

# Bryant University 2015-2016 Study Abroad Insurance Program Summary

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## **Eligibility:**

Students eligible for this Plan are automatically enrolled by the Bryant University Study Abroad Office.

## **Plan Design:**

The insurance plan, underwritten by **ACE American Insurance Company**, will pay according to the below Schedule of Benefits for Covered Expenses that result directly from an Accident or Sickness.

Aggregate Limit	\$1,000,000
Maximum Benefit per Accident or Sickness	Ages 64 and under: \$250,000 Ages 65-79: \$100,000 Ages 80 and over: \$50,000
Deductible – per Accident or Sickness	\$0
Coinsurance	100%
Emergency Medical Benefit – Expenses for Guarantee of Payment	\$10,000
Pre-Existing Conditions Coverage	\$10,000
Services Provided by:	<b>Europ Assistance</b>
Medical Evacuation	100%
Repatriation of Mortal Remains	100%
Security Evacuation	\$100,000
Emergency Reunion	\$10,000

## **Covered Benefits:**

<b>MEDICAL EXPENSE</b>	<b>Limits/Covered Person</b>
Physician Office Visits	100% of U&C
Inpatient Hospital Benefits	100% of U&C
Hospital and Physician Outpatient Services	100% of U&C
Maternity Care for a Covered Person	100% of U&C
Inpatient treatment of, nervous, mental and emotional disorders	50% of U&C up to 30 day max
Outpatient treatment of, nervous, mental and emotional disorders	100% of U&C up to \$3,000
Physiotherapy	80% up to \$350 at \$35 per visit to a max of 10 visits
Dental Treatment – Injury Only	\$100 per tooth, up to \$500
Outpatient prescription drugs	100% of U&C
Accidental Death & Dismemberment	Principal Sum: \$15,000

## **Trip Cancellation Coverage:**

Trip Cancellation	100% of airfare charges up to \$2,500
Trip Interruption	100% of airfare charges up to \$2,500
Trip Delay	\$150 per day - \$600 maximum
Lost Baggage Benefit	Up to \$500

## **Exclusions and Limitations:**

We will not pay benefits for any loss or injury that is caused by or results from:

1. Intentionally self-inflicted injury; suicide or attempted suicide.
2. War or any act of war, whether declared or not.
3. A covered accident that occurs while a Covered Person is on active duty service in the military, naval, or air force or any country or international organization.
4. Commission of, or attempt to commit, a felony.
5. Sickness, disease, bodily or mental infirmity, bacterial, or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
6. An accident that results in a cardiovascular accident or stroke caused solely and exclusively by exertion, as verified by a Physician, while you participate in a Covered Activity.
7. Riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
8. Commission of or active participation in a riot or insurrection

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or service resulting from:

9. Routine physicals and care of any kind.
10. Routine dental care and treatment.
11. Routine nursery care.
12. Cosmetic surgery, except for reconstructive surgery needed as the result of an injury.
13. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
14. Services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
15. Treatment or service provided by a private duty nurse.
16. Treatment by any immediate family member or member of the Insured's household.
17. Expenses incurred during travel for purposes of seeking medical care or treatment
18. Medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government-sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
19. Any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
20. Custodial care.
21. Services or expenses incurred in the Covered Person's Home Country.
22. Elective treatment, exams or surgery.
23. Expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
24. Expenses paid by an automobile insurance policy without regard to fault
25. Organ and tissue transplants and related services.
26. Pre-existing condition, unless otherwise provided in the Policy
27. Any expense paid or payable by any other valid and collectible group insurance plan.
28. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, when United States federal or foreign law.
29. Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional, or semi-professional sports.
30. Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
31. Injury caused or resulting from travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways.
32. Birth defects and congenital anomalies, or complications which arise from such conditions.
33. Injury resulting from off-road motorcycling; scuba diving, jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing and automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing.

**Please refer to your Summary of Benefits for the Lost Baggage Exclusions (DOCS).**

## **Important Notice**

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered under form number AH-15090. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

## **Frequently Asked Questions:**

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

For assistance services you can also call Europ Assistance at 800-243-6124 (inside the U.S.) or call collect 202-659-7803 (from outside the U.S.)

To access ACE's Travel Assistance Website go to [www.acetravelassistance.com](http://www.acetravelassistance.com) and enter your user ID and password (shown on your Travel Assistance ID card).

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

University Health Plans  
1-800-437-6448 ext 17  
Email: [KristenD@univhealthplans.com](mailto:KristenD@univhealthplans.com)

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

ACE USA  
P.O. Box 15417  
Wilmington, DE 19850  
Phone: (800) 336-0627  
e-mail: [diane-basa@acegroup.com](mailto:diane-basa@acegroup.com)

### **What should I do in the event of an Accident or Sickness?**

If it is an emergency situation go directly to the hospital and then call Europ Assist at the number listed on your ID card to alert the service company of your situation.

If it is not an emergency situation, call Europ Assistance for assistance in locating English speaking or appropriate providers and facilities, or medical transport advice.

The 24-hour assistance services are provided by Europ Assistance and the number that will be on your ID card for the assistance services is 800-243-6124 (Inside the US) or 202-659-7803 (Outside the US).

## **Enrollment/ID Cards**

### **How do I enroll?**

Students eligible for this Plan are automatically and mandatorily enrolled by the Study Abroad Office, and Bryant University will pay the premium. The premium is built into the cost of the program.

### **Do I get an ID card?**

You will receive an insurance ID card from Bryant University before your trip.

## **Insurance Plan Benefits**

### **What is covered under the Study Abroad 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 your Policy for a full list of benefits provided.

The plan also covers trip cancellation and trip interruption. The insurance will pay a benefit, up to the maximum shown on the Schedule included in your Policy if you are prevented from taking a trip or a trip is interrupted due to an Accident, Sickness, or death.

## **How is prescription drugs covered?**

Prescription drugs are covered at 100% of the Usual and Customary charge.

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

Yes, however there is a limit. The plan will pay up to \$10,000 for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-Existing Condition while traveling outside of the United States. 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 Accident or Sickness before payment is made by the claims administrator.

## **Claims Processing**

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

Written notice of claim(s) must be given to the Insurance Company, ACE USA, within thirty (30) days after the occurrence or commencement of any Accident or Sickness, or as soon thereafter as is reasonably possible.

A claim form is required for filing a claim. Claim forms are available online at [www.universityhealthplans.com](http://www.universityhealthplans.com). Once you have filled out the claim form, mail it along with all medical and hospital bills to the address below.

ACE USA  
PO Box 15417  
Wilmington, DE 19850  
Fax (302) 476-6154

File claims within thirty (30) days of Accident or first Treatment of Sickness. Bills should be received by ACE USA within ninety (90) days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

### **Who do I contact if an initial deposit or guarantee of payment is need by the medical facility before I can receive treatment?**

You would contact the assistance provider, Europ Assistance, at the numbers listed on your ID card. Euro Assistance would help facilitate this payment up to \$10,000. For any additional amounts they will help facilitate payment by securing funds from either a family member or other individual to submit on your behalf to the medical facility.

### **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 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.

All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity, and shall apply only when such benefits are exhausted.