

2009/2010

**Accident & Sickness Insurance Plan Summary
for
International Students
attending
North Dakota University System**

Important things to remember:

1. You will be **automatically enrolled** in the International Student Accident and Sickness Insurance Plan during class registration and the premiums will be added to your student fees.
2. If you wish to **enroll your dependents in the plan**, you may do so at the time you enroll in the insurance plan by submitting a completed International Dependent Accident and Sickness Insurance Enrollment Form with the full premium for the coverage period selected to Student Assurance Services, Inc., P.O. Box 196, Stillwater, MN 55082.

Late Enrollment - Dependents may also be enrolled within 30 days of: the dependent's date of arrival in the United States; their involuntary loss of coverage under another health insurance plan; marriage; or the birth or adoption of a child. Contact Student Assurance Services, Inc. at (800) 328-2739 for premium rates and enrollment information for these situations.

3. Once you are enrolled in the insurance program, **you will receive two identification cards in the mail. One is your insurance card and one is your travel assistance card.** Keep your insurance card with you when you go to the doctor. They will want to see this card to know what kind of insurance you have. The other card is attached to the Global Emergency Services brochure. You should detach this card also and keep it with you. The Global Emergency Services program helps you if you become seriously ill and need a medical escort to your home country after hospitalization; if you are hospitalized for more than seven days and you wish a family member to come to be with you, they will assist you with this process; in case of death, they will help with legal formalities and return mortal remains to your home country. They list other services in their brochure, but the most important thing to remember is that they must be notified **FIRST**. They will not reimburse you for any services you pay for....they must arrange all services for you.
4. Along with your insurance identification card and your Global Emergency Services card, **you will receive information about a nurse help telephone line called Ask Mayo Clinic.** You can call to talk to a nurse about your medical concerns 24 hours a day, 7 days a week.
5. **General questions about this policy, call Nicole Evans at Vaaler Insurance, (701) 775-3131.**
6. **Questions about your claim, call Kristen: (800) 328-2739, extension 228.**
7. **Pre-existing conditions are not covered** until you have been continuously covered under the school's insurance plan for 6 consecutive months.
8. Student Assurance Services has a web page (**www.sas-mn.com**) that can provide you with:
 - a. A student medical insurance brochure.
 - b. Your coverage and your claim information.
 - c. Claim Form – A claim form is not always necessary to complete but may be requested.
 - d. You can request an additional Identification Card if you misplace your card.
 - e. For \$30 you can purchase a discount card for dentists, vision products and prescription drugs. Your student insurance plan does not cover dental exams and dental treatment (except for a dental injury) or eyewear. If you are on some type of maintenance medication or have a pre-existing condition that will not be covered by the student insurance plan, you may want to consider purchasing the discount card. It is called Best Benefits Discount Card.
 - f. **Check the list of providers online to see if this discount card can benefit you.**

MEDICAL BENEFITS PER CONDITION
Maximum - \$100,000 For Students, \$50,000 for Dependents
\$50 Deductible Each Injury or Sickness
(Deductible is waived if first treated by the Student Health Service, Campus Nurse or Health Office.)

BASIC INJURY OR SICKNESS BENEFITS \$50,000 Maximum Benefit Each Injury or Sickness

COVERED SERVICES INJURY or SICKNESS BENEFIT LIMITS

I. INPATIENT

- a. HOSPITAL ROOM AND BOARD PPO Allowable; non-PPO Semi-private Room Rate, up to \$750/day
- b. INTENSIVE CARE PPO Allowable; non-PPO 2 times Semi-private Room Rate
- c. HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, therapeutic services, supplies, radiology, pathology) PPO Allowable; non-PPO U&C
- d. SURGICAL TREATMENT (does not include Assistant Surgeon) PPO Allowable; non-PPO U&C
- e. ANESTHETIST PPO Allowable; non-PPO U&C
- f. PRIVATE DUTY NURSE (when medically necessary) Paid under 1.a. or 1.b.
- g. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery) PPO Allowable; non-PPO U&C
- h. PHYSIOTHERAPY (includes chiropractic treatment) PPO Allowable; non-PPO U&C; up to \$2,500
- i. MATERNITY BENEFITS (conception must occur while coverage is in force) Same as any Sickness
- j. MENTAL AND NERVOUS DISORDERS AND SUBSTANCE ABUSE Paid under Mandated Benefits

II. OUTPATIENT

- a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS PPO Allowable; non-PPO U&C
- b. SURGICAL TREATMENT (does not include Assistant Surgeon) PPO Allowable; non-PPO U&C
- c. ANESTHETIST PPO Allowable; non-PPO U&C
- d. PHYSICIAN'S NON-SURGICAL VISITS, (1 visit/day - not paid day of Surgery, includes injections) PPO Allowable; non-PPO U&C
- e. PHYSICAL THERAPIST (includes chiropractic treatment) PPO Allowable; non-PPO U&C; up to \$2,500
- f. HOSPITAL EMERGENCY ROOM PPO Allowable; non-PPO U&C
- g. DIAGNOSTIC, X-RAY, AND LAB SERVICES PPO Allowable; non-PPO U&C
- h. CHEMOTHERAPY AND RADIATION THERAPY PPO Allowable; non-PPO U&C
- i. MATERNITY BENEFITS (conception must occur while coverage is in force) Same as any Sickness
- j. MENTAL AND NERVOUS DISORDERS AND SUBSTANCE ABUSE (1 visit/day) Paid under Mandated Benefits

III. OTHER

- a. AMBULANCE SERVICES (ground service only) PPO Allowable; non-PPO U&C
- b. BRACES AND ORTHOPEDIC APPLIANCES (when prescribed by the attending physician, excludes replacements) PPO Allowable; non-PPO U&C
- c. DENTAL TREATMENT (Injury Only, Includes X-rays; does not include biting or chewing injuries) U&C, up to \$250/tooth
- d. PRESCRIPTION DRUGS (Outpatient, 30 day supply/prescription) U&C
- e. CHEST X-RAY REQUIRED FOR TB SCREENING PPO Allowable; non-PPO 100% of U&C
- f. MOTOR VEHICLE INJURY Same as any Injury
- g. INTERCOLLEGIATE SPORTS INJURY Same as any Injury

MAJOR MEDICAL BENEFITS (Students only) \$ 100,000 Maximum Lifetime Benefit Each Injury or Sickness

After the Company has paid \$50,000 under PART A, the Company will then pay 100% of the PPO Allowable for charges incurred for covered services, from a PPO provider, and 90% of the Usual and Customary Charges (U&C) incurred for covered services received from a non-PPO provider, up to a Maximum Lifetime Benefit of \$100,000 for each Injury or Sickness. This maximum includes benefits paid under PARTS A and B. No benefits are payable for Mental or Nervous Disorders and Substance Abuse in excess of Mandated Benefits levels; Motor Vehicle Injuries; or Dental Treatment.

PPO Allowable is a discounted rate negotiated between the health care provider and the Preferred Provider Organization (PPO). This plan uses PreferredOne as its PPO. A listing of PreferredOne physicians and hospitals can be found on the PreferredOne website - www.preferredone.com. You can always call the business office of a doctor or facility and ask them if they are part of the PreferredOne network.

Usual and Customary (U&C) is the average rate charged for similar or same services in the geographic region where the services are received.