

International Student and Scholar Accident & Sickness Insurance Program

**Designed for
International Students & Scholars at:**



Texas Southern University

**2007-2008
Academic Year**

Underwritten by:
**The Insurance Company of the
State of Pennsylvania,**
a member company of American
International Group, Inc. (AIG),
with its principal place of business
in New York, NY

*Administrator Policy #AIH0057718
Underwriter Reference #GLB9710436*

This brochure provides a brief description of the International Student and Scholar Accident & Sickness Program for eligible International Students and Scholars at Texas Southern University. This Program is underwritten by The Insurance Company of the State of Pennsylvania. The Master Policy contains complete details of the coverage and is the governing document. Inspection of the Master Policy may be made during business hours at the Student Health Center.

ELIGIBILITY

PARTICIPANT

All non-immigrant International students and/or scholars registered for credit courses at Texas Southern University will be charged a premium for this coverage. Students/scholars covered for the full semester under a Group Employer's Health Insurance plan can apply to waive coverage under this plan by completing the online waiver form (available at www.macori.com) prior to the 12th class day **EACH SEMESTER** in which a waiver is desired.

Once the waiver form has been completed and approved, it may neither be canceled nor may coverage under the plan be purchased until the next enrollment period, except as indicated in item #2 below.

Enrollment outside a scheduled enrollment period is permitted under the following conditions: 1) *new students/scholars arriving at Texas Southern University must enroll within 45 days of arriving in the U.S.; 2)* within 31 days of loss of coverage under a Group Employer's Health Insurance plan due to ineligibility. Please contact Macori for enrollment assistance.

*Proof is required at the time the enrollment form is submitted.

DEPENDENT SPOUSE AND CHILDREN

An Insured International Participant may also enroll his or her Eligible Dependents by completing the enrollment form and remitting premium on-line at www.macori.com. Eligible Dependents are the Insured Participant's spouse and unmarried dependent children under 19 years of age, who reside with the Insured Participant. Dependents must be enrolled for the same period of coverage as the Insured International participant, or within 31 days of marriage, birth or arrival in the United States. Contact Macori directly for enrollment.

PROGRAM YEAR

This Program commences at 12:01 a.m. on August 19, 2007 and terminates at 11:59 a.m. on August 18, 2008.

Note: If previously covered under another plan providing coverage, please complete the Creditable Coverage questionnaire available at Texas Southern University's web page available at www.macori.com.

**August 21, 2007 for students maintaining continuous coverage from the previous Policy Year.*

VALUE PROGRAM – SCHEDULE OF BENEFITS

After the deductible has been satisfied, payment will be made for Covered Medical Expenses incurred during the term insured as follows. This program will pay 80% of the covered charges incurred for the first \$2,500 of such Covered Medical Expenses, and then 90% of the covered charges incurred for the next \$7,500 of Covered Medical Expenses and then 100% of the covered charges incurred for any additional Covered Medical Expenses until the Per Condition Aggregate Maximum has been paid, within the allocated limits shown below. The policy is rated on a single academic year basis. An insured must re-enroll each academic year. Any deductible and/or co-insurance will not be carried forward.

DEDUCTIBLE (for each Injury or Sickness per policy year)

Students	\$100*
Dependents	\$200

*For students only, the deductible amount will be waived for service or treatment received at the Student Health Center or for service received as a result of a referral from an approved Student Health Center Doctor.

PER CONDITION AGGREGATE MAXIMUM

Students	\$100,000
Dependents	\$ 50,000

Covered Medical Expenses are as follows: (NOTE: R&C means Reasonable and Customary charges)

INPATIENT BENEFITS

Room & Board Expense: including general nursing care, the lesser of the daily semi-private room rate or.....	R&C
Hospital Miscellaneous Expenses for necessary services and supplies, such as: 1) operating room; 2) laboratory tests and X-ray examinations, including professional fees; 3) anesthesia supplies; 4) drugs or medicines (excluding take-home drugs); 5) therapeutic services; 6) pre-admission testing and; 7) surgical supplies	R&C
Physical Therapy and related services: when prescribed by the attending Doctor.....	R&C
Surgery: Doctor's fees for a surgical procedure will be paid in accordance with the Ingenix Survey 80th percentile.....	R&C
Anesthetist Services: in conjunction with surgery	25% Surgery allowance
Doctor's Visits: not to exceed one visit per day and not available if a surgery benefit is payable.....	R&C
Mental and Nervous and Alcohol and Drug Abuse, not to exceed 30 days of confinement.....	50% of R&C

OUTPATIENT BENEFITS

Surgery: Doctor's fees for a surgical procedure will be paid in accordance with the Ingenix Survey 80th percentile.....	R&C
Day Surgery Miscellaneous: when surgery is performed in a hospital emergency room, trauma center, outpatient surgical center, for services and supplies limited to: 1) operating and recovery rooms; 2) laboratory tests and X-ray examinations, including professional fees; 3) anesthesia supplies; 4) drugs or medicines (excluding take-home drugs); and 5) surgical trays and supplies.....	R&C
Anesthetist Services: in conjunction with day surgery (if required by the hospital)	25% Surgery Allowance
Doctor's Visits: not to exceed one visit per day and not available if a surgery benefit is payable.....	R&C
Physical Therapy and related services: when prescribed by the attending Surgeon after a surgical procedure has been performed on an inpatient or day surgery basis; limited to one visit per day	\$2,000 Maximum per Accident or Sickness
Medical Emergency Expenses: incurred in a hospital emergency room (for Medical Emergencies only).....	R&C-\$50 co-payment per visit
Diagnostic X-ray Services: when prescribed by the attending Doctor	R&C
Radiation Therapy: when prescribed by the attending Doctor.....	R&C
Laboratory Procedures: when prescribed by the attending Doctor.....	R&C
Shots or Injections: administered in an emergency room or Doctor's office and charged on the emergency room statement or Doctor's statement.....	R&C
Chemotherapy: when prescribed by an attending Doctor.....	R&C
Prescription Drugs when prescribed by a licensed physician - \$10 co-payment for each 30-day supply during a 20-day period.....	\$1,000 Maximum per policy yr.
Mental and Nervous and Alcohol and Drug Abuse (Not to exceed \$50 per visit).....	\$250 Maximum per policy yr.

OTHER BENEFITS

Ambulance Service: for emergency ground transportation to or from a Hospital.....	R&C
Acupuncture	No Benefit
Braces & Appliances: when prescribed by the attending Doctor (orthotics are not covered).....	R&C
Dental Treatment: for treatment of injury to sound, natural teeth. Not to exceed \$100 per tooth.....	R&C
Consultant: when requested and approved by the attending Doctor.....	R&C

MATERNITY BENEFITS - For insured students/scholars and insured spouse, maternity expenses are payable as any other sickness for childbirth occurring while insured as a result of a pregnancy commencing while insured, including up to 48 hours Hospital Confinement following vaginal delivery and 96 hours for caesarean delivery.

EMERGENCY MEDICAL EVACUATION -In the event of a serious Injury or Sickness, The Company will pay benefits for covered expenses incurred if an Insured Person is outside a 100 mile radius from their current primary (Home Country) residence up to a maximum of \$10,000.00 if any injury or illness commencing during the course of a trip results in the necessary emergency evacuation of the Insured Person. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the Insured Person's injury or illness warrants the emergency evacuation of the Insured Person. Emergency medical evacuation must be approved in advance by the Company.

REPATRIATION OF REMAINS - The Company will pay the reasonable covered expenses incurred to return the Insured Person's body home (to his/her Home Country) if he or she dies while outside a 100-mile radius from their primary (Home Country) residence not to exceed the maximum of \$7,500.00. Covered expenses include, but are not limited to expenses for embalming, cremation, coffins and transportation. Repatriation of Remains must be approved in advance by the Company.

ACCIDENTAL DEATH & DISMEMBERMENT

STUDENT/SCHOLAR ONLY (Dependents not eligible)

When, because of an Injury, the Insured Person suffers any of the following Losses within 365 days from the date of the Accident, We will pay as follows:

For Loss Of:	Benefit Amount
Loss of Life	\$5,000
Loss of Both Hands	\$5,000
Loss of Both Feet	\$5,000
Loss of Entire Sight of Both Eyes	\$5,000
Loss of One Hand and One Foot	\$5,000
Loss of One Hand and Entire Sight of One Eye	\$5,000
Loss of One Foot and Entire Sight of One Eye.....	\$5,000
Loss of One Hand.....	\$2,500
Loss of One Foot.....	\$2,500
Loss of Entire Sight of One Eye	\$2,500
Loss of Thumb and Index finger of the Same Hand	\$1,250

The term “loss” as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight. Loss of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest will be paid.

DEFINITIONS

“**Doctor**” as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification.

“**Elective Treatment**” means medical treatment that is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Insured Person’s Effective Date of coverage. Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction; sexual reassignment surgery and related therapies; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered chronic purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; treatment of infertility and routine physical examinations; complications arising from cosmetic surgery; circumcision; sleep disorders; bunions; hammertoes, impacted toenails.

“**Injury**” means caused solely and directly by violent, accidental, external, and visible means occurring while the Policy is in force and resulting directly and independently of all other causes of loss covered by the Policy.

“**Medical Emergency**” means the unexpected onset of an Injury or Sickness which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part. A Medical Emergency does not include elective or routine care.

“Medically Necessary” means that a service, drug or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply shall be considered “needed” if it: (a) is ordered by a licensed Doctor; and (b) is commonly and customarily recognized through the medical profession as appropriate for the particular Injury or Sickness for which it was ordered. A service, drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

“Per Condition Aggregate Maximum” means the total amount of benefits payable for each Injury or Sickness under the Policy and previous policies endorsed Texas Southern University.

“Sickness” means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

“Reasonable and Customary Expenses” means fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

EXTENSION OF BENEFITS

If an Insured Person is confined to a Hospital on the date his or her insurance terminates, charges incurred during the continuation of that Hospital Confinement shall also be included in the term "Covered Medical Expenses", but only if they are incurred during the 31 day period following such termination of insurance, subject to the per condition aggregate maximum.

CONTINUOUS INSURANCE

Persons who have remained continuously insured under the policy and prior Student Health Insurance policies endorsed and issued to Texas Southern University (Policyholder) will be covered for an injury sustained, or a sickness originating, **while continuously insured**, provided continuous insurance is maintained.

EFFECTIVE DATE OF INDIVIDUAL INSURANCE

The Insurance will become effective on the later of:

- A) The Policy effective date;
- B) The date indicated on the Enrollment Form (if applicable) for which premium has been paid;
- C) The date the Insured Person departs his or her Home Country to travel to the United States, provided that the scheduled arrival in the United States is no more than 48 hours later than the departure from the Home Country; or
- D) The date the Enrollment Form (if applicable) and premium are received by Macori Administration.

TERMINATION OF INDIVIDUAL INSURANCE

The Insurance will terminate on the earliest of:

- A) The last date for which premium has been paid;
- B) The date the Insured Person ceases to be eligible for the Insurance;
- C) The date the Insured Person departs the United States for his or her Home Country;
- D) The date the Insured Person enters military service, in which case a pro-rata refund of premium will be given upon request; or
- E) The Termination Date of the Policy.

IMPORTANT INFORMATION

1. **Withdrawals:** Except for medical withdrawal due to a covered injury or sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the policy for the full period for which premium has been paid and no refund will be available.

In the case of a medical withdrawal due to a covered Injury or Sickness, coverage will remain in effect for the insured for the remaining period for which premium was paid.

2. **Refund of Premium:** Premiums received by the Company will be considered fully earned and nonrefundable. Refund of premium will be considered only if the Insured Person ceases to be eligible for the insurance.
3. **Subrogation And Recovery Rights**

This Program has a Subrogation and Recovery Rights Provision outlined in the Master Policy. A complete description of the Subrogation and Recovery Rights provision is included in the Master Policy on file with the University.

4. **Conformity with State Statutes:** Any provision of the Policy or this brochure which is in conflict with the statutes of the state in which the Policy is delivered or issued for delivery will be administered to conform with the requirements of those state statutes.

EXCESS PROVISION

No benefit under this Program is payable for any Expense incurred for Injury or Sickness which is paid or payable by: (1) other valid and collectible medical, health or accident insurance; or (2) under an automobile insurance policy. Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the Insured Person for failing to comply with policy provisions or requirements.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover loss nor provide benefits for:

1. Pre-existing Conditions as defined in "Pre-existing Conditions Limitation". (see panel 10);
2. Expenses incurred within the Insured Person's Home Country or Country of regular domicile, except as specifically provided;
3. For dental care, except as the result of injury to natural teeth caused by an accident;
4. Professional services rendered by a member of the Insured Person's immediate family, or anyone who lives with the Insured Person;
5. Expense incurred for eye examinations, eyeglasses, and contact lenses or for eye surgery such as radial keratotomy, when the primary purpose is to correct myopia (nearsightedness), hyperopia (farsightedness) or astigmatism (blurring);
6. Foot care only to improve comfort or appearance such as care for flat feet, subluxation, corns, calluses, routine care of toenails, and the like, except for care and treatment of Injury;

7. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;
8. Oral contraceptives and other forms of contraception, except as mandated by State laws;
9. Elective treatment/elective surgery or complications therefrom, except specifically provided herein;
10. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
11. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
12. Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage;
13. Treatment of mental or nervous disorders except as specifically provided;
14. An amount of a charge in excess of the Reasonable and Customary Expense;
15. Treatment of alcohol and substance abuse except as specifically provided;
16. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
17. Sickness, Injury, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, club sports, and professional sports;
18. Suicide or any attempt thereat while sane or self-destruction or any attempt thereat while sane;
19. Expenses as a result of or in connection with intentionally self-inflicted injury;
20. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;
21. Expense covered by any other valid and collectible medical, health or accident insurance;
22. Expenses for emergency room treatment for an Injury or Sickness not a Medical Emergency as defined in the Policy, including emergency "follow-up" visits;
23. Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
24. Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided under the "Extension of Benefits" section;
25. For treatment of an injury received while participating in a riot or civil disorder, commission of or attempt to commit a felony or fighting;
26. Injury sustained or Sickness contracted while in service of the Armed Forces of any country;
27. For cosmetic surgery or complications resulting therefrom; including surgery to improve or restore your appearance, unless needed to repair conditions resulting from an accidental injury which occurs after your effective date, provided treatment begins within three months from the date of accident;

EXCLUSIONS AND LIMITATIONS (continued)

28. Injury occurring in consequence of 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 maintaining regular published schedules on a regularly established route;
29. Sickness, Injury, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungee cord jumping; or riding on a snowmobile;
30. Injuries sustained as the result of an Accident involving a two or three-wheeled motorized vehicle and/or off-road four wheeled vehicle;
31. For treatment of obesity, regardless of the history or diagnosis, including, but not limited to the following: weight reduction or dietary control programs; prescription or nonprescription drugs or medications such as vitamins (whether to be taken orally or by injection), minerals, appetite suppressants, or nutritional supplements; and any complications resulting from weight loss treatments or procedures;
32. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain;
33. Services rendered for detection and correction by manual or mechanical means (including X-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference or the effects thereof where such interference is the result of or related to distortion or subluxation of or in the vertebral column;
34. Alternative health care, including (but not limited to) acupuncture, acupressure, biofeedback, reflexology, and rolfing type services;
35. Preventative medicines, serums, immunizations, or vaccines, except as specifically provided;
36. Expense incurred for tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery and related therapies, impotence (organic or otherwise); deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; and learning disabilities or disorders or Attention Deficit Disorder;
37. Routine physical or other examinations where there are no objective indications of impairment of normal health;
38. Prosthetic Appliances, orthotic devices, and durable medical equipment except as specifically provided;
39. Congenital conditions, except as required for newborn infants;
40. Services or supplies not necessary for the medical care of the patient's Injury or Sickness;
41. Duplicative services actually provided by both a certified nurse-midwife and a Physician;
42. For the cost of a one-way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided.

PRE-EXISTING CONDITIONS LIMITATION

"Pre-existing Condition" is a Sickness or related condition which was contracted or which manifested itself, or for which a licensed Doctor was consulted; or for which treatment or medication was prescribed within 12 months prior to the Effective Date of the Insured Person's coverage under this Program.

The Pre-existing Condition Waiting Period is 12 months. If an Insured Person receives treatment or service for a Pre-existing Condition: (a) We will not pay benefits for such condition until the day after a 12 consecutive month period has passed from the Insured Student's effective date, and (b) We will pay only for eligible or covered expenses incurred after such 12 consecutive month period.

Payment will be in accord with the provisions of this Program. If the Insured Person has a lapse in coverage, the Pre-existing Condition Waiting Period will have to be satisfied again.

CLAIM PROCEDURES

In the event of Injury or Sickness, the Insured Participant should:

1. During the school term, report to the Student Health Center at once for assistance. In the event of an emergency, proceed to step 2.
2. When away from school, consult a Doctor and follow his/her instructions. Notify the Claims Office as soon as possible. College Claim Forms and instructions may be obtained on-line at www.macori.com or by calling Macori Administration 1-800-285-8133.
3. Complete instructions for filing a claim are listed on the College Claim Form. Send the completed claim form along with itemized hospital and medical bills to:

CLAIMS OFFICE:

Macori Administration

a DBA of Maksin Management Corp.

P. O. Box 2567, Spring, Texas 77383-2567

Toll Free: 1-800-285-8133 or 1-281-651-8787

Providers call: 1-877-266-7778

Website: www.macori.com **E-mail:** macori@macori.com

4. The completed College Claim Form and all hospital and medical bills should be submitted for payment within 90 days of the date of treatment.

UNDERWRITTEN BY:

The Insurance Company of the State of Pennsylvania,
a member company of American International Group, Inc. (AIG),
with its principal place of business in New York, NY

AUTHORIZED AGENT/AGENCY: Macori, Inc.

P. O. Box 2567, Spring, Texas 77383-2567

Toll-Free: 1-800-285-8133 or 1-281-651-8787

NON-RENEWABLE ONE-YEAR TERM INSURANCE

The policy is a non-renewable one-year term policy. Similar coverage may be available for the following academic year. It is the insured's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new policy year.

GENERAL SUMMARY

Please keep this brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between brochure and Master Policy, the Master Policy will govern and control the payment of benefits.