

# Montclair State University

## Study Abroad

### 2016 – 2017

## Blanket Student Accident and Sickness Insurance

### **HTH Worldwide**

100 Matsonford Road  
One Radnor Corporate Center  
Suite 100  
Radnor, PA 19087 USA  
Call Toll Free: 1.888.243.2358  
Call: +1.610.254.8769  
Fax: 1.610.293.3529  
Email: [customerservice@hthworldwide.com](mailto:customerservice@hthworldwide.com)

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No.BCS-3510-A-16. This is not a contract of insurance. Coverage is governed by an insurance policy issued to the Trustee of the HTH Student Group Insurance Trust, which Montclair State University has agreed to participate in. The policy is underwritten by BCS Insurance Company, Oakbrook Terrace, IL, NAIC # 38245, under policy Form 28.322. Complete information on the insurance is contained in the Certificate of Insurance on file with the school. If there is a difference between this program description and the certificate wording, the certificate controls.

**HTH Worldwide**

# How the Plan Works

## Who is eligible for coverage?

All regular, full-time and part-time Eligible Participants and their Eligible Dependents of the educational organization or institution who:

1. Are engaged in international educational activities; and 2. Are temporarily located outside his/her Home Country as a non-resident alien; and 3. Have not obtained permanent residency status.

## When does coverage start?

Coverage for an Eligible Participant starts at 12:00:01 a.m. on the latest of the following:

1) The Coverage Start Date shown on the Insurance Identification Card; 2) The date the requirements in Section 1 – Eligible Classes are met; or 3) The date the premium and completed enrollment form, if any, are received by the Insurer or the Administrator.

Thereafter, the insurance is effective 24 hours a day, worldwide except whenever the Covered Person is in his/her Home Country. In no event, however, will insurance start prior to the date the premium is received by the Insurer.

## When does coverage end?

Coverage for an Eligible Participant will automatically terminate on the earliest of the following dates:

1.) The date the Policy terminates; 2) The Organization's or Institution's Termination Date; 3) The date of which the Eligible Participant ceases to meet the Individual Eligibility Requirements; 4) The end of the term of coverage specified in the Eligible Participant's enrollment form; 5) The date the Eligible Person permanently leaves the Country of Assignment for his/her or her Home Country; 6) The date the Eligible Participant requests cancellation of coverage (the request must be in writing); 7) The premium due date for which the required premium has not been paid, subject to the Grace Period provision; or 8) The end of any Period of Coverage.

## What to do in the event of an emergency

All Eligible Participants are entitled to Global Assistance Services while traveling outside of the United States. In the event of an emergency, they should go immediately to the nearest physician or hospital without delay and then contact HTH Worldwide. HTH Worldwide will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact HTH Worldwide in the event of an emergency, call 1.800.257.4823 or collect to +1.610.254.8771.

## hthstudents.com

Once Eligible Participants receive their Medical Insurance ID card from HTH Worldwide, they should visit [hthstudents.com](http://hthstudents.com), and using the certificate number on the front of the card, sign in to the site for comprehensive information and services relating to this plan. Participants can track claims, search for a doctor, view plan information, download claim forms and read health and security information.

## Excess Coverage

The Insurer will reduce the amount payable under this Plan to the extent expenses are covered under any Other Plan. The Insurer will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or other similar provisions. The amount from Other Plans includes any amount to which the Covered Person is entitled, whether or not a claim is made for the benefits. This Plan is secondary coverage to all Other Plans.

## Claims Submission

Claims are to be submitted to HTH Worldwide, Attn: International Claims, One Radnor Corporate Center, Suite 100, Radnor PA 19087, USA. See the [hthstudents.com](http://hthstudents.com) website for claim forms and instructions on how to file.

# What is covered by the plan?

Schedule of Benefits – Table 1

	Limits – Covered Person
<b>MEDICAL EXPENSES</b>	
Period of Coverage Maximum Benefits	\$100,000
Maximum Benefit per Injury or Sicknesses	\$100,000
Period of Coverage Maximum Out-of-Pocket Limit	\$0 per Injury or Sickness
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	Maximum Benefit: Principal Sum up to \$10,000 for Participant; up to \$5,000 for Spouse; up to \$1,000 per Child(ren)
<b>REPATRIATION OF REMAINS</b>	Maximum Benefit up to \$15,000
<b>MEDICAL EVACUATION</b>	Maximum Lifetime Benefit for all Evacuations up to \$100,000
<b>BEDSIDE VISIT</b>	Up to a maximum benefit of \$2,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person

Schedule of Benefits – Table 2 – Medical Expenses

COVERAGE A – MEDICAL EXPENSES	Plan Limits
Physician Office Visits	100% of Reasonable Expenses
Inpatient Hospital Services	100% of Reasonable Expenses
Hospital and Physician Outpatient Services	100% of Reasonable Expenses
Emergency Hospital Services	100% of Reasonable Expenses

### Schedule of Benefits – Table 3 – Medical Expense Benefits

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

<b>MEDICAL EXPENSES</b>	<b>Limits per Covered Person</b>
<b>Maternity Care for a Covered Pregnancy</b>	Reasonable Expenses. Conception must have occurred while the Covered Person was insured under the Plan.
<b>Inpatient treatment of mental and nervous disorders including drug or alcohol abuse</b>	Reasonable Expenses up to \$2,500 Maximum per Period of Coverage for a maximum period of 30 days per Period of Coverage.
<b>Outpatient treatment of mental and nervous disorders including drug or alcohol abuse</b>	Reasonable Expenses up to \$500 Maximum per Period of Coverage.
<b>Treatment of specified therapies, including acupuncture and Physiotherapy</b>	Reasonable Expenses up to \$5,000 Maximum combined total for Inpatient and Outpatient care, up to 30 days immediately following the attending Physician's release for rehabilitation following a covered Hospital confinement or surgery per Period of Coverage
<b>Routine nursery care of a newborn child of a covered pregnancy</b>	Reasonable Expenses up to \$500 Maximum per Period of Coverage
<b>Repairs to sound, natural teeth required due to an Injury</b>	100% of Reasonable Expenses up to \$500 per Period of Coverage maximum
<b>Outpatient prescription drugs including oral contraceptives and devices</b>	100% of actual charge
<b>Hearing Services</b>	100% of Reasonable Expenses up to \$1,000 per individual hearing aid per ear every 3 years for covered Dependent Children under age 24.
<b>Scalp Prosthesis</b>	100% of Reasonable Expenses for scalp hair prosthesis for up to \$500 per Period of Coverage
<b>Lead Poisoning</b>	100% of Reasonable Expenses
<b>Low Protein Food Products</b>	100% of Reasonable Expenses

# GENERAL POLICY EXCLUSIONS

Unless specifically provided for elsewhere under the Plan, the Plan does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Expenses incurred in excess of Reasonable Expenses.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Expenses incurred prior to the beginning of the current Period of Coverage or after the end of the current Period of Coverage except as described in Covered General Medical Expenses and Limitations and Extension of Benefits.
4. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, unless otherwise noted.
5. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
6. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
7. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
8. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Plan.
9. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Plan and performed while the Plan is in effect.
10. Elective termination of pregnancy.
11. Expenses incurred as a result of pregnancy that is not covered.
12. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
13. Reproductive and infertility services.
14. Expenses incurred for, or related to sex change surgery or to any treatment of gender identity disorders.
15. Organ or tissue transplant.
16. Participating in an illegal occupation or committing or attempting to commit a felony.
17. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
18. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Plan.
19. Expenses incurred within the Covered Person's Home Country.
20. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
21. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
22. Diagnosis and treatment of acne and sebaceous cyst.
23. Diagnosis and treatment of sleep disorders.
24. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
25. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
26. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture which does not follow a covered Hospital Confinement or surgery.
27. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
28. Expenses incurred for any services rendered by a family member or a Covered Person's immediate family or a person who lives in the Covered Person's home.

29. Loss due to an act of war; service in the armed forces of any country or international authority and participation in a riot; or civil commotion.
30. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
31. Loss arising from
  - a. participating in any professional sport, contest or competition;
  - b. while participating in any practice or condition program for such sport, contest or competition;
  - c. skin/scuba diving, sky diving, parasailing, sail planning, hang gliding, parachuting, or bungee jumping.
32. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
33. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
34. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
35. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
36. Outpatient speech therapy.

### **Pre-Existing Condition**

The Insurer does not pay benefits for loss due to a Pre-Existing Condition

### **Limitation of Maternity Coverage**

The Plan does not pay benefits for maternity coverage unless conception occurred while the Covered Person was insured under the Plan.