

*International*

# Student Health Insurance Plan

*studentinsurance.wellsfargo.com*



# Herguan University

2009-2010

*Brokered By:  
Wells Fargo of California Insurance Services, Inc.  
Student Insurance Division*

*Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa.,  
with its principal place of business in New York, NY ("the Company")  
Administrator Policy #: AMH0085130  
Underwriter Reference: CAS9710794*

## WHY DO I NEED INSURANCE?

Having health insurance is important because, while medical care is excellent, the costs may be very high. Health insurance coverage minimizes the risk that could force you to interrupt your education because of a financially devastating Injury or Sickness. It may allow you to focus on your studies instead of worrying about what would happen if faced with overwhelming medical bills.

For these reasons, Herguan University has selected a Student Health Insurance plan underwritten by National Union Fire Insurance Company of Pittsburgh, Pa.

## WHO IS ELIGIBLE TO ENROLL?

International Students and Scholars possessing and maintaining a valid visa status engaged in educational activities outside their home country or country of regular domicile as non-resident aliens are eligible and automatically enrolled in the insurance Policy. Permanent Residents, or those who have applied for Permanent Residency status, are not eligible. The premium for coverage is added to the tuition billing and the insurance can only be waived if proof of valid comparable insurance is furnished.

An International Student or Scholar who has graduated from Herguan University will be eligible for coverage for authorized Occupational Practice Training (OPT) for up to a maximum of 12 months under the Policy if he/she has been continuously insured under Creditable Coverage for at least 12 consecutive months immediately preceding the authorized OPT. Coverage for OPT is subject to all terms of the Policy. Coverage is voluntary for OPT participants meeting the eligibility requirements. Voluntary enrollment for OPT must take place within 31 days of the termination date of the previous term of coverage.

Eligible students who waived coverage may later elect to purchase coverage within 31 days of the following qualifying events only: (1) adding a new spouse or dependent child within 31 days of marriage, birth or adoption; or (2) within 31 days of ineligibility under another creditable plan. These students must provide Wells Fargo Insurance Services (WFIS) with proof of the qualifying event. The effective date would be the later of the day after the date the enrollment form and premium are received by WFIS or the day after prior coverage ends.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been and continue to be met. Eligibility requirements must be met each time premium is paid to continue coverage. If the Company discovers that Eligibility requirements have not or are not being met, its only obligation is to refund premium less any claims paid.

**DEPENDENT COVERAGE** - Covered Students may also purchase Dependent coverage at the time of student's enrollment in the Policy; or within 31 days of one of the following qualified events: marriage, birth, adoption or arrival in the U.S. Eligible dependents are the Covered Student's spouse who resides with the Covered Student and unmarried children under 19 years of age who are not self-supporting. A "newborn" will automatically be covered for Injury or Sickness from birth until 31 days old, providing that the student is covered under the Policy. Coverage may be continued for that child when the Company is notified in writing within 31 days from the date of birth and by payment of any additional premium. ***Dependents must be enrolled for the same term of coverage for which the Covered Student enrolls. Dependent coverage expires concurrently with that of the Covered Student, and Dependents must be re-enrolled when coverage terminates to maintain coverage.***

In the case of a medical withdrawal due to a covered Injury or Sickness, coverage will remain in effect for the Covered Person for the remaining period for which premium was paid.

## WHEN COVERAGE BEGINS

The Policy becomes effective at 12:01 a.m. PST on September 6, 2009 and terminates at 11:59 p.m. PST on September 5, 2010. A Student's coverage becomes effective on the latest of:

- ♦ The Policy effective date (September 6, 2009);
- ♦ The beginning date of the term for which premium has been paid;
- ♦ The day after the enrollment form (if applicable) and premium payment are received by the Company (or its authorized agent);
- ♦ The day after the date on which the enrollment form and premium are postmarked if mailed.
- ♦ The date the Covered Person departs his or her home country to travel to the United States, provided that the scheduled arrival in the United States is no more than 48 hours later than the departure from the home country.

***IMPORTANT NOTICE - Eligibility requirements must be met each time a premium is paid. Premiums will not be pro-rated if the Covered Person enrolls past the first date of coverage for which he or she is applying.***

## WHEN COVERAGE ENDS

### Termination Date of Coverage

Coverage will terminate on the earliest of:

- ♦ The date the Policy terminates for all Covered Persons (September 6, 2010);
- ♦ The last date for which premium has been paid;
- ♦ The date the Covered Person ceases to be eligible for the insurance; or
- ♦ The date the Covered Person enters military service, in which case a pro-rata refund of premium will be given upon request.

***COVERAGE IS NOT AUTOMATICALLY RENEWED. Covered Persons must re-enroll when coverage terminates to maintain coverage. NO notification of plan expiration or renewal will be sent.***

## CONTINUOUS INSURANCE

Persons who have remained continuously insured under the Policy and prior student health insurance policies endorsed and issued to the University (the Policyholder) will be covered for an Injury sustained, or a Sickness originating, while continuously insured, provided continuous insurance is maintained.

## REFUNDS

**REFUNDS** - A refund of premium will be granted for the reasons below only. No other refunds will be granted.

1. If the Covered Person withdraws from school within the first 31 days of the coverage period, he/she will receive a full refund of the insurance premium provided that he/she did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If the Covered Person withdraws after 31 days of the coverage period, his/hers coverage will remain in effect until the end of the term for which he/she has paid the premium.
2. If the Covered Person enters the armed forces of any country he/she will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, upon written request received by WFIS within 31 days of entry into service.

Refund requests should be directed to Wells Fargo Student Insurance at 800-853-5899. Approved refunds will be assessed a \$25 processing fee.

## EXTENSION OF BENEFITS AFTER TERMINATION

If a Covered Person is confined to a Hospital on the date his or her coverage terminates, charges incurred during the continuation of that Hospital Confinement shall also be included in the term Eligible Expense. Benefits will be payable for the Eligible Expenses incurred after the date coverage terminates until the earliest of the following: (1) the date the Hospital confinement ends; (2) the end of the 31 day period following the date coverage terminated; or (3) the date the applicable Maximum Amount is reached.

The Extension of Benefits will apply only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

### PLAN COSTS\*

	ANNUAL 9/6/09 - 9/6/10	FALL 1 9/6/09 - 1/9/10	SPRING 1/9/10 - 5/8/10	SUMMER 5/8/10 - 9/6/10
Students	\$ 996	\$ 337	\$ 337	\$ 337
Spouse	\$2,350	\$ 795	\$ 795	\$ 795
Each Child	\$1,314	\$ 438	\$ 438	\$ 438
<i>Dependent coverage is in addition to student coverage.</i>				
*Rates include administrative fees.				



## DEFINITIONS

**"Accident"** means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

**"Co-payment"** means the initial dollar amount payable by the Covered Person for an Eligible Expense at the time service is rendered.

**"Covered Person"** means a Covered Student while coverage under the Policy is in effect and those Dependents with respect to whom a Covered Student is insured.

**"Deductible/Deductible Amount"** means the dollar amount of Eligible Expenses a Covered Person must pay during before benefits become payable.

**"Dependent"** means: (a) the Covered Student's Spouse residing with the Covered Student; and (b) the Covered Student's unmarried child under age 19.

**"Doctor" means:** (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term "Doctor" does not include a Covered Person's Immediate Family Member.

**"Elective Treatment"** means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person's effective date of coverage.

Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction unless as a result of mastectomy; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; botox injections; treatment of infertility and routine physical examinations.

**"Eligible Expense" means** a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while this Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

**"Emergency Medical Condition"** means a Sickness or Injury for which immediate medical treatment is sought 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 medical care could reasonably be expected to result in any of the following:

- (a) the Covered Person's life could be in serious jeopardy;
- (b) bodily functions would be seriously impaired; or
- (c) a body organ or part would be seriously damaged; or
- (d) serious disfigurement; or
- (e) serious jeopardy to the health of the fetus.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

**"Injury"** means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person's effective date of coverage; and (c) occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

**"Medical Necessity/Medically Necessary"** means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Covered Person or provider; or
- (b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; [or
- (d) it is Experimental/Investigational or for research purposes; or
- (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or
- (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
- (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or
- (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

**"Pre-Existing Condition"** means a Sickness or Injury for which medical care, treatment, diagnosis or advice, including use of prescription drugs, was received or recommended within the 6 months prior to the Covered Person's effective date of coverage under the Policy.

**"Reasonable and Customary"** means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

**"Severe Mental Illness"** means any of the following: schizophrenia; schizo-affective disorder; bipolar disorder (manic-depressive illness); major depressive disorder; panic disorder; obsessive-compulsive disorder; pervasive developmental disorder or autism; anorexia nervosa; bulimia nervosa.

**"Sickness"** means disease or illness of the Covered Person which causes loss while the Covered Person is insured under the Policy. All Sicknesses due to the same or a related cause are considered One Sickness. Sickness also includes pregnancy and Complications of Pregnancy.

## **PREFERRED PROVIDER ORGANIZATION**

In an effort to control insurance medical costs and enhance payment, this Plan has implemented a Preferred Provider Organization (PPO) of hospitals, facilities and Doctors who have contracted to provide specific medical care at a discounted, negotiated rate to Covered Persons eligible for benefits. No referrals are required, and the preferred provider will submit claims for payment on your behalf. Before obtaining services, you should always verify the current network status of a provider as a provider's status may change. You can verify the provider's status by calling the PPO's toll-free telephone number or directly contacting the provider's office.

Preferred Provider Organization: First Health Network

Toll-Free Telephone Number: 800-226-5116

Network Website: [www.firsthealth.com](http://www.firsthealth.com)

If a Covered Person seeks treatment from a non-participating provider, benefits will be reduced to the non-network level of benefits shown in the Schedule of Medical Benefits. Please be aware that if a Covered Person is treated at a PPO hospital, it does not guarantee that all providers at the hospital are participating providers. In addition, if a Covered Person is referred by a participating provider to another facility or provider, it does not mean that the provider or facility to which the Covered Person is referred is also a participating provider. It is the Covered Person's responsibility to verify that the provider is currently part of the PPO.

## **CERTIFICATE OF CREDITABLE COVERAGE**

Coverage under this health plan is "creditable coverage" under Federal Law. When a Covered Person's coverage terminates, he or she can request a Certificate of Creditable Coverage that is evidence of coverage under this plan. A Covered Person may need such a certificate if he or she becomes covered under a group health plan or other health plan within 63 days after his or her coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions a person has before he or she enrolled, this Certificate may be used to reduce or eliminate those exclusions and limitations. A Certificate of Creditable Coverage may be requested in writing from Wells Fargo of California Insurance Services, Inc.

## **EXCESS PROVISION**

No benefit under this plan is payable for any portion of an expense incurred for Injury or Sickness which is paid or payable by: (1) other valid and collectable medical, health or accident insurance; or (2) under an automobile insurance policy. Eligible Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the Covered Person for failing to comply with provisions or requirements.

## **NON-DUPLICATION OF BENEFITS**

If the benefits under the Policy are payable under more than one provision then benefits will be provided only under the provision providing the greater benefit.

## **NON-RENEWABLE ONE YEAR TERM INSURANCE**

The Policy is a nonrenewable one year term insurance. Similar coverage may be purchased for the following academic year. It is the Covered Person's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new policy year.



## SCHEDULE OF MEDICAL BENEFITS

### LIFETIME MAXIMUM

Students: \$100,000 per Injury or Sickness

Dependents: \$50,000 per Injury or Sickness

### DEDUCTIBLE PER POLICY YEAR

Students: \$100 per Injury or Sickness / not to exceed \$500 per Covered Person

Dependents: \$200 per Injury or Sickness / not to exceed \$500 per Covered Person

After the deductible has been satisfied, payment will be made for Eligible Expenses during the term insured as follows:

First \$2,500 of Eligible Expenses - 80% of Reasonable and Customary Charges

Next \$7,500 of Eligible Expenses - 90% of Reasonable and Customary Charges

Additional Eligible Expenses until the Lifetime Maximum has been paid, within the allocated limits shown below: 100% of Reasonable and Customary Charges.

The Policy is rated on a single academic year basis. A covered person must re-enroll each academic year. Any deductible and/or co-insurance will not be carried.

INPATIENT BENEFITS	Reasonable and Customary Charges
Room and Board Expense, including general nursing care	The lesser of the average daily semi-private room rate or Reasonable and Customary Charges
Intensive Care Unit, including general nursing care	Reasonable and Customary Charges
Hospital Miscellaneous Expenses, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia supplies; drugs (excluding take-home drugs) or medicines; therapeutic devices; pre-admission testing; and supplies	Reasonable and Customary Charges
Physical Therapy & Related Services, when prescribed by the attending Doctor	Reasonable and Customary Charges
Surgical Expense, Doctor's fees for a surgical procedure	Reasonable and Customary Charges
Assistant Surgeon, when services of an assistant surgeon are required	Reasonable and Customary Charges
Anesthesia Professional Services, in conjunction with surgery	Reasonable and Customary Charges
Doctor's Visits, not to exceed one visit per day and not available if a surgery benefit is payable	Reasonable and Customary Charges
Severe Mental Illness	Same as any other Sickness
Mental and Nervous and Alcohol and Drug Abuse	50% of Reasonable and Customary Charges/not to exceed 30 days of confinement
OUTPATIENT BENEFITS	Reasonable and Customary Charges
Surgical Expense, Doctor's fees for a surgical procedure.	Reasonable and Customary Charges
Day Surgery Miscellaneous, facility charges related to scheduled surgery including the cost of the operating room and recovery rooms, laboratory tests and x-ray examinations including professional fees; anesthesia supplies; drugs (excluding take-home drugs) or medicines; and supplies.	Reasonable and Customary Charges
Anesthesia Professional Services, in conjunction with surgery	Reasonable and Customary Charges
Doctor's Visits, not to exceed one visit per day and not available if a surgery benefit is payable.	Reasonable and Customary Charges
Physical Therapy and Related Services, when prescribed by the attending surgeon after a surgical procedure has been performed on an inpatient or day surgery basis limited to one visit per day	Reasonable and Customary Charges
Emergency Room, in a Hospital (for Emergency Medical Conditions only)	\$5,000 Maximum per Accident or Sickness / limited to one visit per day
Diagnostic X-Ray / Imaging Services, when prescribed by the attending Doctor	Reasonable and Customary Charges
Radiation Therapy / Chemotherapy, when prescribed by the attending Doctor	Reasonable and Customary Charges
Laboratory Procedures, when prescribed by the attending Doctor	Reasonable and Customary Charges
Shots or Injections, administered in an emergency room or Doctor's office and charged on the emergency room or Doctor's statement	Reasonable and Customary Charges
Prescription Drugs, obtained at an Express Scripts participating pharmacy only. However obtained, all outpatient prescription drugs are subject to the prescription drug expense maximum per policy year.	\$10 co-payment per prescription or refill for a 30-day supply / \$1,000 aggregate maximum per policy year (all conditions combined)
Severe Mental Illness	Same as any other Sickness
Mental and Nervous and Alcohol and Drug Abuse	\$5,000 maximum per policy year / not to exceed \$50 per visit
OTHER BENEFITS	Reasonable and Customary Charges
Ambulance Services, for emergency ground transportation to or from a Hospital	Reasonable and Customary Charges
Maternity Benefits, including up to 48 hours Hospital confinement following vaginal delivery and 96 hours for caesarean delivery.	Same as any other Sickness
Braces & Appliances, when prescribed by the attending Doctor (orthotics are not covered)	Reasonable and Customary Charges
Dental Treatment, for treatment of Injury to sound natural teeth.	Reasonable and Customary Charges / not to exceed \$100 per tooth
Consultant, when requested and approved by the attending Doctor	Reasonable and Customary Charges
Elective Abortion	Reasonable and Customary Charges

## EXCLUSIONS AND LIMITATIONS

### The Policy does not cover nor provide benefits for loss or expenses incurred:

1. as a result of dental treatment, or dental x-rays except for treatment resulting from Injury to sound natural teeth.
2. for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the Student Health Service fee.
3. for eye examinations, eyeglasses, contact lenses, replacement of eyeglasses or prescription for such.
4. for hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
5. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline maintaining regular published schedules on a regularly established route.
6. for Injury or Sickness resulting from war or act of war, declared or undeclared.
7. as a result of an Injury or Sickness for which the Covered Person is entitled to benefits under any Workers' Compensation or Occupational Disease Law.
8. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
9. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. for cosmetic surgery other than reconstructive surgery needed to repair conditions resulting from an Injury which occurs after the Covered Person's effective date, provided treatment begins within 3 months from the date of Injury. "Cosmetic surgery" does not include breast reconstructive surgery after a mastectomy except as specifically provided in the Policy.
11. for Injuries sustained as the result of a motor vehicle Accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
12. for preventive treatment, testing, medicines, serums, vaccines, or vitamins except as specifically provided in the Policy.
13. as a result of committing or attempting to commit an assault or felony or participation in a felony, riot, illegal occupation, insurrection or civil commotion.
14. for Elective Treatment or elective surgery or complications arising therefrom.
15. after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
16. for any services rendered by a Covered Person's immediate family member.
17. for a treatment, service or supply which is not Medically Necessary.
18. as a result of suicide or any attempt at suicide, including drug overdose or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
19. for treatment of temporomandibular joint disorder and associated myofascial pain.
20. for treatment of Mental and Nervous Disorders except as specifically provided in the Policy.
21. for the treatment of alcoholism or substance abuse except as specifically provided in the Policy.
22. for durable medical equipment or prosthetic appliances, orthopedic appliances or braces except as specifically provided in the Policy.
23. for or in relation to orthopedic shoes or devices intended to be placed inside shoes or other footwear. This exclusion does not apply to podiatric devices for the prevention or treatment of complications associated with diabetes.
24. for surgery and/or treatment of: by acupuncture; gynecomastia; biofeedback-type services; breast implants or breast reduction unless Medically Necessary following a mastectomy; circumcision; corns, calluses and bunions; weak, strained or flat feet; routine care of toenails, except for care and treatment of an Injury; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis; family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; hair growth or removal; impotence, organic or otherwise; learning disabilities; Attention Deficit Disorder; premarital examinations; sexual reassignment surgery and related therapy; sleep disorders, including supplies, treatment and testing thereof; tubal ligation; vasectomy; and alopecia.
25. for routine medical care, physical examinations, health examinations or pre-school physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
26. for treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column.
27. in connection with birth control, except prescription contraceptives, sterilization or sterilization reversal, including surgical procedures and devices.
28. for treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intra-fallopian transfer and in vitro fertilization, or any other form of assisted conception, elective sterilization or its reversal, artificial insemination or in vitro fertilization.
29. for Injury resulting from travel in or upon a snowmobile, ATV (all terrain or similar type two or three-wheeled vehicle and/or off-road four wheeled motorized vehicles), or bungee jumping.
30. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from intercollegiate, club or professional sports activity, including travel to and from the activity and practice; racing or speed contests; skin diving; hang gliding; parasailing; sky diving; glider flying; sail planing; or parachuting.
31. for treatment in the Hospital emergency room which is not due to an Emergency Medical Condition.
32. for treatment of obesity, except resulting from diabetes, regardless of the history or diagnosis, including, but not limited to the following: gastric bypass and any restrictive procedure for weight loss, weight reduction or dietary control programs, prescription or nonprescription drugs or medications such as vitamins (whether taken orally or by injection), minerals, appetite suppressants, or nutritional supplements and any complication resulting from weight loss treatments or procedures.

## EXCLUSIONS AND LIMITATIONS (CONTINUED)

33. for eye surgery such as radial keratotomy when the primary purpose is to correct myopia (near-sightedness), hyperopia (far-sightedness) or astigmatism (blurring).
34. for the services of an assistant surgeon except as specifically provided under the Policy.
35. for care or treatment of the pregnancy of a Dependent child. This exclusion does not apply to complications of pregnancy of a Dependent child.
36. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.
37. within the Covered Person's home country of domicile with respect to a Covered Person who is not a United States Citizen.
38. as a result of alternative health care: naturopathic; herbal medicine; acupuncture; light therapy.
39. for treatment, service or supply for which a charge would not have been made in the absence of insurance.
40. for home health care.
41. for congenital conditions except as specifically provided for Dependent newborn and adopted infant.
42. for Roling-type services and reflexology.
43. for hormone treatment or hormone therapy not related to the treatment of Sickness.

## PRE-EXISTING CONDITION LIMITATION

Pre-existing Conditions are not covered for the first 6 months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if:

- a. the Covered Person has been covered under the Policyholder's prior Policy for 6 consecutive months immediately preceding the effective date of coverage under the Policy; or
- b. the individual seeking coverage under the Policy has an aggregate of 12 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. Credit will be given for the time the individual was covered under the prior Creditable Coverage; and (1) the individual's most recent prior Creditable Coverage was under an employer group plan; and (2) the individual accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her; and (3) the individual is not eligible for coverage under any other group health plan, Medicare or Medicaid; and (4) the individual does not have other health insurance.

## CREDIT FOR PRIOR COVERAGE

A Covered Person whose coverage under prior Creditable Coverage ended no more than 63 days before the Covered Person's effective date under the Policy, will have any applicable Pre-Existing Condition limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the Company will credit only the days of such coverage after the break.

Creditable Coverage means coverage under any of the following:

- a. any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employee plan, or any other entity, and that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage, but does not include accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of workers' compensation or a similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;
- b. the federal Medicare Program pursuant to Title XVIII of the Social Security Act;
- c. the Medicaid program pursuant to Title XIX of the Social Security Act;
- d. any other publicly sponsored program, provided in this state or elsewhere, of medical, hospital and surgical care;
- e. 10 U.S.C.A. Chapter 55 (commencing with Section 1071) (Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) );
- f. a medical care program of the Indian Health Service or of a tribal organization;
- g. a state health benefits risk pool;
- h. a health plan offered under 5 U.S.C.A., Chapter 89 (commencing with Section 8901) (Federal Employees Health Benefits Program (FEHBP) );
- i. a public health plan as defined by federal regulations authorized by Section 2701(c)(1)(I) of the Public Health Service Act, as amended by Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996;
- j. a health benefit plan under Section 5(e) of the Peace Corps Act (22 U.S.C.A. Sec. 2504(e) );
- k. any other creditable coverage as defined by subsection (c) of Section 2701 of Title XXVII of the federal Public Health Services Act (42 U.S.C. Sec.300gg(c) ).



**ACCIDENTAL DEATH & DISMEMBERMENT  
- STUDENT ONLY  
(Dependents are not eligible)**

When, because of an Injury, the Covered Person suffers any of the following losses within 365 days from the date of the Accident, the Company will pay as follows:

For Loss of: .....	Benefit Amount
Life .....	\$5,000
Both Hands or Both Feet.....	\$5,000
Sight of Both Eyes.....	\$5,000
One Hand and One Foot.....	\$5,000
One Hand and the Sight of One Eye.....	\$5,000
One Foot and the Sight of One Eye .....	\$5,000
One Hand or One Foot .....	\$2,500
The Sight of One Eye .....	\$2,500
Thumb and Index Finger of the same hand .....	\$1,250

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means the total, irrevocable loss of the entire sight in that eye. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. “Severance” means the complete separation and dismemberment of the part from the body. If a Covered Student suffers more than one loss as a result of the same Accident, the Company will pay only for the loss with the largest benefit.



## ADDITIONAL EXPENSE BENEFITS

The State of California mandates coverage for the following:

1. equipment, supplies and outpatient self-management training for diabetes;
2. phenylketonuria (PKU), including enteral formulas and special food products that are part of a diet prescribed by a Doctor;
3. treatment of Severe Mental Illness;
4. anesthesia and facility charges for dental procedures under certain circumstances;
5. preventative care for children age 16 and under according to the Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics;
6. mammograms;
7. prostate, colorectal and cervical cancer screening and generally medically accepted cancer screening tests;
8. breast cancer screening, diagnosis, and treatment;
9. a second opinion requested by a Covered Person or Doctor;
10. participation in the Expanded Alpha Feto Protein (AFP) Program;
11. prosthetic devices to restore a method of speaking incidental to laryngectomy;
12. diagnosis, treatment and management of osteoporosis;
13. clinical trials for cancer;
14. HIV testing;
15. AIDS vaccine;
16. reconstructive surgery under certain circumstances;
17. telemedicine medical services;
18. prescription contraceptive drugs or devices (if there is a prescription drug benefit); and
19. maternity services as provided by CA Insurance Code section 10123.87 (a). Please see the Policy on file with the University for further details.

## HOW DO I FILE A CLAIM?

Claims forms can be accepted directly from providers if the claim form includes the name of the Covered Person, name of school under which the Covered Student is insured, identification number, date of services, diagnosis, treatment procedure and billed charges. Proof of loss must be furnished within 180 days after the date of such loss.

Submit claims forms to:  
**Maksin Management Corp**  
PO Box 2647

Camden, NJ 08101-2647

Customer Service Toll-Free Telephone: (877) 775-5430

Questions regarding benefits, specific claim information and periods of coverage should be directed to the address or Customer Service phone number previously listed.

*It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.*

## RIGHT OF RECOVERY

As a condition to receiving benefits under the policy, the Covered Person (or, if he or she is deceased, an authorized representative of the Covered Person) agrees, except as may be limited or prohibited by applicable law:

- a. to reimburse the Company for any such benefits paid to or on behalf of the Covered Person, if such benefits are recovered, in any form, from any Third Party or Coverage; and
- b. if the Covered Person is a minor or is not competent to make this agreement, the legal guardian of the Covered Person's property makes the agreement on the Covered Person's behalf as a condition to receiving benefits under this Policy on behalf of the Covered Person. If the Covered Person has no guardian for his or her property, the person or persons who, in the Company's opinion, have assumed the custody and support of the minor or responsibility for the incompetent person's affairs make the agreement on the Covered Person's behalf as a condition to receiving such benefits under the Policy on behalf of the Covered Person.



## 24-HOUR STUDENT EMERGENCY CARE HOTLINE

**American Health Holding, Inc.**

(American Health Holding, Inc. is not affiliated with National Union Fire Insurance Company of Pittsburgh, Pa.)

For confidential health care advice and information, 24 hours a day, 365 days a year, call toll-free 866-315-8756.

Comprehensive Resources and Advice from Registered Nurses

- ♦ Direct access to an extensive Health Information Library, covering issues ranging from women's health to pediatrics. Detailed directories with topic codes and instructions for access to health-related topics.
- ♦ Choose to talk directly with a nurse. Discuss a current illness or health issue, or receive counseling on chronic conditions. Nurses can also educate callers about treatments, lifestyle choices and self-care strategies.
- ♦ Integrated phone access to specially trained personnel, trained to provide referral services for a number of health related concerns including mental health and/or substance abuse.

## ACUPUNCTURE VISITS

As a Herguan University student you also have access to 40 acupuncture visits, at the cost of \$1 per visit, exclusively provided by the East West Medicine Clinic. These visits are not an insured benefit covered by National Union Fire Insurance Company of Pittsburgh, Pa.; therefore, you must show your Herguan University student ID card at the time of your appointment.



# TRAVEL GUARD

## Procedures on How to Access Travel Guard 24-hour Assistance Call Center

### How to Contact Travel Guard

- \* Inside the US and Canada, dial 1-877-249-5362 toll-free.
- \* Outside the US and Canada:
  - Request an international operator.
  - Ask the international operator to connect to an AT&T operator.
  - Request the AT&T operator to place a collect call to the USA at 1-715-295-9625.
- \* Our fax number is 01-713-974-3422.

### When to Contact Travel Guard

- \* Call Travel Guard when you require medical assistance or have a medical emergency.
- \* Call Travel Guard for all non-medical situations (lost luggage, lost documents, legal help, etc.).
- \* Call Travel Guard whenever there is a question.

### Travel Guard is available 24-hours-a-day/7-days-a-week/365-days-a-year.

Our multi-lingual/multi-cultural Travel Guard Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home.

The Travel Guard Medical Staff consists of fulltime, on-site Registered Nurses and Emergency Physicians who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24- hours; a physician has daily responsibility for a 24-hour period and is on-site during daytime hours.

### What information will you need to provide to Travel Guard when you call:

- \* Advise Travel Guard who you are insured by.
- \* Provide your Underwriter Reference number.
- \* Advise Travel Guard regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Guard needs to call you back.

### Description of Services

**Information/General:** These services include advice and information regarding travel documentation, immunization requirements, political/environmental warnings, and information on global weather conditions. Travel Guard can also provide information on available currency exchange rates, local Bank/Government holidays, and, by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Guard also provides emergency message storage & relay and translation services.

- \* Visa & Immunization
- \* Weather & Exchange Rates
- \* Environmental & Political Warnings

**Technical:** These services provide assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Guard can arrange cash transfers & vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter en-route emergencies that force them to interrupt their trips.

- \* Legal Referral
- \* Embassy/Consulate Information
- \* Lost/Stolen Luggage & Personal Effects Assistance
- \* Lost Document Assistance
- \* Cash Transfer Assistance
- \* En-route Travel Assistance
- \* Claims-related Assistance
- \* Telephone Interpretation

**Medical:** These services are the most complicated of those offered and can last up to several weeks. They involve Travel Guard Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include physician/dental/hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains, and insurance/claims coordination.

### Medical Assistance:

- \* Medical Referral
- \* Out-patient Assistance
- \* In-patient Assistance

### Medical Transport:

#### REPATRIATION OF MORTAL REMAINS/MEDICAL EVACUATION BENEFITS

(Provided by National Union Fire Insurance Company of Pittsburgh, Pa.)

#### REPATRIATION OF MORTAL REMAINS: \$25,000 Maximum per Covered Person

In the event an Injury or Sickness causes your death while you are outside your home country, the plan will reimburse covered expenses incurred for preparation and transportation of the body remains.

#### MEDICAL EVACUATION: \$25,000 Maximum per Covered Person

The plan will pay for evacuation to the nearest adequate medical facility following a covered Injury or Sickness if you are outside your home country and your doctor determines that adequate medical treatment is not locally available.

Travel Guard must make all arrangements and must authorize all expenses in advance for these benefits to be payable. If it was not reasonably possible to contact Travel Guard in advance, the Company reserves the right to determine the benefits payable, including any reductions.

## NOTES

**WELLS FARGO OF CALIFORNIA INSURANCE SERVICES, INC. PRIVACY POLICY**

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at (800) 853-5899 or by visiting us at [studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com).

**CLAIMS ADMINISTERED BY:**  
*Claims, Eligibility and Coverage Questions*

**Maksin Management Corp**  
PO Box 2647  
Camden, NJ 08101-2647  
(877) 775-5430

**EMERGENCY TRAVEL ASSISTANCE:**

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3. Request the AT&T operator to place a collect call to the USA at (715) 295-9625.

\* Our fax number is 01-713-974-3422

**PREFERRED PROVIDER:**  
To Find a Doctor or Provider

**First Health Network**  
(800) 226-5116  
[www.firsthealth.com](http://www.firsthealth.com)

**PHARMACY BENEFIT MANAGER:**

**Express Scripts, Inc.**  
(800) 451-6245  
[www.express-scripts.com](http://www.express-scripts.com)

**24-HOUR NURSE ADVICE LINE:**

**American Health Holding, Inc.**  
(866) 315-8756

**THE PLAN ADMINISTERED BY:**

**Wells Fargo of California Insurance Services, Inc.**  
**Student Insurance Division**  
CA License No. 0352275  
11017 Cobblerock Drive, Suite 100  
Rancho Cordova, CA 95670  
(800) 853-5899 or (916) 231-3399  
Fax: (916) 231-3398  
[studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com)

**THE UNDERWRITING COMPANY:**

National Union Fire Insurance Company of Pittsburgh, Pa.

**IMPORTANT NOTICE**

Please keep this brochure as a general summary of the Insurance. This is a brief description of the coverage available under policy series S3049NUFIC-CA. The Policy on file at the University contains all of the limitations, exclusions, definitions and termination provisions of the insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the brochure and the Policy, the Policy shall govern in all cases.



**PAYMENT IN FULL IS  
REQUIRED FOR THE  
TERM PURCHASED**

**HERGUAN UNIVERSITY  
2009-2010 INTERNATIONAL STUDENT HEALTH INSURANCE  
DEPENDENT & OPT STUDENT ENROLLMENT FORM**

Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa., Administrator Policy #: AMH0085130  
[studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com)

**PLAN COSTS\***

	ANNUAL	FALL 1	SPRING	SUMMER
	9/6/09 - 9/6/10	9/6/09 - 1/9/10	1/9/10 - 5/8/10	5/8/10 - 9/6/10
Students	\$ 996	\$ 337	\$ 337	\$ 337
Spouse	\$2,350	\$ 795	\$ 795	\$ 795
Each Child	\$1,314	\$ 438	\$ 438	\$ 438

*Dependent coverage is in addition to student coverage.*  
\*Rates include administrative fees.

**PAYMENT METHOD** (Remit in US Funds Only):

Check/Money Order    **MAKE CHECKS PAYABLE TO: Wells Fargo of California Insurance Services, Inc.** (\$25.00 fee for insufficient funds)

Credit Card:     Visa     MasterCard

Account No.

Expires:

Cardholder's Name:

Print Cardholder's Name **exactly** as it appears on card.

MAIL PAYMENT AND ENROLLMENT FORM TO:

**Wells Fargo of California Insurance Services, Inc., 11017 Cobblestone Drive, Suite 100, Rancho Cordova, CA 95670**

Insurance will terminate at 11:59 p.m. on the earliest of: 1) the Policy termination date; or 2) the end of the period for which premium has been paid; or 3) the date the Covered Person ceases to be eligible for the insurance; or 4) the date the Covered Person enters military service. Except as specifically stated in the brochure under Refunds, premiums will not be pro-rated.

**It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.**

I attest by signing below that I have reviewed the information provided on this enrollment form and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements and I have read and understand the Plan Brochure.

**YOU MUST COMPLETE BOTH SIDES OF THE ENROLLMENT FORM AND SIGN BELOW**

My signature below certifies that I have read and understand the Student Health Insurance Plan brochure and agree to accept as applicable to me the terms and conditions stated therein. It also authorizes my school to provide Wells Fargo of California Insurance Services, Inc. with required information necessary in the event of a medical emergency.

SIGNATURE OF STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

**STUDENT REFERENCE GUIDE**

**CLAIMS ADMINISTERED BY:**

Claims and Coverage Questions  
**Maksin Management Corp**

PO Box 2647

Camden, NJ 08101-2647

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**THE PLAN ADMINISTERED BY:**

General Questions

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