

WHAT IS NOT COVERED?

Unless specifically provided for elsewhere under the Policy, the Policy 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. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health.
3. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
4. 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.
5. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
6. Expenses incurred as a result of pregnancy that is not covered.
7. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
8. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
9. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
10. Organ or tissue transplant.
11. Participating in an illegal occupation or committing or attempting to commit a felony.
12. For treatment, services, supplies, or Confinement in a Hospital owned or operated by a national government or its agencies. (This does not apply to charges the law requires the Covered Person to pay.)
13. 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.
14. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
15. Expenses incurred within the Covered Person's Home Country.
16. 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.
17. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
18. Diagnosis and treatment of acne and sebaceous cyst.
19. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture which does not follow a covered Hospital Confinement or surgery.
20. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
21. Self-inflicted Injuries while sane or insane; suicide, or any attempt thereat while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
22. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; civil commotion; or acts of terrorism.
23. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
24. Loss arising from
 - a. participating in any professional sport, contest or competition;
 - b. skin/scuba diving, sky diving, hang gliding, bungee jumping.
25. 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.
26. Services or supplies that the Insurer considers to be Experimental or Investigative.

University of Pennsylvania

2009 – 2010

Blanket Student Accident and Sickness Insurance



Administered by:

HTH Worldwide

One Radnor Corporate Center, Suite 100

Radnor, PA 19087

1.888.350.2002

hthstudents.com

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. HM-2034-09. This is not a contract of insurance. Coverage is governed by an insurance policy issued to University of Pennsylvania underwritten by HM Life Insurance Company, Pittsburgh, PA, NAIC #0812-93440 under policy form HM207-SI. 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.

WHO IS ELIGIBLE FOR COVERAGE?

All regular, full-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 and/or Eligible Dependents starts at 12:00:01 a.m. on the latest of the following:

1. The effective date of the Policy; or
2. The Participating Organization's or Institution's Effective Date;
3. The effective date shown on the Insurance Identification Card, if any;
4. 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 a Covered Person will automatically terminate on the earliest of the following dates:

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

WHAT TO DO IN THE EVENT OF AN EMERGENCY

All Eligible Participants are entitled to Global Assistance Services while traveling outside of their Home Country. 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.

EXCESS COVERAGE

The Insurer will reduce the amount payable under the Policy 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. The Policy is secondary coverage to all other policies.

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Once Eligible Participants receive their Medical Insurance ID card from HTH Worldwide, they should visit 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.

PRE-EXISTING CONDITION

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

LIMITATION OF MATERNITY COVERAGE

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

CLAIMS SUBMISSION

Claims are to be submitted to HTH Worldwide, PO Box 1018, Horsham, PA 19044, USA. See the 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
Lifetime Maximum Benefit	\$1,000,000
Policy Year Maximum Benefits	\$250,000
Maximum Benefit per Injury or Sicknesses	\$250,000
Basic Medical Expense Benefit per Injury or Sickness	Up to \$5,000 Maximum: 100% of Reasonable Expenses after Deductible.
Supplemental Major Medical Expense Benefit (SMM) per Injury or Sickness	After Basic Medical Expense Benefit Maximum has been paid, 80% of Reasonable Expenses up to an additional \$45,000 Maximum
Catastrophic Major Medical Expense Benefit (CMM) per Injury or Sickness	After both Basic Medical Expense Benefit Maximum and the Supplemental Major Medical Benefit Maximums have been paid, 100% of Reasonable Expenses up to an additional \$200,000 Maximum
Deductible	\$25 per Injury or Sickness
Repatriation of Remains	Maximum Benefit up to \$15,000
Medical Evacuation	Maximum Lifetime Benefit for all Evacuations up to \$50,000
Bedside Visit	Up to a maximum benefit of \$1,500

Schedule of Benefits – Table 2 – Medical Expenses

	Indemnity Plan Limits
Physician Office Visits, Inpatient Hospital Services*, and Hospital and Physician Outpatient Services	For Basic, after Deductible, 100% of Reasonable Expenses. For SMM Benefit, after Deductible, 80% of Reasonable Expenses. For CMM, after Deductible, 100% of Reasonable Expenses.

* Maximum payment for Intensive Care Facility up to \$1,800 per day.

Schedule of Benefits – Medical Expense Benefits

Benefits listed below are subject to Table 1 Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness, Co-Insurance, Deductibles, Out-of-Pocket Maximums; and Table 2 Plan Type Limits

MEDICAL EXPENSE	Eligible Participant
Maternity Care for a Covered Pregnancy	Reasonable Expenses, Conception must have occurred while the Covered Person was insured under the Policy.
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to \$2,500 Maximum per lifetime
Outpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to \$500 Maximum per lifetime
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to \$2,500 Maximum per Injury or Sickness on an Inpatient basis
Therapeutic or Elective termination of pregnancy	Reasonable Expenses up to \$500
Routine nursery care of a newborn child of a covered pregnancy	Reasonable Expenses up to \$750 Maximum per Policy Year
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$250 Maximum per tooth per injury
Dental Treatment (including extractions) to alleviate pain	100% of Reasonable Expenses up to \$500 per lifetime
Outpatient prescription drugs	50% of actual charge
Professional ground or air ambulance service to nearest hospital	Reasonable Expenses up to \$350 per Injury or Sickness