

PRE-EXISTING CONDITION LIMITATION

The Insurer does not pay benefits for loss due to a Pre-Existing Condition while the Covered Person is continuously insured during the first 6 months of coverage. Pre-Existing Conditions will be covered after the Covered Person's coverage has been in force for 6 months however, a Pre-Existing Injury or Sickness covered after the Pre-Existing waiting period will be subject to the same limitations and exclusions as an Injury or Sickness incurred during Coverage under this Policy. The origin, cause, or nature of the Pre-Existing Injury or Sickness will be used to determine the applicable Coverage, limitations, and exclusions. However, the Insurer will allow a credit for the time a Covered Person was covered by Creditable Coverage that was in effect not more than 63 days before the Covered Person's effective date under the Policy.

WHAT IS NOT COVERED?

Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment. This exclusion does not apply to a congenital condition or anomaly of an Eligible Participant's child insured under the Policy that resulted from a functional defect.
2. Participating in a felony.
3. 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.)
4. Expenses incurred within the Covered Person's Home Country.
5. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction that is dental in nature or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless they result directly from an Injury which necessitated medical treatment. This exclusion does not apply to treatment due to a congenital condition or anomaly.
6. Intentional Self-inflicted Injuries; suicide, or any attempt thereat.
7. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; or riot.
8. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
9. 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.
10. Expenses incurred as a result of pregnancy that is not covered.
11. 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.
12. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician.

Tompkins Cortland Community College

August 1, 2009 – July 31, 2010

Blanket Student Accident and Sickness Insurance



Administered by:

HTH Worldwide

One Radnor Corporate Center, Suite 100
Radnor, PA 19087
1.888.350.2002

hthstudents.com

Servicing Broker:

Haylor, Freyer and Coon, Inc.
231 Salina Meadows Pkwy., P.O. Box 4743
Syracuse, NY 13221-4743
Phone: (800) 289-1501 or (315) 451-1500
Fax: (315) 453-1722
Email: student@haylor.com
Website: www.haylor.com/student

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. HM-1074-09. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Tompkins Cortland Community College underwritten by HM Life Insurance Company of New York, New York, NY, NAIC #0812-60213 under policy form HM207-SI. Complete information on the insurance is contained in the Certificate of Insurance on file with the school. If there is a difference between this program description and the certificate wording, the certificate controls.

WHO IS ELIGIBLE FOR COVERAGE?

All regular, full-time Eligible Participants and their Eligible Dependents of the educational organization or institution who:

1. Are engaged in international educational activities; and
2. Are temporarily located outside his/her Home Country as a non-resident alien; and
3. Have not obtained permanent residency status.

WHEN DOES COVERAGE START?

Coverage for an Eligible Participant and/or Eligible Dependents starts at 12:00:01 a.m. on the latest of the following:

1. The effective date of the Policy; or
2. The Participating Organization's or Institution's Effective Date;
3. The effective date shown on the Insurance Identification Card, if any;
4. The date the premium and completed enrollment form, if any, are received by the Insurer or the Administrator.

Thereafter, the insurance is effective 24 hours a day worldwide, except whenever the Covered Person is in his/her Home Country unless Home Country coverage is purchased as described in Table 3. 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 Eligible 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 Eligible Dependent ceases to meet the Individual Eligibility Requirements;
4. The end of the term of coverage specified in the Eligible Participant's enrollment form, if any, including any requested extension;
5. The date the Eligible Participant or Eligible Dependent leaves the Country of Assignment for his/her or her Home Country;
6. The date the Eligible Participant 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 provided by MEDEX Assistance Corporation. In the event of an emergency, they should go immediately to the nearest physician or hospital without delay and then contact the MEDEX Coordination center, identifying themselves using Group ID Code 30591. MEDEX will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact the MEDEX coordination center, call 800.527.0218 or collect to 1.410.456.6330

EXCESS COVERAGE

The Insurer will reduce the amount payable under the Policy to the extent expenses are covered under any Other Plan. The Insurer will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or other similar provisions. The amount from Other Plans includes any amount to which the Covered Person is entitled, whether or not a claim is made for the benefits. The Policy is secondary coverage to all other policies.

hthstudents.com

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

CLAIMS SUBMISSION

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

WHAT IS COVERED BY THE PLAN?

Schedule of Benefits – Table 1

Medical Expenses	Limits – Covered Person
Lifetime Maximum Benefit	\$100,000 for Participant and \$55,000 for Spouse and Dependent
Policy Year Maximum Benefits	\$100,000 for Participant and \$55,000 for Spouse and Dependent
Maximum Benefit per Injury or Sicknesses	\$100,000 for Participant and \$55,000 for Spouse and Dependent
Basic Medical Expense Benefit per Injury or Sickness	Up to \$1,000 Maximum: 100% of Reasonable Expenses after Deductible.
Supplemental Major Medical Expense Benefit (SMM) per Injury or Sickness	After Basic Medical Expense Benefit Maximum has been paid, 80% of Reasonable Expenses up to an additional \$5,000 Maximum
Catastrophic Medical Expense Benefit (CMM) per Injury or Sickness	After both Basic Medical Expense Benefit Maximum and the Supplemental Medical Benefit Maximums have been paid, 100% of Reasonable Expenses up to an additional \$94,000 Maximum for the Participant and up to an additional \$49,000 for Spouse/Dependent
Deductible*	\$100 per Injury or Sickness
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000 for Participant; up to \$5,000 for Spouse; up to \$1,000 for Child

* For Participants Only: The deductible for an Injury or Sickness is waived if initial treatment is received at the Recognized Student Health Center or if referred by the Recognized Student Health Center.

Schedule of Benefits – Table 2 – Medical Expenses

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

Schedule of Benefits – Medical Expense Benefits

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

MEDICAL EXPENSE	Limits – Covered Person
Maternity Care for a Covered Pregnancy	Reasonable Expenses
Inpatient treatment of mental and nervous disorders	Reasonable Expenses for a maximum period of 60 days per Policy Year.
Outpatient treatment of mental and nervous disorders	Reasonable Expenses up to \$2,000 Maximum per Policy Year for a maximum of 30 Visits per Policy Year.
Outpatient Crisis Intervention Services related to treatment of mental and nervous disorders	Reasonable Expenses for up to 3 psychiatric emergency visits per Policy Year. Each visit will reduce the number of visits available under Outpatient Treatment of mental and nervous disorders.
Elective termination of pregnancy	Reasonable Expenses up to \$500 Maximum per Policy Year
Routine nursery care of a newborn child of a covered pregnancy	Reasonable Expenses up to \$1,000 Maximum per Policy Year
Medical treatment arising from participation in intercollegiate or interscholastic sports.	Reasonable Expenses up to \$500 Maximum per Policy Year
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses
Outpatient prescription drugs	100% of actual charge