



**NEW YORK UNIVERSITY**

# **Study Abroad Insurance Program 2008 – 2009**

Blanket Student Accident and Sickness Insurance

*Administered by:*

**HTH Worldwide**

One Radnor Corporate Center, Suite 100  
Radnor, PA 19087  
1.888.243.2358

***hthstudents.com***

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. HM-3049-A-08. This is not a contract of insurance. Coverage is governed by an insurance policy issued to New York University underwritten by HM Life Insurance Company of New York, New York, NY, NAIC #0812-60213 under policy form HM207-SI. Complete information on the insurance is contained in the Certificate of Insurance on file with the school. If there is a difference between this program description and the certificate wording, the certificate controls.

## **WHO IS ELIGIBLE FOR COVERAGE?**

All regular, full-time Eligible Participants and their Eligible Dependents of the educational organization or institution who: 1. Are engaged in international educational activities; and 2. Are temporarily located outside his/her Home Country as a non-resident alien; and 3. Have not obtained permanent residency status. The Definition of Eligible Participant will be expanded to include coverage for non-US citizens participating in a New York University program in their Home Country.

## **WHEN DOES COVERAGE START?**

Coverage for an Eligible Participant and or an Eligible Dependent starts at 12:00:01 a.m. on the latest of the following: 1. The effective date of the Policy; or 2. The Participating Organization's or Institution's Effective Date; 3. The effective date shown on the Insurance Identification Card, if any; 4. The date the premium and completed enrollment form, if any, are received by the Insurer or the Administrator. Thereafter, the insurance is effective 24 hours a day, worldwide except whenever the Covered Person is in his/her Home Country. In no event, however, will insurance start prior to the date the premium is received by the Insurer.

## **WHEN DOES COVERAGE END?**

Coverage for an Eligible Participant will automatically terminate on the earliest of the following dates: 1. The date the Policy terminates; 2. The Participating Organization's or Institution's Termination Date; 3. The date of which the Eligible Participant ceases to meet the Individual Eligibility Requirements; 4. The end of the term of coverage specified in the Eligible Participant's enrollment form, if any, including any requested extension; 5. The date the Eligible Participant leaves the Country of Assignment for his/her or her Home Country; 6. The date the Eligible Participant requests cancellation of coverage (the request must be in writing); or 7. The premium due date for which the required premium has not been paid, subject to the Grace Period provision.

## **WHAT TO DO IN THE EVENT OF AN EMERGENCY**

All Eligible Participants are entitled to Global Assistance Services while traveling outside of their Home Country. In the event of an emergency, they should go immediately to the nearest physician or hospital without delay and then contact HTH Worldwide. HTH Worldwide will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact HTH Worldwide in the event of an emergency, call 1.800.257.4823 or collect to +1.610.254.8771.

## ***hthstudents.com***

Once an Eligible Participant is enrolled, they will receive an email notification from HTH Worldwide. They should visit ***hthstudents.com***, and using the certificate number provided on the email, sign in to the site for comprehensive information and services relating to this plan and to print their Medical Insurance Card. Participants can track claims, search for a doctor, view plan information, download claim forms and read health and security information

## **CLAIMS SUBMISSION**

Claims are to be submitted to HTH Worldwide, Attn: International Claims, One Radnor Corporate Center, Suite 100, Radnor PA 19087, USA. See the ***hthstudents.com*** website for claim forms and instructions on how to file.

## WHAT IS COVERED BY THE PLAN?

### Schedule of Benefits – Table 1

	Limits Eligible Participant
<b>MEDICAL EXPENSES</b>	
Lifetime Maximum	\$1,000,000
Policy Year Maximum Benefits	\$100,000
Maximum Benefit per Injury or Sicknesses	\$100,000
Deductible	\$0 per Injury or Sickness
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	Maximum Benefit: Principal Sum up to \$25,000 for Participant; up to \$5,000 for Spouse; up to \$1,000 per Child(ren)
<b>REPATRIATION OF REMAINS</b>	Maximum Benefit up to \$100,000
<b>MEDICAL EVACUATION</b>	Maximum Lifetime for All Evacuations up to \$250,000

### Schedule of Benefits – Table 2 – Medical Expenses

	Indemnity Plan Limits
Physician Office Visits	100% of Reasonable Expenses
Inpatient Hospital Services	100% of Reasonable Expenses
Hospital and Physician Outpatient Services	100% of Reasonable Expenses

### Schedule of Benefits – Medical Expense Benefits

Benefits listed below are subject to Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness, Co-Insurance, Deductibles, Out-of-Pocket Maximums; and Table 2 Plan Type Limits

MEDICAL EXPENSE	Limits – Covered Person
Maternity Care for a Covered Pregnancy	Reasonable Expenses
Inpatient treatment of mental and nervous disorders	Reasonable Expenses for a maximum period of 30 days per policy year
Outpatient treatment of mental and nervous disorders	Reasonable Expenses up to \$5,000 Maximum per policy year
Outpatient Crisis Intervention Services related to treatment of Mental/Nervous	Reasonable Expenses for up to 3 psychiatric emergency visits per Policy Year. Each visit will reduce the number of visits available under Outpatient Treatment of Mental/Nervous Conditions
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to \$5,000 Maximum combined for Inpatient and Outpatient care, up to 30 days immediately following the attending Physician's release for rehabilitation following a covered Hospital Confinement
Therapeutic Termination of Pregnancy	Reasonable Expenses up to \$500 Maximum per Policy Year
Routine nursery care of a newborn child of a covered 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 \$500 per Policy Year maximum
Outpatient prescription drugs including oral contraceptives and devices	100% of actual charge

## **PRE-EXISTING CONDITION**

The Insurer does pay benefits for loss due to a Pre-Existing Condition.

## **WHAT IS NOT COVERED?**

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. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment. This exclusion does not apply to a congenital condition or anomaly of an Eligible Participant's child insured under the Policy that resulted from a functional defect.
2. Participating in a felony.
3. 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.)
4. Expenses incurred within the Covered Person's Home Country will be excluded for US citizens.
5. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction that is dental in nature or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless they result directly from an Injury which necessitated medical treatment. This exclusion does not apply to treatment due to a congenital condition or anomaly.
6. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
7. Outpatient treatment for care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion or subluxation for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertabral column.
8. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; or riot.
9. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
10. Elective termination of pregnancy.
11. 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.
12. Expenses incurred as a result of pregnancy that is not covered.

## **Additional Services:**

If a Covered Person is Hospital Confined due to an Injury or Sickness for more than 7 days, is likely to be hospitalized for more than 7 days or is in critical condition, while traveling outside of his/her home country, the Insurer will pay up to \$5,000 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one person designated by the Covered Person. Payment for meals, ground transportation and other incidentals are the responsibility of the family member or friend.

With respect to any one trip, this benefit is payable only once for that trip, regardless of the number of Covered Persons on that trip. The determination of whether the Covered Member will be hospitalized for more than 7 or is in critical condition shall be made by the Administrator after consultation with the attending physician. No more than one (1) visit may be made during any 12 month period. No benefits are payable unless the trip is approved in advance by the Plan Administrator.