



## 2016-2017 Plan Benefits Brochure

### Fontbonne University International Student Insurance Plan

To download an ID card or for further information on this plan, visit:

[www.4studenthealth.com/fontbonne](http://www.4studenthealth.com/fontbonne)

**Underwritten by:**  
Advent Underwriting Limited on Behalf of Syndicate 780 at Lloyd's

**Policy Number:**  
LF003040



#### NOTICE

For further information on this Plan, visit [www.4studenthealth.com/fontbonne](http://www.4studenthealth.com/fontbonne).

Please keep this Evidence of Coverage as a general summary of the insurance as specified in the Plan Document issued to and on file at Fontbonne University. The Plan Document contains a complete description of all of the terms and conditions including the benefits, provisions, and exclusions of the insurance plan as underwritten by Advent Underwriting Limited on Behalf of Syndicate 780 at Lloyd's. The Plan Document will prevail in the event of any discrepancy between this Evidence of Coverage and the Plan Document.

Note: The insurance offered under the Plan Document is not subject to and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. The Plan Document and Evidence of Coverage are not subject to guaranteed issuance or renewal.

#### Privacy Statement

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at **(800) 468-4343** or by visiting us at [www.4studenthealth.com/fontbonne](http://www.4studenthealth.com/fontbonne).

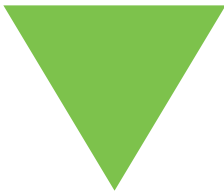
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## 2016-2017 International Student Insurance Plan Important Contact Information and Resources

<b>Insurance Company</b>	
Advent Underwriting Limited on Behalf of Syndicate 780 at Lloyd's	
<b>Policy Number</b>	
LF003040	
<b>PPO Network</b>	
<i>To locate PPO Physicians and facilities, visit the website, or call the number listed.</i>	PHCS/ MultiPlan <b>(800) 678-7427</b> <b><a href="http://www.multiplan.com">www.multiplan.com</a></b>
<b>Prescription Benefit Manager</b>	
<i>Prescription benefits are provided by Express Scripts. To locate a network pharmacy, visit their website, or call the number listed.</i>	Express Scripts <b>(800) 447-9638</b> <b><a href="http://www.express-scripts.com">www.express-scripts.com</a></b>
<b>Benefits and Claims Administrator</b>	
<i>For questions regarding benefits or claims status, contact the claims and benefits administrator.</i>	Summit America Insurance Services, Inc. An Ascension Company <b>(877) 246-6997</b> Monday-Friday, 8:30 a.m. to 7:00 p.m. (6:00 p.m. on Fridays) CT
<b>Claims Submission</b>	
<i>For submitting claims by mail, complete and submit the claim form, provide a copy of the provider billing statement(s) (HCFA or UB), and mail to this address within 90 days.</i>	Summit America Insurance Services, Inc. P.O. Box 25936 Overland Park, KS 66225
<b>Travel Assistance Services</b>	
<i>Contact this company when you are traveling away from home and you need assistance with things such as transfer of medical records, legal referrals, transfer of funds, and information on travel conditions.</i>	Scholastic Emergency Services <b>(877) 488-9833</b> (in the U.S.) Call collect + <b>1 (609) 452-8570</b> (outside U.S.) Email <b><a href="mailto:medservices@assistamerica.com">medservices@assistamerica.com</a></b> Reference Number: <b>01-SES-SUM-08123</b> Available 24/7/365
<b>Plan Administrator</b>	
<i>For questions about eligibility and enrollment.</i>	Ascension P.O. Box 25936 Overland Park, KS 66225 <b>(800) 955-1991</b> Monday-Friday, 8:30 a.m. to 5:00 p.m. CT



To download an ID card or for further information on this plan, visit:  
**[www.4studenthealth.com/fontbonne](http://www.4studenthealth.com/fontbonne)**

## Subscription Agreement

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Upon becoming insured under this plan of insurance the Plan Participant agrees to the following:

I hereby apply to be a Plan Participant of the Fairmont Specialty Trust (the "Trust") and to participate in the insurance coverage extended by certain underwriters at Lloyd's ("the Insurers") to Plan Participants under the Trust (the "Coverage"). I understand that the Coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand that the Coverage extended to me will terminate upon my return to my Home Country unless I qualify for a Benefit Period or Home Country Coverage. I understand that I may obtain full details of the Coverage by requesting a copy of the Master Policy from the Plan Administrator. I understand that the liability of the Insurers as underwriters of the Coverage is as provided in the Master Policy. By acceptance of coverage and/or submission of any claim for benefits, the Plan Participant ratifies the authority of the signer to so act and bind the Plan Participant. The Plan Participant undertakes to make all premium payments as they fall due in respect of the Coverage extended to them. The Trustee shall not be responsible for the administration of such premium payments. If the Plan Participant fails to make any premium payment due in respect of the Coverage extended to them, subject to the discretion of the Insurance Company, such Coverage will lapse. The Plan Participant hereby confirms the accuracy of all information validity of all representations and warranties provided to the Trustee in connection with its participation in the Plan and/ or the subscription for the insurance coverage, howsoever provided, including the terms of this Subscription Agreement, (together "Representations & Warranties"). The Plan Participant acknowledges that certain of such information will be relied upon by the Insurers as providers of the Coverage and that any inaccuracy therein may result in the invalidity of such Coverage as it relates to the [Plan Participant], the loss of Coverage and all monies paid in relation thereto. The Plan Participant hereby undertakes to inform the Trustee of any change to any of matter that forms the subject of any of the Representation & Warranties. The Plan Participant hereby undertakes to indemnify and hold harmless the Trustee against any loss or damage (including attorneys fees) occasioned by any inaccuracy in any Representation & Warranty or failure to advise the Trustee of any change in any matter that forms the subject of any of the Representation & Warranties. The Plan Participant agrees that the Trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the Plan Participant and the Plan Participant hereby undertakes to indemnify and hold harmless the Trustee against any loss or damage (including attorneys fees) occasioned by the Trustee acting in accordance with any such instruction. Payments under the terms of the Coverage shall be paid by the Insurers to the Plan Participant or directly to a provider if assignment of benefits has been authorized. The Trustee shall not be responsible for the administration of such payments.

## How to Use This Insurance Plan

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If you experience an Injury or Sickness:

1. Pick up your insurance ID card at the school, or download your insurance ID card by visiting [www.4studenthealth.com/fontbonne](http://www.4studenthealth.com/fontbonne). If you go to a Physician's office or to the Hospital, you will need to show your insurance identification card in order for your provider to know that you have health insurance coverage. If the provider needs to verify coverage for you they may call Summit America Insurance Services, Inc., at **(877) 246-6997**. **Carry your insurance ID card with you at all times.**
2. If you need to seek medical treatment, you may choose any Physician or Hospital; however, using providers that are part the PPO network may decrease your share of the costs. For a complete listing of the PPO Physicians, Hospitals, or other facilities, visit [www.multiplan.com](http://www.multiplan.com).
3. In the event of an Emergency, call **911** or go to the nearest Hospital Emergency Room (ER). If it is not an Emergency but you need to seek medical treatment right away, note that using an Urgent Care Center instead of a Hospital ER may decrease your out-of-pocket expenses. To locate a local an Urgent Care Center, visit the PPO website and select "Find An Urgent Care Center" in the upper right-hand side of the page.
4. After you receive treatment at a PPO provider, your provider will usually submit a claim to the insurance company. You will receive an Explanation of Benefits from the claims administrator, Summit America Insurance Services, Inc., an Ascension Company detailing what the insurance paid and what is your responsibility to pay. Your provider will bill you for that amount. **Do not ignore any medical bills you receive.** If you have questions about your Explanation of Benefits or what is your responsibility to pay, please contact Summit America Insurance Services, Inc. at **(877) 246-6997**.
5. If your provider bills you directly (instead of the insurance company) or asks you to pay up front, you will need to submit a claim. Please see "Filing a Claim" on page 15 for information about how to submit a claim.

## ID Card

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Once you are enrolled in the plan, you can pick up your permanent insurance ID card in your mailbox at school after the start of your first term of coverage. Only one permanent ID card will be issued to you each school year. You may also download your insurance ID card at [www.4studenthealth.com/fontbonne](http://www.4studenthealth.com/fontbonne). If you go to a Physician's office, urgent care center, Hospital, or pharmacy, you will be asked for your ID card. **Carry your insurance identification card with you at all times.**

## Eligibility

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### Students

All International students or scholars enrolled at Fontbonne University are eligible for and are required to purchase this insurance plan. Those international students who have been approved for permanent residency are not eligible.

The Company maintains its right to investigate student status and attendance records to verify that the eligibility requirements have been met. If and whenever the Company discovers that the eligibility requirements have not been met, its only obligation is refund of premium, less any claims paid.

### Dependents

Students may also insure their eligible Dependents (see Dependent Definition). A Plan Participant's Dependent(s), as applicable, are eligible on the latest of the date:

1. The Plan Participant is eligible, if the Plan Participant has Dependents on that date; or
2. The date the person becomes a Dependent; or
3. The next Annual Open Enrollment (if applicable) following the date the person becomes a Dependent if the Newborn Children Coverage, Newborn Adopted Children Coverage, or Adopted Children Coverage provisions do not apply.

If the Plan Participant is also eligible as a Dependent, he or she may be covered only once under the Plan Document. In no event will a Dependent be eligible if the Plan Participant is not eligible.

### Newborn Children Coverage

Coverage for a newborn Child will begin from the moment of birth. The Plan Participant must give notice within 31 days of the birth of the Child. If notice is not given within 31 days, coverage for the newborn Child will terminate upon the expiration of the initial 31-day period.

## Enrollment

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### Students

Eligible students will be enrolled in the insurance plan. For questions regarding enrollment, please contact Ascension at **(800) 955-1991**.

### Dependents

Students who wish to enroll their eligible Dependents must submit the enrollment form, available online at [www.4studenthealth.com/fontbonne](http://www.4studenthealth.com/fontbonne), along with proper payment. Eligible Dependents must be enrolled with the student, or within 31 days of birth, adoption, or marriage (proof of date of life event will be requested). Failure of the student to enroll for Dependent coverage within the 31-day enrollment period shall be construed as rejection of coverage. Dependents must be enrolled in the same term in which the student is enrolled. For questions regarding student or Dependent enrollment, please contact Ascension at **(800) 955-1991**.



## Terms of Coverage

### Effective Date

The Plan is effective at 12:01 a.m. on August 1, 2016. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later.

### Termination Date

The Plan terminates at 11:59 p.m. on July 30, 2017. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the student or extend beyond that of the student. Eligibility requirements must be met each time premium is paid to continue coverage.

We do not send termination or enrollment notices. It is the Plan Participant's responsibility to enroll in coverage in a timely manner, subject to continuing eligibility. Eligibility requirements must be met each time premium is paid to enroll in coverage.

## Insurance Costs and Important Dates

The costs of coverage include insurance premium and administrative fees. Rates are effective 08/01/2016 to 07/30/2017.

	<b>Annual</b> 08/01/2016 to 07/30/2017	<b>Fall</b> 08/01/2016 to 01/08/2017	<b>Spring/Summer</b> 01/09/2017 to 07/30/2017	<b>Summer</b> 06/05/2017 to 07/30/2017
<b>Student</b>	\$ 1,299.00	\$ 524.00	\$ 775.00	\$ 255.00
<b>Spouse</b>	\$ 4,165.00	\$ 1,667.00	\$ 2,498.00	\$ 835.00
<b>Each Child</b>	\$ 1,707.00	\$ 684.00	\$ 1,023.00	\$ 343.00

## Refund Policy

There are no premium refunds, except when the Plan Participant leaves school and permanently returns to his or her Home Country, in which case a pro rata refund (for the number of full months remaining in the term) will be issued only upon request.

## Extension of Benefits After Termination

If a Plan Participant is Hospital Confined on the Termination Date, benefits will continue to be paid until the earlier of either discharge from the Hospital they are confined to or until the Maximum Benefit has been paid, whichever occurs first. In no event will benefits continue beyond 14 days after the Termination Date of coverage.

## Pre-Existing Conditions

Pre-Existing conditions are not covered under this plan of insurance. However, a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for 6 months under the same insurance plan.

## Out-of-Pocket Maximum

When a Plan Participant has incurred \$6,350 per person (\$12,700 per family) of out-of-pocket Eligible Expenses during a policy term (in-network and out-of-network combined), the Company payment for Eligible Expenses incurred will increase to 100% of the Preferred Allowance (PA) when treated by PPO providers or 100% of Usual, Reasonable, and Customary (URC) when treated by non-PPO providers for the remainder of the policy term, up to the Maximum Benefit. Out-of-pocket expenses include Copays, as well as any Deductible and Coinsurance amounts paid, but exclude non-covered medical expenses and elective services. The Out-of-Pocket Maximum does not include amounts over specified limits or over URC allowance.

## Preferred Provider Organization

Please read the following information so you will know from which providers health care may be obtained.

This plan utilizes a network of medical professionals, including Physicians and Hospitals, known as the Preferred Provider Organization (PPO). This PPO network is available through the PHCS Healthy Directions/ MultiPlan Network.



For a current listing of PPO providers, visit [www.multiplan.com](http://www.multiplan.com).

While you are allowed to visit any provider of your choosing, if you use a PPO Physician or facility, you will pay less money out-of-pocket. Network access provides benefits nationwide for Eligible Expenses incurred at 90% of the Preferred Allowance (PA) when treated by network providers (PPO). Benefits are provided worldwide for Eligible Expenses incurred at 70% of Usual, Reasonable, and Customary Expenses (URC) when treated by non-network providers (non-PPO). Note: Charges in excess of URC are still the responsibility of the Plan Participant.

Preferred Providers have contracted to provide specific medical care at negotiated prices. The availability of specific providers is subject to change without notice. The Plan Participant should always confirm that a Preferred Provider is participating at the time services are required by checking the Preferred Provider Network website or calling the Preferred Provider Network and by asking the provider when he or she makes an appointment for services. Out-of-network providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.

Please be aware that if you are treated at a PPO Hospital, it does not mean that all providers at that Hospital are PPO providers. Ancillary providers will be paid at the PPO level for anesthesiologist, radiologist, assistant surgeon, pathologist, emergency room physicians and lab, as long as a PPO network facility is used. In addition, if you are referred by a PPO provider to another provider or facility, it does not necessarily mean that the provider or facility to which you are referred is also a PPO provider. For example, when a network provider refers you to a lab for tests, be sure it is a network lab. This information can be found on the network website.

For a current listing of PPO network Hospitals, Physicians, and facilities, please visit [www.multiplan.com](http://www.multiplan.com) or call (800) 678-7427.



## Schedule of Benefits

	In-Network (PPO)	Out-of-Network (non-PPO)
<b>Policy Year Aggregate Maximum Benefit:</b>	\$1,000,000 per policy term	
<b>Policy Year Deductible:</b>	None	None
<b>Office Visit Copay (includes Urgent Care):</b>	\$20 per visit	None
<b>Physician Visit Copay (Inpatient):</b>	\$50 per visit	None
<b>Emergency Room Copay:</b> <i>(waived if admitted to Hospital)</i>	\$150 per visit	\$150 per visit
<b>Out-of-Pocket Maximum:</b>	\$6,350 per individual (\$12,700 per family), per policy term	

Out-of-network providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers.

Unless otherwise indicated, Eligible Expenses are paid at 90% of Preferred Allowance (PA) for in-network (PPO) providers and 70% of Usual, Reasonable and Customary (URC) for out-of-network (non-PPO) providers for Medically Necessary services and supplies, and include the following, subject to the limitations and exclusions indicated. *Charges in excess of URC are the responsibility of the Plan Participant.*

PREVENTIVE CARE/ WELLNESS SERVICES <i>(see Definition for additional information)</i>	IN-NETWORK	OUT-OF-NETWORK
<b>Wellness Medical Benefit</b> Includes routine medical examinations.	90% of PA	70% of URC
<b>Immunizations</b> Includes, but not limited to, flu shot, tetanus, diphtheria, pertussis, Tdap, hepatitis A, hepatitis B, HPV, measles-mumps-rubella, pneumonia, varicella, meningococcal; only as recommended by the U.S. Centers for Disease Control and Prevention.	90% of PA	70% of URC

**Schedule of Benefits (continued)**

INPATIENT SERVICES		IN-NETWORK	OUT-OF-NETWORK
<b>Hospital Confinement/ Room and Board and Hospital Miscellaneous</b> Daily average semi-private room rate and general nursing care provided by a Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, X-ray examinations including professional fees, anesthesia, physical therapy, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies. Intensive Care covered in lieu of Hospital room and board.		90% of PA	70% of URC
<b>Maternity and Newborn Care</b> While Hospital Confined, and routine nursery care provided immediately after birth, up to 48 hours after birth (96 hours for cesarean delivery).		90% of PA	70% of URC
<b>Surgeon's Fees</b> If multiple procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid for the less expensive procedure is 50% of the benefit otherwise payable.		90% of PA	70% of URC
<b>Anesthetist</b> Professional services in connection with inpatient surgery.		90% of PA	70% of URC
<b>Physiotherapy</b> While Hospital confined, up to a maximum of \$1,000 per policy term.		90% of PA	70% of URC
<b>Physician Visits</b>		90% of PA after \$50 Copay per visit	70% of URC
<b>Treatment of Mental Conditions/ Substance Use Disorder</b>		90% of PA	70% of URC
OUTPATIENT SERVICES		IN-NETWORK	OUT-OF-NETWORK
<b>Physician Visits</b>		90% of PA after \$20 Copay per visit	70% of URC
<b>Emergency Room Benefit</b> Use of emergency room and supplies.		90% of PA after \$150 Copay per visit (waived if admitted)	70% of URC after \$150 Deductible per visit (waived if admitted)
<b>Surgeon's Fees</b> If multiple procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid for the less expensive procedure is 50% of the benefit otherwise payable.		90% of PA	70% of URC
<b>Anesthetist</b> Professional services in connection with outpatient surgery.		90% of PA	70% of URC
<b>Day Surgery Miscellaneous</b>		90% of PA	70% of URC
<b>Physiotherapy</b> Limited to 20 visits per policy term, up to a maximum of \$50 per visit.		90% of PA	70% of URC
<b>Treatment of Mental Conditions/ Substance Use Disorder</b>		90% of PA after \$20 Copay per visit	70% of URC
<b>Diagnostic X-ray and Laboratory Services</b>		90% of PA	70% of URC
OUTPATIENT PRESCRIPTION DRUGS			
The Pharmacy Benefits Manager (PBM) is Express Scripts; <b>only Prescriptions filled at an Express Scripts Pharmacy are covered.</b> To locate an Express Scripts pharmacy, call (800) 447-9638 or visit <a href="http://www.express-scripts.com">www.express-scripts.com</a> . Specialty drugs must be filled through Accredo Specialty Pharmacy after the first two courtesy fills at a retail pharmacy.			
Prescriptions filled at an In-Network pharmacy will be paid at 100% after Copayment. Copayment applies per 30-day supply per prescription or refill, subject to dispensing limits. Contraceptives are not covered.			
<b>Generic Drugs</b>	\$20 Copayment	Not covered	
<b>Preferred Brand Drugs</b>	\$40 Copayment		
<b>Non-Preferred Brand and Specialty Drugs</b>	\$60 Copayment		



(CONTINUED)



**Schedule of Benefits (continued)**

OTHER	IN-NETWORK	OUT-OF-NETWORK
<b>Ambulance Services</b>	90% of PA	70% of URC
<b>Durable Medical Equipment</b>	90% of PA	70% of URC
<b>Consultant Physician Fees</b> When requested and approved by the attending Physician.	90% of PA after \$20 Copay per visit	70% of URC
<b>Dental Treatment</b> For Injury to Sound Natural Teeth only; limited for a maximum of \$100 per tooth and \$500 maximum per Policy term.	90% of PA	
<b>Pregnancy</b> Including complications of pregnancy.	90% of PA	70% of URC

**Accidental Death and Dismemberment**

The Company will pay the benefit below for Injuries to a Covered Person (a) caused by an Accident which happens while covered by the Policy; and (b) which directly, and from no other cause, result in any of the losses listed below within 180 days of the Accident that caused the Injury.

The maximum amount of this benefit is shown below.

<b>For Loss of:</b>	<b>Student</b>	<b>Spouse</b>	<b>Child</b>
Life.....	\$ 10,000	\$ 5,000	\$ 2,500
Both hands, both feet, or one hand and one foot, or Sight of both eyes.....	\$ 10,000	\$ 5,000	\$ 2,500
One hand and entire sight of one eye, or one foot and entire sight of one eye.....	\$ 10,000	\$ 5,000	\$ 2,500
One hand, one foot, or entire sight of one eye.....	\$ 5,000	\$ 2,500	\$ 1,250

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means the total, irrevocable loss of the entire sight in that eye. “Severance” means the complete separation and dismemberment of the part from the body.

This provision is subject to the General Exclusions as provided.

**Emergency Medical Evacuation**

“Medical Evacuation” means an Injury or Sickness commencing during the period of coverage that results in the necessary emergency evacuation of the Covered Person. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the Covered Person’s Injury or Sickness warrants the emergency evacuation and authorized by the Travel Assistance company.

If the local attending legally qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate medical treatment is not available in the immediate area, the transportation expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

All expenses must be authorized in writing or by an authorized electronic or telephonic means in advance. For authorization contact SES at **(877) 488-9833** (inside USA), or email [medservices@assistamerica.com](mailto:medservices@assistamerica.com). Reference Number 01-SES-SUM-08123.

**Repatriation of Remains**

In the event of death during a trip, the expense incurred within 30 days from the date of the covered loss will be paid for minimally necessary casket or air tray, preparation and transportation of the Covered Person’s remains to their primary place of residence in the United States of America, or to the place of burial.

All expenses must be authorized in writing or by an authorized electronic or telephonic means in advance. For authorization contact SES at **(877) 488-9833** (inside USA), or email [medservices@assistamerica.com](mailto:medservices@assistamerica.com). Reference Number 01-SES-SUM-08123.



## General Exclusions and Limitations

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No benefits will be paid for loss or expense caused by or resulting from:

1. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
2. Plan Participant being exposed to the Utilisation of nuclear, chemical or biological weapons of mass destruction.
3. Suicide, attempted suicide (including drug overdose), self-destruction, attempted self-destruction, or intentional self-inflicted Injury while sane or insane;
4. War or any act of war, declared or undeclared;
5. Voluntary, active participation in a riot or insurrection;
6. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
7. Organ transplants;
8. Treatment for an Injury or Sickness resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
9. Charges provided at no cost to the Plan Participant;
10. Expenses incurred for treatment while in Your Home Country;
11. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Organization;
12. Pre-existing conditions; however, a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for 6 months under the same insurance plan;
13. Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident;
14. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Plan Document, and rendered within 6 months of the Accident;
15. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
16. Treatment paid for or furnished under any other individual or group Plan Document, 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 the treatment without cost to any individual;
17. Travel in or upon: a) a snowmobile; b) water jet ski; c) any two- or three-wheeled motor vehicle, other than a motorcycle registered for on-road travel; and d) any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation competition.
18. Injury sustained while taking part in: sky-diving; hang gliding; parachuting; bungee jumping; glider flying; parasailing; sail planing.
19. Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional or semi-professional sports contest or competition;
20. Rest cures or custodial care;
21. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
22. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: (a) while riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; (b) while being used for any test or experimental purpose; (c) while piloting, operating, learning to operate, or serving as a member of the crew thereof; (d) while traveling in any such aircraft or device which is owned or leased by or on behalf of the Participating Organization or any subsidiary or affiliate of the Participating Organization, or by the Plan Participant or any member of his household; e) a space craft or any craft designed for navigation above or beyond the earth's atmosphere; or (f) an ultra-light, hang gliding, parachuting or bungee-cord jumping; except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.

## Coordination of Benefits

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Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered expenses.

## Definitions

The following important definitions apply to this Plan:

**Accident** means an unforeseeable event which 1) causes Injury to one or more Plan Participants; and 2) occurs while coverage is in effect for the Plan Participant.

**Benefit Period** means the period of time from the date of the Accident causing the Injury for which benefits are payable, as shown in the Schedule of Benefits, and the date after which no further benefits will be paid.

**Child** means the Plan Participant's natural Child, adopted Child (or Child placed in the Plan Participant's home for purposes of adoption), foster Child, stepchild, or other Child for whom the Plan Participant has legal guardianship (proof will be required). A Child must reside with the Plan Participant in a parent-Child relationship. NOTE: In the event the Plan Participant shares physical custody of the Child with another parent, the requirement that the Child reside with the Plan Participant will be waived.

**Coinsurance** means the percentage of Eligible Expenses for which the Company is responsible for a specified covered service after the Deductible, if any, has been met.

**Company** means Advent Underwriting Limited on Behalf of Syndicate 780 at Lloyd's.

**Co-pay** or **Co-payment** means a specified charge that the Plan Participant is required to pay when a medical service is rendered.

**Deductible** means the dollar amount of Eligible Expenses which must be incurred and paid by the Plan Participant before benefits are payable under the Plan Document. It applies separately to each Plan Participant.

**Dependent** means a Plan Participant's lawful spouse, if not legally separated or divorced, or unmarried children under age 26. The age limitations will not apply to a Plan Participant's unmarried Child who is dependent on the Plan Participant or other care providers for lifetime care and supervision, and incapable of self-sustaining employment by reason of mental or physical handicap that occurred before age 26. Proof of such dependence and incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.

**Eligible Expenses** means the Usual, Reasonable, and Customary charges for services or supplies which are incurred by the Plan Participant for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while the Plan Document is in force.

**Emergency** means a Sickness or Injury for which the Plan Participant seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:

1. The Plan Participant's life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child;
2. The Plan Participant's bodily functions would be seriously impaired; or
3. A body organ or part would be seriously damaged.

**Experimental/Investigational** means that a drug, device or medical care or treatment will be considered experimental/investigational if:

1. The drug or device cannot be lawfully marketed without approval of the Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
2. The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
3. The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
4. Reliable evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or
5. Reliable evidence show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

**Home Country** means the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment.



**Definitions (continued)**

**Hospital means** an institution licensed, accredited or certified by the State that:

1. Operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons;
2. Is accredited by the Joint Commission on Accreditation of Healthcare Organizations;
3. Provides 24-hour nursing service by registered nurses (R.N.) on duty or call;
4. Has a staff of one or more licensed Physicians available at all times;
5. Provides organized facilities for diagnosis, treatment and surgery, either on its premises; or in facilities available to it, on a pre-arranged basis;
6. Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
7. Is not a place for drug addicts, alcoholics or the aged.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following: 1) the Joint Commission of Accreditation of Hospitals; or 2) the American Osteopathic Association; or 3) the Commission on the Accreditation of Rehabilitative Facilities.

In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is a Eligible Expense under the Plan Document.

Hospital does not include a place, special ward, floor, or other accommodation used for: custodial or educational care; rest, the aged; a nursing home; or an institution mainly rendering treatment or services for mental illness or substance abuse, except as specifically stated.

**Hospital Stay** means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

**Immediate Family** means a Plan Participant's spouse, domestic partner, civil union partner, parent (includes Step-parent), Child(ren) (includes legally adopted or step Child(ren)), brother, sister, step-Child(ren), grandchild(ren), or in-laws). A Member of the Immediate Family includes an individual who normally lives in the Plan Participant's household.

**Injury** means bodily harm which results independently of disease or bodily infirmity, from an Accident after the effective date of a Plan Participant's coverage under the Plan Document, while the Plan Document is in force as to the person whose Injury is the basis of the claim. All injuries to the same Plan Participant sustained in one Accident, including all related conditions and recurring symptoms of the Injuries, will be considered one Injury.

**Maximum Benefit** means the largest total amount of Eligible Expenses that the Company will pay for the Plan Participant as shown in the Plan Participant's Schedule of Benefits.

**Medically Necessary** means a treatment, drug, device, service, procedure or supply that is:

1. Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury;
2. Prescribed or ordered by a Physician or furnished by a Hospital;
3. Performed in the least costly setting required by the condition;
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

Purchasing or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment, are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Eligible Expense.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

1. Is Experimental/Investigational or for research purposes;
2. Is provided for education purposes or the convenience of the Plan Participant, the Plan Participant's family, Physician, Hospital or any other provider;
3. Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
4. Could have been omitted without adversely affecting the person's condition or the quality of medical care;
5. Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
6. Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or

(CONTINUED)



**Definitions (continued)**

7. It can be safely provided to the patient on a more cost-effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

**Mental or Nervous Disorder** means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases as a Mental Disorder on the date the medical care or treatment is rendered to a Plan Participant.

**Natural Teeth** means the major portion of the individual tooth which is present, regardless of fillings and caps; and is not carious, abscessed, or defective.

**Network Provider** means a Physician, Hospital and other healthcare providers who have contracted to provide specific medical care at negotiated prices.

The availability of specific providers is subject to change without notice. You should always confirm that a Network Provider is participating at the time services are required by calling PHCS Healthy Directions at **(800) 678-7427** and/or by asking the provider when you make an appointment for services.

**Non-Network Provider** means a Physician, Hospital and other healthcare providers who have not agreed to any pre-arranged fee schedules. A Plan Participant may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Plan Participant’s responsibility.

**Out-of-Pocket Maximum** means the maximum dollar amount the Plan Participant is responsible to pay during a Plan Document Term. After the Plan Participant has reached the Out-of-Pocket Maximum, the Plan Document pays 100% of Eligible Expenses for the remainder of the Plan Document Term. The Out-of-Pocket Maximum is met by accumulated Deductible, Coinsurance and Co-payments. Penalties and amounts above the Usual, Reasonable and Customary Expenses do not count toward the Out-of-Pocket Maximum. The Out-of-Pocket Maximum is shown on the Schedule of Benefits.

**Participating Organization** means Fontbonne University.

**Physician** means a person who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Plan Participant, a Plan Participant’s Spouse, son, daughter, father, mother, brother or sister or other relative.

**Physical Therapy** means any form of the following administered by a Physician: 1) physical or mechanical therapy; 2) diathermy, 3) ultrasonic therapy; 4) heat treatment in any form; or 5) manipulation or massage.

**Plan Participant** means a Person and Dependent eligible for coverage as identified in the Enrollment/Application and has his or her true, fixed and permanent home and principal establishment outside of the United States for whom proper premium payment has been made when due, and who is therefore a Plan Participant under the Plan Document

**Pre-Existing Condition** means an Injury, Sickness, disease, or other condition prior to the date the Plan Participant’s coverage is effective for which the Plan Participant: 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine.

**Preferred Allowance** means the amount a Network Provider will accept as payment in full for Eligible Expenses.

**Sickness** means illness or disease which requires treatment by a Physician while covered by this Plan Document. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Spouse** means lawful spouse, if not legally separated or divorced, Domestic Partner or Civil Partner.

**Usual, Reasonable and Customary (URC)** means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

1. The actual amount charged by the provider;
2. The negotiated rate; or
3. The charge which would have been made by the provider (Physician, Hospital, etc.) for a comparable service or supply made by other providers in the same Geographic Area, as reasonably determined by the Company for the same service or supply.

“Geographic Area” means the three-digit Zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug, or supply.

Usual, Reasonable and Customary Charges, Fees or Expenses as used in the Plan Document to describe expense will be considered to mean the percentile of the payment system in effect at Plan Document issue as shown on the Schedule of Benefits.



## Global Emergency Services

*The following description of the Scholastic Emergency Services Program has been included in this brochure for the convenience of the student and in no way affects the coverage provided by the International Student Insurance Plan described herein. Scholastic Emergency Services is not insurance. It does not pay for transportation or medical costs. Global emergency services are provided by Scholastic Emergency Services (SES), an Assist America partner.*

Scholastic Emergency Services (SES) is the nation's foremost provider of global emergency services designed specifically for the active student lifestyle. For any medical difficulty encountered 100 miles (150 km) away from home or campus, SES is the lifeline students can depend on with just a simple phone call. SES handles travel emergencies of every kind and even provides some services to students while on campus.

One simple phone call to the number on your SES identification card will connect you to:

- A state-of-the-art Operations Center
- Worldwide response capabilities
- Experienced crisis management professionals
- Air and ground ambulance service providers

SES completely arranges and pays for the assistance services it provides without limits on the cost. This alleviates many of the obstacles and potential expenses that can be caused by medical emergencies away from home or campus. SES is not insurance; rather it is a provider of global emergency services. SES services do not replace medical insurance during emergencies. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage.

### Key Services

- Medical consultation, evaluation and referral
- Hospital admission assistance
- Emergency medical evacuation
- Medical monitoring
- Emergency medical evacuation and repatriation of remains
- Prescription assistance
- Compassionate visit
- Care of minor children
- Emergency trauma counseling
- Lost luggage assistance
- Interpreter and legal referrals
- Pre-trip information
- Return of vehicle
- And much more...

All services must be arranged and provided by SES. No claims for reimbursement will be accepted. The SES services in this brochure are only intended to serve as a general overview of the emergency travel assistance services available. The services available to you through your plan may vary from what is listed in this brochure. For a complete description of the services that are provided to you by your plan, please consult your service certificate provided by your school's program administrator and/or the fulfillment material provided by SES.

### How To Access Services

If you require medical assistance and are more than 100 miles from your permanent residence or campus or are in another country, call the SES Operations Center at **(877) 488-9833** (inside USA), **+1 (609) 452-8570** (outside USA), or email [medservices@assistamerica.com](mailto:medservices@assistamerica.com). Please download an ID card and carry it with you at all times.

Please provide the following information when you call:

- Your name, telephone number, and relationship to the patient
- Patient's name, age, gender, reference number, and school
- Name, location, and telephone number of hospital or treating doctor if applicable
- Reference Number **01-SES-SUM-08123**

### Conditions

SES will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Injuries resulting from participation in acts of war or insurrection
- Commission of unlawful act(s)
- Attempt at suicide
- Incidents involving the use of drugs unless prescribed by a physician
- Transfer of member from one medical facility to another medical facility of similar capabilities and providing a similar level of care

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## **Global Emergency Services (continued)**

SES will not evacuate or repatriate a member:

- Without medical authorization
- With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home
- With a pregnancy over six months
- With mental or nervous disorders unless hospitalized

### **Exclusions**

- Trips exceeding 120 days from legal residence or campus without prior notification to SES (separate purchase of Expatriate coverage is available)

While assistance services are available worldwide, transportation response time is directly related to the location/jurisdiction where an event occurs. SES is not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under the control of SES. SES is not responsible or liable for any malpractice committed by professionals rendering services to a member.

## **Filing a Claim and Getting Your Medical Bills Paid**

### **1. If your provider files the claim on your behalf:**

- a) The claims administrator still requires certain information from you. You will need to fill out a claim form. You will only need to do this once per academic year. You can find the **Claim Form** in the claims section on our website at [www.4studenthealth.com/fontbonne](http://www.4studenthealth.com/fontbonne).
- b) You will receive an Explanation of Benefits that outlines what the insurance company paid and what is your responsibility to pay, if applicable.
- c) The claims administrator will contact you if they need other information; otherwise, they will pay the claim as indicated on the EOB. *Do not ignore calls or letters from the claims administrator, as this may delay payment of your claim.*
- d) If you have any questions about your claim, contact Summit America Insurance Services, Inc., an Ascension Company, at **(877) 246-6997**, Monday–Friday, 8:30 a.m. to 7:00 p.m. (6:00 p.m. on Fridays) CT.

### **2. If the provider does not file a claim directly with the insurance company on your behalf, you will need to submit a claim for reimbursement for the portion of the charges the company is responsible for paying by completing these steps:**

- a) Download a claim form from [www.4studenthealth.com/fontbonne](http://www.4studenthealth.com/fontbonne) and fill it out completely.
- b) Include your policy number (as shown on your ID card) on the claim form.
- c) Attach the health center referral form (if applicable).
- d) Attach bills for X-rays, laboratory charges, etc.
- e) Send your claim form, referral form (if applicable), and all bills pertaining to this claim to Summit America Insurance Services, Inc., an Ascension Company, at the address below. Try to have all itemized bills attached to the same claim form.

**Summit America Insurance Services, Inc.  
P.O. Box 25936  
Overland Park, KS 66225**

- f) If you have questions about the status of your claim after it has been submitted, please call Summit America Insurance Services, Inc., an Ascension Company, at **(877) 246-6997**, Monday–Friday, 8:30 a.m. to 7:00 p.m. (6:00 p.m. on Fridays) CT.

## **Confidential Communication Request**

If you would like to have confidential medical information from the claims administrator sent to an address other than the address on file with Fontbonne University, you can download a Confidential Communication Request, fill out the form, and send it to the address listed. This form is available from [www.4studenthealth.com/fontbonne](http://www.4studenthealth.com/fontbonne) in the “Use Your Insurance” section, under “Claims.”





## Complaints

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In the event that you remain dissatisfied and wish to make a complaint you can do so at any time by referring the matter to Mr. Andrew North or to the Complaints team at Lloyd's at the address below:

Complaints  
Lloyd's  
One Lime Street  
London, EC3M 7HA  
Tel: +44 207 327 5693  
Fax: +44 207 327 5225  
E-mail: [complaints@lloyds.com](mailto:complaints@lloyds.com)  
Website: [www.lloyds.com/complaints](http://www.lloyds.com/complaints)

Details of Lloyd's complaints procedure are set out in a leaflet "Your Complaint – How We Can Help" available at [www.lloyds.com/complaints](http://www.lloyds.com/complaints) and are also available from the above address. If you remain dissatisfied after Lloyd's has considered your complaint, you may have the right to refer your complaint to the Financial Ombudsman Service (United Kingdom).

## Authorized Representation

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In accordance with state and federal rules and regulations, we will not disclose individual information without authorization. This includes disclosures to family members for insured individuals who have reached the age of majority. If you would like to authorize an additional party to act as a personal representative for matters pertaining to this insurance plan, we must have an Authorization Form on file. To request a form, please contact Ascension at the address below or download a form at [www.4studenthealth.com/privacy-policy](http://www.4studenthealth.com/privacy-policy) and mail it to the address below.

## Summary of Privacy Policy

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If you are covered under one of our insurance plans, we are committed to protecting your privacy. We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about you. We do not disclose any nonpublic information about you to anyone, except as permitted or required by law. We do not sell or otherwise disclose your personal information to anyone for purposes unrelated to our products and services. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to protect information about you from unauthorized disclosure. We may disclose any information we believe necessary to conduct our business as is legally required. You have the right to access, review, and correct all personal information collected. You may review this Privacy Policy in its entirety, or the Privacy Policies of other entities servicing the Policy, by writing to the address or visiting the website below. You may also submit a request to review your information, in writing, to the address below.

Attn: Marcos Rolon, Privacy Officer  
Personal Insurance Administrators, Inc.  
An Ascension Company  
P.O. Box 6040  
Agoura Hills, CA 91376-6040  
Phone: 1-800-468-4343  
Website: [www.4studenthealth.com](http://www.4studenthealth.com)