



**LPI Learning**<sup>TM</sup>  
Innovation in Global Education

# INTERNATIONAL STUDENT HEALTH INSURANCE PLAN

## 2017-2018

# ELIGIBILITY FOR COVERAGE

## INSURANCE FOR STUDENTS

All International students with a current passport and a non-immigrant visa temporarily residing outside their home country while actively engaged in education sponsored by LPI Learning are required to be insured under this Plan.\*

\*Exemptions from participation may be granted at the discretion of the administrator for students who are already covered under certain government or embassy sponsored plans. To apply for an exemption, the student should contract LPI Learning.

## PREMIUMS

Premiums for the year are paid prior to the beginning of Fall Semester. For students starting after Fall Semester premiums are due on or before the first day of class for the appropriate Semester. Premiums are deemed received when paid to LPI Learning or when received in the office of the administrator. Unless extended, the ending date of this Policy will be July 28, 2018. The above premiums are for the 2017-2018 school year and are subject to review and adjustment prior to the school year beginning July 28, 2018.

## WHEN INSURANCE BEGINS

**For students currently insured under the LPI Learning International Student Health Insurance Plan:**

Coverage will be continuous upon payment of your premium **prior** to the last day of registration for the semester in which you enroll.

**For students attending school in the United States for the first time, and with non-immigrant status (example F-1, J-1, etc.) specifically to attend LPI Learning:**

Coverage will begin upon your arrival in the United States. Under no circumstance, however, will coverage be provided for a period of longer than 30 days prior to the last day of registration for the semester of initial enrollment, and any coverage extended is contingent upon subsequent payment of your premium prior to the last day of regular registration for that semester.

**For all other students:**

Coverage will begin on the first day of the month that classes begin for the semester of enrollment or the date the premium is received by the administrator, **whichever is later**.

## WHEN INSURANCE COVERAGE ENDS

**Coverage for all Insured Students will terminate on the earliest of the following:**

- 11:59 p.m. Standard Time on the last day for which your premium has been paid, subject to the Grace Period;
- 11:59 p.m. Standard Time on the date you cease to be eligible for this insurance.
- 11:59 p.m. Standard Time on the date you depart your Country of Assignment for your Home Country; or
- 11:59 p.m. Standard Time on the date the policy expires.

## EXTENSION OF BENEFITS

If the Covered Person is hospitalized on the date that insurance ends, benefits are payable until the earlier of the following:

- 1) 26 weeks from the date of the termination of such Covered person's coverage; or
- 2) 52 weeks from the date of a covered accident or the onset of a covered illness; or
- 3) the maximum benefit payable has been paid; or
- 4) the date the Covered Person is no longer hospitalized.

# DESCRIPTION OF COVERAGE

## ACCIDENT AND SICKNESS MEDICAL EXPENSES

For Insured Students: Subject to a \$20 co-pay per visit, this Plan will pay for each Injury or Sickness a percentage of the first \$5,000 of Covered Medical Expenses. The percentage payable is as follows: First Health Network providers 100%. Non-First Health Network providers 80%. Prescription drugs 80%. Thereafter, this Plan will pay 100% of Covered Medical Expenses up to a Maximum Benefit amount of \$250,000 for each Injury or Sickness.

Use of hospital emergency room for Sickness will result in an additional deductible of \$50.00. In addition the Covered Medical Expenses will be reduced by 20%. This limitation will not apply if it is a Medical Emergency or if the Insured Student is referred by the school nurse at their school of enrollment.

## COVERED EXPENSES

Covered Medical Expenses with respect to this Plan include but are not limited to the following Usual, Reasonable and Customary charges.

1. Fees for diagnosis or treatment by a doctor, surgeon, anesthetist, radiologist, physiotherapist, or other licensed medical professional acting within the scope of his or her license;
2. Hospital Room and Board charges; payment will be limited to the Hospital's semi-private room rate accommodations unless confined in an Intensive Care Unit;
3. Laboratory, diagnostic and X-ray examinations;
4. In-Patient and Out-Patient prescription drugs and medicines;
5. Expenses incurred for treatment of mental or Nervous Disorders. Benefits are payable: a) for In-Patient expenses, benefits are payable for up to 30 days of confinement to a lifetime maximum of \$25,000; b) for Out-Patient expenses, benefits will be payable up to \$2,000 per year;
6. Professional ambulance service; and
7. Expenses for repair of sound, natural teeth caused by an Injury up to a maximum of \$2,000 for any one accident.

## REPATRIATION BENEFIT

In the event of the death of an Insured Person while covered under this Plan, the company will pay the necessary expenses incurred for the preparation and transportation of the remains to their Home Country or Country of regular domicile to a maximum of \$25,000. In addition, the company will pay the reasonable expenses for the round-trip air fare and lodging expenses for a family member or person designated by the family member to accompany the Insured Person's remains to the Home Country. All expenses must be approved by the insurance company before the body is prepared for transportation.

## MEDICAL EVACUATION BENEFIT

When as result of an Injury or Sickness, the Company will pay benefits for the necessary emergency medical evacuation of the Insured Person to an appropriate medical facility or to the Insured Person's Home Country, up to a maximum of \$50,000. A medical evacuation would be considered only if medically necessary and after being hospitalized for at least five consecutive days. In addition the company will pay the round trip airfare and lodging expenses for a family member or person designated by the family to help oversee the evacuation. Any expenses for medical evacuation require prior approval of both the attending physician and the insurance company.

Successful evacuation of the insured to his or her Home Country terminates all liabilities for future expenses by the insurance company.

## ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

If a Covered Injury results in your loss of life or one or more body members (an arm, hand, leg, foot or an eye) within 365 days after the day of a Covered Accident, this benefit will pay the Principal Sum shown below opposite the loss. This benefit will not pay more than the Principal Sum for all your losses, due to same Covered Accident.

For Loss Of:

Life .....	The Principal Sum
One Hand .....	One-Half The Principal Sum
One Foot .....	One-Half The Principal Sum
The Sight of One Eye .....	One-Half The Principal Sum
Any Combination of More Than One Hand, Foot or Eye	
Due to One Accident .....	The Principal Sum

**Principal Sum**  
\$10,000

This benefit is payable in addition to any benefits received under any other provision of this policy.

## SUBROGATION

If claims are incurred as a result of another person's negligence, the Company has the right to seek reimbursement in accordance with the Plan.

## EXCLUSIONS

The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:

1. medical expenses incurred for the injuries sustained in a motor vehicle accident which are paid or payable by any other insurance, motor vehicle act or law.
2. medical expenses involving a 2 or 3 wheeled motor vehicle above \$25,000.
3. eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
4. voluntary, active participation in a riot or insurrection;
5. dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the plan Participant is covered under the Plan Document, and rendered within 6 months of the Accident;
6. pre-existing conditions; however a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for 12 months under the same insurance plan;
7. elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies except as specifically provided, except for reconstructive surgery on a diseased or injured part of the body. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness;
8. treatment of alcoholism;
9. treatment for an Injury or Sickness resulting from the Plan Participant's use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
10. war or any act of war, whether declared or undeclared;
11. travel or flight in or on any vehicle for aerial navigation except as a fare paying passenger on a regularly scheduled commercial airline;
12. an Accident which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
13. expenses incurred for services and supplies not: i) Medically Necessary for the diagnosis or treatment of an Injury or Sickness; and ii) recommended by the attending Physician;
14. drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
15. practice or play in any club, interscholastic, intercollegiate, professional or semiprofessional sports contest or competition (intermural and recreational sports are covered);
16. treatment paid for or furnished under any other individual or group Plan Document, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
17. services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column;
18. services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Participating Organization; or an Immediate Family member of the Plan Participant;
19. regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
20. injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Organization;
21. suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
22. expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
23. expenses incurred for treatment while in Your Home Country;
24. charges which are in excess of Usual, Reasonable and Customary charges;
25. pregnancy or childbirth or any complication of any of these conditions;
26. charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
27. commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
28. weight reduction programs or surgical treatment of obesity;
29. rest cures or custodial care.

## DEFINITIONS

**You, Your or Yours** means the Insured Student.

**We, Us, Our, Company,** means 100% Advent Underwriting Limited on behalf of Advent Syndicate 780 at Lloyd's.

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

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

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

## DEFINITIONS CONT.

**Emergency** means a Sickness or Injury for which the Plan Participant seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe, including severe pain, that without immediate care a prudent lay person possessing and average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause: 1) The Plan Participant's life or health would be in serious jeopardy or with respect to a pregnant woman, serious jeopardy to the health of the woman or the unborn child; 2) The Plan Participants bodily functions would seriously impaired; or 3) A body organ or part would seriously damaged.

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

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

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

**Usual Reasonable & Customary Charges (URC)** means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area which charge is incurred. The most common charge means the lesser of 1) the actual amount charged by the provider; 2) the negotiated rate; or 3) the charge which would have been made by the provider (Physician, Hospital, etc) for a comparable service or supply made by other providers in the same geographic area as reasonably determined by the Company for the same service or supply "geographic area" means the same as the 3 digit zip code in which the service, treatment, procedure, drugs or supplies are provided, a greater area if necessary to obtain a representative cross section of charge for a like treatment, service, procedure, device, drug or supply. Usual, Reasonable and Customary Charges, Fees or Expenses as used in the Plan Document to describe the expense will be considered to mean the percentile of the payment system in effect at the Plan Document issue as shown on the schedule of benefits.

## HOW TO FILE A CLAIM

To claim benefits you complete a claim form. Claim forms are available at LPI Learning or from T. W. Lord & Associates.

One claim form must be completed for each accident or illness. The claim form should then be returned to the address indicated on the form, along with itemized bills.

Claims for payment should be filed as promptly as possible and no later than 90 days from the date of service.

Helpful Hint: When in the doctor's office, request a super-bill or standard health insurance bill. When in the hospital, request a Form UB-04, or its equivalent. For prescription drugs, the company requires the date, name of drug, person for whom prescribed, and the charge. This is often attached to the bag by the pharmacist, but may come in other forms.

If you prefer to communicate by email, we can be contacted at [claims@twlord.com](mailto:claims@twlord.com) with claims questions or to request claim forms.

## WHO RECEIVES BENEFITS

Benefits will be paid directly to the provider unless the bills received by the claims office are marked "paid". In the case of prescription drugs and paid bills, reimbursement will be made directly to the student.

Offered by:



**International Benefits Division**

25 Dodd Street ■ P.O. Box 1185 ■ Marietta, Georgia 30061  
Phone (770) 427-2461 ■ Toll-Free 1-800-633-2360 ■ Fax (770) 429-0638

Insured by:

Advent Syndicate 780 at Lloyd's