

## WHAT IS NOT COVERED?

Unless specifically provided for elsewhere under the Participation Certificate, the Participation Certificate 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, including routine care of a newborn infant. This exclusion does not apply to services in connection with pediatric preventive care.
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. This exclusion does not apply to hearing aids.
5. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
6. Elective termination of pregnancy.
7. Expenses incurred as a result of pregnancy that is not covered.
8. For diagnostic investigation or medical treatment for fertility or birth control.
9. 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.
10. 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.
11. Organ or tissue transplant.
12. Participating in an illegal occupation or committing or attempting to commit a felony.
13. 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.)
14. 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.
15. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Participation Certificate.
16. Expenses incurred within the Covered Person's Home Country.
17. 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.
18. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
19. Diagnosis and treatment of acne and sebaceous cyst.
20. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture.
21. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
22. 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.
23. 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.
24. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
25. Loss arising from a) participating in any intercollegiate/interscholastic or professional sport, contest or competition; b) participating in any intramural sport competition, contest or competition; c) participating in any club sport competition, contest or competition; d) skin/scuba diving, sky diving, hang gliding, or bungee jumping.
26. 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.
27. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
28. Services or supplies that the Insurer considers to be Experimental or Investigative



## Blanket Student Accident and Sickness Insurance

# 2010 – 2011

*Administered by:*

**HTH Worldwide**

One Radnor Corporate Center, Suite 100

Radnor, PA 19087

1.888.350.2002

[hthstudents.com](http://hthstudents.com)

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. HMT-3173-10. This is not a contract of insurance. Coverage is governed by an insurance policy issued to the Trustee of the Highmark Insurance Trust, which Hawaii English Language Program has agreed to participate in. The coverage is 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 and part-time Eligible Participants and their Dependents (lawful spouse or children under age 19) 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 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, except whenever the Covered Person is in his/her Home Country. In no event, however, will insurance start prior to the date the premium is received by the Insurer.

## WHEN DOES COVERAGE END?

Coverage for an Eligible Participant and or Dependent 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 Eligible Participant or Dependent ceases to meet the Individual Eligibility Requirements; 4. The end of the term of coverage specified in the Eligible Participant's or Dependents enrollment form, if any, including any requested extension; 5. The date the Eligible Person or Dependent leaves the Country of Assignment for his/her or her Home Country; 6. The date the Eligible Participant or Dependent 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 Participation Certificate 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 Participation Certificate is secondary coverage to all other policies.

## hthstudents.com

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

## PRE-EXISTING CONDITION LIMITATION

The Insurer does not pay benefits for loss due to a Pre-Existing Condition during the first one year of coverage. A Pre-Existing Condition means any Injury or Sickness which had its origin or symptoms, or for which a Physician was consulted or for which treatment or a medication was recommended or received up to one year prior to the Covered Person's effective date of coverage. This limitation does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit and to the Bedside Visit Benefit.

## LIMITATION OF MATERNITY COVERAGE

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

## WHAT IS COVERED BY THE PLAN?

Schedule of Benefits – Table 1

	Limits – Covered Person
Lifetime Maximum Benefit	\$1,000,000
Plan Year Maximum Benefits	\$100,000
Maximum Benefit per Injury or Sicknesses	\$100,000
Plan Year Out-of-Pocket Limit*	\$5,000 per Plan Year
Accidental Death & Dismemberment	Principal Sum up to \$10,000 for Participant; \$5,000 for spouse, \$1,000 for Dependents
Repatriation of Remains	Maximum Benefit up to \$25,000
Medical Evacuation	Maximum Benefit up to \$10,000

\* After the Covered Person reaches an Out-of-Pocket \$5,000 limit, Insurer pays Reasonable Expenses at 100% up to the applicable maximum in the Schedule of Benefits. Copayments and amounts above the maximums do not apply toward the Out-of-Pocket Limit.

Schedule of Benefits – Table 2 – Medical Expenses

	PPO Plan - In PPO Limits	PPO Plan - Outside PPO Limits
Physician Office Visits	80% of Reasonable Expenses after \$50 Copayment per visit	60% of Reasonable Expenses
Inpatient Hospital Services and Hospital and Physician Outpatient Services	80% of Reasonable Expenses after \$250 Copayment per visit	60% of Reasonable Expenses

Schedule of Benefits – Table 3 – Medical Expense Benefits

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

MEDICAL EXPENSE	Limits – Covered Person
Maternity Care for a Covered Pregnancy	Reasonable Expenses. Conception must have occurred while the Covered Person was insured under the Participation Certificate.
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to \$5,000 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 Plan Year on an Inpatient Basis
Therapeutic termination of pregnancy	Reasonable Expenses up to \$1,000 Maximum per Plan Year
Medical treatment of Injuries sustained as a result of a covered motor vehicle accident	Reasonable Expenses up to \$10,000 Maximum per Plan Year
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$500 per Plan Year maximum
Outpatient prescription drugs	50% of actual charge.

## CLAIMS SUBMISSION

Claims are to be submitted to HTH Worldwide, PO Box 30259, Tampa, FL 33630, USA. See the [hthstudents.com](http://hthstudents.com) website for claim forms and instructions on how to file.