptly and file no later than 90 days from the date of such loss.