

# STUDENT HEALTH INSURANCE

Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa.,  
with its principal place of business in New York, NY ("the Company")

Designed for the Students of

# UHV

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## UNIVERSITY OF HOUSTON - VICTORIA

Victoria, Texas 77901

2011-2012 ACADEMIC YEAR

### University of Houston Student Accident and Sickness Insurance Program

The following is a brief description of the benefits of the Accident and Sickness Plan for students of the University of Houston—Victoria. This is a non-renewable one-year term insurance plan. Complete details of coverage are in the Master Policy issued to the University. It may be inspected during normal business hours at the Office of Student Recruitment and Relations.

Any provisions of the Policy or brochure which is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of the state statutes.

This information is a brief description of the coverages available under policy series S30494NUFIC-TX. The Policy may contain reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between this document and the Policy, the Policy shall govern. Please keep this information as a reference.

ADMINISTRATOR POLICY NUMBER: CHH9073462  
UNDERWRITER REFERENCE NUMBER: CAS9499397

## ELIGIBILITY

All Domestic students attending UH-Victoria who are enrolled for 6 or more credit hours (3 for summer session) are eligible for coverage. Home study, correspondence, television and on-line courses do not fulfill credit hour requirements for Students residing and taking classes outside the State of Texas. Non-immigrant International Students enrolled in credit hours will be billed each semester (for the Basic Plan only) unless proof of other insurance is presented and a waiver obtained. Non-immigrant International Students who are carrying credit hours will be automatically enrolled and charged for the Basic Plan only each semester to satisfy the University policy regarding maintaining acceptable health insurance coverage. A waiver of the health insurance fee may be obtained only at the Office of Admissions and Records with proof of alternate acceptable insurance. **The 1st day of classes for EACH FALL, SPRING AND SUMMER SEMESTER is the last day to obtain a waiver. No waivers are allowed after that date.** Students who purchase coverage must actively attend classes or other required course work for at least the first 31 days after his/her effective date of coverage, except medical withdrawal due to a covered Accident or Sickness shall not void a Covered Student's coverage for that semester. Also refer to "Semester Stop Out" on panel 7. **Your temporary I.D. card is attached to the enrollment form.** This card shows the policy number and the number for medical providers to call for verification of benefits. Temporary cards are also available from [www.macori.com/uhv](http://www.macori.com/uhv).

## PRIVATE HEALTHCARE SYSTEMS (PHCS)

In order to maximize the benefits offered under this plan, you should seek treatment from the PHCS Preferred Provider Network (PPO). PHCS consists of Hospitals, Doctors, ancillary and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates will vary according to the source of care as described under the "Description of Insurance Benefits" section. A listing of participants is available by: 1) calling (888)560-7427; or 2) through the University of Houston—Victoria's personalized website accessible from [www.macori.com/uhv](http://www.macori.com/uhv).

## DESCRIPTION OF INSURANCE BENEFITS

### I. BASIC PLAN BENEFITS \$75,000 AGGREGATE MAXIMUM PER POLICY YEAR

If in the event an Accident is sustained while coverage is in force and requires treatment within 30 days, or a Sickness requires medical treatment or Hospitalization, the Plan will pay **80% of Reasonable and Customary Charges**, unless otherwise stated (subject to the following deductibles, limitations and exclusions) not to exceed an Aggregate Maximum Policy Benefit of \$75,000 per Policy Year. For all Accidents and Sicknesses, the aggregate (combined) payment under the Basic Plan Benefits will not to exceed an Aggregate Maximum Policy Benefit of \$75,000.

**Deductibles: Outpatient: \$250 per Policy Year      Inpatient: \$150 per confinement**

#### ELIGIBLE EXPENSES Include:

##### A. IN-HOSPITAL EXPENSES

1. Room and Board - 80% of Reasonable and Customary Charges (If a Non-PPO provider is utilized the 80% of Reasonable and Customary Charges will be reduced by 20%).
2. Hospital Miscellaneous items such as laboratory fees, drugs, medications, X-ray treatments, services of a registered nurse, operating room, ambulance and anesthesia (including administration thereof if billed by the Hospital) - 80% of Reasonable and Customary Charges (If a Non-PPO provider is utilized the 80% of Reasonable and Customary Charges will be reduced by 20%).
3. Doctor' in-Hospital visits (non-surgical).

##### B. OUT OF HOSPITAL EXPENSES

1. Expenses for treatment administered by or directed by a Doctor such as diagnostic X-rays; laboratory, emergency room; drugs or medication for which medical necessity requires them to be administered by a Doctor during treatment in the office (allergy injections and Accutane treatments are not covered), contraceptive services (excluding prescribed contraceptives) and the services of a registered nurse.

2. Day Surgery Hospital Miscellaneous expenses include anesthesia (excluding professional fees), operating room, laboratory tests and X-rays, drugs and medicines (administered by a Doctor during treatment in the Hospital), or the services of a registered nurse; dressings and other prescribed necessary Hospital expenses (excluding take home drugs).
3. Dental expense for treatment of Injury to Sound Natural Teeth, up to a Maximum Policy limit of \$250. This benefit is separate from the Optional Dental Coverage (See Panel 10).

**C. OUTPATIENT PRESCRIPTION DRUGS**

\$500 Aggregate Maximum Benefit per Policy Year, including prescribed contraceptives. Each prescription or refill (not to exceed a 30-day supply) is subject to: \$25 co-payment for each brand name drug, \$15 co-payment for each generic drug (or the usual price, whichever is lower), limited to a 30 day supply. All prescriptions must be prescribed by a licensed Doctor.

**D. SURGICAL EXPENSE—IN OR OUT OF HOSPITAL**

Benefits are payable at 80% of Reasonable and Customary Charges for Eligible Expenses incurred for the primary procedure. Any other procedures performed during the same operative session will be reduced to a percentage not to exceed 50% of the amount payable for each procedure and not to exceed an aggregate of 50% of the amount payable for the primary procedure. Anesthetist benefits are payable at 25% of the Surgery Allowance.

**E. MATERNITY EXPENSE**

Benefits for pregnancy expenses are payable for the Covered Student on the same basis as Sickness. In-patient care for a Covered Student and newborn include 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated caesarean section. Newborn children are covered for Injury or Sickness from birth until 31 days old. This benefit ONLY applies if the mother is a Covered Student on this plan. All other Policy provisions and limitations apply. Voluntary or elective abortions are not covered.

**F. MENTAL/NERVOUS DISORDERS EXPENSE**

Benefits for in-patient mental and nervous disorders shall not exceed a maximum Policy limit of \$10,000 per Policy year.

**G. OUTPATIENT PHYSIOTHERAPY (Refer to exclusion #8).**

1. Covered Accident or Sickness requiring Hospitalization or surgery: Benefits are payable for Eligible Expenses only, not to exceed 50% of the Reasonable & Customary Charges, provided physiotherapy commences within 30 days of the attending Doctor’s release for rehabilitation. Benefits shall not exceed a \$4,000 Maximum Policy limit.
2. Covered Accident or Sickness for which no Hospitalization or surgery is required will be payable not to exceed: a) \$20 per visit, b) 5 visit maximum and \$75 for necessary diagnostic testing including lab and X-ray, coinsurance does not apply.

**II. ACCIDENTAL DEATH AND DISMEMBERMENT**

If a Covered Student’s Injury results in any of the following losses within 100 days of a covered Accident, the Company will pay the amount shown for that loss. The loss must result solely and independently from all other causes from a covered Accident. The Company will pay only one benefit, the largest, for all losses due to the same covered Accident.

Loss of: Life .....	\$1,000
Two or More Members.....	\$1,000
One Member .....	\$750
Thumb & Index Finger .....	\$375

Member means hand, foot, or eye. “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 of that eye. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

### III. OPTIONAL MAJOR MEDICAL PLAN \$125,000 AGGREGATE MAXIMUM PER POLICY YEAR

Please read the following information pertaining to the Optional Major Medical Plan because some benefits, exclusions and provisions do vary from the Basic Plan.

When this coverage is purchased, payment will be made for 80% of Reasonable & Customary Charges for Eligible Expenses incurred in excess of the Basic Plan Aggregate Maximum Benefit of \$75,000 per Policy Year, up to an Aggregate Maximum Benefit of \$125,000, payable in total under this Optional Major Medical Plan per Policy Year.

**ELIGIBLE EXPENSES** under the Optional Major Medical Plan include: Necessary expenses for Doctors and surgeons, Hospital confinement, X-rays, laboratory tests, nurses, prescribed medicines, casts, surgical dressings, use of an ambulance and other necessary Reasonable and Customary Charges incurred during the term insured.

All exclusions listed under the Basic Plan also apply. Also, this option does not include expenses for: treatment for mental/nervous disorders (including chemical dependency), physiotherapy, repatriation, or medical evacuation.

#### **ELIGIBILITY, ENROLLMENT & TERMINATION**

Only students enrolled in the Basic Plan are eligible to purchase this Optional Major Medical Plan. Purchase must be made at the time of initial enrollment into the Basic Plan (additional premium required). The enrollment deadlines applicable to a Term of Coverage for the Basic Plan shall also apply to the Optional Major Medical Plan.

Please note that the Continuous Coverage provision (See Panel 7) applies separately to the Optional Major Medical Plan. In no event will benefits be paid for a Covered Student under the Optional Major Medical Plan for a Pre-Existing Condition that preceded purchase of the Optional Major Medical Plan. If the Basic Plan coverage was in force for the Covered Student during the prior year, Pre-Existing Conditions are limited under the Policy to the benefit amounts provided by the Basic Plan. **An Injury sustained or a Sickness originating before the Covered Student's Effective Date of Continuous Coverage under the Optional Major Medical Plan will not be covered for the first 12 months following Effective Date of coverage under the Optional Major Medical Plan.**

The Optional Major Medical Plan will terminate simultaneously with the Basic Plan.

#### **COMBINED MAXIMUM PAYMENT FOR BASIC PLAN AND THE OPTIONAL MAJOR MEDICAL PLAN**

For all Accidents or Sicknesses, the aggregate (combined) payment under the Policy will never exceed the Maximum Benefit of \$200,000 per Policy Year.

### IV. REPATRIATION OF MORTAL REMAINS AND MEDICAL EVACUATION

(Additional Premium Required)

Benefits include:

- **MEDICAL EVACUATION**
- **REPATRIATION OF MORTAL REMAINS**

**(See Panels 12 and 13 for complete description of Travel Guard's Travel Assist and Student Assist Services)**

**MANDATORY** for all Non-immigrant International Students.

**OPTIONAL** for all other Students including Domestic Students studying abroad at a branch of the University of Houston or enrolled in an exchange program.

## EXCLUSIONS

The Company won't pay benefits for:

- 1) Treatment, services or supplies which:
  - Are not medically necessary;
  - Are determined to be Experimental/Investigational in nature by the Company;
  - Are received without charge or legal obligation to pay;
  - Would not routinely be paid in the absence of insurance;
  - Are received from any Immediate Family Member, except this exclusion will not apply to the Covered Person's choice of a licensed dentist.
- 2) Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
- 3) Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
- 4) Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane.
- 5) Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
- 6) 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.
- 7) Surgery and/or treatment for acne; acupuncture; biofeedback-type services; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis or Injury occurring while coverage is in force; family planning; impotence, organic or otherwise; learning disabilities; obesity and any condition resulting therefrom, except obesity resulting from diabetes, as specifically mandated; premarital examinations; sexual reassignment surgery; sleep disorders, including testing thereof; tubal ligation; vasectomy; hyperhidrosis; and weight reduction.
- 8) Expenses incurred for outpatient 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 except as specifically provided.
- 9) Treatment of mental or nervous disorders, except as specifically provided.
- 10) Expense incurred as the result of dental treatment, except as specifically provided.
- 11) Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription therefor, or radial keratotomy or laser surgery; hearing aids, except as required for repair caused by Injury.
- 12) Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
- 13) Injury sustained as the result of an Accident involving any two or three-wheeled motor vehicle and/or off-road four-wheeled motorized vehicles.
- 14) Elective abortions.
- 15) Fighting, except in self-defense.
- 16) Outpatient Prescription Drugs, except as specifically provided.
- 17) Breast reconstruction and implantation or removal of breast prostheses unless such care and services are performed solely and directly as a result of a mastectomy as mandated by the state.
- 18) Congenital conditions, except as required for Dependent newborn infants, or as specifically mandated.

- 19) Breast reduction and complications arising therefrom, except for breast reconstruction incident to a mastectomy as mandated.
- 20) Participating in the practice or play in any intercollegiate, professional or semi-professional sports.
- 21) Routine or periodic physical examinations, preventive medicines and vaccines including injections, except as specifically provided.
- 22) Cosmetic surgery, reconstructive surgery, or complications arising therefrom (except as Medically Necessary to restore the natural body after a covered Injury occurring while the Policy is in force, or as mandated after a mastectomy); elective surgery or treatment or complications arising therefrom.
- 23) Expense incurred for Injury or Sickness caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor.
- 24) Botox injections.
- 25) for Electro Medicine including electric nerve stimulation.

### **WHEN IS MY COVERAGE IN EFFECT?**

The plan covers all participating students 24 hours a day anywhere in the world, at school, at home or while traveling including all vacation periods.

Coverage becomes effective at 12:01 a.m. either on the beginning date of the Term of Coverage which you are purchasing, or the date the premium is received by Macori, Inc. (or their authorized representative), whichever is later. No premium will be accepted beyond the 31st day after the beginning date of each Term of Coverage (as shown on the enrollment form).

Three days travel time (only for Accidents occurring while traveling to UH-Victoria directly from place of residence) will be allowed immediately preceding \*August 22, 2011 provided the enrollment form and premium have been submitted prior to the student leaving home.

For the specific Term of Coverage dates, please refer to the enrollment form.

\*8/23/11 for students maintaining continuous coverage from the previous policy year.

### **WHAT IS MY EXPIRATION DATE? INDIVIDUAL TERMINATION**

The Master Policy expires August 21, 2012 at 11:59 p.m. Individual coverage terminates at the earliest of:

- the termination of the Policy;
- the last day of the Term of Coverage for which premium is paid;
- the date a Covered Person enters full time active military service. Upon written request within three months of leaving school, We will refund any unearned pro-rated premium with respect to such person.

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, their only obligation is refund of premium.

Benefits are payable only for those Eligible Expenses incurred while the Policy is in effect for the Covered Student. Expenses incurred after the Covered Student's termination of insurance are not covered except as shown under "Extension of Benefits".

The student must attend classes at UH-Victoria for at least the first 31 days after his/her effective date of coverage. Except in the case of medical withdrawal due to Sickness or Injury, any student withdrawing from school during the first 31 days of the period for which coverage is purchased will not be covered under the Policy and a full refund of premium will be made upon Macori Inc.'s receipt of written notification of such withdrawal. Students withdrawing after such 31 days will remain covered under the Policy until the end of the period for which premium was paid and no refund will be allowed. Eligibility requirements must be met each time premium is paid to continue coverage.

Should a student enter military service, his/her insurance is automatically terminated on the date immediately preceding the date on which he or she enters service. A refund of the unearned premium will be made provided written request is received by Macori, Inc. within three months of the date of entry into the military service.

**There will be no refund of premiums except as stated above.**

### **CONTINUOUS COVERAGE**

If the Covered Student has remained continuously covered under this Policy and prior Student Health Insurance policies issued to the University, he or she will be covered for a condition originating while continuously insured, provided continuous insurance is maintained. However, continuous coverage will not apply to the Optional Major Medical coverage, if purchased after initial enrollment. Previously insured persons who re-enroll for coverage on or before the specified Effective Date for the next coverage period will have maintained continuous insurance. A person who is not so enrolled will have a break in coverage, and any condition originating during or before the break will not be covered if it is a Pre-existing Condition.

This provision applies separately to the Optional Major Medical Benefit, if purchased.

### **SEMESTER "STOP OUT"**

If you need to take a semester off, you are eligible to extend your student insurance for one more semester by completing a "Stop Out" form at the Office of Student Recruitment and Relations. The signed "Stop Out" form and full premium must be received by Macori, Inc. **on or before the Effective Date shown on the enrollment form for the semester you will not be attending.** All Policy provisions, limitations, and exclusions still apply. This option is available only one time during your attendance at UH-Victoria.

### **MANDATED BENEFITS**

Texas mandates coverage for the following benefits to be paid the same as any other Sickness: annual -mammograms age 35 and older; cervical cytological screening; formula necessary for the treatment of phenylketonuria or other heritable diseases to the same extent as for Prescription Drugs; Hospital confinement of 48 hours following a mastectomy and 24 hours following a lymph node dissection for treatment of breast cancer; diagnostic or surgical treatment of skeletal joints, including the temporomandibular joint, jaw, or the craniomandibular joint resulting from Injury, trauma, congenital defect, developmental defect or pathology; bone mass measurement for the detection of low bone mass in an Osteoporosis Qualified Individual; diabetes equipment, supplies and self-management training; annual prostate cancer screening; Hospital Confinement for the covered mother and her newborn child for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarean section; services and supplies provided through Telemedicine and Telehealth Services; reconstruction of a breast incident to mastectomy to restore or achieve breast symmetry; colorectal cancer screening examinations; off-label drugs prescribed to treat chronic, disabling or life-threatening illnesses to the same extent as for Prescription Drugs; cardiovascular disease screening; clinical trials; and therapies and services as

a result of and related to an Acquired Brain Injury. The following are mandated offers not accepted by the Policyholder: Treatment of loss or impairment of speech or hearing; Outpatient expense for in vitro fertilization procedures; and Treatment of Mental or Nervous Disorders in a Hospital, Psychiatric Day Treatment Facility, or a Crisis Stabilization Unit, the same as any other Sickness. **Please see the complete Policy on file with the Policyholder for full details.**

### **NOTICE OF THE RIGHT OF CONTINUATION**

The right to continue this coverage is available to a Covered Student who has lost eligibility by graduating. A Covered Student has the option to continue coverage for up to 6 months starting from the date insurance would otherwise terminate at a premium that is 2% higher than that charged for coverage under the Policy. In no event will the option to continue coverage be extended beyond the number of months initially requested. Continuation of coverage will be subject to all of the terms and conditions of the Policy in effect on the date the Covered Student becomes eligible for continuation of coverage. Written request for continuation, proof of graduation and payment of premium must be received by Macori, Inc. within 31 days following the later of: the date the coverage under the Policy terminates; or the date notice of the right of continuation is given by the Policyholder. The Right of Continuation does not apply to repatriation or medical evacuation.

### **EXTENSION OF BENEFITS**

If a Covered Student is hospitalized on his/her expiration day of coverage, benefits will continue to be paid until the completion of his/her Hospital stay but not to exceed either a period of 90 days from the expiration date of coverage or the maximum benefit allowable, whichever occurs first.

There are no benefits for expenses incurred after the Covered Student's date of termination, except as described in Notice of the Right of Continuation and under the Extension of Benefits provision.

### **CERTIFICATE OF CREDITABLE COVERAGE**

Your coverage under this health plan is "creditable coverage" under Federal Law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this certificate may be used to reduce or eliminate those exclusions or limitations. A Certificate of Creditable Coverage may be requested in writing from Macori Administration or on-line at [www.macori.com/uhv](http://www.macori.com/uhv).

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### **DEFINITIONS**

**Accident:** A sudden, unforeseeable, external event which results in an Injury.

**Eligible Expense** means a charge for any treatment, service or supply for covered health care which is performed or given under the direction of a doctor for the medically necessary treatment of a covered Sickness or covered 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 the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits.

**Emergency Medical Condition:** A medical condition of a recent onset and severity, including but not limited to severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the person's condition, Sickness, or Injury is of such a nature that failure to get immediate medical care could result in:

**DEFINITIONS, Emergency Medical Condition, continued:**

- placing the patient’s health in serious jeopardy;
- serious impairment to bodily functions;
- serious dysfunction of any bodily organ or part;
- serious disfigurement; or
- in the case of a pregnant woman, serious jeopardy to the health of the fetus.

**Injury:** Bodily Injury due to an Accident which:

- Results solely, directly and independently of disease, bodily infirmity or any other causes;
- Occurs after the Covered Person’s effective date of coverage;
- 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 a single Injury.

Insured must seek initial treatment within 30 days of Injury.

**Pre-existing Condition:** A Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person’s effective date of coverage under the Policy.

**Reasonable and Customary (R&C):** 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.

“Geographic area” means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

**Sickness:** Sickness, disease, pregnancy and Complications of Pregnancy which begin after the effective date of a Covered Person’s coverage. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**LIMITATIONS AND REDUCTIONS**

- 1. Pre-existing Conditions** are not covered for the first 12 months following a Covered Person’s effective date of coverage under the Policy. This limitation will not apply if:
  - The individual has been continuously covered under the Policy for 12 months (applies separately under Optional Major Medical Plan); or
  - The individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage and whose most recent Creditable Coverage was under a group health plan, government plan or church plan.
- 2. Coordination of Benefits**—The Policy will coordinate benefits with any valid collectible insurance or plan as outlined in the Master Policy, which is available at the Office of Student Recruitment and Relations.
- 3. Right of Subrogation**—If claims are incurred as a result of another person’s negligence, the insurance company has the right to seek reimbursement in accordance with the Policy.
- 4.** In no event shall the total combined benefits for a single Accident or Sickness exceed the Aggregate Maximum Policy Benefit.

## OPTIONAL DENTAL COVERAGE

Available to students enrolled in the Basic Plan. (Additional premium required).

Students may enroll on-line at [www.macori.com/uhv](http://www.macori.com/uhv)

The following Optional Dental Plan provides limited dental benefits for both diagnostic/preventive and primary services to students on an optional basis. **The Optional Dental Plan is only available to students enrolled in the 2011-2012 Student Health Insurance Basic Plan.**

The dental plan provides the benefits shown below subject to a Policy Year Maximum benefit of \$500 per Covered Person and a Policy Year deductible of \$50 per Covered Person.

Eligibility, Termination, and Effective Dates of coverage under this Optional Dental Coverage are the same as the medical plan.

A. **DIAGNOSTIC AND PREVENTIVE SERVICES** – After the Policy Year deductible has been satisfied, the Plan will pay 100% of Reasonable and Customary charges for the following services:

- Oral Exams
- Space Maintainers
- Emergency Treatment
- Pulp Vital Tests
- Prophylaxis
- X-Rays
- Biopsy of Oral Tissue

B. **PRIMARY SERVICES** – After the Policy Year deductible has been satisfied, the Covered Person is responsible for 20% of Reasonable and Customary charges for the following services:

- Fillings
- Oral Surgery
- Endodontics
- Periodontics
- Re-cement Crowns, In-lays, and Bridges
- Anesthesia
- Repair of Dentures

### DENTAL EXCLUSIONS

Orthodontic services for which treatment began prior to the policy are excluded; and any gold foil restoration, gold fillings, inlays, crowns, bridges, cosmetic procedures and dentures are excluded.

No benefits will be paid for expenses incurred for broken appointments or for care or treatment of a condition for which you are entitled to or eligible for benefits under any Worker's Compensation Act or similar act.

### DENTAL LIMITATIONS

- Two (2) of each of the following per Policy Year: Oral Exams
- One (1) of each of the following per Policy Year: Bitewing X-rays, Topical Fluoride applications, Pulp Vitality test
- One (1) full mouth X-ray every three years

Benefits for fluoride applications and space maintainers are available only to participants under the age of 19.

Only students enrolled in the Basic and/or Optional Major Medical Plans are eligible to purchase this Optional Dental Coverage. The enrollment deadlines applicable to the Term of Coverage for the Basic Plan shall also apply to the Optional Dental Coverage. Optional Dental coverage is not available on the student fee bill. Enrollment forms must be completed on-line at [www.macori.com/uhv](http://www.macori.com/uhv) or completed and mailed directly to Macori.

Unless otherwise stated, all benefits are subject to all terms of the Policy.

## IMPORTANT NOTIFICATION OF ADMISSION PROCEDURES

You are responsible for advising your Doctor of the pre-admission notification procedure of this plan:

- (1) NOTIFICATION OF NON-EMERGENCY HOSPITALIZATIONS:** The patient, Doctor or Hospital should telephone prior to the planned admission.
- (2) NOTIFICATION OF EMERGENCY SITUATIONS:** The patient should telephone within 72 hours of admission to provide notification of the emergency or as soon as possible after the patient is coherent.

**MACORI ADMINISTRATION**  
**Houston Metro (281) 651-8787**  
**Outside Houston Metro 1-800-285-8133**

Premium is due on the following dates:

FALL: 8/22/11  
SPRING/SUMMER: 1/17/12  
SUMMER ONLY: 6/04/12

(Summer Only is available for new students not insured in Spring)

You must review the attached enrollment form for specific coverage dates and premium rates. If you cannot locate the form, please request one prior to purchasing coverage.

## CLAIM SUBMISSION INFORMATION

**You must complete and submit a college claim form to assure proper processing.**

In the event of Accident or Sickness:

- You may file a claim online at [www.macori.com/uhv](http://www.macori.com/uhv) or secure a College Claim form from the Office of Student Recruitment and Relations. Complete the front side of the form, attach all itemized medical and Hospital bills and mail to Macori Administration at the address below. **If you have no other insurance, please state this on the college claim form.** One claim form per Injury or Sickness (per school year) is required
- Written Proof of Loss must be filed within 90 days after date of Accident or first treatment for Sickness.

## QUESTIONS SHOULD BE DIRECTED TO:

MACORI ADMINISTRATION

PO Box 2478

Spring, TX 77383-2478

Web address: [www.macori.com/uhv](http://www.macori.com/uhv)

Email: [macori@macori.com](mailto:macori@macori.com)

Houston Metro: 281-651-8787 • Outside Houston Metro: 1-800-285-8133

Providers inquiring about claims/benefits:

Houston Metro: 281-528-8949 • Outside Houston Metro: 1-877-266-7778



We value the trust our customers have placed in us.

That is why protecting the privacy of your personal information is of paramount importance to us.

For more information, please go to [www.macori.com](http://www.macori.com)

## TRAVEL ASSIST AND STUDENT ASSIST SERVICES

### PART A – TRAVEL ASSIST SERVICES

Includes Part B Repatriation of Mortal Remains and Medical Evacuation only if additional premium was paid.

#### Procedures on How to Access Travel Guard's 24-Hour Assistance Call Center

##### How to Contact Travel Guard:

- Inside the US and Canada, dial 877-249-5362 toll-free.
- Outside the US and Canada:
  - Request an international operator.
  - Request the operator to place a **collect call to the USA at 715-295-9625**.
  - Our fax number is 262-364-2203.

##### When to Contact Travel Guard:

Before you incur expenses.

- If you are 100+ miles from home and require medical assistance or have a medical emergency.
- If you are 100+ miles from home and need assistance with a non-medical situation such as lost luggage, lost documents, legal help, etc.

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

Our multi-lingual/multi-cultural Travel 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 full-time, 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 Travel Guard when you call:**

- Advise Travel Guard your TPA is Macori Administration
- Provide your Policy Number or School Name
- 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.

##### Travel Guard Description of Services

**General Information:** Services listed below 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:** Services listed below include 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 enroute emergencies that force them to interrupt their trips.

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

**Medical:** These services are the most complicated of those offered and can last up to several weeks. They involve Travel Guard’s 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: as shown in Part B below, if additional premium was paid.**

- Medical Evacuation
- Repatriation of Mortal Remains

**PART B: REPATRIATION OF MORTAL REMAINS/MEDICAL EVACUATION**

(Benefits for Repatriation of Mortal Remains and Medical Evacuation are provided by National Union Fire Insurance Company)

Available if additional premium was paid.

Mandatory for International students. Voluntary for Domestic students.

**REPATRIATION OF MORTAL REMAINS**

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**

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. *Certain exclusions apply.*

**Combined Maximum Limit of \$1,000,000**

**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.

**STUDENT ASSIST SERVICES**

**Concierge Services:** You receive the comfort, care, and attention of Travel Guard’s Personal Assistance Coordinators available 24/7 to respond to virtually any request – large or small.

**Personal Security Assistance:** You can feel safe and secure with Travel Guard’s Personal Security Assistance at home or while traveling. To activate personal security services, please log on to: [www.chartisinsurance.com/us/security](http://www.chartisinsurance.com/us/security). For initial setup, your login is “9499397” and the password is “security”.

For more details visit the Macori, Inc. website at [www.macori.com/u/hv](http://www.macori.com/u/hv). You will be able to access the information under the University of Houston—Victoria’s personalized webpage.

**AMERICAN HEALTH HOLDING, INC.**  
**24-HOUR STUDENT EMERGENCY CARE HOTLINE**

(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 concerns.

**Services provided by CAREINGTON International Corporation.**

**(CAREINGTON is not affiliated with National Union Fire Insurance Company of Pittsburgh, Pa.)**

## **AMACORE VISION**

**A Product of The Amacore Group Inc.**

**(Amacore is not affiliated with National Union Fire Insurance Company of Pittsburgh, Pa.)**

Amacore Vision is one of the nation’s leading vision care discount plans providing point-of-service savings at over thousands of eye care facilities nationwide including ophthalmologists (M.D.s), optometrists, opticians and optical outlets. This is not an insurance program—but a discount plan. You will simply present your membership card at the time of service to receive your savings.

### **How To Use Your Discount Card:**

1. Locate a provider by visiting the Macori, Inc. website at [www.macori.com/uhy](http://www.macori.com/uhy) to access the Amacore Participating Providers under the University of Houston’s personalized webpage. Then call our toll-free number, 1-800-354-8336 and have our Patient Advocate call to confirm provider participation and program fee schedule. Please note: The free eye exam benefit is subject to participating providers.
2. Present your member ID card at the time of your visit to the provider.
3. You are responsible for the total bill, less the applicable savings, at the time service is rendered.

**Access The University of Houston's  
personalized webpage at:**

**[www.macori.com/uhv](http://www.macori.com/uhv)**

**for the following information:**

- **Benefit & Enrollment Information**
- **Online Enrollment**
- **Temporary ID Cards**
- **Optional Dental Coverage Information**
- **On-line Claim Form**
- **View My Account**
- **Locate a PPO Provider**
- **24-Hour Student Emergency Care Hotline**
- **Continuation after Graduation**
- **Certificate of Creditable Coverage Request Form**
- **Other Important Links**
- **Travel Assist**
- **Vision Plan**

**UNIVERSITY OF HOUSTON — VICTORIA  
2011-2012 STUDENT HEALTH INSURANCE ENROLLMENT FORM**

**BASIC, OPTIONAL MAJOR MEDICAL AND OPTIONAL DENTAL COVERAGE ARE UNDERWRITTEN BY:  
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, Pa. with its principal place of business in New York, NY**

**STUDENT'S NAME** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_  
Last First Middle Initial

**MAILING ADDRESS FOR CORRESPONDENCE** \_\_\_\_\_  
Street City State Zip

I have read and understand the brochure including the Eligibility requirements, Definitions, Exclusions and pre-existing condition limitation, and elect to enroll as indicated below. I enclose my check or money order made payable to National Union Fire Insurance Company of Pittsburgh, Pa. (See reverse for charge card application and authorization.)

**Term of Coverage**

\*8/23/11 for students maintaining continuous coverage from the previous policy year.

	Annual *08/22/11 - 08/21/12	Fall *08/22/11 - 01/16/12	Spring/Summer 01/17/12 - 08/21/12	Summer Only (New Insured Students Only) 06/04/12 - 08/21/12
<b>**Basic Plan - \$75,000 Aggregate Maximum</b>				
<b>Student Rates Only</b>	<input type="checkbox"/> \$915.00	<input type="checkbox"/> \$458.00	<input type="checkbox"/> \$458.00	<input type="checkbox"/> \$229.00
<b>Medical Evacuation/Repatriation</b>	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$5.00
<b>Optional Major Medical Plan - \$125,000 Aggregate Maximum (additional premium required)</b>				
<b>Student Rates Only</b>	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$88.00	<input type="checkbox"/> \$88.00	Not available
<b>Optional Dental Coverage (additional premium required) Term of Coverage * 08/22/11 - 08/21/12</b>				
<input type="checkbox"/> \$284.00 (No pro-ration). Coverage will terminate simultaneously and in conjunction with the Basic Plan.				

\*\*Basic Plan Rates include an administrative fee to be retained by the University. Premium is not pro-rated other than noted above.

**Please return this card immediately to Macori Administration—Voluntary College Premium, PO Box 71327, Philadelphia, PA 19176-1327.**

Student's PeopleSoft ID No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Policy # CHH9073462  
Underwriter Reference # CAS9499397  
UH-V 2011

**National Union Fire Insurance Company of Pittsburgh, Pa.**

**Policy Holder:** University of Houston  
Victoria  
**Policy #:** CHH9073462  
**Reference #:** CAS9499397

**Covered Student:** \_\_\_\_\_

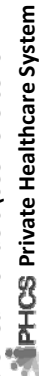
**ID Number:** \_\_\_\_\_

*Note: Hospital admissions notification recommended. Health Center Referral required for all Outpatient Non-Emergency Services.*

KEEP THIS CARD IN YOUR POSSESSION AT ALL TIMES FOR PRESENTATION TO YOUR MEDICAL PROVIDER

[www.macori.com/UHV](http://www.macori.com/UHV) is your service link for all important information.

**Preferred Providers (See Reverse for Filing Claims)**



This card is for policy identification purposes only. It is not a guarantee of benefits. (See reverse side for vision & Emergency Hotline information)

(Back)

**IF PAYING PREMIUM WITH CREDIT CARD, YOU MAY ENROLL ON-LINE AT [WWW.MACORI.COM/UHV](http://WWW.MACORI.COM/UHV) OR YOU MAY COMPLETE THIS SECTION AND MAIL DIRECTLY TO: Macori Administration—Voluntary College Premium, PO Box 71327, Philadelphia, PA 19176-1327.**

I authorize National Union Fire Insurance Company of Pittsburgh, Pa. to charge my student insurance premium

totaling \$ \_\_\_\_\_

Visa: \_\_\_\_\_

MasterCard: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Expiration Date of Credit Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Date: \_\_\_\_\_

**CLAIM FILING ADDRESS:**

**PROVIDERS:**

Macori Administration  
P.O. Box 2478, Spring, TX 77383-2478  
EDI# 22195

**STUDENTS FILE ONLINE AT:**  
[www.macori.com/UHV](http://www.macori.com/UHV)

**Telephone:** Houston Metro: 281-651-8787 OR Toll Free: 800-285-8133

**Pre-notification:** 877-266-7778

**Email:** [macori@macori.com](mailto:macori@macori.com)

[www.phcs.com](http://www.phcs.com)



**PREFERRED PROVIDER INFORMATION:**  
Private Healthcare Systems

Toll Free: 888-560-7427

**NON-INSURANCE SERVICES available at [www.macori.com/UHV](http://www.macori.com/UHV)**

- 24 Hr. Emergency Care Hotline—866-315-8756
- Vision—Amcore Vision Plan—800-354-8336
- Student Assist: US & Canada – 877-249-5362; Outside US & Canada – call collect 715-295-9625