

**STATE OF LOUISIANA  
SOUTHEASTERN LOUISIANA UNIVERSITY  
HAMMOND, LOUISIANA  
(A Member of the University of Louisiana System)**

**Invitation To Bid**

**To Furnish A Sickness and Accidental  
Health Insurance Plan  
For International Students and Optional for Domestic  
Unless Waived By Southeastern  
for The Enrollment Services Department**

ISSUING AGENCY: Southeastern Louisiana University  
Purchasing Department  
SLU 10800  
Hammond, LA 70402

DIRECTOR OF PURCHASING: Richard Humber

PROCUREMENT SPECIALIST: Jennifer Lavigne  
Telephone: (985) 549-5414

ITB COORDINATOR: Andrea Peevy; Health Center Director (Domestic Student Ins.)  
Telephone: (985) 549-2241  
Amber Sillessi; Admissions (International Student Ins.)  
Telephone: (985) 549-2360

ITB RELEASE DATE: June 06 , 2020

FAX INQUIRY DEADLINE: June 15 , 2020 (Fax to 985-549-3810 /Jennifer Lavigne)

ITB OPENING DATE: June 25, 2020

ITB OPENING TIME: 4:00 p.m., Central Time

ITB OPENING LOCATION: Southeastern Louisiana University  
Purchasing Department  
Property Control & Supply Building  
2400 North Oak Street  
Hammond, Louisiana

**MINIMUM QUALIFICATION TO BID:** The PPO network must include North Oaks Medical Center, an inpatient general hospital in Hammond, Louisiana and LSUHSC-Lallie Kemp Medical Center, an inpatient and outpatient facility in Independence, Louisiana within a ten mile radius of Southeastern Louisiana University, for the life of the contract period unless any change that becomes necessary is agreed to in writing by the University.

**NOTE:** THIS SOLICITATION IS A SEALED BID AND MUST BE RETURNED BY MAIL OR DELIVERED IN PERSON. BID RESPONSE FORMS CANNOT BE FAXED AND ANY FAX RESPONSES SHALL BE REJECTED.

This ITB is available in electronic form at:

<https://wwwcfprd.doa.louisiana.gov/OSP/LaPAC/dspBid.cfm?search=department&term=42> .It is available in PDF format or in printed form by submitting a written request to the Procurement Specialist listed above. It is the Bidder's responsibility to check the Office of State Purchasing LaPAC website frequently for any possible addenda that may be issued. Southeastern is not responsible for a bidder's failure to download any addenda documents required to complete an Invitation to Bid.

**STATE OF LOUISIANA**  
**SOUTHEASTERN LOUISIANA UNIVERSITY**  
**HAMMOND, LOUISIANA**

The Southeastern Louisiana University (SLU) Purchasing Department will receive sealed bids until 4:00 P.M. on the bid opening date specified in the solicitation document. No bid responses will be considered by the SLU Purchasing Department after 4:00 P.M. Beginning at that time, bids shall be publicly opened and read aloud to those present in the SLU Purchasing Department.

Mail address: Southeastern LA University Purchasing Department SLU 10800 Hammond, LA 70402	Delivery: Southeastern LA University Purchasing Department Property Control & Supply Building 2400 North Oak St Hammond, LA 70402
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Bids submitted are subject to LA R.S. 39:1551-1736; Purchasing Rules and Regulations; Executive Orders; General Conditions; any Special Conditions; and Specifications listed in the solicitation document.

The purpose of this solicitation is to set forth the requirements and specifications of Southeastern Louisiana University. The contents of this solicitation and the Bidder/ Vendor/ Contractor's bid response shall become contractual obligations if a contract (purchase order) ensues.

**INSTRUCTIONS TO BIDDERS**

- 1) Bid Forms: Per LA R.S. 39:1556, all written bids, unless otherwise provided for, must be submitted on, and in accordance with, forms provided, properly signed by an authorized representative of the bidding entity. Bids submitted in the following manner will not be accepted: (1) bid contains no signature indicating intent to be bound; (2) bid sent by facsimile equipment or email. Price alterations to bid responses received before bid opening time will be considered provided the written price alteration has been received and time-stamped before bid opening time. Any other alterations of the bid response form or foreign conditions attached thereto may cause rejection of the bid response without further consideration
- 2) Standard of Quality: Any product or service bid shall conform to all applicable Federal and State laws and regulations and specifications contained in the solicitation document. Unless otherwise specified in the solicitation document, any manufacturer's name, trade name, brand name, or catalog number used in the specifications is for the purpose of describing the quality level and characteristic required. Bidder should specify the brand and model number of the product offered in his bid. Bids not specifying brand and model number shall be considered as offering the exact products specified in the solicitation document.
- 3) Descriptive Information: Bidders proposing an equivalent brand or model should submit with the bid response information (such as illustrations, descriptive literature, technical data) sufficient for the University to evaluate quality, suitability, and compliance with the specifications of the solicitation document. Failure to submit descriptive information may cause bid to be rejected. Any change made to a manufacturer's published specification submitted for a product shall be verifiable by the manufacturer. If item(s) bid does not comply with specifications (including brand and/or product number), bidder should state in what respect the item(s) deviate. Failure to note exceptions on the response form will not relieve the successful bidder(s) from supplying the actual products requested.
- 4) Bid Opening: Bidders may attend the bid opening, but no information or opinions concerning the ultimate contract award will be given at the bid opening or during the evaluation process. Bids may be examined 72 hours after request is made. Information pertaining to completed files may be secured by visiting the SLU Purchasing Department during normal working hours. Written bid tabulations will not be furnished.

- 5) Louisiana Preference: Preference is hereby given to products produced, manufactured, harvested, grown or assembled in Louisiana which are equal in quality to products produced, manufactured, harvested, grown or assembled outside of Louisiana. The bidder shall state his right to claim the ten percent (10%) preference in his bid response and the bidder should state the respective Louisiana location where each qualifying item is produced, manufactured, harvested, grown or assembled.
- 6) Signature Authority: In accordance with LA Revised Statute 39:1594 (Act 121), the person signing the bid must be: (1) A current corporate officer, partnership member or other individual specifically authorized to submit a bid as reflected in the appropriate records on file with the Secretary of State; or (2) An individual authorized to bind the vendor as reflected by an accompanying or as provided upon request a corporate resolution or affidavit. By signing the bid, the bidder certifies compliance with the above.

#### GENERAL CONDITIONS

The SLU Purchasing Department reserves the right to award items separately, grouped or on an all-or-none basis and to reject any or all bids and waive any informalities.

- 1) Prices: Unless otherwise specified in the solicitation, bid prices shall be complete, including transportation and handling prepaid by the bidder to destination - SLU, Hammond, LA. Bids other than FOB destination may be rejected. Bid prices should be quoted in the unit of measure stated. Bid prices shall be firm for a minimum of thirty (30) calendar days, unless otherwise specified by SLU in the solicitation document.
- 2) Payment Terms: Cash discounts for less than 30 days may be offered, but will not be considered in determining awards. Bids containing "payment in advance" or "COD" requirements may be rejected. Payment is to be made within 30 days after receipt of properly executed invoice or delivery, whichever is later.
- 3) Delivery: Bids may be rejected if the delivery time indicated is longer than that specified in the solicitation document.
- 4) Taxes: Bidder is responsible for including all applicable taxes in the bid price. The University is currently exempt from Louisiana State Sales and Use Taxes, and local parish and city taxes. An exemption certificate for state sales and use tax can be provided upon request.
- 5) New Products: Unless specifically called for in the solicitation document, all products for purchase must be new, never previously used, and the current model and/or packaging. No remanufactured, demonstrator, used or irregular product will be considered for purchase unless otherwise specified in the solicitation document. The manufacturer's standard warranty will apply unless otherwise stated in solicitation.
- 6) Default of Contractor: Failure to deliver within the time specified in the solicitation document will constitute a default and may cause cancellation of the contract. Where the University has determined the contractor to be in default, the state reserves the right to purchase any or all products or services covered by the contract on the open market and to charge the contractor with cost in excess of the contract price. Until such assessed charges have been paid, no subsequent bid from the defaulting contractor will be considered.
- 7) Contract Cancellation: The University shall have the right to cancel any contract, in accordance with Purchasing Rules and Regulations, for cause, including but not limited to, the following: (1) failure of the vendor to deliver within the time specified in the contract; (2) failure of the product or service to meet specifications, conform to sample quality, or to be delivered in good condition; (3) misrepresentation by the contractor; (4) fraud, collusion, conspiracy or other unlawful means of obtaining any contract with the state; (5) conflict of contract provisions with constitutional or statutory provisions of state or federal law; (6) any other breach of contract.
- 8) Applicable Law: All contracts shall be construed in accordance with and governed by the laws of the State of Louisiana.
- 9) Equal Opportunity: By submitting and signing this bid, bidder agrees that he will not discriminate in the rendering of services to and/or employment of individuals because of race, color, religion, sex, age, national origin, handicap, disability, veteran status, or any other non-merit factor.

By submitting a response to this solicitation, the bidder or proposer certifies and agrees that the following information is correct: In preparing its response, the bidder or proposer has considered all proposals submitted from qualified, potential subcontractors and suppliers, and has not, in the solicitation, selection, or commercial treatment of any subcontractor or supplier, refused to transact or terminated business activities, or taken other actions intended to limit commercial relations, with a person or entity that is engaging in commercial transactions in Israel or Israeli-controlled territories, with the specific intent to accomplish a boycott or divestment of Israel. The bidder also has not retaliated against any person or other entity for reporting such refusal, termination, or commercially limiting actions. The state reserves the right to reject the response of the bidder or proposer if this certification is subsequently determined to be false, and to terminate any contract awarded based on such a false response.

- 10) Piggyback: Other Louisiana Governmental Agencies may purchase at the same terms and conditions if agreed upon by awarded bidder.

Rvvd. 05/2020

A Member of the University of Louisiana System

**OBJECTIVE:**

1. To provide sickness and accidental insurance coverage that meets the requirements as set by the Federal Health Care legislation for the *international (mandatory) and domestic students* (optional) of Southeastern Louisiana University beginning **August 12 , 2020**.

**BASE BID :                   SICKNESS and ACCIDENTAL INSURANCE**

**1A:                               MANDATED FOR F-1 INTERNATIONAL STUDENTS WITH HARD WAIVER, AVAILABLE FOR J-1 EXCHANGE VISITOR**

For a one (1) year period from **August 12, 2020 through August 11, 2021**

**1B:                               OPTIONAL FOR DOMESTIC STUDENTS**

For a one (1) year period from **August 12 , 2020 through August 11, 2021**

**QUALIFICATIONS OF BIDDERS:**

The Bidder shall submit, as part of this bid, proof of the following:

1. Evidence of successful operation in providing insurance coverage at other universities for at least the last five (5) years.
  2. Evidence of sufficient net worth to be able to meet the requirements of the plan as outlined.
  3. A list of Universities and Colleges which are served at the present time, with the number of students insured at each institution.
  4. A list of Universities and Colleges to whom bidder has provided *sickness and accidental insurance* for international students.
  5. Best's Key Rating Guide rating of  $A_2$  or better, which includes A, A+, and A++.
  6. Evidence the insurance company is authorized to do business in the State of Louisiana.
  7. Evidence the agent or agency submitting the bid is licensed to do insurance business in the State of Louisiana.
  8. Evidence the following information pertaining to the Managing General Agency (MGA) is stated:
    - a. Years in business writing this program;
    - b. Number of years MGA has used present insurance carrier in the program.
  9. "Insurance Company Declaration", as outlined below .
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## **INSURANCE COMPANY DECLARATION:**

Please reply to the following. All items must be answered and all forms requested must be submitted with bid.

1. Name of insurance company.
2. Insurance company's address.
3. Insurance company's telephone number, toll free and/or collect.
4. Best's policyholder's rating.
5. Best's financial size category classification.
6. List of each university or college insured during previous school year and attach a separate form listing the name for each university or college; approximate premium volume for each university or college; and the name and title of the administrator at each school responsible for the student health program. Denote those schools, which have been insured for three (3) years or more. Individual schools may be contacted .
7. If the insurance company is paying claims, please provide/answer the following:
  - a. List the location of the office where claims will be paid;
  - b. List the name, title, telephone number, and years of experience in administering student claims, of the persons responsible for the claim service;
  - c. List toll free number or a number that can be used to call collect by the University in reference to any claim, questions, or problems;
  - d. Will claims' office provide copies of all claims status to the University?
  - e. Will claims' office provide information on all claims rejected and the reason(s) for the rejection?
  - f. What is the average time for a claim to be processed after the date the insurance company receives it?
8. What are the insurance company's procedures in processing claims when notice of claim is submitted beyond the policy time limit?
9. What are the insurance company's procedures in processing claims when written proof of loss is submitted more than ninety (90) days after the date of such loss?
10. Will the insurance company furnish the school with a monthly listing of all claims paid, including:
  - a. Claim
  - b. Insured's name
  - c. Date of claim incurred
  - d. Date of claim paid
  - e. Amount of claim
  - f. Company paid
11. Provide copies of all claim forms necessary for payment of claims, for both *sickness* and *accident*, in the form of a 'hard copy' to be made available to the Insurance Office at the Student Health Service, and to have the availability of 'on line' access with either providing claim forms or submittal of claim forms.

**DATES OF SEMESTERS - Subject to Change**

FALL 2020 August 12, 2020 until January 12, 2021

SPRING 2021 January 13, 2021 until May 17, 2021

SUMMER 2021 May 18, 2021 until August 11, 2021

FALL 2021 August 12, 2021 until January 12, 2022

SPRING 2022 January 13, 2022 until May 17, 2022

SUMMER 2022 May 18, 2022 until August 11, 2022

FALL 2022 August 12, 2022 until January 12, 2023

SPRING 2023 January 13, 2023 until May 17, 2023

SUMMER 2023 May 18, 2023 until August 11, 2023

FALL 2023 August 12, 2023 until January 12, 2024

SPRING 2024 January 13, 2024 until May 17, 2024

SUMMER 2024 May 18, 2024 until August 11, 2024

**HISTORY:** The following data is obtained from the four (4) current policies. All information pertaining to numbers of insured is supplied for the use of the bidder as an aid in preparing a bid response, but should in no way be considered a guarantee on the part of the University.

**DOMESTIC BASIC INSURANCE POLICY**

**ENROLLMENT HISTORY:** The information pertaining to numbers of insured is supplied for the use of the bidder as an aid in preparing a bid response, but should in no way be considered a guarantee on the part of the University

**Premium/Claim History**

Academic Year	Premiums	Claims & Expenses
2019-2020	<b>Not Awarded</b>	
2018-2019	<b>Not Awarded</b>	
2017-2018	<b>Not Awarded</b>	
2016-2017	<b>Not Awarded</b>	

**Policy Premium Rate History**

	Fall 2019	Spring 2020	Summer 2020
Student Only	No Award Made	No Award Made	No Award Made
Student & Spouse	No Award Made	No Award Made	No Award Made
Student & Children	No Award Made	No Award Made	No Award Made
Student Spouse & Children	No Award Made	No Award Made	No Award Made
	Fall 2018	Spring 2019	Summer 2019
Student Only	No Award Made	No Award Made	No Award Made
Student & Spouse	No Award Made	No Award Made	No Award Made
Student & Children	No Award Made	No Award Made	No Award Made
Student Spouse & Children	No Award Made	No Award Made	No Award Made
	Fall 2017	Spring 2018	Summer 2018
Student Only	No Award Made	No Award Made	No Award Made
Student & Spouse	No Award Made	No Award Made	No Award Made
Student & Children	No Award Made	No Award Made	No Award Made
Student Spouse & Children	No Award Made	No Award Made	No Award Made
	Fall 2016	Spring 2017	Summer 2017
Student Only	No Award Made	No Award Made	No Award Made
Student & Spouse	No Award Made	No Award Made	No Award Made
Student & Children	No Award Made	No Award Made	No Award Made
Student Spouse & Children	No Award Made	No Award Made	No Award Made

**Total Student Enrollment History**

Academic Year	Number of Students	Premiums Collected
2019-2020	Not Awarded	Not Awarded
2018-2019	Not Awarded	Not Awarded
2017-2018	Not Awarded	Not Awarded
2016-2017	Not Awarded	Not Awarded

**HISTORY:** The following data is obtained from the four (4) current policies. All information pertaining to numbers of insured is supplied for the use of the bidder as an aid in preparing a bid response, but should in no way be considered a guarantee on the part of the University

**INTERNATIONAL BASIC INSURANCE POLICY**

**ENROLLMENT HISTORY:** The information pertaining to numbers of insured is supplied for the use of the bidder as an aid in preparing a bid response, but should in no way be considered a guarantee on the part of the University.

**PREMIUM/ CLAIM HISTORY FOR PAST (4) YEARS:**

Academic Year	Premiums	Claims & Expenses
2019-2020 *As of 2/2020*	\$26,487.00	TOTAL CLAIM: \$4,203.44 TOTAL PAID: \$4,202.44
2018-2019	\$32,616.00	TOTAL CLAIM : \$59,510.75 TOTAL PAID: \$31,930.91
2017-2018	\$37,278.00	TOTAL CLAIM: \$36,640.94 TOTAL PAID: \$13,692.28
2016-2017	\$49,929.00	TOTAL CLAIM : \$30,553.77 TOTAL PAID: \$17,665.01

**ANNUAL POLICY PREMIUM RATE HISTORY FOR PAST (4) YEARS:**

Annual Premium	Student Only	Student & Spouse	Student ,Spouse & Child(ren)	Student & Child(ren)
2019-2020	\$1224	\$5427	\$7466	\$3263
2018-2019	\$1224	\$4285	\$5185	\$2124
2017-2018	\$1224	\$4287	\$5189	\$2126
2016-2017	\$1224	\$4288	\$5190	\$2127

**TOTAL INTERNATIONAL STUDENT ENROLLMENT PARTICIPATION:**

Year	Number of Students	Premiums
2019-2020	34	\$26,487.00
2018-2019	41	\$32,616.00
2017-2018	51	\$37,278.00
2016-2017	87	\$49,929.00

## **BASE BID – SICKNESS and ACCIDENTAL INSURANCE**

### **Base Bid 1A – Mandatory for all F-1 Graduate and Undergraduate International Students (with hard waiver) and non F-1 Intensive English Students; available for J-1 Exchange Visitor**

For a one (1) year period from August 12, 2020 through August 11, 2021

### **Base Bid 1B –Optional for Domestic Students with specific stated hours**

For a one (1) year period from August 12, 2020 through August 11, 2021

#### **METHOD OF ENROLLMENT:**

The University will be the collecting agent at registration. The method of enrollment of each student in the group insurance plan will be as follows:

#### **BASE BID 1A:**

##### International

All F-1 – non-immigrant graduate and undergraduate international students and non F-1 Intensive English students (IEP), regardless of the number of hours enrolled, will be assessed in their tuition through the *International Student Insurance Fees*. Students enrolled for the preceding semester will be covered by the policy during the semester break if the student registers for the following semester. Students registering in the spring and planning to continue in the fall will be considered a continuing student; in order to keep the policy enforced, they must pay the summer premiums.

HARD WAIVER: Each semester a refund will be considered for those international students with documented insurance coverage by their Sponsors that meet the requirements as set by ACA.

All J-1 International Exchange Visitor / J-2 Dependents will be offered coverage under this policy as these benefits will surpass the current compliance requirements.

#### **BASE BID1B:**

##### Domestic

All *under graduate registered students* carrying seven (7) hours in the spring and fall and four (4) hours in the summer and all *graduate students* carrying six (6) hours in the spring and fall and three (3) hours in the summer will be eligible to purchase this insurance plan per semester and must pay the University the amount designated at the time of enrollment.

Students enrolled in the spring and planning to continue in the fall semester may be covered in the period between the spring semester and fall semester by paying the appropriate premium during the summer semester enrollment period, thereby avoiding a break in coverage.

Any student not meeting the designated credit hours must be approved by the Company before being allowed to enroll and must pay the University the amount designated at the time of enrollment.

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## REPORTING TO THE UNIVERSITY:

Upon request the Company shall report to the University in a manner acceptable to the University a "Statement of Experience" details on any claim received by the Company. These details shall include:

1. Data that would be found in an Explanation of Benefits (EOB), which includes:
  - a. Date of receipt of claim.
  - b. Amount being claimed itemized by each vendor.
  - c. Any payments made, and where differences of amount claimed and payments made to be clearly indicated.
2. Data that would be needed to evaluate plan and to generate a 'loss ratio'.
  - a. General information to include:
    - i. Total number of students enrolled per semester
    - ii. Enrollment by age
    - iii. Total amount of premium paid to Insurance Company
    - iv. Total Benefits paid by Diagnosis, by listing in columns
      1. Diagnosis group
      2. Dollar amount of Benefits paid
      3. % of total
    - v. Total Benefits paid by Benefit Group, by listing in columns
      1. Benefit Groups
        - a. Accidental Death and Dismemberment
        - b. Medical evacuation and repatriation
        - c. Accident
        - d. Maternity
        - e. Mental Health
        - f. Motor Vehicle
        - g. Sickness
        - h. Wellness
      2. Dollar amount of Benefits paid
      3. % of total
    - vi. List the 25 largest providers by the dollar amount paid, by listing in columns
      1. Provider name
      2. Number of claims
      3. Dollar amount paid

Claims arranged by size by listing in columns:

  1. Number of claims
  2. Category
    - a. Claims pending
    - b. No benefits
    - c. \$1 – 1,000
    - d. \$1001 – 5,000
    - e. \$5001 – 15,000
    - f. \$15,001 – 25,000
    - g. >\$25,001

Dollar amount paid

- b. Experience data must be in such detail so as to indicate what is included in the phrase 'loss ratio' and be itemized to report all claims whether incurred or pending and any provision for incurred but not reported, claims paid and any administrative or overhead which is included in the 'loss ratio', a monthly breakdown of claims, by listing in columns:
  - i. Policy month / year
  - ii. Actual premium paid YTD
  - iii. Total projected premium
  - iv. Claims paid YTD
  - v. Claims 'Incurred But Not Reported' YTD
  - vi. Expense Factor
  - vii. Total Claims paid and expenses
  - viii. % Total Claims and expenses to Total projected premium
- 3. The Company shall have printed, at their expense, a brochure which explains to the students the extent of the coverage of this policy. The layout and contents of this brochure must be approved by the University so as to ensure that all pertinent data is included. This brochure is to be made available to the Admissions Office by July 1<sup>st</sup> of the bid year and in the case of a multiyear bid, by January 1<sup>st</sup> each year thereafter. The Company is to provide enough brochures to accommodate 100% of the international fall enrollment. A brochure should also be available by linking from the Student Health Center website to the Vendor's website.
- 4. The Company will provide a toll free line or accept collect calls from Southeastern Louisiana University representative and/or students in reference to claims, invoicing, payments or other problems or questions in regard to this contract, for the life of the contract.

**GENERAL STUDENT COVERAGE:**

**BASE BID 1A** will provide protection to cover registered F-1 non-immigrant international students, non F-1 Intensive English (IEP) students and the J-1Exchange Visitors and their J-2 dependents. These participating students of Southeastern Louisiana University will be covered at home, school, or while traveling for twenty-four (24) hours a day throughout the school year, provided (s)he is enrolled on a continuous basis, with the following exception:

IEP has 5 scheduled sessions per year (two in the Fall and Spring and one in the Summer). Enrollment will begin six (6) days before the 1<sup>st</sup> day of class and will be continuous for each subsequent session as long as the student is registered in the program and will end six (6) days after the student has completed the program.

**BASE BID 1B** Domestic students meeting the required hours who have opted to have this policy. These participating students of Southeastern Louisiana University will be covered at home, school, or while traveling for twenty-four (24) hours a day throughout the school year, provided (s)he is enrolled on a continuous basis, with the following exception:

IEP has 5 scheduled sessions per year (two in the Fall and Spring and one in the Summer). Enrollment will begin six (6) days before the 1<sup>st</sup> day of class and will be continuous for each subsequent session as long as the student is registered in the program and will end six (6) days after the student has completed the program.

Coverage shall be on a *continuous basis* commencing three (3) days prior to the opening of the fall semester and ending at the close of the third day after the end of the summer semester. The coverage is to be in effect during the interim semester break periods.

Effective and termination date on a *non-continuous basis* include six (6) days travel time to school and six (6) days travel time returning from school. Protection is to be in effect during all interim vacation and holiday periods during semester.

Coverage will become invalid for students who voluntarily leave school *within* thirty-one (31) days of their effective date of coverage.

Coverage will remain in effect for the applicable semester if a student leaves *after* the thirty-one (31) days of coverage, unless the insured student enters a military service, in which case coverage would terminate upon such entrance. If an insured student would enter the armed forces, the Company will make a pro-rata refund or premium.

In the event a student should resign before the end of the semester as a result of an accident or illness, (s)he will continue to receive benefits for the particular illness / injury until the treatment is completed, or has received payment of the maximum limits, or the time of the policy has expired, whichever comes first.

When the covered Injury or Sickness requires treatment by a Physician, this Policy will provide benefits for 52 weeks from the date of the Injury or the date of first treatment of a Sickness, for the Preferred Allowance (PA) or Usual and Customary Charges (U&C) scheduled below.

**DEPENDENT COVERAGE:**

Eligible dependents include the spouse (husband or wife) or Domestic Partner of the Named Insured and their dependent children. Children shall cease to be dependent at the end of the month in which they attain the age of 26 years.

Dependents must be enrolled at the same time and in the same Plan as the Insured Student.

This coverage is to be on a voluntary basis on the part of each student. The University will not assess the student for this portion of the contract. All arrangements and billing for this section are to be made directly between the successful bidder and students.

Coverage will include all the benefits as itemized in the Plan (except for the use of the Student Health Center).

Coverage for an Insured Student's newborn child will be effective from the moment of birth and paid according to the Plan. Notification and additional premium for a new born child must be received by the Company within 31 days after the child's birth for coverage to continue beyond this 31 day period.

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## **DEFINITIONS:**

*Accidental Death* is a death caused by a covered injury.

*Accidental Injury* is a condition occurring as a direct result of a traumatic bodily injury sustained solely through accidental means from an external force. With respect to injuries to teeth, injuries caused by the act of chewing do not constitute an injury caused by external force

*Admission* is the period from entry (Admission) into an approved facility for Inpatient care until discharge. In counting days of care, the date of entry and the date of discharge are counted as one (1) day.

*Allowable charge* relates to the lesser of the billed charge or the amount established by the Company or negotiated as the maximum amount allowed for all Provider services covered under the terms of this Benefit Plan.

*Ambulance Service* relates to Medically Necessary transportation by means of a specially designed and equipped vehicle used for transporting the sick and injured.

*Benefit period deductible amount* is the dollar amount, as shown in the Schedule of Benefits before the Benefit Plan starts paying Benefits.

*Benefits* is the agreed coverage for health care services, treatment, procedures, equipment, drugs, devices, items or supplies provided under the specific Benefit Plan.

*Claim* is a written or electronic proof in a form acceptable to the Company, of charges for Covered Services that have been incurred by a Member during the time period the Member was insured under the specific Benefit Plan. The provisions in effect at the time the service or treatment is received shall govern the processing of any Claim expense actual incurred as a result of the service or treatment rendered.

*Copayment (Coplay)* relates to the amount of charges for a *Covered service* for which a Member must pay.

*Company* is the successful bidder of the said policy.

*Covered Person:* any person insured under the coverage type you applied for: *individual* (named insured listed in the Policy Schedule), *named insured/Spouse only* (named insured and Spouse), *one-parent family* (named insured and Dependent Children), or *two-parent family* (named insured, Spouse, and Dependent Children). *Spouse* is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically covered under the terms of the policy from the moment of birth. If coverage is for individual or named insured/Spouse only, and you desire uninterrupted coverage for a newborn child, you must notify Company in writing within 31 days of the birth of your child (or within 31 days of the date of the release from the hospital), and Company will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental or physical handicap and who became so incapacitated prior to age 26 and while covered under the policy. *Dependent Children* are your natural children, stepchildren, grandchildren (who are in the legal custody of and residing with the covered grandparent), or legally adopted children who are under age 26. A Dependent Child (including persons incapable of self-sustaining employment by reason of mental or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

*Covered Service* is a service or supply specified in this Benefit Plan for which Benefits are available when rendered by a provider.

*Deductible Amount* defines the dollar amount, as shown in the Schedule of Benefits, of charges for Covered Services that a Member must pay within a Benefit Period before the Benefit Plan starts paying Benefits.

*Effective Date* is the date that the coverage begins as shown in the Policy Schedule and corresponds to Semester dates.

*Elective* means surgery or medical treatment, which is not necessitated by a pathological change occurring after the *effective date* of coverage and for which a reasonable delay will not unfavorably affect the outcome of the treatment.

- *Elective surgery* includes but is not limited to: tubal ligation; circumcision; vasectomy; breast reduction; sexual reassignment surgery; and services or supplies rendered for the purpose or with the intent of inducing conception; temporomandibular joint dysfunction (TMJ); cosmetic procedures; and submucous resection and/or other surgical corrections for deviated nasal septum other than for treatment of covered acute purulent sinusitis.
- *Elective treatment* includes but is not limited to: allergy testing; treatment of acne; biofeedback-type services; Infertility; hypotherapy; learning disabilities and weight reduction.

*Generic Drug* is a prescription drug that is equivalent to a brand-name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.

*Guaranteed-Renewable* is the right to renew the policy as long as the Enrollment qualifications are met.

*Hazardous Activity Accident*: an accident that occurs on or after the Effective Date of coverage, while coverage is in force, and while a Covered Person is participating in sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing, or while a Covered Person is a pilot, an officer, or a member of the crew of an aircraft and has any duties aboard an aircraft, or while giving or receiving any kind of training or instruction aboard an aircraft. A Hazardous Activity Accident does not include any Common-Carrier Accidents.

*Injury* means accidental bodily injury which is: 1) directly and independently caused by a specific accidental contact with another body or object; 2) unrelated to any pathological, functional or structural disorder; 3) a source of loss; 4) treated by a Physician within thirty (30) days after the date of the accident. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss, which results wholly or in part, directly or indirectly, from disease, or other bodily infirmity.

*Mandated Benefits* – The plan will pay benefits for specific mandated services in accordance with current Louisiana Insurance Laws under the same circumstances and conditions as for other *diagnoses* and *sicknesses*.

*Medically Necessary* relates to health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluation, diagnosing or treating an illness, injury, disease or its symptoms.

*Pre-existing condition* relates to a condition, which has been treated within the previous six (6) months without insurance coverage. Coverage of pre-existing conditions will follow the guidelines of ACA.

*Preferred Allowance* relates to the amount a Preferred Provider will accept as payment for Covered Medical Expenses.

*Preventive or Wellness Care* describes services designed to effectively prevent or screen for a disease for which there is an effective treatment when discovered in an early stage.

*Sickness* means *bodily* sickness, mental sickness or maternity, which is not a pre-existing *condition* and which *loss* occurred while the coverage was in force. *Sickness* includes pregnancy, complications of pregnancy and trauma related disorders due to injuries which otherwise do not meet the definition of an *injury*. All related sicknesses and recurrent symptoms of the same or similar condition would be considered one *sickness*.

*Usual and customary charges* (U&C) means charges for medical services or supplies that are legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received. U&C are determined by referencing the 75<sup>th</sup> percentile of the most current survey published by Medical Data Research (MDR) for such services or supplies.

## **BASE BID**

### **SPECIFICATIONS FOR INSURANCE POLICY**

#### **Base Bid 1A – Mandatory for all F-1 Graduate and Undergraduate International Students (with hard waiver) and non F-1 Intensive English Students; available for J-1 Exchange Visitor**

For a one (1) year period from **August 12, 2020 through August 11, 2021**

The University reserves the right to extend the contract agreement for three (4) additional one (1) year periods at the same prices, terms and conditions if mutually acceptable to the Contractor. Any renewal shall be subject to continued appropriation of funding to the University by Louisiana State Legislature. In the event the Legislature fails to appropriate sufficient funding, the contract agreement shall be considered cancelled

#### **Base Bid 1B – Optional for Domestic Students with specific stated hours**

For a one (1) year period from **August 12, 2020 through August 11, 2021**

The University reserves the right to extend the contract agreement for three (4) additional one (1) year periods at the same prices, terms and conditions if mutually acceptable to the Contractor. Any renewal shall be subject to continued appropriation of funding to the University by Louisiana State Legislature. In the event the Legislature fails to appropriate sufficient funding, the contract agreement shall be considered cancelled

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**Policy Limits**-When the covered Injury or Sickness requires treatment by a Physician, this policy will provide benefits for 52 weeks from the date of first treatment of a sickness, for the Preferred Allowance (PA) or Usual and Customary Charges ( U & C) scheduled below.

### **MEDICAL EXPENSE BENEFITS**

#### **Injury and Sickness**

**Maximum Benefit** Student \$250,000 (Per injury ) (Per sickness )  
Dependent: \$50,000 ( Per Injury ) ( Per Sickness)

**Deductible Preferred Providers:** \$25 (Per Injury ) ( Per Sickness)

**Co-Pays for Student Health Center:** \$ 0

**Co-Insurance Preferred Providers:** 100% of the PPO Allowance for Eligible Charges

**Co-Insurance Out-of-Network Providers:** 60% of Usual & Customary Charges ( U&C )

\*PPO-Preferred Provider Organization

\*\*Usual and Customary Charges-see definition herein

INPATIENT	IN-NETWORK Preferred Allowance	OUT-OF-NETWORK Usual and Customary
<b>Maximum For Room &amp; Board</b>	PPO Allowance	60 % of U & C
<b>Maximum for Intensive Care</b>	PPO Allowance	60 % of UC
<b>Maximum for Hospital Miscellaneous Expenses</b>	PPO Allowance	60 % of UC
<b>Maximum for Physiotherapy when prescribed by the attending doctor and administered by a licensed physiotherapist.</b>	PPO Allowance	60% of U&C
<b>Maximum for Surgery</b>	PPO Allowance	
<b>Maximum for Assistant Surgeon</b>	PPO Allowance	60% of U&C
<b>Maximum for Anesthetist: professional services Administered in connection with inpatient surgery.</b>	PPO Allowance	60% of U&C
<b>Maximum for Registered Nurse's Services:</b> When prescribed by attending doctor.	PPO Allowance	60% of U&C
<b>Maximum for Physician's Visits:</b> benefits are limited to one visit per day and do not apply when related to surgery.	PPO Allowance	60% of U&C
<b>Pre-Admission Testing:</b> payable within 3 working days prior to admission.	PPO Allowance	60% of U&C
<b>Maximum for Psychotherapy:</b> Treatment of mental/nervous disorders; alcoholism and drug addiction; covered as any sickness	PPO Allowance	60% of U&C
OTHER SERVICES	IN-NETWORK Preferred Allowance	OUT-OF-NETWORK Usual and Customary
<b>Maximum for Ambulance Service</b>	100% of U&C	100% of U&C
<b>Maximum for Braces and Appliances-</b> when Prescribed by the attending doctor exclusively for the purpose of healing the specific part of the body for which the brace or appliance is prescribed ( replacement braces and appliances are not covered) Dental braces, except when	PPO Allowance	60% of U&C

necessitated by accidental or bodily injury, are not covered.		
<b>Maximum for Durable Medical Equipment</b>	PPO Allowance	60% of U&C
<b>Maximum for Consultant Physician Services-</b> when requested and approved by the attending physician	PPO Allowance	60% of U&C
<b>Maximum for Dental Treatment:</b> Injury to sound, natural teeth.	PPO Allowance Up to \$100 maximum per tooth To a \$500 maximum benefit	60% of U&C Up to \$100 maximum per tooth To a \$500 maximum benefit
<b>Maximum for Dental Treatment;</b> if caused by sickness.	PPO Allowance Up to \$1,000 maximum benefit	60% of U&C Up to \$1,000 maximum benefit
<b>Maximum for Therapeutic Abortion-</b> covered as any sickness	PPO Allowance Up to a \$500 maximum benefit per Policy Year	60% of U&C Up to a \$500 maximum benefit per Policy Year
<b>Maximum for Pregnancy-</b> covered as any sickness when conception occurs while insured hereunder.	PPO Allowance	60% of U&C
<b>Maximum for Preventative Care-</b> Covered as any condition	PPO Allowance Up to a \$500 maximum benefit per Policy year	No Benefit
<b>Mental Illness Treatment:</b> services received on an inpatient and outpatient basis. Institutions specializing in or primarily treating Mental Illness and Substance Use Disorders are not covered	Paid as any other Sickness	
<b>Substance Use Disorder Treatment:</b> services received on an inpatient and outpatient basis. Institutions specializing in or primarily treating Mental Illness and Substance Use Disorders are not covered.	Paid as any other Sickness	
<b>Psychotherapy:</b> Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder.	50% of PA / \$10 Co-pay per visit	50% of U & C / \$10 Deductable per visit
<b>Ambulance Services</b>	100% of PA	60% of U&C
<b>Maternity and Complications of Pregnancy</b>	Paid as any other Sickness	
<b>Elective Abortion</b>	No Benefits	
<b>Consultant Physician Fees:</b> when requested and approved by the attending Physician.	100% of PA / \$10 Co-pay per visit	60% of U & C / \$10 Deductable per visit
<b>OUTPATIENT</b>	<b>IN-NETWORK</b> Preferred Allowance	<b>OUT-OF-NETWORK</b> Usual & Customary
<b>Maximum for Surgery</b>	PPO Allowance	60% of U&C
<b>Maximum for Day Surgery</b>	PPO Allowance	60% of U&C

Miscellaneous		
<b>Maximum for Anesthetist Services</b>	PPO Allowance	60% of U&C
<b>Maximum for Assistant Surgeon</b>	PPO Allowance	60% of U&C
<b>Maximum for Doctors Visits-Limited to one visit per day when Surgery benefit is not paid</b>	PPO Allowance	60% of U&C
<b>Maximum for Physiotherapy</b> -when prescribed by the attending necessary to continue recovery from a covered Injury for Sickness; Limited to one visit per day	PPO Allowance  Up to \$1,000 maximum benefit	60% of U&C Charges  Up to \$1,000 maximum benefit
<b>Maximum for Chiropractic Care</b> -covered as any condition	PPO Allowance  Up to \$50 Per Visit To a \$1000 maximum benefits	60% of U&C  Up to \$50 Per Visit To a \$1000 maximum benefits
<b>Maximum for Medical Emergency Expenses</b> -incurred in a Hospital room, surgical center or clinic	PPO Allowance	60% of U&C
<b>Maximum for Diagnostic X-Rays</b> -When Prescribed by the attending Physician	PPO Allowance	60% of U&C
<b>Maximum for Radiation Therapy</b> -when prescribed by the attending Physician	PPO Allowance	60% of U&C
<b>Maximum for Laboratory Procedures</b> -when prescribed by the attending Physician	PPO Allowance	60% of U&C
<b>Maximum for Miscellaneous Test and Procedures</b> -when prescribed by the attending Physician	PPO Allowance	60% of U&C
<b>Maximum for Shots or Injections</b> -when administered in an emergency room or Physician's office and charged on the emergency room bill or Physicians bill	PPO Allowance	60% of U&C
<b>Maximum for Chemotherapy</b> ; when prescribed by the attending Physician	PPO Allowance	60% of U&C
<b>Maximum for Psychotherapy</b> -treatment of mental and nervous disorders; alcoholism and drug addiction; covered as any sickness	PPO Allowance  Up to a \$500 maximum benefit	60% of U&C
<b>INPATIENT</b>	<b>IN-NETWORK Preferred Allowance</b>	<b>OUT-OF-NETWORK Usual and Customary</b>
<b>Medical Evacuation:</b> If a covered person's injury or sickness results in loss of life payable under this insurance, the company will pay the expenses for the cremation of the deceased's body or for the preparation of the deceased's body	Benefits shall meet or exceed the current minimum required for J-1 visas  Minimum of \$10,000	

<p>for burial, and transportation of the deceased's body to his or her home country, provided that the covered person's death occurred outside his or her home country. The administrator must approve any expenses incurred under this benefit before the body is prepared for transportation.</p>		
<p><b>Preventive Care Services / Wellness:</b> medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and are limited to the following as required under applicable law: 1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the <i>United States Preventive Services Task Force</i>; 2) immunizations that have in effect a recommendation for the <i>Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention</i>; 3) with respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the <i>Health Resources and Services Administration</i>; and 4) with respect to women, such additional preventive care and screenings provided for in comprehensive guidelines supported by the <i>Health Resources and Services Administration</i>. No Deductible, Co-pays or Coinsurance will be applied when the services are received from a Preferred Provider.</p>	<p>100% of PA</p>	<p>No Benefit</p>
<p><b>INPATIENT</b></p>	<p><b>IN-NETWORK Preferred Allowance</b></p>	<p><b>OUT-OF-NETWORK Usual and Customary</b></p>
<p><b>Accidental Death and Dismemberment Benefits:</b> If such Injury shall independently of all other causes and within 180 days from the date of injury, solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount listed in addition to payment under the Medical Expense Benefits.</p>	<p>Life.....\$5,000 Two or more members.....\$5,000 One Member.....\$2,500</p>	
<p><b>Mandated:</b> The plan will pay benefits for specific mandated services in accordance with current Louisiana Insurance Laws under the same circumstances and conditions as for other <i>diagnoses</i> and <i>sicknesses</i>.</p>		

## **PRESCRIPTION DRUGS**

\$10 Co-payment per generic prescription

\$15 Co-payment per brand name prescription

\$30 Co-payment per multi-source prescription

Participating Pharmacies should include, but are not limited to: Walgreens, Wal-mart, CVS, Kroger, Kmart, and Target.



**BID RESPONSE FORM  
BASE BID : SICKNESS and ACCIDENTAL INSURANCE**

**1 A: MANDATED FOR INTERNATIONAL STUDENTS WITH HARD WAIVER**

For a one (1) year period from **August 12, 2020 through August 11, 2021**

In compliance with your invitation for Bids, the undersigned having read and examined all the specifications for the Plan, hereby proposes to furnish Student Health Insurance during the 2020 – 2021 school year for the Students Southeastern Louisiana University, as called by said documents for the sum of:

**STUDENT COVERAGE** (per enrolled student):

**PREMIUM RATES MUST BE CONSISTENT FOR ALL GROUPS WITHOUT AGE LIMITS.**

**FALL SEMESTER COVERAGE ONLY:**

LEVEL OF COVERAGE	UNIT	WEIGHT	SUBTOTAL
Student Only.....	_____	X 100 =	_____
Student & Spouse .....	_____	X 1 =	_____
Student, Spouse & Child (ren).....	_____	X 1 =	_____
Student & Child (ren) .....	_____	X 1 =	_____
Total.....	_____		_____

**SPRING SEMESTER COVERAGE ONLY:**

LEVEL OF COVERAGE	UNIT	WEIGHT	SUBTOTAL
Student Only.....	_____	X 100 =	_____
Student & Spouse .....	_____	X 1 =	_____
Student, Spouse & Child (ren).....	_____	X 1 =	_____
Student & Child (ren) .....	_____	X 1 =	_____
Total .....	_____		_____

**SUMMER SEMESTER COVERAGE ONLY:**

LEVEL OF COVERAGE	UNIT	WEIGHT	SUBTOTAL
Student Only.....	_____	X 100 =	_____
Student & Spouse .....	_____	X 1 =	_____
Student, Spouse & Child (ren).....	_____	X 1 =	_____
Student & Child (ren) .....	_____	X 1 =	_____
Total.....	_____		_____

**DEPENDENT COVERAGE:** *Voluntary* basis on the part of each student. (The following **will not** be used in calculating the low bid.)

I/We propose to furnish sickness and accidental insurance coverage to the spouse and/or dependent children of the insured *international students* at the Southeastern Louisiana University, according to the schedule.

All quoted prices to remain firm for the length of the contract.

**A BID WILL BE ACCEPTED FOR INTERNATIONAL STUDENT OR DOMESTIC STUDENT. VENDOR MAY BUT IS NOT REQUIRED TO BID ON BOTH.**

**SEE ATTACHMENT A -2018-2019 BROCHURE FOR CURRENT POLICY**

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**1 B: OPTIONAL FOR DOMESTIC STUDENTS**

For a one (1) year period from **August 12, 2020 through August 11, 2021,**

In compliance with your invitation for Bids, the undersigned having read and examined all the specifications for the Plan, hereby proposes to furnish Student Health Insurance during the 2020 – 2021 school year for the Students at Southeastern Louisiana University, as called by said documents for the sum of:

**STUDENT COVERAGE** (per enrolled student)

**PREMIUM RATES MUST BE CONSISTENT FOR ALL GROUPS WITHOUT AGE LIMITS.**

**FALL SEMESTER COVERAGE ONLY:**

LEVEL OF COVERAGE	UNIT	WEIGHT	SUBTOTAL
Student Only.....	_____	X 50 =	_____
Student & Spouse .....	_____	X 1 =	_____
Student, Spouse & Child (ren).....	_____	X 1 =	_____
Student & Child (ren) .....	_____	X 1 =	_____
Total.....	_____		_____

**SPRING SEMESTER COVERAGE ONLY:**

LEVEL OF COVERAGE	UNIT	WEIGHT	SUBTOTAL
Student Only.....	_____	X 50 =	_____
Student & Spouse .....	_____	X 1 =	_____
Student, Spouse & Child (ren).....	_____	X 1 =	_____
Student & Child (ren) .....	_____	X 1 =	_____
Total .....	_____		_____

**SUMMER SEMESTER COVERAGE ONLY:**

LEVEL OF COVERAGE	UNIT	WEIGHT	SUBTOTAL
Student Only.....	_____	X 10 =	_____
Student & Spouse .....	_____	X 1 =	_____
Student, Spouse & Child (ren).....	_____	X 1 =	_____
Student & Child (ren) .....	_____	X 1 =	_____
Total.....	_____		_____

**DEPENDENT COVERAGE:** *Voluntary* basis on the part of each student. (The following **will not** be used in calculating the low bid.)

I/We propose to furnish sickness and accidental insurance coverage to the spouse and/or dependent children of the insured *international and domestic students* at Southeastern Louisiana University, according to the schedule

All quoted prices to remain firm for the length of the contract.

**A BID WILL BE ACCEPTED FOR INTERNATIONAL STUDENT OR DOMESTIC STUDENT. VENDOR MAY BUT IS NOT REQUIRED TO BID ON BOTH.**

**INTERNATIONAL  
ACCIDENT & SICKNESS  
INSURANCE PROGRAM**

Designed for the  
International Students and Scholars of:



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**SOUTHEASTERN**

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L O U I S I A N A U N I V E R S I T Y

**2018-2019**

Brochure Number: 2677 (18)

ATTACHMENT A CONTINUED

**ELIGIBILITY**

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All registered F-1 non-immigrant international students, non F-1 Intensive English (IEP) students and J-1 Exchange Visitors who are temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities at Southeastern Louisiana University may be insured under this Plan.

Covered Students/Scholars may also purchase coverage for eligible dependents who reside with the student/scholar. Eligible dependents are the Insured's lawful spouse or Domestic Partner; or a Dependent Child. A Dependent Child is an Insured's unmarried child, from the moment of birth to age 25, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped; 2) is not capable of self-support; and 3) depends chiefly on the Insured for support and maintenance. The Insured must send the Company satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year. In no event will a Dependent be eligible if the Student/Scholar is not eligible.

**Please note:** Students taking the following courses are not eligible to enroll in the insurance plan: distance learning courses; students solely taking off-campus internet, home study, correspondence, or television courses; courses taken for audit.

**EFFECTIVE DATE OF COVERAGE**

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Coverage for an eligible Student/Scholar who makes the required premium payment will begin on the latest of the following dates:

- 1) the Policy Effective Date, 12:01 AM, Standard Time, on August 15, 2018, provided that the policy premium has been paid; or
- 2) the date he or she is eligible; or
- 3) the date of the scheduled Trip departure date; or
- 4) the date of his or her departure from the home country.

Coverage will always become effective at 12:01 a.m., Standard Time on the date determined by this provision. A Dependent who meets the eligibility requirements shall have an effective date the latest of: 1) the Covered Student's/Scholar's Effective Date of Coverage, 2) the date requested in the enrollment form for Dependent coverage, or 3) the day after date of postmark when premium is received by the Company Agent or Administrator.

The individual's coverage is effective 24 hours a day on a worldwide basis except when in his/her Home Country.

**TERMINATION DATE OF COVERAGE**

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Coverage for a Covered Student/Scholar will end on the earlier of the date:

- 1) the Policy terminates, 12:01 AM, Standard Time, on August 15, 2019.
- 2) the Insured is no longer eligible.
- 3) the period ends for which premium is paid.
- 4) the Insured fails to pay the required premium, if the Insured is so required.
- 5) the scheduled Trip return date;
- 6) the Insured returns to his or her Home Country

Coverage for any dependent shall terminate as indicated above or on the time and date the Covered Student's/Scholar's insurance terminates, whichever is earlier.

**A refund of premium will be made only in the event the Insured enters military service. Otherwise, coverage will continue for the period for which premium was paid.**

## ATTACHMENT A CONTINUED

### EXTENSION OF BENEFITS

The Company will extend benefits under the plan for 90 days after a Covered Person's coverage would otherwise end if on that date he or she is:

- 1) Hospital Confined for an Injury or Sickness covered by the plan; and
- 2) under a Doctor's care.

Any benefits payable under this provision will not exceed the benefit maximums shown under the Schedule of Benefits.

### CONTINUOUS COVERAGE

Coverage for a Covered Person will be considered as continuous during consecutive periods of insurance under this insurance plan (such as Fall and Spring, Spring and Summer, etc.) when premium payment due is received by the Company Agent or Administrator within 31 days of the due date regardless of any breaks in calendar days between consecutive periods of insurance under this insurance plan (Fall, Spring, Summer, etc.). This Continuous Coverage provision will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.

### SCOPE OF COVERAGE

The Company will pay Covered Expenses after the Covered Person satisfies any deductible; and only when they are in excess of amounts paid by any other Health Care Plan.

### COMPANY'S RIGHT OF SUBROGATION

In the event the Covered Person requires medical treatment due to another Person's negligence (such as an automobile accident), the Company has the right to seek recovery of any benefits it pays towards the Covered Person's medical expenses.

### DEFINITIONS

**Accident** - means a sudden; unexpected; and unintended event.

**Co-insurance** - means the percentage amount of an incurred loss for which the Covered Person is responsible. The co-insurance is exclusive of any Deductible or Co-payment.

**Deductible** - means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a per Injury or Sickness basis before Out of Country Medical Expenses Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

**Doctor** - means a licensed health care provider: acting within the scope of his or her license; and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include: a Covered Person; the Covered Person's Immediate Family Member; or a member of the Covered Person's household.

**Home Country** - means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that Country which the Covered Person has declared to the Company in writing as his or her Home Country.

**Injury** - means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. All Injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.

**Medical Emergency** - means a condition caused by an Injury or Sickness that manifests itself, while covered under this Policy, by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

**Medically Necessary** means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting air conditioners; air purifiers; motorized transportation equipment; escalators or elevators in private homes; eye glass frames or lenses; hearing aids; 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 Covered Expense.

**Sickness** - means a disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

**Usual and Customary Charges** - means the average amount charged by most providers for treatment; service; or supplies in the geographic area where the treatment; service; or supply is provided.

## ATTACHMENT A CONTINUED

### PREFERRED PROVIDER NETWORK

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When a Covered Person uses a provider from the Preferred Provider Network, the Company will reimburse covered expenses at a higher amount when compared to using a Non-Network Provider. We have made arrangements with PHCS, a **MultiPlan Preferred Provider Network** that has contracted with numerous hospitals, doctors and other health care providers in order to administer care at a prearranged, preferred dollar amount. **If the Covered Person chooses to use a Non-Network Provider, his/her benefits will be reduced to 60% of the Usual and Customary Charges incurred,** subject to any benefit limitations as indicated on the Schedule of Benefits. It is the Covered Person's responsibility to always verify a provider's participation in the PHCS, MultiPlan network when calling for an appointment or at the time of the visit.

A list of participating providers is available on **MultiPlan's** website at **www.multiplan.com**, then select **PHCS Network**, or call their **toll free number: 1-800-922-4362**.

### PRESCRIPTION DRUGS

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#### OPTUMRX PHARMACY NETWORK

**\$10 Co-payment per Generic Prescription**  
**\$15 Co-payment per Brand name Prescription**  
**\$30 Co-payment per Multi-source Prescription**

The pharmacy network provides prescription drug coverage for all covered conditions when prescriptions are filled at any participating OptumRX pharmacy. Preventive drugs are not covered. The Covered Person is responsible for a **\$10 co-payment per generic prescription; \$15 co-payment per brand name prescription; or \$30 co-payment per multi-source prescription**. No claim forms are required. The participating pharmacy will file claims directly with the administrator for reimbursement of the remaining charges.

The Covered Person must show his/her identification card to receive benefits at a participating pharmacy. An identification/prescription card will be issued once the correct premium and enrollment form have been processed by the administrator.

Examples of participating pharmacies include but are not limited to: Walgreens, Target, KMart, and Walmart. For additional pharmacies and their locations, or for other member services information, please call **OptumRX** at

**800-207-2568**, or

access their website at **www.myoptumrx.com**. This service is available 24/7 after the issuance of the identification/prescription card.

### PRE-EXISTING CONDITIONS

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Pre-existing Conditions, defined as a Sickness, disease; or other condition of the Covered Person that in the 6 month period before the Covered Person's coverage became effective under the Policy 1) first manifested itself; worsened; became acute; or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment or 2) required taking prescribed drugs or medicines unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor, or treatment has been recommended by a Doctor.

Pre-existing conditions are not covered. However, once a Covered Person has maintained a period of 12 months of uninterrupted coverage from his/her effective date of coverage, Pre-existing Conditions will then be covered as any condition for expenses incurred after such 12 months of uninterrupted coverage.

Payment will be in accordance with the provisions of this program. If the Covered Person has a lapse in coverage, a period of 12 months of uninterrupted coverage will have to be satisfied again before pre-existing conditions are covered as any condition.

ATTACHMENT A CONTINUED

**SCHEDULE OF BENEFITS**

**Maximum Benefit per Injury and Sickness: Student: \$250,000**  
**Dependent: \$ 50,000**

**Deductible: \$25 per Injury and Sickness**

The Company will pay benefits, as described below, for the Usual and Customary charges incurred while the Covered Person's coverage is in force for treatment by a licensed Doctor for: 1) accidental bodily Injury when first treatment commences within 90 days of the date of Injury, or 2) Sickness beginning with the date of first treatment, not to exceed a **Maximum Benefit of \$250,000 per Injury or Sickness; or \$50,000 per Injury or Sickness for an eligible Dependent.**

PPO - Preferred Provider Organization / Usual & Customary - see Definitions

**INPATIENT BENEFITS**

	<b><u>IN-NETWORK</u></b>	<b><u>OUT-OF-NETWORK</u></b>
<b>Room and Board Expense:</b> semi private room, including general nursing care .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Intensive Care:</b> including 24-hour nursing care .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Miscellaneous Expenses:</b> for services and supplies such as: 1) the cost of an operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take-home drugs); 6) miscellaneous supplies; and 7) pre-admission testing .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Physiotherapy:</b> when prescribed by the attending Doctor and administered by a licensed physiotherapist .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Surgery:</b> Doctor's fees for a surgical procedure .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Anesthetist Services:</b> in conjunction with a surgical procedure .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Assistant Surgeon:</b> in conjunction with a surgical procedure .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Registered Graduate Nurse:</b> when prescribed by the attending Doctor .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Doctor's Visits:</b> limited to one visit per day when a surgery benefit is not paid .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Psychotherapy:</b> treatment of mental/nervous disorders, alcoholism and drug abuse; covered as any Sickness for 30 inpatient days; to a .....	100% of PPO Allowance / \$25,000 Maximum .....	60% of Usual & Customary / \$25,000 Maximum

**OUTPATIENT BENEFITS**

<b>Surgery:</b> Doctor's fees for a surgical procedure .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Day Surgery Miscellaneous:</b> when surgery is performed in a hospital emergency room, trauma center, Doctor's office, outpatient surgical center or clinic, for services and supplies such as: 1) operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take-home drugs); and miscellaneous supplies .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Anesthetist Services:</b> in conjunction with a surgical procedure .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Assistant Surgeon:</b> in conjunction with a surgical procedure .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Doctor's Visits:</b> limited to one visit per day when a surgery benefit is not paid .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Physiotherapy:</b> when prescribed by the attending Doctor and performed by a professional physical therapist necessary to continue recovery from a covered Injury or Sickness; limited to one visit per day .....	100% of PPO Allowance / \$1,000 Maximum .....	60% of Usual & Customary / \$1,000 Maximum
<b>Chiropractic Treatment:</b> manipulation or massage of spinal and musculoskeletal structures; the total amount payable for any or all covered medical expenses for services rendered by a certified and licensed Chiropractor; covered as any condition. ....	100% of PPO Allowance / \$50 per Visit / \$1,000 Maximum .....	60% of Usual & Customary / \$50 per Visit / \$1,000 Maximum
<b>Medical Emergency Expenses:</b> incurred in a hospital emergency room, surgical center or clinic .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Diagnostic X-rays Services:</b> when prescribed by the attending Doctor .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Radiation Therapy:</b> when prescribed by the attending Doctor .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Laboratory Procedures:</b> when prescribed by the attending Doctor .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Miscellaneous Tests and Procedures:</b> when prescribed by the attending Doctor; an incurred loss for which no policy benefit is provided .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Shots or Injections:</b> administered in an emergency room or Doctor's office and charged on the emergency room statement or Doctor's statement .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Chemotherapy:</b> when prescribed by the attending Doctor .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Psychotherapy:</b> treatment of mental/nervous disorders, alcoholism and drug abuse; covered as any Sickness .....	100% of PPO Allowance / \$500 Maximum .....	60% of Usual & Customary / \$500 Maximum

**Prescription Drugs:** please see the OptumRX Pharmacy Network paragraph herein for details.

Additional Benefits on the next page

ATTACHMENT A CONTINUED

**SCHEDULE OF BENEFITS**  
(Continued)

**OTHER BENEFITS**

<b>Ambulance Service:</b> for transportation to or from a hospital .....	100% of Usual & Customary ....	100% of Usual & Customary
<b>Braces and Appliances:</b> when prescribed by the attending Doctor exclusively for the purpose of healing the specific part of the body for which the brace or appliance is prescribed (replacement braces and appliances are not covered) .....	100% of PPO Allowance .....	60% of Usual & Customary
Dental braces, except when necessitated by accidental bodily Injury, are not covered.		
<b>Durable Medical Equipment:</b> rental charge for a standard basic hospital bed and/or a standard basic wheelchair; or purchase of, whichever is less .....	100% of PPO Allowance / .....	60% of Usual & Customary /
<b>Consultant Doctor Services:</b> when requested and approved by the attending Doctor .	100% of PPO Allowance .....	60% of Usual & Customary
<b>Dental Treatment:</b> for treatment of Injury to sound, natural teeth .....	100% of PPO Allowance / .....	60% of Usual & Customary /
	\$100 Per Tooth / .....	\$100 Per Tooth /
	\$500 Maximum .....	\$500 Maximum
<b>Dental Treatment:</b> for treatment if caused by Sickness .....	100% of PPO Allowance / .....	60% of Usual & Customary /
	\$1,000 Maximum .....	\$1,000 Maximum
<b>Therapeutic Abortion:</b> covered as any Sickness; <b>per policy year benefit</b> .....	100% of PPO Allowance / .....	60% of Usual & Customary /
	\$500 Maximum .....	\$500 Maximum
<b>Pregnancy:</b> covered as any Sickness when conception occurs while insured under this Plan .....	100% of PPO Allowance .....	60% of Usual & Customary
<b>Preventive Care:</b> including, but not limited to, annual physicals, gynecological exams, routine screenings and immunizations; covered as any condition for in-network charges only.	PPO Allowance / .....	No Benefit
	\$1,000 Maximum Per Policy Year	

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

The Company will pay the Benefit Amount shown below, if Injury to the Covered Person results, within 180 days from the date of Accident, in any one of the losses shown below.

<u>Loss</u>	<u>Benefit</u>
Life .....	\$10,000
Two or more Members .....	\$10,000
Loss of One Hand or Foot .....	\$ 5,000
Loss of Sight in One Eye .....	\$ 5,000
Thumb and Index Finger of Same Hand .....	\$ 5,000

**Definitions:**

**Member** means hand or foot, sight, speech, and hearing.

**Loss of One Hand or Foot** means complete Severance through or above the wrist or ankle joint.

**Loss of Sight** means the total, permanent Loss of Sight of one eye.

**Severance** means the complete separation and dismemberment of the part from the body.

**GENERAL LIMITATION**

**Limitation on Multiple Covered Losses:** If a Covered Person suffers more than one Covered Loss as a result of the same Accident, the Company will pay only one benefit, the largest benefit.

**Limitation on Multiple Covered Policies:** If a Covered Person can recover benefits under more than more than one accident policy written by the Company, we will pay under only one policy, the policy which offers the Covered Person the largest benefit.

## ATTACHMENT A CONTINUED

### EXCLUSIONS

**Unless specifically provided in the Schedule of Benefits**, the Company will not pay benefits for any loss that is caused by, or results from:

1. suicide or attempted suicide.
2. intentionally self-inflicted Injury.
3. war or any act of war, whether declared or not.
4. piloting or serving as a crewmember.
5. commission of, or attempt to commit: a felony; or being engaged in an illegal occupation.
6. active participation in a riot, or insurrection.
7. flight in; boarding; or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:  
a) a fare-paying passenger on a regularly scheduled commercial or charter airline; b) a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight; c) a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
8. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
9. an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education Program.
10. an Accident that occurs while on active duty service in the: military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
11. Injury or Sickness where the Covered Person's Trip to the host country is undertaken for treatment or advice for such Injury or Sickness, except as provided in the Policy.
12. participation in any sports activity listed below not specifically authorized, sponsored and supervised by the Policyholder: cave diving; motorcycling; rock climbing; ice climbing; mountain climbing; base jumping; heli-skiing; motorcycle racing; climbing above 20,000 feet; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; caving or spelunking; extreme skiing; scuba diving; professional or semi-professional sports; extreme sports; racing including stunt show or speed test of any motorized or non-motorized vehicle; or similar hazardous activities.
13. pre-existing Conditions for a period of 12 months from the Covered Person's effective date of coverage, as defined herein.
14. treatment by any Immediate Family Member or member of the Covered Person's household.
15. pregnancy; childbirth; miscarriage; abortion; or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.
16. treatment of hernia; congenital weakness; detached retina unless caused by an Injury.
17. mental and nervous disorders.
18. expense incurred for treatment of: temporomandibular; or craniomandibular joint dysfunction; and associated myofascial pain.
19. Injury or death to which a contributing cause is: the Covered Person's violation or attempt to violate any duly-enacted law; or the commission or attempt to commit a felony; or that occurs while the Covered Person is engaged in an illegal occupation.
20. Injury or death caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.
21. blood, blood plasma, or blood storage, except expenses by a Hospital for processing or administration of blood.
22. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
23. any: elective treatment; surgery; health treatment; or examination; including any: service; treatment; or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
24. treatment or service provided by a private duty nurse.
25. replacement of artificial limbs; eyes; and larynx.
26. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.
27. eyeglasses, contact lenses, hearing aids, wheelchairs, examinations or prescriptions for them, or repair or replacement of artificial limbs, orthopedic braces, or orthotic devices.

## ATTACHMENT A CONTINUED

### EXCLUSIONS (Continued)

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28. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
  29. conditions that are not caused by a Covered Accident or Sickness.
  30. participation in any activity or hazard not specifically covered by the Policy.
  31. any: treatment; service; or supply not specifically covered by the Policy.
  32. any: treatment; services; or supplies received by the Covered Person that are incurred or received while he or she is in his or her Home Country.
  33. personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.
  34. routine nursery care.
  35. routine physicals.
  36. elective surgery.
  37. birth defects and congenital anomalies; or complications which arise from such conditions.
  38. routine dental care and treatment.
  39. rest cures or custodial care.
  40. organ or tissue transplants and related services.
  41. Injury or Sickness that occurs from the Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.
  42. Injury sustained while participating in amateur; club; interscholastic, intercollegiate; professional; or semi-professional sports.
  43. confinement or institutional care.
  44. any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Covered Person is eligible for reimbursement.
  45. services; supplies; or treatment including any period of Hospital confinement which were not: recommended; approved; and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
  46. treatment relating to birth defects and congenital conditions; or complications arising from those conditions.
  47. sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
  48. expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.
  49. expenses incurred for birth control including surgical procedures and devices.
  50. nasal or sinus surgery, except surgery made necessary as the result of a covered Injury.
  51. expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
  52. treatment of acne.
  53. expenses incurred for Trips taken for the purpose of seeking medical care.
  54. expenses incurred while traveling against the advice of a medical professional.

ATTACHMENT A CONTINUED

**CLAIM PROCEDURE**

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In the event of Injury or Sickness, the Student/Scholar should:

1. Report at once to the Student Health Service, or when not in school, to the nearest doctor or hospital.
2. Secure a claim form from **website [www.amaofsa.com](http://www.amaofsa.com)** or from the address below. Fill in the necessary information and attach all itemized bills showing claimant's name, nature of Injury/Sickness, and description and charge for each service provided. **This form is required for the processing of a claim. Mail or fax to the Plan Administrator:**

**AMA & ASSOCIATES**  
P. O. Box 65139  
San Antonio, TX 78265  
Telephone: 800-456-7480  
Fax: 210-822-4113  
E-mail: [customerservice@amaofsa.com](mailto:customerservice@amaofsa.com)  
Website: [www.amaofsa.com](http://www.amaofsa.com)

**THE COMPANY MUST BE NOTIFIED WITHIN  
90 DAYS FROM DATE OF INJURY OR  
FIRST TREATMENT FOR SICKNESS**

Failure of a claimant to cooperate in the administration of a claim may result in the delay or termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

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**UNDERWRITTEN BY:**

**CATLIN INSURANCE COMPANY INCORPORATED**  
1999 Bryan Street, Suite 900  
Dallas, TX 75201

Policy Number: BAH 4002249 0818

**IMPORTANT INFORMATION:** Please retain this brochure as it outlines the provisions of the Policy. Benefit payment is subject to the definitions, limitations, exclusions and other provisions within the Policy. For more information and details of terms, conditions limitations and exclusions of coverage, please refer to the Policy on file at the University. Coverage, definitions, exclusions and other provisions may vary and may not be available in all states. In the event of a claims dispute, the Policy will prevail.

## ON CALL INTERNATIONAL

### GLOBAL ASSISTANCE PROGRAM

AMA & Associates is happy to provide worldwide travel, medical, and security assistance services through an arrangement with On Call International, a leader in the travel assistance industry. With a single phone call to the On Call Global Response Center, an Insured Person can receive help with a number of travel or medical issues.

<u>Key Benefits</u>	<u>Limits per Insured Person, per Insured Event</u>
Emergency Medical Evacuation and/or Repatriation .....	\$250,000
Political and Natural Disasters Evacuation** .....	\$100,000
Repatriation of Remains or Burial .....	\$50,000
Emergency Reunion .....	\$12,500 when hospitalized for more than 3 days
Bereavement Reunion .....	\$5,000
Return Home due to Felonious Assault .....	\$5,000
Emergency Reunion due to Felonious Assault .....	\$5,000
Return Home due to Family Member Death or Illness .....	\$5,000
Emergency Assistance .....	Included

\*\* Applicable for international travel outside the United States only.

**Global Assistance Services must be paid and arranged by On Call; no claims for reimbursement of transportation will be considered.**

The Insured Person also has access to the following assistance services. There are no monetary benefits associated with these services.

#### Medical Assistance

Pre-Trip Planning; Medical, Dental and Pharmacy Referrals; Medical Monitoring; 24 Hour Nurse Help Line; Dispatch of Medicine; Coordination of Benefits.

#### Travel & Security Assistance

Pre-Trip Information & Active Travel Advice; Translator and Interpreter Assistance; Emergency Travel Funds Assistance; Legal Consultation and Referral; Lost/Stolen Document Replacement; Emergency Message Forwarding.

**Call collect from anywhere in the world: +1 603-952-2047**

**Call toll free from United States or Canada: 1-855-226-8490**

**Email: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)**

This is a brief summary of On Call International's Global Assistance Program for Insured Participants. Please see On Call International's Plan Description for full Terms and Conditions of the services and benefits offered in this plan.