

**COMPREHENSIVE PLAN w/ Intercollegiate Sports**  
 2018-19  
 International Student Injury & Sickness Insurance  
 Plan For the Students of  
**Drury University**

**Drury University** always has the best interest of the students in mind. This is especially true related to making sure that all students have adequate accident and health insurance coverage. As a condition of enrollment, all full-time and part-time international students are required to purchase this coverage. **The policy term will cover enrolled students from August 1, 2018 and will remain in effect throughout the academic terms you are enrolled for. The annual premium is \$1,705.**

**Policy Number: LF005456**

[www.eiiastudent.org/drury](http://www.eiiastudent.org/drury)

**For all claims and eligibility questions call 844-644-8419**

<i>Plan Benefits:</i>	<b>In-Network</b>	<b>Out of Network</b>
<i>First Health Network</i>	In-Network Benefits: 100%	Out-of-Network Benefits: 80%
<i>Maximum Benefit per Accident or Sickness:</i>	\$500,000	\$500,000
<i>Out-of-Pocket Maximum</i>	\$5,000 (per insured person, per policy year)	\$6,350 (per insured person, per policy year)
<i>Deductible:</i>	\$0 Per Policy Year	\$100 Per Policy Year. Waived when treatment rendered at the Student Health Center
<i>Co-Insurance:</i>	100% of Preferred Provider Allowance. Co-payments may apply for individual benefits. See below for co-payments.	80% of Usual, Reasonable and Customary (URC). Co-payments may apply for individual benefits. See below for co-payments.
<i>Student Health Center:</i>	Fee Schedules must be approved by the Insurance Carrier but will not be subject to any deductible or co-pays. Benefits will apply only to international students enrolled in the plan.	
<i>Intercollegiate Sports Benefit:</i>	*100% of URC up to \$7,500 maximum per injury included in Comprehensive ICS Plan Only	
<i>Repatriation and Medical Evacuation Benefit:</i>	Unlimited Repatriation and Medical Evacuation Services are provided through Scholastic Emergency Service	
<i>Wellness Medical Benefit:</i>	100% of Preferred Provider Allowance based on the CDC recommended guidelines	No Benefits
<i>Pre-existing Benefit:</i>	Considered as any other sickness	Considered as any other sickness
<i>In-Patient Benefits:</i>	<b>In-Network</b>	<b>Out of Network</b>
<i>In-Patient Hospital (includes all charges during the time of hospital confinement)</i>	100% of Preferred Provider Allowance	80% of URC
<i>In-patient Mental &amp; Nervous Conditions Benefit:</i>	100% of Preferred Provider Allowance; up to 30 days of inpatient care per policy year	80% of URC; up to 30 days of inpatient care per policy year
<i>In-patient Alcohol &amp; Drug Abuse Benefit:</i>	100% of Preferred Provider Allowance; up to 30 days of inpatient care per policy year	80% of URC; up to 30 days of inpatient care per policy year
<i>Out-Patient Benefits:</i>	<b>In-Network</b>	<b>Out of Network</b>
<i>Outpatient Physician Office Visit Benefit:</i>	\$15 co-pay; 100% of Preferred Provider Allowance	80% of URC

<i>Outpatient Hospital Emergency Room / Urgent Care Facility:</i>	\$50 co-pay; 100% of Preferred Provider Allowance (co-pay waived if admitted to hospital)	\$100 co-pay; 80% of URC
<i>Outpatient Mental &amp; Nervous Conditions / Alcohol &amp; Drug Abuse Expense Benefit:</i>	100% of Preferred Provider Preferred Allowance	80% of URC
<b>Additional Benefits:</b>		
<i>Prescription Drug Expense Benefit:</i>	HealthSmart Scripts RX Network	
<i>Co-payment Generic:</i>	\$15 per prescription based on a 31-day supply per prescription	
<i>Co-payment Brand Name Preferred:</i>	20% per prescription based on a 31-day supply per prescription	
<i>Co-payment Brand Name Non-Preferred:</i>	30% per prescription based on a 31-day supply per prescription	
	<b>In-Network</b>	<b>Out of Network</b>
<i>Ambulance Benefit - Ground:</i>	Actual Charges	80% of URC
<i>Ambulance Benefit – Air:</i>	100% of Preferred Provider Allowance; up to \$10,000 maximum per incident	80% of URC; up to a \$10,000 maximum per incident
<i>Emergency Dental Expense Benefit (Injury Only to Natural Teeth):</i>	100% of Preferred Provider Allowance up to \$2,500 maximum per incident	80% of URC; up to \$2,500 maximum per incident
<i>Accidental Death &amp; Dismemberment:</i>	\$10,000 Maximum	\$10,000 Maximum
<b>Exclusions &amp; Limitations:</b>		

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

- 1) War or any act of war, declared or undeclared;
- 2) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
- 3) Voluntary, active participation in a riot or insurrection;
- 4) Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
- 5) Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges; For any Covered Losses resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
- 6) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
- 7) Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Policy;
- 8) Treatment of acne;
- 9) Charges which are in excess of Usual, Reasonable and Customary charges;
- 10) Charges that are not Medically Necessary;
- 11) Charges provided at no cost to the Plan Participant;
- 12) Expenses incurred for treatment while in Your Home Country;
- 13) Expenses incurred for an Accident or Injury or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
- 14) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health; unless specifically covered by this Policy.

- 15) Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Plan Participant;
- 16) Duplicate services actually provided by both a certified nurse midwife and Physician;
- 17) Any Covered Loss 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 Policyholder;
- 18) Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
- 19) Aggravation or re-injury of a prior Injury that the Plan Participant suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Plan Participant's Physician;
- 20) 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;
- 21) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
- 22) Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofacial pain;
- 23) 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 Policy, and rendered within 6 months of the Accident;
- 24) Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
- 25) Weak, strained or flat feet, corns, calluses, or toenails;
- 26) Private-duty nursing services;
- 27) Expenses payable under any prior policy which was in force for the person making the claim;
- 28) Expenses incurred during a Hospital emergency room visit which is not of an emergency nature;
- 29) Treatment paid for or furnished under any other individual or group policy, 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;
- 30) Travel in or upon:
  - (1) A snowmobile;
  - (2) A water jet ski
  - (3) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
  - (4) Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for competition.
- 31) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; scuba diving, involving underwater breathing apparatus; **solo** diving snorkeling; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow boarding.
- 32) Practice or play in any professional or semiprofessional sports contest or competition;
- 33) Rest cures or custodial care;
- 34) Weight reduction programs or surgical treatment of obesity;
- 35) 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);
- 36) 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.
- 37) Travel or flight in or on any vehicle for aerial navigation except as a fare paying passenger on a regularly scheduled commercial airline.
- 38) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
- 39) Plan Participant being exposed to the Utilisation of nuclear, chemical or biological weapons of mass destruction.

40) Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome in excess of a lifetime maximum of \$7,500).

### Short Form Notice and Consent

To provide our services as an insurer, EIIA will collect and use personal information about you, such as your name, age and contact details so that we can arrange insurance cover for you. During the period of your insurance you may also provide special personal information (e.g. about your health) that may be used by EIIA and by us, so that we can process your insurance and deal with any claim you make.

We may pass your personal information to third parties such as medical emergency providers, reinsurers, loss adjusters, sub-contractors and affiliates, who will use your personal information for processing your insurance and handling claims, as well as for the purposes described in our Privacy Notice. Certain regulators may also require your personal information for their own purposes which are also described in our Privacy Notice.

We may transfer your personal information to other countries which have limited or no data protection laws. Any transfer will be made with appropriate safeguards in place to ensure your personal information is held securely.

Any information you provide may be used by EIIA and by us for crime prevention.

We will not share your personal information with third parties for marketing purposes.

You have the right to see the personal information we hold about you, and you must make this request in writing and give your full name and address. You should send your request to [firstname.lastname@adventgroup.co.uk](mailto:firstname.lastname@adventgroup.co.uk)

**Your consent to our processing of your personal information in the way described in this Notice is necessary for us to be able to provide you with insurance cover, and the services required to fulfil our obligations to you, and you hereby consent to such processing. You may withdraw your consent at any time, but if you do, we may be unable to provide services to you, or process any claim, and your insurance cover will come to an end.**

**Where you are providing personal information about anyone other than yourself, you must provide them with this Notice and obtain their explicit consent as set out above.**

More information about how we use your personal information is set out in our Privacy Notice which can be found at [www.adventgroup.co.uk/privacy](http://www.adventgroup.co.uk/privacy). You can also request a copy of our Privacy Notice by contacting [firstname.lastname@adventgroup.co.uk](mailto:firstname.lastname@adventgroup.co.uk).