

Lehigh University

Undergraduate Study Abroad Insurance

Summary of Benefits 2011 - 2012

Eligibility:

You may be covered under the plan if you are a U.S. citizen, a permanent resident of the U.S., or an international student in the U.S. enrolled as a full-time student at Lehigh University and are temporarily pursuing educational activities outside the United States or your home country. Students eligible for this Plan are automatically and mandatorily enrolled by the Study Abroad Office or the Office of International Programs.

Claims Administrator Information: Consolidated Health Plans
 2077 Roosevelt Ave
 Springfield, MA 01104
 1-800-633-7867

Policy Number: 2011I5A63

Plan Design:

The plan provides benefits for the Usual and Customary (U&C) Expenses incurred by an Insured person for Loss due to a covered Accident and Sickness up to a \$100,000 policy year maximum. Benefits will be paid for each covered service as stated in the summary below.

INSURANCE INFORMATION SCHEDULE	
Aggregate Maximum Benefit	\$1,000,000
Policy Year Maximum Benefit	\$100,000
Deductible	\$0
Extension of Benefit if a Student is Hospital Confined While Abroad	30 days
Pre-Existing Conditions Limitations	None
<u>COVERED BENEFITS</u>	
MEDICAL EXPENSE	Limits/Covered Person
Physician Office Visits	100% of U&C
Inpatient Hospital Benefits	100% of U&C
Outpatient Services	100% of U&C
Maternity Care for a Covered Person	100% of U&C
*Inpatient Treatment of, Nervous, Mental and Emotional Disorders	100% of U&C for a maximum period of 30 days per Policy Year.
*Outpatient Treatment of, Nervous, Mental and Emotional Disorders	100% of U&C up to \$1,500 Maximum per Policy Year for a maximum of 20 visits per Policy Year.

Treatment of Specified Therapies; Including Acupuncture and Physiotherapy	100% of U&C up to \$5,000 Maximum combined total for Inpatient and Outpatient care, up to 30 days immediately following the attending Physician's release for rehabilitation following a covered Hospital confinement or surgery per Policy Year.
Routine Nursery Care of a Newborn Child of a Covered Pregnancy	100% of U&C for the first 31 days
Repairs to Sound, Natural Teeth Required Due to an Injury	100% of U&C up to \$500 maximum per Policy Year.
Outpatient Prescription Drugs	100% of Actual Charge
Abortion Expense	100% of U&C up to \$500 maximum per Policy Year.
Ambulance Expense	100% of U&C
Consultant Physician Services	100% of U&C
Home Health Care	100% of U&C
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum \$10,000
Bedside Visit Benefit	\$1,500

*Serious mental illness treatment benefits will be paid as mandated by the Commonwealth of Pennsylvania

Services Provided by: International SOS	
Medical Evacuation and Repatriation	\$1,000,000
Security Evacuation	\$100,000
Transportation to join a hospitalized member, Accommodation while visiting hospitalized member, Return of Minor Children, Return of Traveling Companion	\$10,000/Combined Benefit

State Mandated Benefits:

The following benefits are mandated by the Commonwealth of **Pennsylvania**. They will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits include, but are not limited to:

Cancer Screening; Cancer Chemotherapy & Hormone Therapy; Medical Foods (Enteral Formulas); Child Immunization Benefit (when dependents are covered); Diabetes Equipment, Supplies & Service; Mastectomy Coverage; Serious Mental Illness; Alcohol or Drug Abuse Treatment; and Autism Spectrum Disorder.

See the Policy on file with the school for further details on these benefits.

Exclusions and Limitations:

This Policy does not cover loss nor provide benefits for:

1. Expenses incurred within the Insured Person's Home Country or country of regular domicile;
2. Dental treatment, except as specified for accidental Injury to Sound, Natural Teeth;
Treatment where no accidental bodily Injury or Sickness is involved; congenital conditions (does not apply to "Newborn" children); elective surgery or treatment (to include but not limited to breast or weight reduction), except cosmetic surgery made necessary by accidental bodily Injury occurring while the Insured's coverage is in force (does not apply to "Newborn" children). Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a Covered Injury and is necessary for its treatment.
3. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world;
4. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Insurance Information Schedule;
5. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay;
6. Charges incurred for necessary physical therapy, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided for in the Schedule of Benefits;
7. Expenses covered under any Workers' Compensation, occupational benefit plan, mandatory automobile not-fault plan, public assistance program or government plan, except Medicaid;
8. TMJ (temporomandibular joint dysfunction) or CMJ (craniomandibular disorder) except when the direct result accidental bodily injury incurred while insured hereunder or as a Sickness first diagnosed or for which advice or treatment was received while insured hereunder;
9. Private air travel, to include ballooning or ultra-light aircraft; parachuting; para-sailing; hang gliding; bungee jumping; bobsledding; travel in or upon a snow-mobile or ATV (all terrain or similar type vehicle); any two or three wheeled motor vehicle; or
10. Loss sustained while an Insured is committing or attempting to commit a felony; fighting or brawling, except in self-defense; participation in a riot, civil disturbance or political insurrection.

Frequently Asked Questions:

Who do I contact if I have pre-trip medical or security questions or need help when I'm overseas?

If you have an emergency please call the 24-hour International SOS Alarm Center collect:
Philadelphia 1-215-942-8226

Who do I contact if I have questions about enrollment, benefits, or how the plan works?

University Health Plans
One Batterymarch Park
Quincy, MA 02169
1-800-437-6448
Email: KristenD@univhealthplans.com

Who do I contact if I have questions about a specific claim or a claims payment?

Consolidated Health Plans
2077 Roosevelt Ave.
Springfield, MA 01104
1-800-633-7867

Enrollment/Eligibility

Who is eligible?

You may be covered under the plan if you are a U.S. citizen, a permanent resident of the U.S., or an international student in the U.S. enrolled as a full-time student at Lehigh University and are temporarily pursuing educational activities approved by Lehigh outside the United States or your home country.

How do I enroll?

Students eligible for this Plan are automatically and mandatorily enrolled by the Study Abroad Office or the Office of International Programs, and Lehigh University will pay the premium. Depending on the type of program in which you are enrolled, a student will either be directly billed to his/her bursar account, or a registration fee will be paid by the student upon program registration with the Study Abroad Office or Office of International Programs.

Do I get an ID card?

You will receive an International SOS membership card, which will include the 24 hour International SOS Alarm Center phone number. You will not receive a separate insurance ID card. Consolidated Health Plans, the Claims Administrator, will have a list of the students participating in Lehigh University study abroad programs.

Insurance Plan Benefits

What is covered under the Study Abroad Medical Insurance Plan?

The plan covers medical expenses, including hospital room and board, inpatient and outpatient surgical procedures, emergency outpatient care, labs and x-rays, inpatient and outpatient mental health, physician office visits and prescription drugs. See policy schedule for a full list of benefits.

Payment will be made as allocated for covered medical expenses incurred due to a covered Injury or Sickness, not to exceed a Maximum Benefit of \$100,000 policy year maximum.

How is prescription drugs covered?

Prescription drugs are covered at 100% of the actual charge

What if I have a pre-existing condition, am I covered?

Yes, there is no exclusion. A pre-existing condition is one for which you sought medical advice, were diagnosed, received care or treatment, or were recommended care or treatment during the 6 months prior to the effective date of this plan.

Does this plan have a deductible?

No. Deductible means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Insured per Injury or Sickness before payment is made by the claims company.

Claims Processing**If I receive a bill for services I received, what should I do?**

When outside of the US, you will likely be asked to pay for the medical care first and then will need to seek reimbursement. When you submit claims for reimbursement, you will need to have the itemized bill(s) translated into English and include a letter informing the Claims Administrator that you are seeking reimbursement for charges previously paid. Please ensure that your name, school, student ID, and mailing address (to receive your reimbursement check) are on the bill.

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If International SOS pays for my medical bills how is International SOS reimbursed?

If International SOS fronts money for medical treatment, the claim will be automatically sent to Consolidated Health Plans and International SOS will get reimbursed directly from Consolidated Health Plans. The student does not need to submit any paperwork.

Is any other information needed to pay a claim?

If the treatment you received was a result of an accident, you might receive a letter from Consolidated Health Plans asking you for information about the accident, i.e. was it the result of a car accident, from playing sports, etc. Your claim cannot be processed without this information, so please respond to the letter promptly.