

# U.S. Students Abroad Health Plan

For American Students Engaged in  
International Educational Activities

2007-2008

## To Enroll

by Mail, Phone, FAX or Online



HTH Worldwide

Brooks Jucha & Associates  
11405 West Benardo Court  
San Diego, CA 92127

[www.insuranceplans.com](http://www.insuranceplans.com)  
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Health Insurance for  
International Study

**Brooks Jucha & Associates**

HTH Worldwide Insurance Services

05/07

## Make Your Stay Abroad Safe and Healthy!

Each year, tens of thousands of U.S. students and scholars traveling outside of the U.S protect themselves with HTH insurance plans. Our plans combine comprehensive, competitively priced insurance protection with critical information and international medical assistance services to help you find and pay for quality healthcare services all around the world.

HTH Worldwide has carefully selected and contracted with over 4,500 physicians and hospitals in 178 countries outside the U.S. to serve our members.

HTH Worldwide Insurance Services administers these plans, delivering convenient customer service online and via a toll-free multilingual call center. Members can search for a doctor, view plan information, download forms and more.

## Why Choose HTH Worldwide?

### Leadership

HTH is a leader in global health insurance and assistance, serving hundreds of thousands of globalists annually.

### Highest Standards

Every aspect of HTH's insurance programs is designed to meet the highest expectations for quality and service.

### Good Value

HTH offers plans tailored to customers' needs and priced to meet most budgets.

## U.S. Students Abroad Health Plan

### Monthly Program Rates

Rates are subject to change.

IF PARTICIPANT IS	PARTICIPANT ONLY
Under Age 31	\$34
Age 31- 64	\$90

### ELIGIBILITY

Citizens of the United States who are students/scholars/faculty members and who are engaged in international educational activities outside of the United States

### HOW TO ENROLL

To enroll in this program, complete the enrollment form and **See back cover for details**. If enrolling by mail, attach a check or money order for the premium or include the credit card information on the enrollment form. If enrolling by facsimile, premium must be paid by credit card.

### EFFECTIVE DATES

Coverage will begin on the date requested in the enrollment form or the date the completed enrollment form and fees have been received by HTH Worldwide Insurance Services, whichever is later. Coverage is effective 24 hours a day while the Covered Person is outside the United States. Coverage will commence at 12:01 a.m. on the effective date of the insurance and terminate at 11:59 p.m. on the last date of coverage. Coverage will terminate on the earliest of the following dates: 1) upon termination of the Policy; 2) the date the participant ceases to meet eligibility requirements; 3) upon expiration of period of coverage requested in the enrollment form; 4) on the first date for which premium and fees have not been paid. **Facsimile: The coverage will be effective at 12:01 a.m. on the day which is at least 24 hours after the time and date of the receipt of the enrollment form.**

### OTHER INFORMATION

HTH Worldwide reserves the right to provide the name and other non-health-related information to the enrollee's sponsoring institution

### RENEWING COVERAGE

Coverage shall be continuous if acceptable renewal form and premium are received by HTH Worldwide Insurance Services prior to the expiration of coverage. There is a 31-day grace period in which to pay the premium due. Premiums will be based upon the attained age of the covered participant at the time of renewal. Any Covered Person whose coverage under the Policy lapses after the grace period shall be subject to all Policy exclusions as of any subsequent effective date. Renewals may be subject to a minimum premium payment.

## PLAN BENEFITS 2007-2008

SCHEDULE OF BENEFITS	Limits for Eligible Participant	DESCRIPTION OF GLOBAL HEALTH AND SAFETY RESOURCES
<b>MEDICAL EXPENSES</b>		<p><b>In addition to the insurance benefits, this plan provides Global Health and Safety Resources 24 hours a day, available online and via HTH Mobile Health <sup>SM</sup> on your hand held mobile device.</b></p> <ul style="list-style-type: none"> <li>• <b>Global 24-hour medical assistance</b>, including the evaluation and monitoring of medical treatment and comprehensive management of evacuations and repatriations.</li> <li>• Access to the <b>HTH Physician Community</b>, available in more than 180 countries. Use the HTH website to find a pre-qualified, English-speaking doctor in your destination.</li> <li>• Access to <b>CityHealth Profiles<sup>SM</sup></b>, which contain critical healthcare information, including vaccination requirements and emergency listings, for over 600 destinations outside the U.S.</li> <li>• Access to <b>Security Profiles</b>, which include up-to-date information about terrorism, kidnapping and threats, as well as advice on how to minimize risks in nearly 500 destinations.</li> <li>• Access to the <b>HTH Drug Translation Guide</b> Medications are given different brand names around the world, our guide will help you find the prescription or over-the-counter medication you need.</li> <li>• Access to <b>HTH Medical Phrase and Terms Translation Guide</b>. If you require medical care while traveling, HTH's medical phrase/term translation tools will help you communicate clearly with the doctor, nurse or pharmacist.</li> </ul>
Lifetime Maximum Benefits	\$250,000	
Policy Year Maximum Benefits	\$100,000	
Maximum Benefit per Injury or Sickness	\$100,000	
Basic Medical Expense Benefit per Injury or Sickness	Up to \$10,000 Maximum: 100% of Reasonable Expenses After Deductible	
Supplemental Major Medical Expense Benefit (SMM) per Injury or Sickness	After Basic Medical Expense Benefit Maximum has been paid, 80% of Reasonable Expenses up to an additional \$90,000 Maximum	
Pregnancy Coverage	Reasonable Expenses up to Maximum per Policy Year	
Deductible	\$50 per Injury or Sickness	
Benefit Period	After the Covered Person's effective date or until coverage terminates under the Policy, whichever is less	
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	Maximum Benefit Principal Sum up to \$10,000	
<b>REPATRIATION OF REMAINS</b>	Maximum Benefit up to \$15,000	
<b>MEDICAL EVACUATION</b>	Maximum Lifetime Benefit for all Evacuations up to \$50,000	
<b>BEDSIDE VISIT</b>	Up to a maximum benefit of \$1,500 for the cost of one (1) economy round-trip airfare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person	

## PLAN BENEFITS 2007-2008

### MEDICAL EXPENSES

Physician Office Visits	For Basic, After Deductible, 100% of Reasonable Expenses. For SMM Benefit, After Deductible, 80% of Reasonable Expenses
Inpatient Hospital Services Maximum payment for Intensive Care Facility up to \$1,000 per day	For Basic, After Deductible, 100% of Reasonable Expenses. For SMM Benefit, After Deductible, 80% of Reasonable Expenses
Hospital and Physician Outpatient Services	For Basic, After Deductible, 100% of Reasonable Expenses. For SMM Benefit, After Deductible, 80% of Reasonable Expenses

**BENEFITS LISTED BELOW ARE SUBJECT TO LIFETIME MAXIMUMS, ANNUAL MAXIMUMS, MAXIMUMS PER INJURY AND SICKNESS, DEDUCTIBLES, COINSURANCE, OUT-OF-POCKET MAXIMUMS AND PLAN TYPE LIMITS**

### MEDICAL EXPENSES

#### Limits - Covered Person

Maternity Care for a Covered Pregnancy	Reasonable Expenses
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to \$2,500 Maximum per lifetime
Outpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to \$500 Maximum per lifetime
Therapeutic termination of pregnancy	Reasonable Expenses up to \$500 Maximum per Policy Year
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$250 per tooth
Outpatient prescription drugs	50% of actual charge
Professional ground ambulance service to nearest hospital	Reasonable Expenses up to \$250 per Injury or Sickness

## POLICY EXCLUSIONS

The Insurer does not pay benefits for loss due to a Pre-Existing Condition during the first one (1) year of coverage. Pre-Existing Conditions will be covered after the Covered Person's coverage has been in force for one (1) year. This limitation does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit and to the Bedside Visit Benefit. Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Preventative medicines, routine physical examinations or any other examination where there are no objective indications of impairment in normal health, including routine care of a newborn infant
2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury
3. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eyeglasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury
4. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident
5. For diagnostic investigation or medical treatment for infertility, fertility or birth control
6. Expenses incurred in excess of Reasonable Expenses
7. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit
8. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit
9. Organ or tissue transplant
10. Participating in an illegal occupation or committing or attempting to commit a felony
11. For treatment, services, supplies or Confinement in a Hospital owned or operated by a national government or its agencies (This does not apply to charges the law requires the Covered Person to pay)
12. While traveling against the advice of a Physician, while on a waiting list for a specific treatment or when traveling for the purpose of obtaining medical treatment
13. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy
14. Expenses incurred within the Covered Person's Home Country
15. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia
16. Expenses incurred in connection with weak, strained or flat feet; corns; or calluses
17. Diagnosis and treatment of acne and sebaceous cyst
18. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture
19. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury
20. Self-inflicted Injuries while sane or insane; suicide; or any attempt thereat while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit
21. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; or civil commotion
22. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight
23. Elective termination of pregnancy
24. Loss arising from participation in professional sports, scuba diving, hang gliding, parachuting or bungee jumping
25. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred
26. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country
27. Expenses incurred for treatment of sports-related accidents resulting from interscholastic, intercollegiate, intramural, club or professional sports
28. Expenses incurred as a result of pregnancy that is not covered

## CANCELLATION and PREMIUM REFUNDS

**Ten-Day Money-Back Guarantee:** YOUR SATISFACTION IS GUARANTEED. If you are not completely satisfied with our product, simply return your Certificate or Policy of Insurance within ten days of receipt and include a letter indicating your desire to cancel. If you have not already used the insurance benefits, you will receive a full refund.

All other cancellations will only be allowed only if one of the following requirements are met: 1) proof of ineligibility is provided; or 2) cancellation occurs within the first 10 days from the effective date or most recent renewal date; or 3) the Covered Member requests cancellation in writing. If cancellation is after 10 days, premium will be refunded in whole months only for any unused portion of the enrollment period.

**This brochure describes the benefits under the plan of insurance. This is not a contract of insurance. Coverage is governed by a policy of blanket accident and sickness insurance underwritten by UniCare Life & Health Insurance Company, and issued to the Global Citizens Association. Complete information on the insurance is contained in Policy No. U-1118-A-07 which will be provided to you as evidence of coverage under the policy.**

Any provision of this plan as described that may be in conflict with the laws of the state where the purchaser is located will be administered to conform with the requirements of that state's laws, including mandated state benefits. Therefore, Participants may be entitled to additional benefits.

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### Monthly Program Rates

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IF PARTICIPANT IS	PARTICIPANT ONLY
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Age 31 - 64	\$90

The Administrator is **HTH Worldwide**

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Radnor, PA 19087

**1.888.243.2358**

**FAX 1.610.254.8797**

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Insurance Underwritten By



This blanket accident and sickness policy is underwritten by the UniCare Life & Health Insurance Company

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**UniCare Life & Health Insurance Company**, 233 S. Wacker Dr., Suite 3900, Chicago, IL 60606. NAIC #842-80314 UniCare is licensed in all states, the District of Columbia and Puerto Rico.

# U.S. Students Abroad Health Plan

## Enrollment Form for American Students Abroad

PLEASE PRINT - ANSWER ALL QUESTIONS. YOUR APPLICATION WILL BE RETURNED IF ALL QUESTIONS ARE NOT ANSWERED.

### PERSONAL INFORMATION

Name of Participant \_\_\_\_\_ Gender:  M  F Date of Birth \_\_\_\_\_  
(First) (Middle) (Last) (Month) (Day) (Year)

Mailing Address \_\_\_\_\_  
(Street) (Room/Apt.#) (City) (State) (Zip)

Home Phone ( ) \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Have you previously been insured by HTH Worldwide Insurance Services?  Yes  No If yes, provide certificate number \_\_\_\_\_

### ADDITIONAL INFORMATION

Status:  Graduate  Undergraduate  Scholar  Faculty  Trainee  Other (Describe) \_\_\_\_\_

Home Country \_\_\_\_\_ Host Country \_\_\_\_\_

Name of School or Organization Affiliation in Host Country \_\_\_\_\_

### COVERAGE INFORMATION

I WISH TO ENROLL FOR INSURANCE UNDER THE TERMS OF THE MASTER POLICY AS FOLLOWS:

I want my insurance to begin on \_\_\_\_\_ and to continue for a period of \_\_\_\_\_ Months  
(Month) (Day) (Year)

### ACCIDENTAL DEATH AND DISMEMBERMENT

Participant's Beneficiary \_\_\_\_\_  
(Name and Relationship)

MONTHLY PREMIUM from table on previous panel	\$ _____
Multiply by Whole Months of coverage	X _____
<b>Total Premium Enclosed</b>	<b>\$ _____</b>

### PAYMENT INFORMATION

METHOD OF PAYMENT:  CHECK (make payable to "HTH Worldwide")  MONEY ORDER Credit Cards:  MASTERCARD  VISA  AMEX  DISCOVER

If credit card, I authorize HTH Worldwide Insurance Services to bill my account for the Total Premium.

CARD# \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_  
(Signature of Cardholder if different from Participant)

I hereby certify that, as the proposed participant, I am a U.S. Citizen and that I am engaged in international educational activities outside of the United States .

Further, I understand that a participant whose coverage under this policy lapses shall be subject to all policy exclusions as of any subsequent effective date, and

I understand that the Company will not pay benefits for one (1) year for Pre-Existing Conditions.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature of Participant \_\_\_\_\_



This blanket accident and sickness policy is underwritten by the UniCare Life & Health Insurance Company

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### ENROLL

by Mail, Phone, Fax or Online

See back cover for details.

For Agent's use only.

Brooks Jucha & Associates

Agent # 31860