HOUSTON COMMUNITY COLLEGE

Procurement Operations
3100 Main St.
Houston, TX 77002

Solicitation Amendment No. 003

To: Prospective Bidder/Offeror:	**Date:**
Prospective Proposers	11/29/2016
Project Title:	**Project No.:**
International Students Health Insurance Services	RFP 17-27

Included by reference are the following:

- Questions & Answers No. 1, dated November 29, 2016;
- Current and prior year student health insurance plan brochures for 2017 through 2011;
- Waiver Process;
- International Student Insurance Data; and
- Updated Loss Run

Except as provided herein, all terms and conditions of the solicitation remain unchanged and in full force and effect.

Company Name (Bidder/Offeror):	
Signed by:	**Date:**
Name (Type or Print):	**Title:**

REQUEST FOR PROPOSAL

PROJECT NO. RFP 17-27

INTERNATIONAL STUDENTS HEALTH INSURANCE SERVICES

QUESTIONS AND ANSWERS NO. 1

Date: November 29, 2016

To: Prospective Respondents

From: Procurement Operations Department, Houston Community College

Subject: Questions and Answers Responses

1. Please provide the last five years of premiums and losses for the program.

   Answer: This information is included below.

2. What is the current master policy for the program?

   Answer: Exhibit 3 includes the renewal binder letters.

3. Have there been any benefit changes for the past five years?

   Answer: Yes. Multiple changes have been made. Plan brochures for the each Academic Year beginning with 2011/2012.

4. What is the enrollment number for the last five years?

   Answer: See Exhibit 10 for health plan enrollment for each academic term. This exhibit includes the past 5 years of information including semester dates, premiums, and enrollment. It also includes the number of students who had approved waivers of healthcare coverage but were required to purchase repatriation coverage.

5. Can you provide the premium/claims history for the last three years?

   Answer: This information is included. . More detailed claim data has been requested from the current carrier and will be posted when available.

6. Can you provide the current and the past two years plan design/brochures?

   Answer: This information is included below.

7. What is the current and past two years student premium rate?

   Answer: This information is included below.

8. What is the number of international students insured over the last three years?

   Answer: This information is included below.

9. Is a contracted employee required to be on site, and if so, how will the fee be handled?

   Answer: A contracted employee is not required to be on site. All fees must be included in the premium.

10. What type of ACA client plan does HCC require?

    Answer: HCC will consider both ACA compliant and non ACA compliant plans.

11. What is your main reason for issuing this RFP?

    Answer: HCC procurement procedures require an RFP since the contract with the current vendor expires at the conclusion of this Academic Year.

12. In Exhibit 2, you provide the total premium by year - can you confirm what pages 3 through 7 represent? Is this the loss by year starting with page 3 representing the total losses in 2011-2012 and so on through each year?

    Answer: This information is included below.

13. Do you plan to cover dependents on the plan? If so can you please provide demographic details for them?

    Answer: Dependent coverage is not required and is not available in the current plan so no demographic data is available. Dependent coverage may be offered by the vendor but enrollment will be on an optional basis. Enrollment of dependents must be completed directly between the vendor and the student/dependent.

14. Could you also shed more light as to what your preferences are when it comes to ACA compliant versus non-ACA compliant plans?

    Answer: HCC currently has an ACA compliant plan. HCC will consider both ACA compliant and non ACA complaint plans. The Scope of Services item "n" specifies that differences between the vendor's proposed solution and the coverage detailed in the remainder of the Scope of Services should identify the differences and the benefit to the student.

15. Could you provide additional details to the loss run report, similar to the AIG report?

    Answer: A detailed loss run has been requested from the current vendor and will be posted when available.

16. How many waivers do you have each semester?

    Answer: The number of waivers varies by semester but has been 60 or fewer each semester.

17. Will HCC require oral presentations?

    Answer: A final determination of the need for oral presentations has not yet been made.

18. If my firm only submit ACA compliance plan, is the current plan a good starting point?

    Answer: HCC will consider all plans that meet the scope of services.

19. Please clarify the request for ACA certificate?

    Answer: A statement from the vendor that the proposed plan is or is not an ACA compliant plan will be sufficient to meet the requirement of RFP Item 3.d "Document Submission – Affordable Care Compliance Act Certificate."

20. Could you provide information regarding your current waiver program?

    Answer: This information is included below.

21. How many appeals do you have in a semester?

    Answer: The number of appeals varies by semester but has been 15 or fewer each semester.

22. Does HCC provides criteria for student coverage?

    Answer: All F-1 students who meet the requirements of Exhibit 1 must enroll in coverage or have an approved waiver. Additional eligibility requirements such as minimum attendance requirements should be specified in the proposal. The eligibility requirements for the current year are included in the Plan Brochures.

23. Please provide the semester dates for the 2017/2018 academic year. We provide a daily rate based on the actual days in the semester.

    Answer: This information is included below.

24. Please provide incurred and paid claims for each of the last 3 years and the current academic year.

    Answer: Exhibit 2 has been updated with page headings to clearly identify plan years. A detailed loss run has been requested from the current vendor and will be posted when available. Claims data for the current year is included.

25. Please provide the last 3 years enrollment history. Can you provide a census with age bands as well?

    Answer: Enrollment data is included. Age bands are not collected.

26. How many students will typically waive each term with comparable coverage?

    Answer: Each semester term there are around 60 students waived with comparable coverage.

27. Is there a particular reason the annual premium nearly doubled from 2014/2015 to 2015/2016?

    Answer: The driving force behind the rate increase was due to high utilization of plan.

28. Can you provide claims history and summary for any claim over $25,000 for the 2013-14, 2014-15, 2015-16, and 2016-17 policy years?

    Answer: We have requested this information from the current carrier and will post it when it becomes available.

29. Were there any significant plan changes in the last 3 years?

    Answer: Yes, multiple changes have been made. Plan brochures for the each Academic Year beginning with 2011/2012 are included. The brochures describe the eligibility requirements, plan costs and coverage periods, network and schedule of benefits for each Plan Year.

30. Does the school have a separate plan for intercollegiate sports?

    Answer: Yes, coverage is with another carrier.

31. How many intercollegiate athletes on currently on the international student insurance plan?

    Answer: None.

32. How many dependents are currently enrolled in the international plan?

    Answer: None. Dependent coverage was not offered in the plan this year.

33. What is the deadline for students to waive?

    Answer: For the Fall Semester 2016 the waiver application deadline was September 16, 2016. Waiver deadlines are set by the office of international student services every year. The dates for previous semesters are included in the plan Brochures.

34. Does the school require students to pay for the health insurance when they pay for tuition?

    Answer: Yes.

35. What is the deadline for students to pay for the health insurance?

    Answer: Health insurance is paid during the period student enroll in classes for the semester.

36. How many days usually from the semester start date, until the school provides a final enrollment for the insurance?

    Answer: The final enrollment for insurance is provided within 5 days following the end of the eligibility period. The eligibility period for Fall Semester 2016 was 45 days.

37. Can you verify if the claims are for the entire population of HCC or it is only the inbound study abroad students?

    Answer: All students with an F-1 Visa that are enrolled in 9 credit hours or more are included in the current academic year data unless they have an approved waiver. Prior years include all enrolled students with an F-1 Visa except those with an approved waiver.

38. Can you provide the number of members covered for the last three years?

    Answer: This information is included below.

39. Can you provide dates to the coverage periods requested on page 12 – so that we can provide exact rate for fall, spring and summer semester?

    Answer: This information is included below.

40. Need to find out how many international students are actually enrolled on the plan today?

    Answer: The number of students presently enrolled in the healthcare plan for Fall Semester 2016 is 4,482.

41. Are both ACA and Non-ACA compliant plans are being accepted?

    Answer: Yes.

42. Do you want a matching plan or are you open to alternate plans?

    Answer: We are open to plans that meet the scope of services. It does not need to be identical to the current plan.

43. How many years have they sponsored a student health plan? Have they just covered F1 and J1?

    Answer: Six (6) Years. HCC requires enrollment for F-1 and J-1 students. Enrollment for other students and dependents can be made available by the vendor but will not be required by HCC. The plan brochures included provide details regarding the availability of the plan for optional groups in past years.

44. RFP mentions International students F1 and J1 are hard waiver, is this correct, will you entertain domestics?

    Answer: Yes hard waiver for F-1 and J-1. We will entertain domestics on an optional basis.

45. RFP states dependents can sign up for plan outside of HCC and no rates for dependents or a breakdown of enrolled?

    Answer: Dependent coverage can be offered but outside of HCC. Rates for dependents should be listed so enrolled students will have information for their families.

46. Do they currently have or need continuation?

    Answer: Do not have continuation of coverage for next year.

47. Do they have Adult Dental, if so with who and benefits? If not, are they interested?

    Answer: No other than limited benefits described in Exhibit 9. Adult dental can be proposed.

48. Is this a narrow network PPO with AIG?

    Answer: The network is a PPO from Cigna. A listing of the network providers can be found at www.cigna.com.

49. Do they have a consultant or broker currently? If so who and what commission if any?

    Answer: No. There is an account manager who answers questions and communicates with the underwriter on behalf of HCC. HCC does not pay a commission.

50. Please provide month by month enrollment, separated by student and dependents, for the 2013-14, 2014-15, 2015-16, and 2016-17 policy years.

    Answer: Enrollment data on a semester basis is included. HCC pays an invoice for students only and does not have data regarding dependents.

51. Through what month of the policy year are the paid claims reports?

    Answer: Data provided is through October 31, 2016.

52. Is AIG offering a renewal?

    Answer: HCC procurement procedures require the issuance of an RFP at this time so HCC did not request a renewal from AIG.

53. Are administrative fees included in the rates? If so, please identify the amount for the 2013-14, 2014-15, 2015-16, and 2016-17 policy years.

    Answer: All fees must be included in the premium so a separate breakout of administrative fees is not available.

54. Please provide the 2014-15 and 2013-14 policy year rates.

    Answer: This information is included below.

55. Does the total premium reported include commission, if so how much?

    Answer: The premium must include all fees. HCC does not pay a commission.

56. Please provide the Top 25 providers, by paid amounts, for the 2015-16 policy years.

    Answer: We have requested this information from the current carrier and will post it if it becomes available.

57. Please provide month by month paid claims for the 2013-14, 2014-15, 2015-16, and 2016-17 policy years.

    Answer: We have requested this information from the current carrier and will post it if it becomes available.

58. How are the waivers being managed by your current carrier?

    Answer: The waiver process is included below.

59. Once a waiver is accepted by the insurance company, does HCC manually remove the charge from the student's bill or is it done electronically.

    Answer: HCC manually removes the charge from the student's account.

60. When a student challenges or appeals a waiver, what is the process and who makes the final decision?

    Answer: The student can fill out an appeals application form. This form must be sent to risk management for the appeals committee to review all appeals application each semester. This committee will approve or disapprove applications.

61. If an intern program is implemented, who would be the point of contact at HCCS?

    Answer: Point of contact would be The Office of international Student Services.

62. It is our understanding that most communication is done electronically. Will HCCS require paper brochures and claim forms for each campus? If so, how many will be requested?

    Answer: Yes most communication is done electronically and the use of electronic claims forms is acceptable. In addition to an electronic copy of the brochure approximately 1,000 paper copies are required each year.

63. What is the total number of students enrolled in the plan for each of the past 3 years? This is to include, fall, spring and summer semesters.

    Answer: This information is included below.

64. Are Dependents and spouses required to enroll online or through HCCS?

    Answer: Enrollment of dependents and spouses must be done online without the involvement of HCC.

65. Would HCCS consider offering a standalone Domestic Student Accident only policy?

    Answer: Yes.

66. How many students enroll in your standalone needle stick policy and what are the claims for the last 3 years?

    Answer: Health Services students participating in classroom study and job training are covered by another policy. The number of claims is presently unavailable.

67. Is it possible to get more detailed loss data from your current carrier? To include number of claims, size of claims, network discounts, provider discounts and shock (Large) claims, etc.?

    Answer: We have requested this information from AIG and will post it when it becomes available.

68. How many claims did your Travel Assist Program process each of the past 3 years?

    Answer: We have requested this information from AIG and will post it when it becomes available.

69. How many students purchased the optional repatriation and medical evacuation policy?

Answer: There is no optional repatriation and medical evacuation policy. The plan must include repatriation and medical evacuation in the premium and it is required of all F-1 and J-1 visa holders at HCC. Some students have approved waivers for healthcare coverage but do not have repatriation or medical evacuation coverage. These students must purchase the stand alone repatriation/evacuation coverage. The number of students in this category is included.

70. Does HCCS hold orientation meetings for these students?

Answer: Yes. Orientation meetings are held for fall, spring and summer semesters. The insurance vendor is expected to participate in these orientation sessions. For spring and fall semesters two orientations are held due to the large number of students.

71. Can HCCS provide the successful carrier a list of students, their I-20 and current copy of their visa prior to the effective date of the policy to accommodate a seamless transition from carrier to carrier?

Answer: Proposals should include an implementation plan to facilitate a seamless transfer to the new plan. HCC will provide the information necessary to facilitate the enrollment of students into the plan.

Houston Community College

("the Policyholder")

2016 – 2017
Student Health Insurance Plan for International Students

("the Plan")

Administrator Group Number: S216016
Underwriter Reference Number: CAS 9151584

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

Please keep this brochure as a general summary of the insurance. This brochure is only a brief description of the coverage available under policy series S30749NUFIC-PPO-TX (Rev 4-16). The Policy on file at Houston Community College contains all of the definitions, reductions, limitations, exclusions and termination provisions. If there is any conflict between the contents of this brochure and the Policy, the Policy shall govern. A copy of the Policy will be available to the Covered Student in his or her online account at http://studentinsurance.com/Apps/Schools/Default.aspx?ID=322 or upon request. Travel Assistance services provided by Travel Guard Group, Inc. ("Travel Guard"). Insurance and services provided by member companies of American International Group, Inc. For additional information, please visit our website at www.AIG.com.

Revised 9/14/2016

AIG

HCC
HOUSTON COMMUNITY COLLEGE

PROGRAM OVERVIEW

This brochure provides a brief description of the International Student Health Insurance Plan for eligible international students at Houston Community College. The Policy on file with the College contains complete details of the coverage and is the governing document. Inspection of the Policy may be made during business hours at the Office of International Student Service. A copy of the Policyholder's Policy is also on file within the Covered Student's online account at http://studentinsurance.com/Apps/Schools/Default.aspx?ID=322.

ELIGIBILITY

All international students holding an "F-1" visa and enrolled for a minimum of nine (9) credit hours at Houston Community College will be automatically enrolled in and billed each semester for coverage under the Plan unless a waiver of coverage has been submitted and approved online at www.studentinsurance.com/Apps/Schools/Default.aspx?ID=322by the waiver deadline date each semester. **The waiver deadline dates are as follows: Fall: 9/19/16; Spring/Summer: 2/13/17 and Summer Only: 6/5/17.** Waiver procedures are available online at www.studentinsurance.com/Apps/Schools/Default.aspx?ID=322 . **NOTE: No waivers will be accepted after the waiver deadline date.**

A student who initially waived coverage under the Plan but subsequently experiences ineligibility under another creditable coverage plan may elect to enroll for coverage under the Plan within 31 days of the date of ineligibility under another creditable coverage. Proof of ineligibility under another creditable coverage is required at the time the enrollment form is submitted. For more information, an eligible student should contact Consolidated Health Plans at 1-877-657-5030

An eligible student must actively attend classes at the College for at least the first 45 days of the period for which he or she is enrolled. Students who fully withdraw after such 45 days will remain covered under the Plan and no refund will be made. Eligibility requirements must be met each time premium is paid to continue coverage. The Company maintains the right to investigate student status and attendance records to verify that the Plan eligibility requirements have been met. If it is discovered that the Plan eligibility requirements have not been met, the Company's only obligation is to refund premium, less any claims paid.

PLAN COSTS AND COVERAGE PERIODS

Coverage Period	Fall *8/22/16 to 1/16/17	Spring/Summer 1/17/17 to 8/21/17	Summer Only (new students to the College in the Summer only) 6/5/17 to 8/21/17
Student Only	$790	$1,149	$409

**8/24/16 for students maintaining continuous coverage from the previous policy period*

PLAN YEAR

The Plan commences at 12:01 a.m. on August 22, 2016* and terminates at 11:59 p.m. on August 21, 2017.

**August 24, 2016 for students maintaining continuous coverage from previous policy period.*

The coverage of an eligible student, including the student who initially waived coverage and subsequently enrolls within 31 days of ineligibility under another creditable coverage, shall take effect at 12:01 a.m. on the latest of the following dates: (1) the Policy Effective Date; (2) the day after the date for which the first premium for the Covered Student's coverage is received by the Company; (3) the date the Policyholder's term of coverage begins; or (4) the date the Student becomes a member of an eligible class of persons as described in the Description of Class section of the Schedule of Benefits in the Policy on file with the College.

Insurance for a Covered Student will end at 11:59 p.m. on the first of these to occur: (a) the date the Policy terminates; (b) the last day for which any required premium has been paid, subject to the grace period; or (c) the date on which the Covered Student withdraws from the school: (1) because of entering the armed forces of any country (premiums will be refunded on a pro-rata basis (less any claims paid) when written request is made); or (2) when the withdrawal from the College is during the first 45 days of the period for which the student is enrolled (a full refund of premium will be made (less any claims paid) when written request is made); or (3) because of departure from the College for his or her home country (premiums will be refunded on a pro-rata basis (less any claims paid) only upon written proof from the College that the Covered Student is no longer an eligible person).

If withdrawal from the College is for other than (1), (2) or (3) above, no premium refund will be made. Students will be covered for the Plan term for which they are enrolled and for which premium has been paid.

EXTENSION OF BENEFITS

If a Covered Person is Totally Disabled as a result of Sickness or Injury on the date the Plan terminates, Eligible Expenses shall include charges incurred for the treatment of that Sickness or Injury, but only until the earliest of: (1) the end of the Sickness or Injury that caused the Total Disability; (2) the end of a 90 day period following the date the Plan terminates; or (3) the date the applicable Maximum Amount is reached.

If a Covered Person is confined to a Hospital on the date his or her coverage terminates, benefits will be payable for the Eligible Expenses incurred during the continuation of that Hospital Confinement. Such benefits will be payable until the earliest of: (1) the date the Hospital Confinement ends; (2) the end of the 90 day period following the date his or her 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 Plan or any other health insurance policy in the ensuing term of coverage.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy or this brochure which is in conflict with the statutes of the state in which the Policy is delivered or issued for delivery is amended to conform with the requirements of those state statutes.

COORDINATION OF BENEFITS

The Plan will coordinate benefits with any valid collectible insurance or plan as outlined in the Policy, which is available at the Office of International Student Services.

STATE MANDATED BENEFITS

The Plan covers all applicable state mandated benefits. For details, see the Policy on file within your student account at http://studentinsurance.com/Apps/Schools/Default.aspx?ID=322.

PREFERRED PROVIDER ORGANIZATION (PPO) CIGNA NETWORK

Please note that the PPO network for the Plan is Cigna Network.

The Plan has incorporated into the coverage access to the Cigna Network of Hospitals and Doctors (PPO), which is the Preferred Provider Organization for the Plan. A Preferred Provider Organization (PPO) is an organization in which a group of Hospitals and Doctors have agreed to provide medical care services to Covered Persons. Coverage is available nationwide for Eligible Expenses incurred at 80% of Allowable Charges (AC) when treated by network providers (PPO) and 60% of Reasonable and Customary (R&C) charges when treated by non-network providers (Non-PPO). However, if such treatment is received by a Non-PPO provider or facility because of an Emergency Medical Condition, benefits for Eligible Expenses are payable at the PPO level.

For a complete listing of PPO Hospitals and Doctors, visit **www.cigna.com.**

If a Covered Person is referred by a PPO provider to another facility, it does not mean that the provider or facility to which he/she is referred is also a PPO provider. For instance, when a network provider refers a Covered Person to a lab for tests, he/she should be sure it is a network lab.

HOUSTON COMMUNITY COLLEGE – SCHEDULE OF BENEFITS

Student Health Insurance Plan for International Students

THIS PLAN WOULD SATISFY THE GOLD LEVEL – ACTUARIAL VALUE - 78.74%

BENEFITS: AC indicates Allowable Charges. R&C indicates Reasonable & Customary Charges

EXPENSES	IN-NETWORK	OUT-OF-NETWORK
Aggregate Maximum Benefit per Policy Year per Covered Person	Unlimited	
Deductible Amount per Policy Year per Covered Person	$500	$1,000
Out-of-Pocket Limit per Policy Year per Covered Person The Out-of-Pocket Limit is the maximum amount a Covered Person will pay for Eligible Expenses incurred during the Policy Year. The Out-of-Pocket Limit includes Deductibles, Co-payments and Coinsurance. The Out-of-Pocket Limit does not include charges in excess of Reasonable and Customary ("R&C"); charges in excess of any specified maximum or charges incurred for any services not covered under the Plan. When this benefit becomes applicable to a Covered Person during a Policy Year, Covered Percentages are increased to 100% for all Eligible Expenses incurred by the Covered Person in the remainder of that Policy Year up to any benefit maximum that may apply.	$6,350	$10,000
INPATIENT		
Daily Room & Board Maximum Limited to the average semi-private rate	80% of AC	60% of R&C
Hospital Miscellaneous Expense: includes expenses incurred for anesthesia and operating room; laboratory tests and x-rays (including professional fees); oxygen tent; drugs, medicines (excluding take-home drugs), dressings; and other Medically Necessary and prescribed Hospital expenses	80% of AC	60% of R&C
Maternity Benefits	Paid the same as any other Sickness	Paid the same as any other Sickness
Pre-Admission Testing Hospital Confinement must occur within 14 days of the testing	80% of AC	60% of R&C
Physiotherapy During Hospital Confinement	80% of AC	60% of R&C
Surgical Expense Includes benefit for Assistant Surgeon	80% of AC	60% of R&C
Anesthesia In conjunction with surgery	80% of AC	60% of R&C
In-Hospital Doctor's Fees Expense Services of a Doctor other than a Doctor who performed surgery on or administered anesthesia to the Covered Person. Limited to one visit per day and not related to Physiotherapy	80% of AC	60% of R&C

Psychiatric Conditions Expense Severe Mental Illness Mental and Nervous Disorders	 Paid the same as any other Sickness Paid the same as any other Sickness	 Paid the same as any other Sickness Paid the same as any other Sickness
Alcoholism and Substance Abuse Expense	Paid the same as any other Sickness	Paid the same as any other Sickness
OUTPATIENT		
Surgical Expense Includes benefit for Assistant Surgeon	80% of AC	60% of R&C
Anesthesia In conjunction with surgery	80% of AC	60% of R&C
Day Surgery Facility/Miscellaneous When scheduled surgery is performed in a Hospital or outpatient facility or ambulatory surgical center, including: use of the operating room; laboratory tests and x-ray examinations (including professional fees); anesthesia; infusion therapy; drugs or medicines and supplies; therapeutic services (excluding Physiotherapy or take home drugs and medicines)	80% of AC	60% of R&C
Non-Surgical Only Other outpatient services performed in a Hospital including, but not limited to: diagnostic x-ray and laboratory services; radiation therapy and chemotherapy; diagnostic services and medical procedures performed by the Doctor (other than Doctor's visits, Physiotherapy, x-rays and laboratory procedures)	80% of AC	60% of R&C
Hospital Emergency Room and Non-Scheduled Surgery For use of Hospital emergency room, including operating room, laboratory and x-ray examinations, supplies. A Co-pay Amount of $50 will apply to each visit to the Hospital emergency room unless the Covered Person is admitted to the Hospital as an inpatient	80% of AC	80% of R&C
Preventive Services as mandated by Patient Protection and Affordable Care Act Please go to: https://www.healthcare.gov/coverage/preventive-care-benefits/ to view a list of Preventive Services) The applicable Deductible(s), Co-pay Amounts, and coinsurance shall not apply to services rendered by a PPO provider	100% of AC	60% of R&C
Allergy Testing	80% of AC	60% of R&C
Laboratory and X-Ray Examinations **(Not otherwise covered under Preventive Services)**	80% of AC	60% of R&C
CAT Scan/MRI/PET Scan	80% of AC	60% of R&C
Radiation Therapy and Chemotherapy	80% of AC	60% of R&C
Durable Medical Equipment and Orthopedic Appliance No benefits payable for rental charges in excess of the purchase price. Replacement not covered.	80% of AC	60% of R&C
Orthopedic Braces and Appliances Benefits are payable only upon Doctor's written prescription.	80% of AC	60% of R&C

Prosthetic Appliances and Devices	80% of AC	60% of R&C
Rehabilitative Services/Habilitative Services Physiotherapy, occupational therapy, chiropractic, cardiac/pulmonary	80% of AC	60% of R&C
Speech and Hearing and Therapy	80% of AC	60% of R&C
Dialysis and Filtration Procedures	80% of AC	60% of R&C
Out of Hospital Doctor's Fees Expense: **Doctor (other than Specialist)** **Specialist** Not to exceed one visit per day (more than one visit per day may be allowed, provided the 2nd and subsequent visits are not with the same Doctor). Benefits do not apply when related to surgery. Includes benefits for outpatient contraceptive services, including consultations, examinations, procedures and medical services directly related to the use of contraceptive methods to prevent unplanned pregnancy under Preventive Services. Includes injections when administered in the Doctor's office; and infusion therapy	80% of AC after a $15 Co-pay per visit 80% of AC after a $15 Co-pay per visit	60% of R&C after a $15 Co-pay per visit 60% of R&C after a $15 Co-pay per visit
Consultant's Fee Expense When requested and ordered by the attending Doctor	80% of AC after a $15 Co-pay per visit	60% of R&C after a $15 Co-pay per visit
Ambulance Expense	80% of R&C	60% of R&C
Dental Treatment Expense (Injury Only) For treatment of Injury to Sound Natural Teeth. Maximum Amount per tooth $100	80% of AC	80% of R&C
Pediatric Dental Treatment Expense For Covered Persons under age 19 only, subject to an additional Deductible of $250 per Policy Year For Diagnostic/Preventive Services For Basic Services For Primary Services For Orthodontic Services **Benefits include:** Oral Examination (Preventive), X-Ray and Pathology, Prophylaxis and Fluoride Applications (Preventive), Amalgam Restorations – Primary Teeth, Amalgam Restorations – Permanent Teeth, Synthetic Restorations, Oral Surgery (Includes local anesthesia and routine post-operative care) Extractions, Orthodontic Services **For details, see the Policy on file with the Policyholder.**	50% of R&C 50% of R&C 50% of R&C 50% of R&C	
Prescribed Medicines Expense - applies to all prescribed FDA-approved birth control methods. The Copay will be waived for prescribed FDA-approved birth control Pharmacy services provided by Cigna Rx. For Cigna Pharmacy locations visit www.cigna.com	Copay per prescription for each 30 day supply: Generic: $20 Formulary Brand Name Drug: $40 Non-Formulary Brand Drug: $80 Specialty Brand Drug: $200	
Psychiatric Conditions Expense Severe Mental Illness Mental and Nervous Disorders	Paid the same as any other Sickness Paid the same as any other Sickness	Paid the same as any other Sickness Paid the same as any other Sickness

Alcoholism and Substance Abuse Expense	Paid the same as any other Sickness	Paid the same as any other Sickness
Pediatric Vision Care Expense For Covered Persons under age 19 only Covered Percentage	60% of R&C	
Maximum Amount: Standard Plastic Lenses: Single Vision Bifocal Trifocal Lenticular Progressive	 $50 $50 $50 $50 $50	
Frames	$100	
Contact Lenses (in lieu of eyeglass lenses and frames) Fit, Follow-up & Materials: Effective Medically Necessary	 $75 $75	
Home Health Care Expense – maximum of 60 visits per Policy Year	80% of AC	60% of R&C
Hospice Care Expense	80% of AC	60% of R&C
Urgent Care Expense	80% of AC after $15 Co-pay per visit	60% of R&C after $15 Co-pay per visit
Skilled Nursing Facility - maximum of 25 days per Policy Year	80% of AC	60% of R&C

REPATRIATION OF REMAINS AND MEDICAL EVACUATION

Combined Maximum Limit of $1,000,000

REPATRIATION OF REMAINS

If a Covered Person suffers loss of life due to Injury or emergency Sickness while outside his or her home country the Company will pay, subject to the Policy limitations, for Eligible Expenses reasonably incurred to return his or her body to his or her current place of primary residence, but not exceeding the Maximum Amount per Covered Person. Eligible Expenses include, but are not limited to: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

Travel Guard must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact Travel Guard in advance. Please see page 13 for a description of the Travel Guard services and for procedures on how to contact Travel Guard.

MEDICAL EVACUATION

The Company will pay, subject to the limitations set out herein, for Eligible Medical Evacuation Expenses reasonably incurred if the Covered Person suffers an Injury or emergency Sickness that warrants his or her Medical Evacuation while outside his or her home country but not exceeding the Maximum Amount per Covered Person for all Medical Evacuations due to all Injuries from the same accident or all emergency Sicknesses from the same or related causes. The Doctor ordering the Medical Evacuation must certify: (a) that the severity of the Covered Person's Injury or emergency Sickness warrants his or her Medical Evacuation; and (b) the Covered Person has been Hospital Confined for at least five (5) consecutive days prior to Medical Evacuation. All transportation arrangements made for the Medical Evacuation must be by the most direct and economical conveyance and route possible.

Travel Guard must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact Travel Guard in advance. Please see page 13 for a description of the Travel Guard services and for procedures on how to contact Travel Guard.

ACCIDENTAL DEATH & DISMEMBERMENT

The Company will pay the benefit below for Injuries to a Covered Person: (a) caused by an Accident which happens while covered by the Plan; and (b) which directly, and from no other cause, result in any of the losses listed below within 365 days of the Accident that caused the Injury.

For Loss Of:	Maximum Amount
Life	$5,000
Both Hands or Both Feet	$5,000
Sight of Both Eyes	$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 or Person suffers more than one loss as a result of the same Accident, the Company will pay only for the loss with the largest benefit.

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.

"Act" means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

"Actual Charge" means the charge for the covered service by the provider who furnishes it.

"Allowable Charges" ("AC") means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

"**Complications of Pregnancy**" means conditions which require Hospital stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are:

- acute nephritis or nephrosis; or
- cardiac decompensation or missed abortion; or
- similar medical and surgical conditions as severe as these.

Not included are (a) false labor, occasional spotting or Doctor prescribed rest during the period of pregnancy; (b) morning sickness; (c) hyperemesis gravidarum and pre-eclampsia; and (d) similar conditions not medically distinct from a difficult pregnancy. Complications of Pregnancy also include:

- non-elective cesarean section; and
- termination of an ectopic pregnancy; and
- spontaneous termination when a live birth is not possible. (This does not include voluntary or elective abortion.)

Delivery by cesarean section is considered a Complication of Pregnancy if the cesarean section is non-elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if the cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the child or mother.

"Coinsurance" means the percentage of the Eligible Expense payable by the Covered Person under the Policy.

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

"Covered Percentage" means the percentage of the Eligible Expense that is payable as a benefit under the Policy.

"Covered Person" means a Covered Student insured under the Policy.

"Covered Student" means a student of the Policyholder who is insured under the Plan.

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

"Doctor" as used herein 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.

"Durable Medical Equipment" consists of, but is not restricted to, the initial fitting and purchase of braces, trusses and crutches, renal dialysis equipment, hospital-type beds, traction equipment, wheelchairs and walkers. Durable Medical Equipment must be prescribed by the attending Doctor and be required for therapeutic use.

The following items are not considered to be Durable Medical Equipment: adjustments to vehicles, air conditioners, dehumidifiers and humidifiers, elevators and stair glides, exercise equipment, handrails, improvements made to a home or place of business, ramps, telephones, whirlpool baths, and other equipment which has both a non-therapeutic and therapeutic use.

"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: 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; botox injections; treatment of infertility and routine physical examinations.

"Eligible Expense" as used herein 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) with respect to the Preferred Provider, is the Allowable Charge;
(d) is the negotiated rate, if any; and
(e) incurred while the Plan 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 health care services are provided in a Hospital emergency facility, freestanding emergency medical facility, or comparable emergency facility to evaluate and stabilize a medical condition of a recent onset and severity, including 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 nature that failure to get immediate medical care could result in: (a) placing the Covered Person's health in serious jeopardy; (b) serious impairment to bodily functions; (c) serious dysfunction of a bodily organ or part; (d) serious disfigurement; or (e) in the case of a pregnant woman, serious jeopardy to the health of the fetus.

"Freestanding emergency facility" means a facility, structurally separate and distinct from a Hospital that receives an individual and provides emergency care and is licensed by the state of Texas under Chapter 254 of the Health and Safety Code.

"Emergency Services" means, with respect to an Emergency Medical Condition: (a) a medical screening examination (as required under section 1867 of the Social Security Act, 42, U.S.C. 1395dd) that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate such Emergency Medical Condition; and (b) such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the Hospital, as are required under section 1867 of the Social Security Act (42 U.S.C. 1395dd(e)(3)).

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.

"Essential Health Benefits" has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

"Experimental/Investigational" means a drug, device or medical care or treatment that meets the following:

(a) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
(b) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law;
(c) the drug, device, medical care or treatment or the patient's informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval;
(d) reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, it efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or

(e) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with standard means of treatment of diagnosis.

Reliable evidence means: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device, medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device, medical care or treatment at the time the Expense is incurred.

"Hospital" means a facility which meets all of these tests:

(a) it provides in-patient services for the care and treatment of injured and sick people; and
(b) it provides room and board services and nursing services 24 hours a day; and
(c) it has established facilities for diagnosis and major surgery; and
(d) it is supervised by a Doctor; and
(e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and
(f) it is licensed or owned by the state of Texas when the Hospital is located in Texas; otherwise it is accredited.

Hospital does not include a place run mainly: (a) as a convalescent home; (b) as a nursing or rest home (c) as a place for custodial or educational care; or (d) as an institution mainly rendering treatment or services for: mental or nervous disorders; or substance abuse. The term "Hospital" includes: (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

"Hospital Confinement/Hospital Confined" means a stay of at least 18 consecutive hours or for which a room and board charge is made.

"Immediate Family Member(s)" means a person who is related to the Covered Person in any of the following ways: Spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

"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.

"One Sickness" means a Sickness and all recurrences and related conditions which are sustained by a Covered Person.

"Orthopedic Brace and Appliance" means a supportive device or appliance used to treat a Sickness or Injury.

"Personal Item" is one which is not needed for proper medical care and is used mainly for the purpose of meeting a personal need.

"Physiotherapy" means any form of the following administered by a Doctor for treatment of Sickness or Injury: physical or mechanical; diathermy; ultra-sonic therapy; heat treatment in any form; or manipulation or massage.

"**Policy Year**" means the period of time measured from the Effective date to the Termination Date. **"Pre-Admission Testing"** means diagnostic tests and services ordered by the attending Doctor as appropriately related to the care and treatment of the Covered Person's condition in anticipation of a scheduled Hospital Confinement and required prior to surgery; a Hospital bed has been reserved before the tests are made; Hospital Confinement begins within 14 days after the tests; and the Covered Person is physically present for the tests. In the event pre-admission testing is ordered by the attending Doctor and the Hospital Confinement and/or surgery are subsequently canceled, benefits for pre-admission testing and services already performed will be covered and benefits will be payable under the Policy based on the available coverage.

"Preventive Services" mandated by the Patient Protection and Affordable Care Act and, in addition to any other preventive benefits described in the Policy or Certificate, means the following services and without the imposition of any cost- sharing requirements, such as deductibles, copayment amounts or coinsurance amounts to any Covered Person receiving any of the following:

1. Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009;
2. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
3. With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health resources and Services Administration; and
4. With respect to women, such additional preventive care and screenings, not described in paragraph 1 above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

The Company shall update new recommendations to the preventive benefits listed above at the schedule established by the Secretary of Health and Human Services.

"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 services, procedure, devices, drugs, treatment 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.

Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date.

"Sickness" means disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and Complications of Pregnancy. All Sicknesses due to the same or a related cause are considered One Sickness.

"**Sound Natural Teeth**" means natural teeth, the major portion of the individual tooth which is present regardless of fillings and is not carious, abscessed, or defective. Sound Natural Teeth will not include capped teeth.

"Totally Disabled" and "Total Disability" means Injury or Sickness which wholly and continuously keeps the Covered Person, (a) with respect to a Covered Student from attending classes at the location where he or she is enrolled or if such classes are not in session, from doing the substantial and material activities that are normal for a person in good health of the same age and sex.

EXCLUSIONS AND LIMITATIONS

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

1. as a result of dental treatment, or dental x-rays except as specifically provided in the Plan. This exclusion does not apply to Essential Health Benefits mandated by the Patient Protection and Affordable Care Act.
2. for eye examinations, eyeglasses, contact lenses, or prescription for such except as specifically provided in the Policy. This exclusion does not apply to Essential Health Benefits mandated by the Patient Protection and Affordable Care Act.
3. 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 scheduled airline maintaining regular published schedules on a regularly established route.
4. for Injury or Sickness resulting from war or act of war, declared or undeclared.
5. 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.
6. 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.
7. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. for cosmetic surgery. "Cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part. It also shall not include breast reconstructive surgery after a mastectomy.

9. 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.
10. for preventive treatment, testing, immunizations, injections, medicines, serums, vaccines, vitamins, anti-toxins except as specifically provided in the Plan. This exclusion does not apply to Essential Health Benefits mandated by the Patient Protection and Affordable Care Act.
11. 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.
12. for Elective Treatment or elective surgery or complications arising there from; voluntary or elective abortions; elective sterilization or its reversal except as specifically provided in the Plan.
13. after the date insurance terminates for a Covered Person except as may be specifically provided in the extension of benefits provision.
14. for any services rendered by a Covered Person's Immediate Family Member, except this exclusion will not apply to the Covered Person's choice of a Doctor if the Doctor is licensed to practice medicine by the Texas State Board of Medical Examiners.
15. for any treatment, service or supply which is not Medically Necessary.
16. as a result of suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury. This exclusion does not apply to Repatriation of Remains coverage or Emergency Evacuation coverage.
17. for or in relation to orthopedic shoes or devices intended to be placed inside shoes or other footwear except podiatric appliances for the prevention of complications associated with diabetes.
18. for surgery and/or treatment of: acupuncture; gynecomastia; breast implants; or breast reduction unless Medically Necessary following a mastectomy; circumcision; weak, strained or flat feet; corns, calluses and bunions; routine care of toenails, except when treatment is necessary due to diabetes, circulatory disorder of the lower extremities, peripheral vascular disease, peripheral neuropathy or chronic arterial or venous insufficiency; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis; family planning except as specifically provided; 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; sexual reassignment surgery and related therapy; vasectomy; and alopecia. This exclusion does not apply to Essential Health Benefits mandated by the Patient Protection and Affordable Care Act.
19. for routine physical examinations, health examinations or preschool physical examinations. This exclusion does not apply to Essential Health Benefits mandated by the Patient Protection and Affordable Care Act.
20. by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country if the Covered Person's home country provides national health insurance.
21. for sterilization or sterilization reversal, including surgical procedures and devices except as specifically provided; or for birth control except prescription contraceptives drugs and devices.
22. 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.
23. for treatment in the Hospital emergency room which is not due to an Emergency Medical Condition.
24. for Injury resulting from fighting, except in self-defense.
25. for treatment of obesity, except resulting from diabetes, regardless of the history or diagnosis, including, but not limited to the following: 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.
26. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational.
27. for treatment, service or supply for which a charge would not have been made in the absence of insurance.

TRAVEL GUARD®

Description of Travel Assistance Services for Students

Wherever your travels may take you, in the event of a medical emergency or unexpected travel problem, Travel Guard is never more than a phone call away. Our state-of-the-art service centers deliver global service 24 hours a day, 7 days a week, 365 days a year.

How to contact Travel Guard:

Inside the United States and Canada, dial toll-free +1-877-249-5362

Outside the U.S. and Canada:

- Request an international operator.
- Request the operator to place a collect call to the U.S. at +1-715-295-9625.

Email us at assistance@aig.com

When to contact Travel Guard:

- If you require medical assistance or have a medical emergency.
- If you need assistance with a non-medical situation such as lost luggage, lost documents or other travel issues.

Helpful information to have available when you call Travel Guard:

- Policy number or school name
- Nature of your call and/or emergency
- Current location
- Contact phone number and email address
- Secondary point of contact
- Date of birth

Travel Medical Assistance

From physician referrals to coordinating medical evacuations, we help traveling students address their medical needs with expediency and expert care:

- Coordinate medical evacuation arrangements
- Physician/hospital/dental/vision care referral details, when medical attention is required including assistance with appointments
- Coordination of repatriation arrangements for the return of mortal remains in accordance with local governmental procedures
- Assistance with emergency prescription replacement while abroad
- Dispatch of doctor or specialist
- In-patient and out-patient medical case management
- Arrangements of visitor to bedside of hospitalized insured
- Eyeglasses and corrective lens replacement assistance

General Travel Assistance

Flight delays, inclement weather, lost or stolen luggage and other travel hassles are an unfortunate reality of travel today. We keep traveling students on the move with a variety of travel assistance services:

- Lost or stolen documents assistance
- Embassy and consulate information and referrals
- Lost baggage search and luggage replacement assistance
- Emergency language interpretation and translation services
- Emergency return travel arrangements
- Flight and hotel re-bookings
- Immunization, visa and passport information
- Guaranteed hotel check-in
- Travel delay reports
- Emergency cash transfer assistance
- Legal referrals/bail bond assistance
- Foreign exchange, ATM and weather information
- Worldwide public holiday information
- Urgent message relay to family, friends or university associates

Travel Concierge Services

Whether it is finding local restaurants or concert tickets, our Concierge Desk is a direct line to a team of professional and personal assistants available to help your travels be more effective:

- Referrals for counselling services
- Restaurant or local activity assistance Recommendations for spring break
- Moving coordination assistance
- Locate laundry facilities, post offices or bus schedules
- Recommend local car maintenance assistance
- Concert and event ticketing
- Electronic and wireless device assistance
- Movie and theatre information and ticketing
- Assistance with locating low fuel prices
- Assistance with finding places to purchase room supplies
- Locating retail stores (including shopping, coffee shops with free wireless internet access)

Travel Assistance Website and Mobile App

You can access our secure website, an online resource to stay a step ahead with the latest travel, security and health information. Whether it's prior to travel, during the trip, or after the return home, our members-only assistance website provides student travelers access to in-depth travel, health and security information. You can connect to the travel assistance website from your computer, smartphone or tablet 24/7/365. Please visit www.aig.com/us/travelguardassistance.com for more information about the website and mobile app.

- Email alerts contain security developments, such as terror attacks, major strikes, disasters or disruptions and government warnings that may affect your travel destination(s) and specific travel dates.
- Country reports provide key information on political conditions, security issues, travel logistics and cultural considerations.
- The Travel Health section educates travelers on health-related concerns, precautions and requirements for destinations and ability to create personal travel health profiles.
- The Medical Translations tool translates medical terms and phrases into multiple languages.
- The Drug Brand Equivalency tool generates drug brand names and their equivalent names in multiple countries.
- Security Awareness Training provides online travel safety videos and knowledge tests provide basic tools and information to be an aware, organized and prepared traveler.

About AIG Travel and Travel Guard®

AIG Travel, Inc., a member of American International Group, Inc., is a worldwide leader in travel insurance solutions and assistance. Travel Guard® is the marketing name for its portfolio of travel insurance solutions and travel-related services, including assistance and security services, marketed to both leisure and business travelers around the globe. Services are provided through a network of wholly owned service centers located in Asia, Europe and the Americas. For additional information, please visit our websites at www.aig.com/travel and www.travelguard.com.

CLAIM PROCEDURE

When a Covered Person incurs expenses covered by the Policy, he or she may file a claim online or obtain a claim form from www.studentinsurance.com/Apps/Schools/Default.aspx?ID=322. Submit all itemized medical bills to the Claims Office listed below.

Notification of Injury or Sickness must be provided to the Claims Office listed below within 30 days after the date of Injury or treatment of Sickness or as soon thereafter as is reasonably possible. Bills must be submitted within 90 days of the date of treatment.

CLAIMS SHOULD BE MAILED TO

Cigna (EDI # 62308)
P.O. Box 188061
Chattanooga, TN 37422-8061

INQUIRING ABOUT CLAIMS/BENEFITS:

Consolidated Health Plans (EDI # 87843)
2077 Roosevelt Ave.
Springfield, MA 01104
(877) 657-5030

Visit www.studentinsurance.com/Apps/Schools/Default.aspx?id=322

To access the following functions:

- Online Waiver

Review pertinent account information:

- Verification of Insurance
- Download Online ID Card
- Check Claim Status
- Policy Brochure
- PPO Link

IMPORTANT INFORMATION

At AIG, 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 privacy information, please go to www.AIG.com

HES-30585-16

AIG Benefit Solutions

Houston Community College

("the Policyholder")

2015 – 2016
Student Health Insurance Plan for International Students

("the Plan")

Administrator Policy Number: CHH8020596
Underwriter Reference Number: CAS9149128

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

Please keep this brochure as a general summary of the insurance. This brochure is only a brief description of the coverage available under policy series S30749NUFIC-PPO-TX. The Policy on file at Houston Community College contains all of the definitions, reductions, limitations, exclusions and termination provisions. If there is any conflict between the contents of this brochure and the Policy, the Policy shall govern. Travel Assistance services provided by Travel Guard Group, Inc. ("Travel Guard"). Insurance and services provided by member companies of American International Group, Inc. For additional information, please visit our website at www.studentinsurance.com.

Revised 8/10/15

AIG

HCC
HOUSTON COMMUNITY COLLEGE

PROGRAM OVERVIEW

This brochure provides a brief description of the International Student Health Insurance Plan for eligible international students at Houston Community College. The Policy on file with the College contains complete details of the coverage and is the governing document. Inspection of the Policy may be made during business hours at the Office of International Student Service.

ELIGIBILITY

All international students holding an "F-1" visa and enrolled for any number of credit hours at Houston Community College will be automatically enrolled in and billed each semester for coverage under the Plan unless a waiver of coverage has been submitted and approved online at www.studentinsurance.com/Schools/TX/HCC by the waiver deadline each semester. **The waiver deadlines are as follows: Fall: 9/21/15; Spring/Summer: 2/15/16 and Summer Only: 6/6/16.** Waiver procedures are available online at www.studentinsurance.com/Schools/TX/HCC. **NOTE: No waivers will be accepted after the waiver deadline date.**

All other international students engaged in educational activities at Houston Community College are eligible to enroll voluntarily for coverage under the Plan each semester and may enroll online at: www.studentinsurance.com/Schools/TX/HCC prior to the enrollment deadline. The enrollment deadlines are as follows: **Fall: 9/23/15; Spring/Summer: 2/18/16 and Summer Only: 6/20/16.**

A student who initially waived coverage under the Plan but subsequently experiences ineligibility under another creditable coverage may elect to enroll for coverage under the Plan within 31 days of the date of ineligibility under another creditable coverage.

Voluntary enrollment is permitted during the first 31 days from the effective date of each Coverage Period only. Enrollment outside a scheduled enrollment period is permitted under the following conditions only: 1) with respect to the new student who arrives in the United States, within 45 days of his or her arrival; or 2) within 31 days of ineligibility under another creditable coverage.* **Please contact AIG, Higher Education for enrollment assistance at 1-888-622-6001.**

*Proof of arrival in the US or ineligibility under another creditable coverage is required at the time the enrollment form is submitted.

Except in the case of withdrawal due to Sickness or Injury, any student withdrawing from school during the first 30 days of the period for which he or she is enrolled will not be covered under the Plan and a full refund of premium will be made less any claims paid. Students who withdraw after such 30 days will remain covered under the Plan and no refund will be made. Eligibility requirements must be met each time premium is paid to continue coverage. The Company maintains the right to investigate student status and attendance records to verify that the Plan eligibility requirements have been met. If it is discovered that the Plan eligibility requirements have not been met, the Company's only obligation is to refund premium less any claims paid.

RATES AND COVERAGE PERIODS

Coverage Period	Fall *8/24/15 to 1/18/16	Spring/Summer 1/19/16 to 8/23/16	Summer Only 5/16/16 to 8/23/16
Student Only	$563	$789	$371
Spouse	$563	$789	$371
Each Child	$563	$789	$371

*8/25/15 for students maintaining continuous coverage from the previous policy period

DEPENDENT SPOUSE AND CHILDREN

A Covered Student may also enroll his or her eligible Dependents by completing the enrollment form and remitting premium online at www.studentinsurance.com/Schools/TX/HCC/ prior to the enrollment deadlines shown on page 3. Eligible Dependents are: (a) the Covered Student's Spouse residing with the Covered Student and (b) the Covered Student's or Spouse's child until the date such child attains age 26. Dependents must enroll for the same coverage period as the Covered Student or within 31 days of marriage, registration of a domestic partnership, birth or adoption or placement for adoption; or arrival in the United States. Contact AIG, Higher Education directly for enrollment at 1-888-622-6001.

PLAN YEAR

The Plan commences at 12:01 a.m. on August 24, 2015* and terminates at 11:59 p.m. on August 23, 2016.

**August 25, 2015 for students maintaining continuous coverage from previous policy period.*

The coverage of an eligible student who enrolls for coverage under the Plan shall take effect at 12:01 a.m. on the latest of the following dates: (1) the Policy Effective Date; (2) the day after the date for which the first premium for the Covered Student's coverage is received by the Company; (3) the date the Policyholder's term of coverage begins; or (4) the date the Student becomes a member of an eligible class of persons as described in the Description of Class section of the Schedule of Benefits in the Policy on file with the College.

Insurance for a Covered Student will end at 11:59 p.m. on the first of these to occur: (a) the date the Policy terminates; (b) the last day for which any required premium has been paid, subject to the grace period; or (c) the date on which the Covered Student withdraws from the school because of: (1) entering the armed forces of any country (premiums will be refunded on a pro-rata basis (less any claims paid) when written request is made); or (2) withdrawal from the College during the first 30 days of the period for which enrollment was made; or (3) departure from the College for his or her home country. Premiums will be refunded on a pro-rata basis (less any claims paid) only upon written proof from the College that the Covered Student is no longer an eligible person.

If withdrawal from the College is for other than (1), (2) or (3) above, no premium refund will be made. Students, including those who withdraw from the Policyholder's school during the first 30 days due to Injury or Sickness, will be covered for the Plan term for which they are enrolled and for which premium has been paid.

Insurance for a Covered Student's Dependent will end when insurance for the Covered Student ends unless otherwise provided.

EXTENSION OF BENEFITS

If a Covered Person is Totally Disabled as a result of Sickness or Injury on the date the Plan terminates, Eligible Expenses shall include charges incurred for the treatment of that Sickness or Injury, but only until the earliest of: (1) the end of the Sickness or Injury that caused the Total Disability; (2) the end of a 90 day period following the date the Plan terminates; or (3) the date the applicable Maximum Amount is reached.

If a Covered Person is confined to a Hospital on the date his or her coverage terminates, benefits will be payable for the Eligible Expenses incurred during the continuation of that Hospital Confinement. Such benefits will be payable until the earliest of: (1) the date the Hospital Confinement ends; (2) the end of the 90 day period following the date his or her 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 Plan or any other health insurance policy in the ensuing term of coverage.

"SEMESTER STOP-OUT"

If a Covered Student wishes to extend coverage under the Plan, he or she may do so by completing a "Semester Stop Out" request and complete enrollment online at www.studentinsurance.com/Schools/TX/HCC . A "Semester Stop Out" is an option available only once to a Covered Student who decides to not attend school for a semester. The appropriate form must be completed and the required premium must be paid in order for coverage to extend beyond the date the Covered Student exercises this option. Continuation of coverage will be subject to all the terms of the Plan.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy or this brochure which is in conflict with the statutes of the state in which the Policy is delivered or issued for delivery is amended to conform with the requirements of those state statutes.

COORDINATION OF BENEFITS

The Plan will coordinate benefits with any valid collectible insurance or plan as outlined in the Policy, which is available at the Office of International Student Services.

STATE MANDATED BENEFITS

The Plan covers all applicable state mandated benefits. Please see the complete Policy on file with the College for full details.

PREFERRED PROVIDER ORGANIZATION (PPO) PRIVATE HEALTHCARE SYSTEMS (PHCS)

PHCS is the PPO selected by the Company to provide medical care services to Covered Persons. The PPO provides these services according to negotiated fee schedules that are considered full payment for services rendered, subject to policy provisions. A Covered Person has the option to use a PPO provider (In-Network) or a non-PPO provider (Out-of-Network). If a Covered Person seeks treatment from an Out-of-Network provider, benefits may be reduced to the amount shown in the Schedule of Benefits below.

PHCS consists of Hospitals, Doctors, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Payment rates may vary In- Network and Out-of-Network as described under the "Schedule of Benefits" section. A listing of participants is available:

1. By calling (888)560-7427; or
2. Through the Houston Community College's dedicated webpage accessible from: www.studentinsurance.com/Schools/TX/HCC\

HOUSTON COMMUNITY COLLEGE STUDENT HEALTH INSURANCE PLAN FOR INTERNATIONAL STUDENTS – SCHEDULE OF BENEFITS

Maximum Aggregate Benefit Amount per Policy Year: Unlimited

Deductible Amount per Policy Year per Covered Person: $100

BENEFITS: AC indicates Allowable Charges. R&C indicates Reasonable & Customary Charges

EXPENSES	IN-NETWORK	OUT-OF-NETWORK
Out-of-Pocket Limit This is a benefit that will apply in a Policy Year to a Covered Person who in that year reaches the Out-of-Pocket Limit. The Out-of-Pocket Limit is reached when the amount of Eligible Expenses incurred by the Covered Person during the Policy Year, for which the Covered Person is responsible due to Covered Percentages being less than 100%, reach the Out-of Pocket Limit. The Out-of-Pocket Limit includes Deductibles, Co-payments and Coinsurance. The Out-of-Pocket Limit does not include charges in excess of R&C; charges in excess of any specified maximum or charges incurred for any services not covered under the Plan. When this benefit becomes applicable to a Covered Person during a Policy Year, Covered Percentages are increased to 100% for all Eligible Expenses incurred by the Covered Person in the remainder of that Policy Year up to any benefit maximum that may apply. If, in any Policy Year, the sum of Eligible Expense used toward the Out-of-Pocket Limit of a Covered Student and his or her covered Dependents equals the Family Out-of-Pocket, the Out-of-Pocket Limit will be deemed to be met with respect to Eligible medical Expense incurred by such Covered Student and his covered Dependents for the rest of that Policy Year. When the Family Out-of-Pocket Limit is reached, the Covered Percentage will be increased to 100% of the Eligible Expenses incurred for the remainder of that year.	Individual: $6,350 Family: $12,700	Individual: $6,350 Family: $12,700
INPATIENT		
Daily Room & Board Limited to the average semi-private rate	100% of AC	80% of R&C
Hospital Miscellaneous Expense: includes expenses incurred for anesthesia and operating room; laboratory tests and x-rays (including professional fees); oxygen tent; drugs, medicines (excluding take-home drugs), dressings; and other Medically Necessary and prescribed Hospital expenses	100% of AC	80% of R&C
Maternity Benefits	Paid the same as any other Sickness.	Paid the same as any other Sickness.
Pre-Admission Testing Hospital Confinement must occur within 14 days of the testing	100% of AC	80% of R&C
Physiotherapy During Hospital Confinement	100% of AC	80% of R&C
Surgical Expense	100% of AC	80% of R&C
Anesthesia In conjunction with surgery	25% of amount payable for surgery	

EXPENSES	IN-NETWORK	OUT-OF-NETWORK
In-Hospital Doctor's Fees Expense Services of a Doctor other than a Doctor who performed surgery on or administered anesthesia to the Covered Person. Limited to one visit per day and not related to Physiotherapy.	100% of AC	80% of R&C
Psychiatric Conditions Expense Severe Mental Illness Mental and Nervous Disorders	 Same as any other Sickness 100% of AC	 Same as any other Sickness 80% of R&C
Alcoholism and Substance Abuse Expense	100% of AC	80% of R&C
OUTPATIENT		
Surgical Expense	100% of AC	80% of R&C
Anesthesia In conjunction with surgery	25% of amount payable for surgery	25% of amount payable for surgery
Day Surgery Facility/Miscellaneous When scheduled surgery is performed in a Hospital or outpatient facility or ambulatory surgical center, including: use of the operating room; laboratory tests and x-ray examinations (including professional fees); anesthesia; infusion therapy; drugs or medicines and supplies; therapeutic services (excluding Physiotherapy or take home drugs and medicines).	100% of AC	80% of R&C
Non-Surgical Only Other outpatient services performed in a Hospital including, but not limited to: diagnostic x-ray and laboratory services; radiation therapy and chemotherapy; Physiotherapy; diagnostic services and medical procedures performed by the Doctor (other than Doctor's visits, Physiotherapy, x-rays and laboratory procedures).	100% of AC	80% of R&C
Hospital Emergency Room and Non-Scheduled Surgery Subject to a $50 Copay per visit For use of Hospital emergency room, including operating room, laboratory and x-ray examinations, supplies. (Copay waived if the Covered Person is admitted to Hospital as an inpatient).	100% of AC	100% of R&C
Preventive Services As mandated by Patient Protection and Affordable Care Act (not subject to Deductible)	100% of AC	80% of R&C
Allergy Testing	100% of AC	80% of R&C
Laboratory and X-Ray Examinations **(Not otherwise covered under Preventive Services)**	100% of AC	80% of R&C
CAT Scan/MRI/PET Scan	100% of AC	80% of R&C

EXPENSES	IN-NETWORK	OUT-OF-NETWORK
Radiation Therapy and Chemotherapy	100% of AC	80% of R&C
Durable Medical Equipment and Orthopedic Appliance No benefits payable for rental charges in excess of the purchase price. Replacement not covered.	100% of AC	80% of R&C
Braces and Appliances Benefits are payable only upon Doctor's written prescription.	100% of AC	80% of R&C
Prosthetic Appliances and Devices	100% of AC	80% of R&C
Rehabilitative Care Physiotherapy, occupational therapy, chiropractic, cardiac/pulmonary	100% of AC	80% of R&C
Speech and Hearing and Therapy	100% of AC	80% of R&C
Out of Hospital Doctor's Fees Expense - subject to $15 Copay per visit. Not to exceed one visit per day. Benefits do not apply when related to surgery. Includes benefits for outpatient contraceptive services, including consultations, examinations, procedures and medical services directly related to the use of contraceptive methods to prevent unplanned pregnancy under Preventive Services. Includes injections when administered in the Doctor's office.	100% of AC	80% of R&C
Consultant's Fee Expense When requested and ordered by the attending Doctor	Same as any Sickness	Same as any Sickness
Ambulance Expense	100% of R&C	80% of R&C
Dental Treatment Expense (Injury Only) For treatment of Injury to Sound Natural Teeth. Maximum Amount per tooth $100	100% of AC	100% of R&C
Pediatric Dental Treatment Expense For Covered Persons under age 19 only, subject to an additional Deductible of $250 per Policy Year **Benefits include:** Oral Examination (Preventive), X-Ray and Pathology, Prophylaxis and Fluoride Applications (Preventive), Amalgam Restorations – Primary Teeth, Amalgam Restorations – Permanent Teeth, Synthetic Restorations, Oral Surgery (Includes local anesthesia and routine post-operative care) Extractions, Orthodontic Services	50% of R&C	50% of R&C
Prescribed Medicines Expense - applies to all prescribed FDA-approved birth control methods See page 10 for Prescription Information.	Copay per prescription for each 30 day supply during a 20-day period: $10 Generic $10 Brand Name The Copay will be waived for prescribed FDA-approved birth control.	

EXPENSES	IN-NETWORK	OUT-OF-NETWORK
Psychiatric Conditions Expense Severe Mental Illness Mental and Nervous Disorders	Same as any other Sickness 100% of AC	Same as any other Sickness 80% of R&C
Alcoholism and Substance Abuse Expense	100% of AC	80% of R&C
OTHER		
Pediatric Vision Care Expense For Covered Persons under age 19 only **Maximum Amount:** Standard Plastic Lenses: Single Vision $50 Bifocal $50 Trifocal $50 Lenticular $50 Progressive $50 Frames $100 Contact Lenses (in lieu of eyeglass lenses and frames) Fit, Follow-up & Materials: Effective $75 Medically Necessary $75	60% of R&C	60% of R&C
Home Health Care Expense – maximum 60 visits per Policy Year	100% of AC	80% of R&C
Hospice Care Expense	100% of AC	80% of R&C
Urgent Care Expense	100% of AC after $15 Copay	80% of R&C after $15 Copay
Skilled Nursing Facility - maximum 25 days per Policy Year	100% of AC	80% of R&C

REPATRIATION OF REMAINS AND MEDICAL EVACUATION

Combined Maximum Limit of $1,000,000

REPATRIATION OF REMAINS

If a Covered Person suffers loss of life due to Injury or emergency Sickness while outside his or her home country the Company will pay, subject to the Policy limitations, for Eligible Expenses reasonably incurred to return his or her body to his or her current place of primary residence, but not exceeding the Maximum Amount per Covered Person. Eligible Expenses include, but are not limited to: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

Travel Guard must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact Travel Guard in advance. Please see page 17 for a description of the Travel Guard services and for procedures on how to contact Travel Guard.

MEDICAL EVACUATION

The Company will pay, subject to the limitations set out herein, for Eligible Medical Evacuation Expenses reasonably incurred if the Covered Person suffers an Injury or emergency Sickness that warrants his or her Medical Evacuation while outside his or her home country but not exceeding the Maximum Amount per Covered Person for all Medical Evacuations due to all Injuries from the same accident or all emergency Sicknesses from the same or related causes. The Doctor ordering the Medical Evacuation must certify: (a) that the severity of the Covered Person's Injury or emergency Sickness warrants his or her Medical Evacuation; and (b) the Covered

Person has been Hospital Confined for at least five (5) consecutive days prior to Medical Evacuation. All transportation arrangements made for the Medical Evacuation must be by the most direct and economical conveyance and route possible.

Travel Guard must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact Travel Guard in advance. Please see page 17 for a description of the Travel Guard services and for procedures on how to contact Travel Guard.

ACCIDENTAL DEATH & DISMEMBERMENT

The Company will pay the benefit below for Injuries to a Covered Person: (a) caused by an Accident which happens while covered by the Plan; and (b) which directly, and from no other cause, result in any of the losses listed below within 365 days of the Accident that caused the Injury.

For Loss Of:	Maximum Amount
Life	$5,000
Both Hands or Both Feet	$5,000
Sight of Both Eyes	$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 or Person suffers more than one loss as a result of the same Accident, the Company will pay only for the loss with the largest benefit.

PRESCRIPTION DRUG BENEFIT MANAGER — CATAMARAN RX

The Plan provides pharmacy coverage through a prescription card program administered by Catamaran Rx. The Covered Person may purchase prescription drugs at over 45,000 network pharmacies nationwide. The Covered Person may check the latest listing at www.studentinsurance.com/Schools/TX/HCC/ or by calling the Pharmacy Help Desk at 1-888-722-1668.

In order to take full advantage of the prescription benefit program, always have the prescription filled at a network pharmacy.

Please refer to the Schedule of Benefits for co-payment and maximum benefit information (see page 6).

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.

"Act" means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

"Allowable Charges" ("AC") means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

"Complications of Pregnancy" means conditions which require Hospital stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are:

- acute nephritis or nephrosis; or

- cardiac decompensation or missed abortion; or

- similar medical and surgical conditions as severe as these.

Not included are (a) false labor, occasional spotting or Doctor prescribed rest during the period of pregnancy; (b) morning sickness; (c) hyperemesis gravidarum and pre-eclampsia; and (d) similar conditions not medically distinct from a difficult pregnancy. Complications of Pregnancy also include:

- non-elective cesarean section; and

- termination of an ectopic pregnancy; and

- spontaneous termination when a live birth is not possible. (This does not include voluntary or elective abortion.)

Delivery by cesarean section is considered a Complication of Pregnancy if the cesarean section is non-elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if the cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the child or mother.

"Coinsurance" means the percentage of the Eligible Expense payable by the Covered Person under the Policy.

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

"Covered Percentage" means the percentage of the Eligible Expense that is payable as a benefit under the Policy.

"Covered Person" means a Covered Student and his or her Dependent(s) insured under the Plan.

"Covered Student" means a student of the Policyholder who is insured under the Plan. This definition also includes scholars, as defined by the Policyholder.

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

"Dependent" means: (a) the Covered Student's Spouse residing with the Covered Student and (b) the Covered Student's or Spouse's child until the date such child attains age 26.

The term "child" includes:

(a) a legally adopted child;

(b) a child who has been placed in the Covered Student's or Spouse's home pending adoption procedures; and

(c) child for whom the Covered Student is a party in a suit for which adoption is sought; or when the Covered Student has custody of a child under a temporary court order granting conservatorship to the Covered Student;

(d) a step-child;

(e) grandchild who is a dependent for federal income tax purposes at the time enrollment for coverage of the grandchild is made; and

(f) child for whom the Covered Student is required to insure under a medical support order issued under Section 14.061, Family Code, or enforceable by a court in Texas.

The "child" of a Covered Student or Spouse will not be denied enrollment under the Policy because he or she:

(a) was born out of wedlock;
(b) is not claimed as a dependent on the Covered Student's or Spouse's federal tax return;
(c) does not reside with the Covered Student or Spouse in this Policy's service area.

The term "child" includes a child of the Covered Student or Spouse who is a non-custodial parent. In such case, the Company will:

(a) provide information to the custodial parent as may be necessary for the child to obtain benefits applicable to Covered Dependents under the Policy;
(b) permit the custodial parent or the health care provider, with the custodial parent's approval, to submit claims for Eligible Expenses without the approval of the non-custodial parent; and
(c) make payments on claims directly to the custodial parent, health care provider or the social services district furnishing medical assistance to the child, whichever is applicable.

The term "child" also includes a child for whom the Covered Student is required by a court or administrative order to provide coverage. In the event such is the case, the Covered Student may apply to insure the child, if he or she is otherwise eligible for coverage, without regard to any enrollment requirements. Insurance will become effective for such child on the date the Company receives the request. If the Covered Student is eligible for dependent insurance but fails to apply to insure the child in accordance with the court or administrative order, such child will become insured on the date the Company receives the written request to insure the child from the child's other parent, the child support agency having a duty to collect or enforce support for the child.

"Doctor" as used herein 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.

"Durable Medical Equipment" consists of, but is not restricted to, the initial fitting and purchase of braces, trusses and crutches, renal dialysis equipment, hospital-type beds, traction equipment, wheelchairs and walkers. Durable Medical Equipment must be prescribed by the attending Doctor and be required for therapeutic use.

The following items are not considered to be Durable Medical Equipment: adjustments to vehicles, air conditioners, dehumidifiers and humidifiers, elevators and stair glides, exercise equipment, handrails, improvements made to a home or place of business, ramps, telephones, whirlpool baths, and other equipment which has both a non-therapeutic and therapeutic use.

"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: 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; botox injections; treatment of infertility and routine physical examinations.

"Eligible Expense" as used herein 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) with respect to the Preferred Provider, is the Allowable Charge;
(d) is the negotiated rate, if any; and
(e) incurred while the Plan 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 health care services are provided in a Hospital emergency facility, freestanding emergency medical facility, or comparable emergency facility to evaluate and stabilize a medical condition of a recent onset and severity, including 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 nature that failure to get immediate medical care could result in: (a) placing the Covered Person's health in serious jeopardy; (b) serious impairment to bodily functions; (c) serious dysfunction of a bodily organ or part; (d) serious disfigurement; or (e) in the case of a pregnant woman, serious jeopardy to the health of the fetus.

"Freestanding emergency facility" means a facility, structurally separate and distinct from a Hospital that receives an individual and provides emergency care and is licensed by the state of Texas under Chapter 254 of the Health and Safety Code.

"Emergency Services" means, with respect to an Emergency Medical Condition: (a) a medical screening examination (as required under section 1867 of the Social Security Act, 42, U.S.C. 1395dd) that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate such Emergency Medical Condition; and (b) such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the Hospital, as are required under section 1867 of the Social Security Act (42 U.S.C. 1395dd(e)(3)).

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.

"Essential Health Benefits" has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

"Experimental/Investigational" means a drug, device or medical care or treatment that meets the following:

(a) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
(b) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law;
(c) the drug, device, medical care or treatment or the patient's informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval;
(d) reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, it efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or

(e) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with standard means of treatment of diagnosis.

Reliable evidence means: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device, medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device, medical care or treatment at the time the Expense is incurred.

"Hospital" means a facility which meets all of these tests:
(a) it provides in-patient services for the care and treatment of injured and sick people; and
(b) it provides room and board services and nursing services 24 hours a day; and
(c) it has established facilities for diagnosis and major surgery; and
(d) it is supervised by a Doctor; and
(e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and
(f) it is licensed or owned by the state of Texas when the Hospital is located in Texas; otherwise it is accredited.

Hospital does not include a place run mainly: (a) as a convalescent home; (b) as a nursing or rest home (c) as a place for custodial or educational care; or (d) as an institution mainly rendering treatment or services for: mental or nervous disorders; or substance abuse. The term "Hospital" includes: (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

"Hospital Confinement/Hospital Confined" means a stay of at least 18 consecutive hours or for which a room and board charge is made.

"Immediate Family Member(s)" means a person who is related to the Covered Person in any of the following ways: Spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

"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.

"One Sickness" means a Sickness and all recurrences and related conditions which are sustained by a Covered Person.

"Open Enrollment Period" means the time period designated by the Policyholder during which the Student may enroll himself or herself and his or her Dependents for coverage under the Policy.

"Orthopedic Brace and Appliance" means a supportive device or appliance used to treat a Sickness or Injury.

"Personal Item" is one which is not needed for proper medical care and is used mainly for the purpose of meeting a personal need.

"Physiotherapy" means any form of the following administered by a Doctor for treatment of Sickness or Injury: physical or mechanical; diathermy; ultra-sonic therapy; heat treatment in any form; or manipulation or massage.

"**Policy Year**" means the period of time measured from anniversary date to anniversary date except in the first year when it is the period of time from the effective date to the first anniversary date.

"Pre-Admission Testing" means diagnostic tests and services ordered by the attending Doctor as appropriately related to the care and treatment of the Covered Person's condition in anticipation of a scheduled Hospital Confinement and required prior to surgery; a Hospital bed has been reserved before the tests are made; Hospital Confinement begins within 14 days after the tests; and the Covered Person is physically present for the tests. In the event pre-admission testing is ordered by the attending Doctor and the Hospital Confinement and/or surgery are subsequently canceled, benefits for pre-admission testing and services already performed will be covered and benefits will be payable under the Policy based on the available coverage.

"Preventive Services" mandated by the Patient Protection and Affordable Care Act and, in addition to any other preventive benefits described in the Policy or Certificate, means the following services and without the imposition of any cost- sharing requirements, such as deductibles, copayment amounts or coinsurance amounts to any Covered Person receiving any of the following:

1. Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009;
2. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
3. With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health resources and Services Administration; and
4. With respect to women, such additional preventive care and screenings, not described in paragraph 1 above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

The Company shall update new recommendations to the preventive benefits listed above at the schedule established by the Secretary of Health and Human Services.

"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 services, procedure, devices, drugs, treatment 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.

Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date shown in the Schedule of Benefits.

"Sickness" means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes pregnancy and Complications of Pregnancy. All Sicknesses due to the same or a related cause are considered One Sickness.

"**Sound Natural Teeth**" means natural teeth, the major portion of the individual tooth which is present regardless of fillings and is not carious, abscessed, or defective. Sound Natural Teeth will not include capped teeth.

"Spouse" means the person to whom the Covered Student is married.

"Totally Disabled" and "Total Disability" means Injury or Sickness which wholly and continuously keeps the Covered Person, (a) with respect to a Covered Student from attending classes at the location where he or she is enrolled or if such classes are not in session, from doing the substantial and material activities that are normal for a person in good health of the same age and sex; and (b) with respect to a Dependent, Hospital Confinement.

EXCLUSIONS AND LIMITATIONS

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

1. as a result of dental treatment, or dental x-rays except as specifically provided in the Plan. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
2. for eye examinations, eyeglasses, contact lenses, or prescription for such except as specifically provided in the Policy; hearing aids except as specifically provided in the Plan; or prescriptions or examinations for such. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
3. 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 scheduled airline maintaining regular published schedules on a regularly established route.

4. for Injury or Sickness resulting from war or act of war, declared or undeclared.
5. 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.
6. 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.
7. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. for cosmetic surgery. "Cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
9. 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.
10. for preventive treatment, testing, immunizations, injections, medicines, serums, vaccines, vitamins anti-toxins except as specifically provided in the Plan. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
11. 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.
12. for Elective Treatment or elective surgery or complications arising there from; voluntary or elective abortions; elective sterilization or its reversal unless otherwise provided in the Plan.
13. after the date insurance terminates for a Covered Person except as may be specifically provided in the extension of benefits provision.
14. for any services rendered by a Covered Person's Immediate family Member, except this exclusion will not apply to the Covered Person's choice of a Doctor if the Doctor is licensed to practice medicine by the Texas State Board of Medical Examiners.
15. for any treatment, service or supply which is not Medically Necessary.
16. 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. This exclusion does not apply to Repatriation of Remains coverage or Emergency Evacuation coverage.
17. for or in relation to orthopedic shoes or devices intended to be placed inside shoes or other footwear.
18. for surgery and/or treatment of: acupuncture; gynecomastia; breast implants; or breast reduction unless Medically Necessary following a mastectomy; circumcision; weak, strained or flat feet; corns, calluses and bunions; routine care of toenails, except when treatment is necessary due to diabetes, circulatory disorder of the lower extremities, peripheral vascular disease, peripheral neuropathy or chronic arterial or venous insufficiency; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis; family planning except as specifically provided; 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; sexual reassignment surgery and related therapy; vasectomy; and alopecia. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
19. for routine physical examinations, health examinations or preschool physical examinations. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
20. by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country if the Covered Person's home country provides national health insurance.
21. for sterilization or sterilization reversal, including surgical procedures and devices except as specifically provided; or for birth control except prescription contraceptives drugs and devices.
22. 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.
23. for treatment in the Hospital emergency room which is not due to an Emergency Medical Condition.
24. for Injury resulting from fighting, except in self-defense.
25. for treatment of obesity, except resulting from diabetes, regardless of the history or diagnosis, including, but not limited to the following: 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.
26. for care or treatment of the pregnancy of a Dependent child. This exclusion does not apply to Complications of Pregnancy.
27. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational.
28. for treatment, service or supply for which a charge would not have been made in the absence of insurance.

OPTIONAL DENTAL TREATMENT EXPENSE COVERAGE

Available to students and their eligible Dependents at initial enrollment in the Plan. *(Additional premium required).*

Students may enroll online at www.studentinsurance.com/Schools/TX/HCC/.

No enrollment will be accepted after the enrollment deadline of the student's initial enrollment in the Plan each Policy Year.

The following Optional Dental Treatment Expense Coverage provides limited dental benefits for both diagnostic/preventive and primary services to students on an optional basis.

The dental coverage 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 person.

Eligibility, Termination, and Effective Dates of coverage under this optional dental treatment expense coverage are the same as the medical coverage.

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

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 Crown, Inlays and Bridges
- Anesthesia
- Repair of Dentures

DENTAL EXCLUSIONS

Orthodontic services for which treatment began prior to the Plan 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.

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

OPTIONAL DENTAL TREATMENT EXPENSE COVERAGE RATES

Annual (or any part thereof)	
Student Only	$417
Spouse	$424
Each Child	$303

TRAVEL GUARD

DESCRIPTION OF TRAVEL ASSIST AND STUDENT ASSIST SERVICES

Procedures on How to Access Travel Guard and Student Assist Services 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.
- Request the operator to place a collect call to the USA at 1-715-295-9625.
- Our fax number is 1-262-364-2203.

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 nonmedical 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, onsite 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 who you are insured by.
- 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.

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 and 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
- 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'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
- In-patient Assistance
- Out-patient Assistance

Medical Transport:

- Medical Evacuation
- Repatriation of Remains
-

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.aig.com/travelguardassistance.

To register:

1. Click on "Sign In" in the upper right-hand corner.
2. Click on "Register Here".
3. Complete required fields: First Name, Last Name, Email Address, Policy #9149128, then click "Submit".

CLAIM PROCEDURE

When a Covered Person incurs expenses covered by the Policy, he or she may file a claim online or obtain a claim form from www.studentinsurance.com/Schools/TX/HCC. Submit all itemized medical bills to the Claims Office listed below.

Notification of Injury or Sickness must be provided to the Claims Office listed below within 30 days after the date of Injury or treatment of Sickness or as soon thereafter as is reasonably possible. Bills must be submitted within 90 days of the date of treatment.

ISO/IEC 27001:2005

CLAIMS SHOULD BE MAILED TO

AIG, Higher Education Mail Center
P.O. Box 26050
Overland Park, KS 66225

INQUIRING ABOUT CLAIMS/BENEFITS:

AIG, Higher Education: 1-888-622-6001

STUDENT HEALTH INSURANCE

Web Address: www.studentinsurance.com

Email: HCC@studentinsurance.com

IMPORTANT INFORMATION

At AIG, 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 privacy information, please go to www.studentinsurance.com.

HCC
HOUSTON COMMUNITY COLLEGE



Houston Community College

("THE POLICYHOLDER")

2014-2015 Academic Year
International Student Health Insurance Plan

("THE PLAN")

Customer Service & Claims Information: 1-888-622-6001
Email: HCC@studentinsurance.com

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

Administrator Policy #: CHH8020595
Underwriter Reference #: CAS9497262

AIG

This brochure provides a brief description of the International Student Health Insurance Plan for eligible international students at Houston Community College. The Policy on file with the College contains complete details of the coverage and is the governing document. Inspection of the Policy may be made during business hours at the Office of International Student Service.

ELIGIBILITY

All international students holding an "F-1" visa and enrolled for any number of credit hours at Houston Community College will be automatically enrolled in and billed each semester for coverage under the Plan unless a waiver of coverage has been submitted and approved by the waiver deadline. **The waiver deadlines are as follows: Fall: 9/20/14; Spring/Summer: 2/14/15 and Summer Only: 6/8/15.** Waiver procedures are available online at www.studentinsurance.com/Schools/TX/HCC. **NOTE:** No waivers will be accepted after the waiver deadline date. **All other international students engaged in educational activities at Houston Community College** are eligible to enroll voluntarily for coverage under the Plan and may enroll online at: www.studentinsurance.com/Schools/TX/HCC prior to the enrollment deadline. **The enrollment deadlines are as follows: Fall: 9/24/14; Spring/Summer: 2/20/15 and Summer Only: 6/18/15.**

A student who initially waived coverage under the Plan but subsequently experiences ineligibility under another creditable coverage may elect to enroll for coverage under the Plan within 31 days of the date of ineligibility under another creditable coverage.

Voluntary enrollment is permitted during the first 31 days from the effective date of each Coverage Period only.

Enrollment outside a scheduled enrollment period is permitted under the following conditions only*: 1) with respect to the new student who arrives in the United States, within 45 days of his or her arrival; or 2) within 31 days of ineligibility under another creditable coverage. Please contact AIG, Educational Markets for enrollment assistance at 1-888-622-6001.

*Proof of arrival in the US or ineligibility under another creditable coverage is required at the time the enrollment form is submitted.

Except in the case of withdrawal due to Sickness or Injury, any student withdrawing from school during the first 30 days of the period for which he or she is enrolled will not be covered under the Plan and a full refund of premium will be made less any claims paid. Students who withdraw after such 30 days will remain covered under the Plan and no refund will be made. Eligibility requirements must be met each time premium is paid to continue coverage. The Company maintains the right to investigate student status and attendance records to verify that the Plan eligibility requirements have been met. If it is discovered that the Plan eligibility requirements have not been met, the Company's only obligation is to refund premium less any claims paid.

RATES AND COVERAGE PERIODS:

Coverage Period	Fall *8/25/14 to 1/19/15 *Enrollment Deadline: 9/24/14*	Spring/Summer 1/20/15 to 8/24/15 *Enrollment Deadline: 2/20/15*	Summer Only 5/18/15 to 8/24/15 *Enrollment Deadline: 6/18/15*
Student Only	$268	$528	$199
Spouse	$1,194	$1,194	$597
Each Child	$796	$796	$398

**8/26/14 for students maintaining continuous coverage from the previous policy period.*

DEPENDENT SPOUSE AND CHILDREN

A Covered Student may also enroll his or her eligible dependents by completing the enrollment form and remitting premium online at www.studentinsurance.com/Schools/TX/ HCC/ prior to the deadlines shown above. Eligible dependents are: (a) the Covered Student's spouse residing with the Covered Student and (b) the Covered Student's or spouse's child until the date such child attains age 26. Dependents must enroll for the same Coverage Period as the Covered Student or within 31 days of marriage, registration of a domestic partnership, birth or adoption or placement for adoption; or arrival in the United States. Contact AIG, Educational Markets directly for enrollment at 1-888-622-6001.

PLAN YEAR

The Plan commences at 12:01 a.m. on August 25, 2014* and terminates at 11:59 p.m. on August 24, 2015.

**8/26/14 for students maintaining continuous coverage from previous policy period.*

The coverage of an eligible student who enrolls for coverage under the Plan shall take effect at 12:01 a.m. on the latest of the following dates: (1) the Policy Effective Date*; (2) the day after the date for which the first premium for the Covered Student's coverage is received by the Company; (3) the date the Policyholder's term of coverage begins; or (4) the date the Student becomes a member of an eligible class of persons as described in the Description of Class section of the Schedule of Benefits in the Policy on file with the College.

Insurance for a Covered Student will end at 11:59 p.m. on the first of these to occur: (a) the date the Policy terminates; (b) the last day for which any required premium has been paid, subject to the Grace Period; or (c) the date on which the Covered Student withdraws from the school because of: (1) entering the armed forces of any country (premiums will be refunded on a pro-rata basis (less any claims paid) when written request is made); or (2) withdrawal from the College during the first 30 days of the period for which enrollment was made; or (3) departure from the College for his or her home country. Premiums will be refunded on a pro-rata basis (less any claims paid) only upon written proof from the College that the Covered Student is no longer an eligible person.

If withdrawal from the College is for other than (1), (2) or (3) above, no premium refund will be made. Students, including those who withdraw from the Policyholder's school during the first 30 days due to Injury or Sickness, will be covered for the Plan term for which they are enrolled and for which premium has been paid.

EXTENSION OF BENEFITS

If a Covered Person is Totally Disabled as a result of Sickness or Injury on the date the Plan terminates, Eligible Expenses shall include charges incurred for the treatment of that Sickness or Injury, but only until the earliest of: (1) the end of the Sickness or Injury that caused the Total Disability; (2) the end of a 90 day period following the date the Plan terminates; or (3) the date the applicable Maximum Amount is reached.

If a Covered Person is confined to a Hospital on the date his or her coverage terminates, benefits will be payable for the Eligible Expenses incurred during the continuation of that Hospital confinement. Such benefits will be payable until the earliest of: (1) the date the Hospital confinement ends; (2) the end of the 90 day period following the date his or her 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 Plan or any other health insurance policy in the ensuing term of coverage.

"SEMESTER STOP-OUT"

If a Covered Student wishes to extend coverage under the Plan, he or she may do so by exercising a "Semester Stop Out". A "Semester Stop Out" is an option available only once to a Covered Student who decides to not attend school for a semester. The appropriate form must be completed and submitted to the College and the required premium must be paid in order for coverage to extend beyond the date the Covered Student exercises this option. Continuation of coverage will be subject to all the terms of the Plan.

SUBROGATION AND RIGHT OF RECOVERY

The Plan has Subrogation and Right of Recovery provisions. Full details of the Subrogation and Right of Recovery provisions are included in the Policy on file with the College.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy or this brochure which is in conflict with the statutes of the state in which the Policy is delivered or issued for delivery is amended to conform with the requirements of those state statutes.

COORDINATION OF BENEFITS

The Plan will coordinate benefits with any valid collectible insurance or plan as outlined in the Policy, which is available at the Office of International Student Services.

ACCIDENTAL DEATH & DISMEMBERMENT

The Company will pay the benefit below for Injuries to a Covered Student: (a) caused by an Accident which happens while covered by the Plan; and (b) which directly, and from no other cause, result in any of the losses listed below within 365 days of the Accident that caused the Injury.

For Loss Of:	Maximum Amount
Life	$5,000
Both Hands or Both Feet	$5,000
Sight of Both Eyes	$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.

STATE MANDATED BENEFITS

The Plan covers all applicable state mandated benefits. Please see the complete Policy on file with the College for full details.

PREFERRED PROVIDER ORGANIZATION (PPO) Private Healthcare Systems (PHCS)

PHCS is the PPO selected by the Company to provide medical care services to Covered Persons. The PPO provides these services according to negotiated fee schedules that are considered full payment for services rendered, subject to policy provisions. A Covered Person has the option to use a PPO provider (In-Network) or a non-PPO provider (Out-of-Network). If a Covered Person seeks treatment from an Out-of-Network provider, benefits may be reduced to the amount shown in the Schedule of Benefits below.

PHCS consists of Hospitals, Doctors, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Payment rates may vary In- Network and Out-of-Network as described under the "Schedule of Benefits" section. A listing of participants is available:

1. By calling (888)560-7427; or
2. Through the Houston Community College's dedicated webpage accessible from: www.studentinsurance.com/Schools/TX/HCC

SCHEDULE OF BENEFITS		
Aggregate Maximum Benefit per Policy Year - Unlimited		
Deductible per Covered Person per Policy Year - $100		
BENEFITS: AC indicates Allowable Charges. R&C indicates Reasonable & Customary Charges	**IN-NETWORK**	**OUT-OF-NETWORK**
Out of Pocket Maximum This is a benefit that will apply in a Policy Year to a Covered Person who in that year reaches the Out of Pocket Limit. The Out-of-Pocket Limit is reached when the amount of Eligible Expenses incurred by the Covered Person during the Policy Year, for which the Covered Person is responsible due to covered percentages being less than 100%, reach the Out-of Pocket Limit. The Out-of-Pocket Limit includes deductibles, co-payments and coinsurance. The Out-of-Pocket Limit does not include charges in excess of R&C; expenses incurred for prescription drugs; charges in excess of any specified maximum or charges incurred for any services not covered under the Plan. When this benefit becomes applicable to a Covered Person during a Policy Year, covered percentages are increased to 100% for all Eligible Expenses incurred by the Covered Person in the remainder of that Policy Year up to any benefit maximum that may apply.	Individual: $6,350 Family: $12,700	Individual: $6,350 Family: $12,700

SCHEDULE OF BENEFITS, Continued			
BENEFITS: AC indicates Allowable Charges. R&C indicates Reasonable & Customary Charges		**IN-NETWORK**	**OUT-OF-NETWORK**
INPATIENT BENEFITS, Continued			
Daily Room & Board Expense	Limited to the average semi-private room rate	100% of AC	80% of R&C
Hospital Miscellaneous Expenses such as:	Expenses incurred for anesthesia and operating room; laboratory tests and X-rays (including professional fees); oxygen tent; drugs, medicines (excluding take-home drugs), dressings; and other Medically Necessary and prescribed Hospital expenses	100% of AC	80% of R&C
Pre-Admission Testing	Hospital confinement must occur within 14 days of the testing	100% of AC	80% of R&C
Physiotherapy	During Hospital confinement	100% of AC	80% of R&C
Surgical Expense	Doctor's fees for a surgical procedure	100% of AC	80% of R&C
Anesthetist Services	In conjunction with surgery	25% of amount payable for surgery	
Doctor's Visits	Services of a Doctor other than a Doctor who performed surgery or administered anesthesia. Limited to one visit per day	100% of AC	80% of R&C
Mental and Nervous Disorders		100% of AC	80% of R&C
Alcoholism and Substance Abuse		100% of AC	80% of R&C
OUTPATIENT BENEFITS			
Surgical Expense	Doctor's fees for a surgical procedure	100% of AC	80% of R&C
Day Surgery Facility/ Miscellaneous	When scheduled surgery is performed in a Hospital or outpatient facility or ambulatory surgical center, including: use of the operating room; laboratory tests and x-ray examinations (including professional fees); anesthesia; infusion therapy; drugs or medicines and supplies; therapeutic services (excluding physiotherapy or take home drugs and medicines).	100% of AC	80% of R&C
Anesthetist Services	In conjunction with surgery	25% of amount payable for surgery	
Doctor's Visits - subject to $15 copay per visit.	Not to exceed one visit per day. Benefits do not apply when related to surgery. Includes benefits for outpatient contraceptive services, including consultations, examinations, procedures and medical services directly related to the use of contraceptive methods to prevent unplanned pregnancy. Includes injections when administered in the Doctor's office.	100% of AC	80% of R&C
Rehabilitative Care, Physiotherapy, Occupational Therapy, Cardiac/Pulmonary		100% of AC	80% of R&C

SCHEDULE OF BENEFITS, Continued			
BENEFITS: AC indicates Allowable Charges. R&C indicates Reasonable & Customary Charges		**IN-NETWORK**	**OUT-OF-NETWORK**
OUTPATIENT BENEFITS, Continued			
Hospital Emergency Room Expenses, subject to a $50 copay per visit	For use of Hospital Emergency Room, including operating room, laboratory and x-ray examinations, supplies. (Copay waived if the Covered Person is admitted to Hospital as an inpatient).	100% of AC	80% of R&C
X-Ray Examinations		100% of AC	80% of R&C
Radiation Therapy		100% of AC	80% of R&C
Laboratory Procedures		100% of AC	80% of R&C
CAT Scan/MRI/PET Scan		100% of AC	80% of R&C
Chemotherapy		100% of AC	80% of R&C
Prescription Drugs - includes all prescribed FDA-approved birth control methods	See page 7 for Prescription Information.	$10 copay for each 30 day supply during a 20-day period The copay will be waived for prescribed FDA-approved birth control.	
Mental and Nervous Disorders and Alcoholism and Substance Abuse		100% of AC	80% of R&C
OTHER BENEFITS			
Ambulance Expense	For use of a professional ambulance in an emergency.	100% of R&C	80% of R&C
Dental Treatment Expense	For treatment of injury to sound natural teeth. Not to exceed $100 per tooth.	100% of AC	80% of R&C
Consultant's Fee Expense	When requested and ordered by the attending Doctor	100% of AC	80% of R&C
Durable Medical Equipment and Orthopedic Braces & Appliances	Benefits are payable only upon Doctor's written prescription.	100% of AC	80% of R&C
Preventive Services	As specified by Patient Protection and Affordable Care Act (not subject to deductible)	100% of AC	80% of R&C
Pediatric Dental Treatment Expense For Covered Persons under age 19 only, subject to an additional deductible of $250 per Policy Year	<u>Benefits include</u>: Oral Examination (Preventive), X-Ray and Pathology, Prophylaxis and Fluoride Applications (Preventive), Amalgam Restorations – Primary Teeth, Amalgam Restorations – Permanent Teeth, Synthetic Restorations, Oral Surgery (Includes local anesthesia and routine post-operative care) Extractions, Orthodontia Services	50% of R&C	50% of R&C

SCHEDULE OF BENEFITS, Continued			
BENEFITS: AC indicates Allowable Charges. R&C indicates Reasonable & Customary Charges		**IN-NETWORK**	**OUT-OF-NETWORK**
OTHER BENEFITS, Continued			
Pediatric Vision Care Expense For Covered Persons under age 19 only	Maximum Amount: Standard Plastic Lenses: • Single Vision $50 • Bifocal $50 • Trifocal $50 • Lenticular $50 • Progressive $50 • Frames $100 Contact Lenses (in lieu of eyeglass lenses and frames) Fit, Follow-up & Materials: • Effective $75 • Medically Necessary $75	60% of R&C	60% of R&C
MATERNITY BENEFITS: Paid the same as any other Sickness.			
MEDICAL EVACUATION, REPATRIATION OF REMAINS (See page 12).			

PRESCRIPTION DRUG BENEFIT MANAGER —CATAMARAN RX

The Plan provides pharmacy coverage through a prescription card program administered by Catamaran Rx. The Covered Person may purchase prescription drugs at over 45,000 network pharmacies nationwide. The Covered Person may check the latest listing at www.studentinsurance.com/Schools/TX/HCC/ or by calling the Pharmacy Help Desk at 1-888-722-1668.

In order to take full advantage of the prescription benefit program, always have the prescription filled at a network pharmacy.

Please refer to the Schedule of Benefits for co-payment and maximum benefit information (see page 6).

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.

"Allowable Charges (AC)" means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

"Covered Person" means a Covered Student and his or her dependent(s) insured under the Plan.

"Covered Student" means a student of this Policyholder who is insured under the Plan. This definition also includes scholars, as defined by the Policyholder.

"Doctor" as used herein 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: 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; botox injections; treatment of infertility and routine physical examinations.

"Eligible Expense" as used herein 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) with respect to the Preferred Provider, is the Allowable Charge; (d) is the negotiated rate, if any; and (e) incurred while the Plan 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 health care services are provided in a Hospital emergency facility, freestanding emergency medical facility, or comparable emergency facility to evaluate and stabilize a medical condition of a recent onset and severity, including 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 nature that failure to get immediate medical care could result in: (a) placing the Covered Person's health in serious jeopardy; (b) serious impairment to bodily functions; (c) serious dysfunction of a bodily organ or part; (d) serious disfigurement; or (e) in the case of a pregnant woman, serious jeopardy to the health of the fetus.

"Freestanding emergency facility" means a facility, structurally separate and distinct from a Hospital that receives an individual and provides emergency care and is licensed by the state of Texas under Chapter 254 of the Health and Safety Code.

"Emergency Services" means, with respect to an Emergency Medical Condition: (a) a medical screening examination (as required under section 1867 of the Social Security Act, 42, U.S.C. 1395dd) that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate such Emergency Medical Condition; and (b) such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the Hospital, as are required under section 1867 of the Social Security Act (42 U.S.C. 1395dd(e)(3)).

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.

"Essential Health Benefits" has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

"Hospital" means a facility which meets all of these tests: (a) it provides in-patient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital does not include a place run mainly: (a) as a convalescent home; (b) as a nursing or rest home; (c) as a place for custodial or educational care; or (d) as an institution mainly rendering treatment or services for: mental or nervous disorders; or substance abuse. The term "Hospital" includes: (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

"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.

"Preventive Services" mandated by the Patient Protection and Affordable Care Act and, in addition to any other preventive benefits described in the Policy or Certificate, means the following services and without the imposition of any cost- sharing requirements, such as deductibles, copayment amounts or coinsurance amounts to any Covered Person receiving any of the following: 1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009; 2) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved; 3) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health resources and Services Administration; and 4) With respect to women, such additional preventive care and screenings, not described in paragraph 1 above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

The Company shall update new recommendations to the preventive benefits listed above at the schedule established by the Secretary of Health and Human Services.

"**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 services, procedure, devices, drugs, treatment 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**" means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

"Totally Disabled" and "Total Disability" means Injury or Sickness which wholly and continuously keeps the Covered Person, (a) with respect to a Covered Student from attending classes at the location where he or she is enrolled or if such classes are not in session, from doing the substantial and material activities that are normal for a person in good health of the same age and sex; and (b) with respect to a dependent, Hospital confinement.

EXCLUSIONS AND LIMITATIONS

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

1. as a result of dental treatment, or dental x-rays except as specifically provided in the Plan. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
2. for eye examinations, eyeglasses, contact lenses, or prescription for such except as specifically provided in the Policy; hearing aids or prescriptions or examinations for such. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
3. 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 scheduled airline maintaining regular published schedules on a regularly established route.
4. for Injury or Sickness resulting from war or act of war, declared or undeclared.
5. 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.
6. 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.
7. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. for cosmetic surgery. "Cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
9. 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.

10. for preventive treatment, testing, immunizations, injections, medicines, serums, vaccines, vitamins anti-toxins except as specifically provided in the Plan. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
11. 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.
12. for Elective Treatment or elective surgery or complications arising there from; voluntary or elective abortions; elective sterilization or its reversal unless otherwise provided in the Plan.
13. after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits provision.
14. for any services rendered by a Covered Person's immediate family member, except this exclusion will not apply to the Covered Person's choice of a licensed dentist.
15. for any treatment, service or supply which is not Medically Necessary.
16. 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
17. for or in relation to orthopedic shoes or devices intended to be placed inside shoes or other footwear.
18. for surgery and/or treatment of: acupuncture; gynecomastia; breast implants; or breast reduction unless Medically Necessary following a mastectomy; circumcision; weak, strained or flat feet; corns, calluses and bunions; routine care of toenails, except when treatment is necessary due to diabetes, circulatory disorder of the lower extremities, peripheral vascular disease, peripheral neuropathy or chronic arterial or venous insufficiency; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis; family planning except as specifically provided; 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; sexual reassignment surgery and related therapy; vasectomy; and alopecia. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
19. for routine physical examinations, health examinations or preschool physical examinations. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
20. by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country if the Covered Person's home country provides national health insurance.
21. for sterilization or sterilization reversal, including surgical procedures and devices except as specifically provided; or for birth control except prescription contraceptives drugs and devices.
22. 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.
23. for treatment in the Hospital emergency room which is not due to an Emergency Medical Condition.
24. for Injury resulting from fighting, except in self-defense.
25. for treatment of obesity, except resulting from diabetes, regardless of the history or diagnosis, including, but not limited to the following: 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.
26. for care or treatment of the pregnancy of a dependent child. This exclusion does not apply to complications of pregnancy.
27. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.
28. for treatment, service or supply for which a charge would not have been made in the absence of insurance.

OPTIONAL DENTAL TREATMENT EXPENSE COVERAGE

Available to students and their eligible dependents at initial enrollment in the International Student Health Insurance Plan.

(Additional premium required).

Students may enroll online at http://studentinsurance.com/Schools/TX/HCC/.

No enrollment will be accepted after the enrollment deadline of the student's initial enrollment in the International Student Health Insurance Plan each Policy Year.

The following Optional Dental Treatment Expense Coverage provides limited dental benefits for both diagnostic/preventive and primary services to students on an optional basis.

The dental coverage 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 person.

Eligibility, Termination, and Effective Dates of coverage under this optional dental treatment expense coverage are the same as the medical coverage.

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
- Prophylaxis
- X-rays
- Biopsy of Oral Tissue
- Pulp Vital Tests
- Emergency Treatment

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 Inlays and Bridges
- Anesthesia
- Repair of Dentures

DENTAL EXCLUSIONS: Orthodontic services for which treatment began prior to the Plan 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.

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

OPTIONAL DENTAL TREATMENT EXPENSE COVERAGE RATES	
Annual (or any part thereof)	
Student	$391
Spouse	$397
Each Child	$284

TRAVEL GUARD

TRAVEL ASSIST AND STUDENT ASSIST

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

How to Contact Travel Guard:

- Inside the U.S. and Canada, dial 1-877-249-5362 toll free.
- Outside the U.S. and Canada:
  - Request an international operator.
  - Request the operator to place a collect call to the USA at 1-715-295-9625.
  - Our fax number is 1-262-364-2203.

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 nonmedical 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 who you are insured by.
- 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.

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 & Political
- Environmental
- Weather & Exchange Rates

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

- Evacuation
- Repatriation of Remains

REPATRIATION AND MEDICAL EVACUATION

(Benefits for Repatriation of Remains and Medical Evacuation are provided by National Union Fire Insurance Company of Pittsburgh, Pa.)

Combined Maximum Limit of $1,000,000

REPATRIATION OF REMAINS

In the event an Injury or emergency Sickness causes your death while you are outside your home country, the plan will reimburse Eligible Expenses reasonably 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 emergency Sickness if you are outside your home country and a 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. The Company reserves the right to determine the benefits payable, including reductions, if it is not reasonably possible to contact Travel Guard in advance.

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: http://aig.com/travelguardassistance. To register:

1. Click "Sign In" in the upper right corner.
2. Click 'Register Here'.
3. Complete required fields: First Name, Last Name, Email Address, Policy #9497262, then click "Submit".

For more details visit the AIG, Educational Markets website at www.studentinsurance.com. You will be able to access the information under Houston Community College's personalized webpage at www.studentinsurance.com/Schools/TX/HCC.

CLAIM PROCEDURE

When a Covered Person incurs expenses covered by the Policy, he or she may file a claim online or obtain a claim form from www.studentinsurance.com/Schools/TX/HCC. Submit all itemized medical bills to the Claims Office listed below.

Notification of Injury or Sickness must be provided to the Claims Office listed below within 30 days after the date of Injury or treatment of Sickness or as soon thereafter as is reasonably possible. Bills must be submitted within 90 days of the date of treatment.

ISO/IEC 27001:2005

CLAIMS SHOULD BE MAILED TO:

AIG, Educational Markets Mail Center
P.O. Box 26050
Overland Park, KS 66225

INQUIRING ABOUT CLAIMS/BENEFITS:

AIG, Educational Markets
1-888-622-6001

STUDENT HEALTH INSURANCE

Web Address: www.studentinsurance.com
Email: HCC@studentinsurance.com

NON-RENEWABLE ONE-YEAR TERM INSURANCE

The policy is a non-renewable one-year term policy. Similar coverage may be available for the following academic year. It is the insured'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.

IMPORTANT INFORMATION

Please keep this brochure as a general summary of the insurance. This brochure is only a brief description of the coverage available under policy series S30749NUFIC-PPO-TX. The Policy on file at Houston Community College contains all of the definitions, reductions, limitations, exclusions and termination provisions. If there is any conflict between the contents of this brochure and the Policy, the Policy shall govern. Travel Assistance services provided by Travel Guard. Insurance and services provided by member companies of American International Group, Inc. For additional information, please visit our website at www.AIG.com.

At AIG, 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 privacy information, please go to www.studentinsurance.com.

SCAN & SAVE IMPORTANT INFORMATION WITH YOUR SMARTPHONE QR READER APPLICATION

AIG

2013-2014 Academic Year

International Student and Scholar Accident & Sickness Insurance Plan

(the "Plan") designed for

International Students & Scholars at Houston Community College

("the Policyholder")

Customer Service & Claims Information: 1-888-622-6001
Email: HCC@studentinsurance.com

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

Administrator Policy #: CHH8020594 | Underwriter Reference #: CAS9495372

NOTICE:

Your student health insurance coverage, offered by National Union Fire Insurance Company of Pittsburgh, Pa., may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012, and $500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of: $500,000 on Essential Health Benefits. If you have any questions or concerns about this notice, contact AIG, Educational Markets at 1-888-622-6001. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

This brochure provides a brief description of the International Student and Scholar Accident & Sickness Insurance Plan for eligible International Students and Scholars at Houston Community College. The Master Policy on file with the College contains complete details of the coverage and is the governing document. Inspection of the Master Policy may be made during business hours at the Office of International Student Service.

ELIGIBILITY

All international students and scholars holding an "F-1" visa and enrolled for credit hours at Houston Community College will be automatically enrolled in the Accident & Sickness Insurance Plan and the insurance premium amount will be included on their student account each semester unless a waiver request is submitted and approved online at www.studentinsurance.com/Schools/TX/HCC, by the waiver deadline as posted online at www.studentinsurance.com/Schools/TX/HCC. NOTE: No waivers will be accepted after the waiver deadline date. A student or scholar who initially waived coverage under the Plan but subsequently experiences ineligibility under another creditable coverage plan may elect to enroll for coverage under the Plan within 31 days of the date of ineligibility under another creditable coverage plan. All other international students and scholars engaged in educational activities at Houston Community College are eligible to enroll on a voluntary basis online at: http://studentinsurance.com/Schools/TX/HCC/.

No premium will be accepted beyond 31 days from the effective date of the Coverage Period for which the student or scholar is enrolled. (Please refer to Rates and Coverage Periods below.)

Voluntary enrollment is permitted during the first 31 days from the effective date of each Coverage Period only. Enrollment outside a scheduled enrollment period is permitted under the following conditions only*: 1) with respect to the new student or scholar who arrives in the United States, within 45 days of his or her arrival; or 2) within 31 days of ineligibility under another creditable coverage. Please contact AIG, Educational Markets for enrollment assistance.

*Proof is required at the time the enrollment form is submitted.

Except in the case of withdrawal due to Sickness or Injury, any student or scholar withdrawing from school during the first 30 days of the period for which he or she is enrolled will not be covered under this Plan and a full refund of premium will be made less any claims paid. Students who withdraw after such 30 days will remain covered under this Plan and no refund will be made. Eligibility requirements must be met each time premium is paid to continue coverage. The Company maintains the right to investigate student or scholar status and attendance records to verify that this Plan eligibility requirements have been met. If it is discovered that this Plan eligibility requirements have not been met, the Company's only obligation is to refund premium less any claims paid.

RATES AND COVERAGE PERIODS:

Coverage Period	Fall 8/26/13 to 1/12/14	Spring/Summer 1/13/14 to 8/25/14	Summer Only 6/2/14 to 8/25/14
Student or Scholar	$248	$496	$186
Spouse	$744	$488	$558
Each Child	$496	$992	$372

DEPENDENT SPOUSE AND CHILDREN

A Covered Student or Scholar may also enroll his or her eligible dependents by completing the enrollment form and remitting premium online at http://studentinsurance.com/Schools/TX/HCC/. Eligible dependents are: (a) the Covered Student's or Scholar's spouse residing with the Covered Student or Scholar and (b) the Covered Student's or Scholar's or spouse's child until the date such child attains age 26. Dependents must enroll for the same Coverage Period as the Covered Student or Scholar, or within 31 days of marriage, birth or adoption or placement for adoption; or arrival in the United States. Contact AIG, Educational Markets directly for enrollment.

PLAN YEAR

This Plan commences at 12:01 a.m. on August 26, 2013 and terminates at 11:59 p.m. on August 25, 2014.

The coverage of an eligible student or scholar who enrolls for coverage under this Plan shall take effect at 12:01 a.m. on the latest of the following dates: (1) the Policy Effective Date*; (2) the day after the date for which the first premium for the Covered Student's or Scholar's coverage is received by the Company; (3) the date the Policyholder's term of coverage begins; or (4) the date the student or scholar becomes a member of an eligible class of persons as described in the Description of Class section of the Schedule of Benefits in the Policy on file with the College.

*August 27, 2013 for students and scholars maintaining coverage from the prior Plan Year.

Insurance for a Covered Student or Scholar will end at 11:59 p.m. on the first of these to occur: (a) the date the Policy terminates; (b) the last day for which any required premium has been paid; or (c) the date on which the Covered Student or Scholar withdraws from the school because of: (1) entering the armed forces of any country (premiums will be refunded on a pro-rata basis (less any claims paid) when written request is made); or (2) withdrawal from the College during the first 30 days of the period for which enrollment was made; (3) departure from the College for his or her home country. Premiums will be refunded on a pro-rata basis (less any claims paid) only upon written proof from the College that the Covered Student or Scholar is no longer an eligible person.

If withdrawal from the College is for other than (1), (2) or (3) above, no premium refund will be made. Students or Scholars, including those who withdraw from the Policyholder's school during the first 30 days due to Injury or Sickness, will be covered for this Plan term for which they are enrolled and for which premium has been paid.

EXTENSION OF BENEFITS

If a Covered Person is confined to a Hospital on the date his or her coverage terminates, benefits will be payable for the Eligible Expenses incurred during the continuation of that Hospital confinement. Such benefits will be payable until the earliest of: (1) the date the Hospital confinement ends; (2) the end of the 30 day period following the date his or her coverage terminated; or (3) the date the applicable Maximum Amount is reached.

If a Covered Person is Totally Disabled as a result of Sickness or Injury on the date the Plan terminates, Eligible Expenses shall include charges incurred for the treatment of that Sickness or Injury, but only until the earliest of: (1) the end of the Sickness or Injury that caused the Total Disability; (2) the end of a 90 day period following the date the Plan terminates; 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 Plan or any other health insurance policy in the ensuing term of coverage.

"SEMESTER STOP-OUT"

If a Covered Student or Scholar wishes to extend coverage under this Plan, he or she may do so by exercising a "Semester Stop Out". A "Semester Stop Out" is an option available only once to a Covered Student or Scholar who decides to not attend school for a semester. The appropriate form must be completed and submitted to the College and the required premium must be paid in order for coverage to extend beyond the date the Covered Student or Scholar exercises this option. Continuation of coverage will be subject to all the terms of this Plan.

CONTINUOUS INSURANCE

Continuously insured means a person has been continuously insured under this Plan and prior Health Insurance policies issued to the Policyholder. Persons who have remained continuously insured will be covered for conditions while continuously insured except for expenses payable under prior policies in the absence of this Plan. Previously insured dependents and students or scholars must re-enroll for coverage in order to avoid a break in coverage to maintain coverage for conditions which existed in prior Policy Years. Once a break in continuous insurance occurs, the definition of Pre-Existing Condition will apply in determining coverage of any condition which existed during such break.

SUBROGATION AND RIGHT OF RECOVERY

This Plan has Subrogation and Right of Recovery provisions. Full details of the Subrogation and Right of Recovery provisions are included in the Master Policy on file with the College.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy or this brochure which is in conflict with the statutes of the state in which the Policy is delivered or issued for delivery is amended to conform with the requirements of those state statutes.

COORDINATION OF BENEFITS

The Plan will coordinate benefits with any valid collectible insurance or plan as outlined in the Master Policy, which is available at the Office of International Student Services.

ACCIDENTAL DEATH & DISMEMBERMENT

The Company will pay the benefit below for Injuries to a Covered Student or Scholar: (a) caused by an Accident which happens while covered by this Plan; and (b) which directly, and from no other cause, result in any of the losses listed below within 365 days of the Accident that caused the Injury.

For Loss Of:	Maximum Amount
Life	$5,000
Both Hands or Both Feet	$5,000
Sight of Both Eyes	$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 or Scholar suffers more than one loss as a result of the same Accident, the Company will pay only for the loss with the largest benefit.

STATE MANDATED BENEFITS

This Plan covers all applicable state mandated benefits. Please see the complete Policy on file with the College for full details.

PREFERRED PROVIDER ORGANIZATION (PPO)

Private Healthcare Systems (PHCS)

PHCS is the PPO selected by the Company to provide medical care services to Covered Persons. The PPO provides these services according to negotiated fee schedules that are considered full payment for services rendered, subject to policy provisions. A Covered Person has the option to use a PPO provider (In-Network) or a non-PPO provider (Out-of-Network).If a Coverec Person seeks treatment from an Out-of-Network provider benefits will be reduced to the amount shown in the Schedule o Benefits beginning on page 4.

PHCS consists of Hospitals, Doctors, and other health care providers organized into a network for the purpose of deliverinc quality health care at affordable rates. Payment rates may vary In Network and Out-of-Network as described under the "Schedul of Benefits" section. A listing of participants is available:

1. By calling (888)560-7427; or
2. Through the Houston Community College's dedicated webpage accessible from:

   www.studentinsurance.com/Schools/TX/HCC

SCHEDULE OF BENEFITS			
Aggregate Maximum Benefit per Policy Year			$500,000
Deductible per Covered Person per Policy Year			$100
BENEFITS: AC indicates Allowable Charges. R&C indicates Reasonable & Customary Charges		**IN-NETWORK**	**OUT-OF-NETWORK**
INPATIENT BENEFITS			
Room & Board Expense	Limited to the average semi-private room rate	100% of AC	80% of R&C
Hospital Miscellaneous Expenses such as:	Expenses incurred for anesthesia and operating room; laboratory tests and X-rays (including professional fees); oxygen tent; drugs, medicines (excluding take-home drugs), dressings; and other Medically Necessary and prescribed Hospital expenses	100% of AC	80% of R&C
Pre-Admission Testing	Hospital confinement must occur within 14 days of the testing	100% of A&C	80% of A&C
Physiotherapy	During Hospital confinement	100% of AC	80% of R&C
Surgical Expense	Doctor's fees for a surgical procedure	100% of AC	80% of R&C
Anesthetist Services	In conjunction with surgery	25% of amount payable for surgery	
Doctor's Visits	Services of a Doctor other than a Doctor who performed surgery or administered anesthesia. Limited to one visit per day	100% of AC	80% of R&C
Mental and Nervous Disorders		100% of AC	80% of R&C
Alcoholism and Substance Abuse		100% of AC	80% of R&C

SCHEDULE OF BENEFITS, CONTINUED			
BENEFITS: AC indicates Allowable Charges. R&C indicates Reasonable & Customary Charges		IN-NETWORK	OUT-OF-NETWORK
OUTPATIENT BENEFITS			
Surgical Expense	Doctor's fees for a surgical procedure	100% of AC	80% of R&C
Day Surgery Miscellaneous	When scheduled surgery is performed in a Hospital or outpatient facility or ambulatory surgical center, including: use of the operating room; laboratory tests and x-ray examinations (including professional fees); anesthesia; infusion therapy; drugs or medicines and supplies; therapeutic services (excluding physiotherapy or take home drugs and medicines)	100% of AC	80% of R&C
Anesthetist Services	In conjunction with surgery	25% of amount payable for surgery	
Doctor's Visits - subject to $15 copay per visit.	Not to exceed one visit per day. Benefits do not apply when related to surgery. Includes benefits for outpatient contraceptive services. Includes injections when administered in the Doctor's office.	100% of AC	80% of R&C
Physiotherapy		100% of AC	80% of R&C
Hospital Emergency Room Expenses, subject to a $50 copay per visit	For use of Hospital Emergency Room, including operating room, laboratory and x-ray examinations, supplies. (Copay waived if the Covered Person is admitted to Hospital as an inpatient).	100% of AC	80% of R&C
X-Ray Examinations		100% of AC	80% of R&C
Radiation Therapy		100% of AC	80% of R&C
Laboratory Procedures		100% of AC	80% of R&C
CAT Scan/MRI		100% of AC	80% of R&C
Chemotherapy		100% of AC	80% of R&C
Prescription Drugs - includes all prescribed FDA-approved birth control methods	See page 6 for Prescription Information.	**$10 copay for each 30 day supply during a 20-day period** The copay will be waived for prescribed FDA-approved birth control.	
Mental and Nervous Disorders and Alcoholism and Substance Abuse		100% of AC	80% of R&C
OTHER BENEFITS			
Ambulance Services	For use of a professional ambulance in an emergency.	100% of R&C	80% of R&C
Dental Treatment	For treatment of injury to sound natural teeth. Not to exceed $100 per tooth.	100% of AC	80% of R&C
Consultant	When requested and ordered by the attending Doctor	100% of AC	80% of R&C
Orthopedic Braces & Appliances	Benefits are payable only upon Doctor's written prescription.	100% of AC	80% of R&C
Preventive Services	As specified by Patient Protection and Affordable Care Act (not subject to deductible)	100% of AC	80% of R&C
MATERNITY BENEFITS: Paid the same as any other Sickness. EMERGENCY MEDICAL EVACUATION, REPATRIATION OF REMAINS (See page 10).			
The policy is in effect for a single academic year. A Covered Person must re-enroll each academic year. Any deductible and/or co-insurance will not be carried forward.			

PRESCRIPTION DRUG BENEFIT MANAGER—CATAMARAN RX

This Plan provides pharmacy coverage through a prescription card program administered by Catamaran Rx. The Covered Person may purchase prescription drugs at over 45,000 network pharmacies nationwide. The Covered Person may check the latest listing at http://studentinsurance.com/Schools/TX/HCC/ or by calling the Pharmacy Help Desk at 1-888-722-1668.

In order to take full advantage of the prescription benefit program, always have the prescription filled at a network pharmacy.

Please refer to the Schedule of Benefits for co-payment and maximum benefit information (see page 5).

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.

"Allowable Charges (AC)" means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

"Covered Person" means a Covered Student or Scholar and his or her dependent(s) insured under this Plan.

"Covered Student or Scholar" means a student or scholar of this Policyholder who is insured under this Plan.

"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: 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; 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) with respect to the Preferred Provider, is the Allowable Charge; (d) is the negotiated rate, if any; and (e) incurred while this Plan 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 health care services are provided in a Hospital emergency facility, freestanding emergency medical facility, or comparable emergency facility to evaluate and stabilize a medical condition of a recent onset and severity, including 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 nature that failure to get immediate medical care could result in: (a) placing the Covered Person's health in serious jeopardy; (b) serious impairment to bodily functions; (c) serious dysfunction of a bodily organ or part; (d) serious disfigurement; or (e) in the case of a pregnant woman, serious jeopardy to the health of the fetus.

"Freestanding emergency facility" means a facility, structurally separate and distinct from a Hospital that receives an individual and provides emergency care and is licensed by the state of Texas under Chapter 254 of the Health and Safety Code.

"Emergency Services" means, with respect to an Emergency Medical Condition: (a) a medical screening examination (as required under section 1867 of the Social Security Act, 42, U.S.C. 1395dd) that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate such Emergency Medical Condition; and (b) such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the Hospital, as are required under section 1867 of the Social Security Act (42 U.S.C. 1395dd(e)(3)).

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.

"Essential Health Benefits" has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

"Hospital" means a facility which meets all of these tests: (a) it provides in-patient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: mental or nervous disorders; or substance abuse. The term "Hospital" includes (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitation facilities if such is specifically for treatment of physical disability. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

"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

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 treatment or advice was received or recommended within the 6 months prior to the Covered Person's effective date of coverage under this Plan.

"Preventive Services" mandated by the Patient Protection and Affordable Care Act and, in addition to any other preventive benefits described in the Policy or Certificate, means the following services and without the imposition of any cost-sharing requirements, such as deductibles, copayment amounts or coinsurance amounts to any Covered Person receiving any of the following: 1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009; 2) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved; 3) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and 4) With respect to women, such additional preventive care and screenings, not described in paragraph 1 above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

The Company shall update new recommendations to the preventive benefits listed above at the schedule established by the Secretary of Health and Human Services.

"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 services, procedure, devices, drugs, treatment 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" means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

"Totally Disabled" and "Total Disability" means Injury or Sickness which wholly and continuously keeps the Covered Person, (a) with respect to a Covered Student or Scholar: from attending classes at the location where he or she is enrolled; and (b) with respect to a dependent, or a student or scholar if such classes are not in session, from doing those activities that are normal for a person in good health of the same age and sex.

EXCLUSIONS AND LIMITATIONS

This Plan does not cover nor provide benefits for loss or expenses incurred:

1. as a result of dental treatment, or dental x-rays except as provided elsewhere in this Plan. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
2. for eye examinations, eyeglasses, contact lenses, or prescription for such; hearing aids or prescriptions or examinations for such. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
3. 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 scheduled airline maintaining regular published schedules on a regularly established route.
4. for Injury or Sickness resulting from war or act of war, declared or undeclared.
5. 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.
6. 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.
7. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. for cosmetic surgery, reconstructive surgery or complications

arising therefrom (except as Medically Necessary to restore the natural body after a covered Injury occurring while this Plan is in force). "Cosmetic surgery" does not include breast reconstructive surgery after a mastectomy except as specifically provided in this Plan.

9. 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.
10. for preventive treatment, testing, immunizations, injections, medicines, serums, vaccines, vitamins anti-toxins or oral contraceptives except as specifically provided in this Plan. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
11. 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.
12. for Elective Treatment or elective surgery or complications arising therefrom; voluntary or elective abortions; elective sterilization or its reversal unless otherwise provided in this Plan.
13. after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits provision.
14. for any services rendered by a Covered Person's immediate family member, except this exclusion will not apply to the Covered Person's choice of a licensed dentist.
15. for any treatment, service or supply which is not Medically Necessary.
16. 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
17. for treatment of mental and nervous conditions except as specifically provided in this Plan.
18. for the treatment of alcoholism or substance abuse except as specifically provided in this Plan.
19. for or in relation to orthopedic shoes or devices intended to be placed inside shoes or other footwear.
20. for surgery and/or treatment of: acupuncture; gynecomastia; breast implants; or breast reduction unless Medically Necessary following a mastectomy; circumcision; weak, strained or flat feet; corns, calluses and bunions; routine care of toenails, except for care and treatment of an Injury; deviated nasal septum, including submucuous resection and/or other surgical correction thereof except for purulent sinusitis. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
21. family planning except as specifically provided; 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; sexual reassignment surgery and related therapy; vasectomy; and alopecia. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
22. for routine physical examinations, health examinations or preschool physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in this Plan. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
23. 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.
24. by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country if the Covered Person's home country provides national health insurance.
25. for sterilization or sterilization reversal, including surgical procedures and devices except as specifically provided; or for birth control except as specifically provided.
26. 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.
27. for treatment in the Hospital emergency room which is not due to an Emergency Medical Condition.
28. for Injury resulting from fighting, except in self-defense.
29. for treatment of obesity, except resulting from diabetes, regardless of the history or diagnosis, including, but not limited to the following: 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.
30. for care or treatment of the pregnancy of a dependent child. This Exclusion does not apply to complications of pregnancy.
31. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.
32. for treatment, service or supply for which a charge would not have been made in the absence of insurance.

PRE-EXISTING CONDITIONS: Expenses incurred by a Covered Person as a result of a Pre-existing Condition will not be considered Eligible Expenses unless no charges are incurred or treatment rendered for the condition for a period of twelve months of continuous coverage while covered under this Plan. This limitation will not apply if, during the period immediately preceding the Covered Person's effective date of coverage under this Plan, the Covered Person was covered under prior creditable coverage for 12 consecutive months. Prior creditable coverage of less than 12 months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Condition limitation will apply only if the Covered Person becomes eligible and enrolls for coverage within 63 days of termination of his or her prior coverage.

The Pre-existing Conditions limitation does not apply to: (a) a newborn dependent child; or (b) a child adopted by the Covered Person or placed with the Covered Person for adoption, if adoption or placement for adoption occurs while covered under this Plan, and the child has not attained 18 years of age; (c) a Covered Person under age nineteen (19).

OPTIONAL DENTAL COVERAGE

Available to students and scholars and their eligible dependents at initial enrollment in the International Student and Scholar Accident & Sickness Insurance **Plan.**
(Additional premium required).
Students and scholars may enroll online at
http://studentinsurance.com/Schools/TX/HCC/.
No enrollment will be accepted after the enrollment deadline of the student's or scholar's initial enrollment in the International Student and Scholar Accident & Sickness Insurance **Plan each Policy Year.**

The following Optional Dental Coverage provides limited dental benefits for both diagnostic/preventive and primary services to students or scholars on an optional basis.

The dental coverage 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 person.

Eligibility, Termination, and Effective Dates of coverage under this optional dental coverage are the same as the medical coverage.

A. DIAGNOSTIC AND PREVENTATIVE 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
- Prophylaxis
- X-rays
- Biopsy of Oral Tissue
- Pulp Vital Tests
- Emergency Treatment

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, Inlays and Bridges
- Anesthesia
- Repair of Dentures

DENTAL EXCLUSIONS: Orthodontic services for which treatment began prior to the Plan 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.

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

OPTIONAL DENTAL COVERAGE RATES	
Annual (or any part thereof)	
Student/Scholar Only	$284
Spouse	$288
Each Child	$206

TRAVEL GUARD
TRAVEL ASSIST AND STUDENT ASSIST

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

How to Contact Travel Guard:

- Inside the U.S. and Canada, dial 1-877-249-5362 toll free.
- Outside the U.S. and Canada:
  - Request an international operator.
  - Request the operator to place a collect call to the USA at 1-715-295-9625.
  - Our fax number is 1-262-364-2203.

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 nonmedical 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 AIG, Property Casualty Claims, Inc.
- 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.

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 & Political
- Environmental
- Weather & Exchange Rates

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

- Evacuation
- Repatriation of Remains

REPATRIATION AND MEDICAL EVACUATION

(Benefits for Repatriation of Remains and Medical Evacuation are provided by National Union Fire Insurance Company of Pittsburgh, Pa.)

Combined Maximum Limit of $1,000,000

REPATRIATION OF REMAINS

In the event an Injury or emergency Sickness causes your death while you are outside your home country, the plan will reimburse Eligible Expenses reasonably 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 emergency Sickness if you are outside your home country and a 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.

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: http://aig.com/travelguardassistance. To register:

1. Click "Sign In" in the upper right corner.
2. Click 'Register Here'.
3. Complete required fields: First Name, Last Name, Email Address, Policy #9495372, then click "Submit".

For more details visit the AIG, Educational Markets website at www.studentinsurance.com. You will be able to access the information under Houston Community College's personalized webpage at www.studentinsurance.com/Schools/TX/HCC.

INSURANCE UNDERWRITTEN BY:
National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY

CLAIM PROCEDURE

When a Covered Person incurs expenses covered by the Policy, he or she may file a claim online or obtain a claim form from www.studentinsurance.com. Submit all itemized medical bills to the Claims Office listed below:

Notification of Injury or Sickness must be provided to the Claims Office listed below within 30 days after the date of Injury or treatment of Sickness or as soon thereafter as is reasonably possible. Bills must be submitted within 90 days of the date of treatment.

ISO/IEC 27001:2005

CLAIMS SHOULD BE MAILED TO:

AIG, Educational Markets Mail Center
P.O. Box 26050
Overland Park, KS 66225

INQUIRING ABOUT CLAIMS/BENEFITS:

AIG, Educational Markets
1-888-622-6001

STUDENT HEALTH INSURANCE

Web Address: www.studentinsurance.com
Email: HCC@studentinsurance.com

NON-RENEWABLE ONE-YEAR TERM INSURANCE

The policy is a non-renewable one-year term policy. Similar coverage may be available for the following academic year. It is the insured'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.

GENERAL SUMMARY

Please keep this brochure as a general summary of the insurance. This is only a brief description of the coverage available under policy series S30749NUFIC-PPO-TX. The Master Policy on file at Houston Community College contains all of the definitions, reductions, limitations, exclusions and termination provisions. If there is any conflict between the contents of this brochure and the Policy, the Policy shall govern. Travel Assistance services provided by Travel Guard. Insurance and services provided by member companies of American International Group, Inc. Coverage may not be available in all jurisdictions and is subject to actual policy language. For additional information, please visit our website at www.AIG.com.

At AIG, 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 privacy information, please go to www.studentinsurance.com.

SCAN & SAVE IMPORTANT INFORMATION WITH YOUR SMARTPHONE QR READER APPLICATION

Houston Community College International Student and Scholar Insurance Identification Card

PHCS Private Healthcare Systems

COVERED STUDENT/SCHOLAR: _____

STUDENT/SCHOLAR IDENTIFICATION NUMBER: _____

GROUP NAME: Houston Community College International

POLICY NUMBER: CHH8020594

PREFERRED PROVIDER INFORMATION:
Private Healthcare System
www.phcs.com
Toll Free: 888-560-7427

PRESCRIPTION DRUG INFORMATION:
Catamaran Rx
Pharmacy Help Desk: 888-722-1668
Group: PNP1 Bin: 610011

AIG Bring on tomorrow

See Reverse Side for Important Information

HOUSTON COMMUNITY COLLEGE

International Student and Scholar Accident & Sickness Insurance Program

Designed for

International Students & Scholars at: Houston Community College

("the Policyholder")

2012-2013 Academic Year

Administrator Policy #CHH8020593
Underwriter Reference #CAS9493076

SCAN & SAVE IMPORTANT INFORMATION WITH YOUR SMARTPHONE QR READER APPLICATION

Macori Local Customer Service & Claims: 281-651-8787
Toll Free: 1-800-285-8133

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

Houston Community College International Student Insurance Identification Card

National Union Fire Insurance Company of Pittsburgh, Pa.

Policyholder: Houston Community College International
Policy #: CHH8020593
Reference #: CAS9493076

Covered Student/Scholar:_____

Your School ID#_____

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

www.studentinsurance.com is your service link for all Important Information.

Preferred Providers (See Reverse for Filing Claims)

PHCS Catalyst Rx

This card is for policy identification purposes only. It is not a guarantee of benefits.
(See reverse side for Important Information)

Eligibility and Claims: 800-285-8133 or 281-651-8787
Pre-notification: 877-266-7778

PREFERRED PROVIDER INFORMATION:

Private Healthcare Systems
http://www.phcs.com/
Toll Free: 888-560-7427

Catalyst Rx
24-Hour Help Line: 1-888-869-4600
Group: CATRX BIN#: 005947

CLAIM FILING ADDRESS:

PROVIDERS:
Macori Administration
A DBA of Maksin Management Corp
P.O. Box 2567, Spring, TX 77383-2567
EDI# 22195
Houston Metro: 281-651-8787
Toll Free: 800-285-8133
Email: macori@macori.com

STUDENTS FILE ONLINE AT:
www.studentinsurance.com

NON-INSURANCE SERVICES available at www.studentinsurance.com

- **Student Assist: US & Canada – 877-249-5362; Outside US & Canada – call collect 715-295-9625**

This brochure provides a brief description of the International Student and Scholar Accident & Sickness Program for eligible International Students and Scholars at Houston Community College. This Program is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. The Master Policy contains complete details of the coverage and is the governing document. Inspection of the Master Policy may be made during business hours at the Office of International Student Service.

ELIGIBILITY

Semester: All international students holding an "F-1" visa and enrolled for credit hours at Houston Community College will be charged for the Accident & Sickness Insurance Plan on their student account unless a waiver request is submitted, prior to the posted deadline, and approved. A student who initially waived coverage under the Policy but subsequently experiences ineligibility under another creditable coverage may elect to enroll for coverage under the Policy within 31 days of the date of ineligibility under another creditable coverage. All other international students/scholars engaged in educational activities are eligible to enroll online at:

http://studentinsurance.com/Schools/TX/HCC/.

No premium will be accepted beyond 31 days from the effective date of the coverage period purchased.

(Please refer to Rates and Coverage Periods below.)

Enrollment is permitted during the first 31 days from the effective date of each coverage period only. Enrollment outside a scheduled enrollment period is permitted under the following conditions: 1) *new students/scholars arriving at Houston Community College must enroll within 45 days of arriving in the U.S.; 2)* within 31 days of loss of coverage under a Group Employer's Health Insurance plan due to ineligibility. Please contact Macori for enrollment assistance.

*Proof is required at the time the enrollment form is submitted.

DEPENDENT SPOUSE AND CHILDREN

A Covered Student may also enroll his or her eligible dependents by completing the enrollment form and remitting premium on-line at http://studentinsurance.com/Schools/TX/HCC/. Eligible dependents are the Covered Student's spouse and the Covered Student's unmarried children under age 25. Dependents must enroll for the same period of coverage as the Covered Student, or within 31 days of the dependent becoming eligible due to marriage, birth or arrival in the United States. Contact Macori directly for enrollment.

PROGRAM YEAR

This Program commences at 12:01 a.m. on June 30, 2012 and terminates at 11:59 p.m. on August 26, 2013. Refer to Effective Date and Termination Date of Individual Insurance below.

EXTENSION OF BENEFITS

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, but only while they are incurred during the 31 day period following termination of insurance, subject to applicable Maximum Amounts of the Policy. The Extension of Benefits will apply only to the extend the Covered Person will not be covered under the Policy or any health insurance policy in the ensuing term of coverage.

SEMESTER "STOP-OUT"

If a Covered Student wishes to extend coverage under this Policy, he or she may do so by exercising a "Semester Stop Out". A "Semester Stop Out" is an option available only once to a Covered Student who decides to not attend school for a semester. The appropriate form must be completed and submitted to the Policyholder and the required premium must be paid in order for coverage to extend beyond the date the Covered Student exercises this option.

CONTINUOUS INSURANCE

Persons who have remained continuously insured under the policy and prior Student Health Insurance policies endorsed by and issued to the Policyholder will be covered for an injury sustained, or a sickness originating, **while continuously insured**, provided continuous insurance is maintained.

EFFECTIVE DATE OF INDIVIDUAL INSURANCE

The Insurance will become effective on the later of:

A) The Policy Effective Date (6/30/12*);

B) 12:01 a.m. August 27, 2012;

C) The effective date of the Coverage Period elected;

D) The date the Covered Person departs his or her home country, or country of regular domicile, if; a) such travel commences within 72 hours of the effective date of coverage for the then current term for which premium was paid; and b) travel is directly from the country of regular domicile to the campus; and c) such travel is not longer than 48 hours in length; or

E) The day after the date the Enrollment Form (if applicable) and premium are received by Macori Administration—a DBA of Maksin Management Corp.

*A new student arriving on campus early may purchase the Interim Fall Coverage for an additional premium for the period of 6/30/12 through 8/26/12 online at http://studentinsurance.com/Schools/TX/HCC/. (Note: you must be eligible and purchase coverage for the Fall coverage period in order to purchase the Interim Fall coverage.

RATES AND COVERAGE PERIODS:

Coverage Period	Fall 8/27/12 to 1/13/13	Spring/Summer 1/14/13 to 8/26/13	Summer Only *(new insured only)* 6/3/13 to 8/26/13
Student	$248	$496	$186
Spouse	$744	$1,488	$558
Each Child	$496	$992	$372

TERMINATION OF INDIVIDUAL INSURANCE

The Insurance will terminate on the earliest of:

A) The last date for which premium has been paid;
B) The date the Covered Person ceases to be eligible for the Insurance;
C) The date the Covered Person departs the United States for his or her Home Country;
D) The date the Covered Person enters military service, in which case a pro-rata refund of premium will be given upon request; or
E) The Termination Date of the Policy.

IMPORTANT INFORMATION

1. **Withdrawals:** Except for medical withdrawal due to a covered injury or sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the policy for the full period for which premium has been paid and no refund will be available.
   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.
2. **Refund of Premium:** Once coverage has become effective, the Company will only consider refund of premium if the Covered Person ceases to be eligible for this coverage.
3. **Subrogation And Recovery Rights**
   This Program has a Subrogation and Recovery Rights Provision outlined in the Master Policy. A complete description of the Subrogation and Recovery Rights provision is included in the Master Policy on file with the College.
4. **Conformity with State Statutes:** Any provision of the Policy or this brochure which is in conflict with the statutes of the state in which the Policy is delivered or issued for delivery will be administered to conform with the requirements of those state statutes.

EXCESS PROVISION

Benefits available for Injuries are excess and secondary to any other health insurance coverage you may have in force. Benefits for Sickness will be coordinated with other valid and collectible insurance. The purpose is to avoid payment of more than 100% of eligible expenses incurred when you are sick or injured.

ACCIDENTAL DEATH & DISMEMBERMENT

STUDENT/SCHOLAR ONLY (Dependents 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
Loss of Life	$5,000
Loss of Both Hands or Both Feet	$5,000
Loss of Entire Sight of Both Eyes	$5,000
Loss of One Hand and One Eye	$5,000
Loss of One Foot and Entire Sight of One Eye	$5,000
Loss of One Hand or One Foot	$2,500
Loss of Entire Sight of One Eye	$2,500
Loss of Thumb and Index Finger of the Same Hand	$1,250

The term "loss" as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight. Loss of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Covered Person as a result of the same accident, only one amount, the largest will be paid.

MANDATED BENEFITS: Texas mandates coverage for the following benefits to be paid as any other Sickness: annual mammograms age 35 and older; treatment of mental or nervous disorders in a Crisis Stabilization Unit or Residential Treatment Center for dependent children the same as if treatment were provided in a Hospital; formulas 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; cytological screening; cardiovascular disease screening; clinical trials; diagnostic or surgical treatment of skeletal joints, including the temporomandibular joint, jaw or the craniomandibular joint resulting from Injury, trauma, congenital defect, development defect of 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; screening test for hearing loss from birth through the date a dependent child is 24 months old; immunization expense for a dependent child from birth through the date a dependent child is 6 years old; 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 provided through telemedicine and telehealth services; reconstruction of a breast incident to mastectomy to restore or achieve breast symmetry; colorectal cancer screening examinations; reconstructive surgery for a covered dependent child under 18 years of age to improve the function of, or to attempt to create a normal appearance of an abnormal structure caused by congenital defects; developmental deformities, trauma, tumors, infections, or diseases; prescription contraceptive drugs and devices and related services; and off-label drugs prescribed to treat chronic, disabling or life threatening illness to the same extent as for prescription drugs; and therapies and services as a result of and related to an acquired brain injury. Please see the complete Policy on file with the Policyholder for full details.

PREFERRED PROVIDER ORGANIZATION (PPO)

Private Healthcare Systems (PHCS)

The benefits stated in this plan are based upon medical treatment being received from the PHCS Preferred Provider Network (PPO). If a Covered Person seeks treatment from a non-participating provider, **benefits will be reduced to the amount shown in the Schedule of Benefits** on page 4.

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 described under the "Schedule of Benefits" section. A listing of participants is available:

1. By calling (888)560-7427; or
2. Through the Houston Community College's dedicated webpage accessible from: http://studentinsurance.com/Schools/TX/HCC/.

SCHEDULE OF BENEFITS

Aggregate Maximum per Injury or Sickness	$250,000
Deductible per Covered Person for each Injury or Sickness	$100/not to exceed $500 per Policy Year

BENEFITS: AC indicates Allowable Charges. R&C indicates Reasonable & Customary Charges		IN-NETWORK	OUT-OF-NETWORK
First $25,000 of Eligible Expenses (within the allocated limits shown below).		90% of AC	70% of R&C
Additional Eligible Expenses (not to exceed the Aggregate Maximum within the allocated limits shown below).		100% of AC	80% of R&C
INPATIENT BENEFITS			
Room & Board Expense	Including general nursing care, the lesser of the daily average semi-private room rate or:	AC	R&C
Hospital Miscellaneous Expenses for necessary services and supplies, such as:	1. Operating room 2. Laboratory tests and X-ray examinations, including professional fees 3. Drugs or medicines (excluding take-home drugs) 4. Therapeutic services 5. Pre-admission testing 6. Surgical supplies 7. Anesthesia supplies	AC	R&C
Physical Therapy & Related Services	When prescribed by the attending doctor	AC	R&C
Surgery	Doctor's fees for a surgical procedure	AC	R&C
Anesthetist Services	In conjunction with surgery	25% of Surgery allowance	
Doctor's Visits	Not to exceed one visit per day and not available if a surgery benefit is payable	AC	R&C
Mental and Nervous (including Alcohol and Drug Abuse)	Not to exceed 30 days of confinement	AC	R&C
OUTPATIENT BENEFITS			
Surgery	Doctor's fees for a surgical procedure	AC	R&C
Day Surgery Miscellaneous	When surgery is performed in a hospital emergency room, trauma center, Doctor's Office, outpatient surgical center or clinic, for services and supplies limited to: 1. Operating and recovery rooms 2. Laboratory tests and X-ray examinations, including professional fees 3. Anesthesia supplies 4. Drugs or medicines (excluding take-home drugs) 5. Surgical trays and supplies	AC	R&C
Anesthetist Services	In conjunction with day surgery (if required by the hospital)	25% of Surgery allowance	
Doctor's Visits	Not to exceed one visit per day and not available if a surgery benefit is payable (includes contraceptive services (excludes prescribed contraceptives)).	AC	R&C
Physical Therapy & 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	AC	R&C
Medical Emergency Expenses	Incurred in a hospital emergency room (for Emergency Medical Conditions only) - $50 co-payment per visit.	AC	R&C
Diagnostic X-ray Services	When prescribed by the attending Doctor	AC	R&C
Radiation Therapy	When prescribed by the attending Doctor	AC	R&C
Laboratory Procedures	When prescribed by the attending Doctor	AC	R&C
Shots or Injections	Administered in an emergency room or Doctor's office and charged on the emergency room statement or Doctor's statement	AC	R&C
Chemotherapy	When prescribed by the attending Doctor	AC	R&C
Prescription Drugs—includes prescribed contraceptive drugs and devices (excludes contraceptive services)	When prescribed by a licensed Doctor -- $10 co-payment for each 30-day supply during a 20-day period. However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Policy Year Maximum. See Page 5 for Prescription Information	$1,000 Aggregate Maximum per policy year	
Mental and Nervous and Alcohol and Drug Abuse	60 visit maximum not to exceed $100/visit	AC	R&C
OTHER BENEFITS (Subject to deductible and coinsurance above.)			
Ambulance Service	For emergency ground transportation to or from a Hospital	AC	R&C
Braces & Appliances	When prescribed by the attending Doctor	AC	R&C
Dental Treatment	For treatment of injury to sound, natural teeth. Not to exceed $100 per tooth.	AC	R&C
Consultant	When requested and approved by the attending Doctor	AC	R&C
Home Health Care		No Benefits	

MATERNITY BENEFITS (See page 5).
EMERGENCY MEDICAL EVACUATION, REPATRIATION OF REMAINS (See page 8).
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 forward

MATERNITY BENEFITS - For insured students/scholars and insured spouse, maternity expenses are payable as any other Sickness for childbirth occurring while insured as a result of a pregnancy commencing while insured, including up to 48 hours Hospital Confinement following vaginal delivery and 96 hours for caesarean delivery.

PRESCRIPTION DRUG BENEFIT MANAGER—CATALYST RX

The Accident & Sickness Insurance Program provides pharmacy coverage through a prescription card program administered by Catalyst Rx. The Covered Person may purchase prescription drugs at over 45,000 network pharmacies nationwide. The Covered Person may check the latest listing at http://studentinsurance.com/Schools/TX/HCC/ or by calling the Catalyst Rx Help Desk at 1-888-869-4600.

In order to take full advantage of the prescription benefit program, always have the prescription filled at a network pharmacy.

Please refer to the Schedule of Benefits for co-payment and maximum benefit information (page 4).

DEFINITIONS

"Allowable Charges" means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

"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.

"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.

"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 the 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: (a) placing the Covered Person's health in serious jeopardy; (b) serious impairment to bodily functions; (c) serious dysfunction of a bodily organ or part; (d) serious disfigurement; or (e) in the case of a pregnant woman, 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.

"Hospital" means a facility which meets all of these tests: (a) it provides in-patient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: Mental or Nervous Disorders; or substance abuse. The term "Hospital" includes: (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located]. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

"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 Healthcare Financing Administration Medicare Coverage Issues Manual or 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, Injury or pregnancy 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" 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 services, procedure, devices, drugs, treatment 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" means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

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 eye examinations, eyeglasses, contact lenses, or prescription for such.
3. 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 scheduled airline maintaining regular published schedules on a regularly established route.
4. for Injury or Sickness resulting from war or act of war, declared or undeclared.
5. 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.
6. 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 prorata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
7. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. for 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). "Cosmetic surgery" does not include breast reconstructive surgery after a mastectomy except as specifically provided in the Policy.
9. 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.
10. for preventive treatment, testing, immunizations, medicines, serums, vaccines, vitamins, anti-toxins or oral contraceptives except as specifically provided in the Policy.
11. 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.
12. for Elective Treatment or elective surgery or complications arising therefrom; voluntary or elective abortion, elective sterilization or its reversal unless otherwise provided in the Policy.
13. after the date insurance terminates for a Covered Person except as may be specifically provided in the extension of benefits provision.
14. for any services rendered by a Covered Person's immediate family member, except this exclusion will not apply to the Covered Person's choice of a licensed dentist.
15. for a treatment, service or supply which is not Medically Necessary.
16. 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.
17. for treatment of temporomandibular joint dysfunction and associated myofacial pain.
18. for treatment of mental or nervous disorders except as specifically provided in the Policy.
19. for the treatment of alcoholism or substance abuse except as specifically provided in the Policy.
20. for or in relation to orthopedic shoes or devices intended to be placed inside shoes or other footwear.
21. for surgery and/or treatment of: acupuncture; gynecomastia; biofeedback-type services, except for treatment of acquired brain injury; breast implants or breast reduction; circumcision; flat feet; corns, calluses and bunions; routine care of toenails, except for care and treatment of an Injury; deviated nasal septum, including submucuous 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; sexual reassignment surgery and related therapy; tubal ligation; vasectomy; and alopecia.
22. for routine physical examinations, health examinations or preschool physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
23. 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.
24. in connection with birth control (except prescription contraceptives), sterilization or sterilization reversal, including surgical procedures and devices.
25. 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.
26. 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; parachuting.
27. for treatment in the Hospital emergency room which is not due to an emergency medical condition.

Exclusions and Limitations, continued ...

32. for treatment, service or supply for which a charge would not have been made in the absence of insurance.
33. by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country if the Covered Person's home country provides national health insurance.

PRE-EXISTING CONDITIONS: Expenses incurred by a Covered Person as a result of a Pre-existing Condition will not be Considered Eligible Expenses for the condition for a period of twelve months of continuous coverage while covered under the Policy.

OPTIONAL DENTAL COVERAGE

(Additional Premium Required)

The following Optional Dental Coverage is available subject to payment of additional premium at initial enrollment. The Covered Person may enroll online at www.studentinsurance.com.

A Limited Dental Coverage that provides benefits for both diagnostic/preventative and primary services is available to students and dependents on an optional basis. **The Dental Plan is only available to students and dependents upon initial enrollment in the 2012-2013 Student Health Insurance Plan.**

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

Eligibility, Termination, and Effective Dates of coverage under this optional dental plan are the same as the medical plan.

A. DIAGNOSTIC AND PREVENTATIVE 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
- Prophylaxis
- X-Rays
- Biopsy of Oral Tissue
- Pulp Vital Tests
- Emergency Treatment

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 and their dependents enrolled in the basic plan are eligible to purchase this Optional Dental Coverage. Purchase must be made at the time of initial enrollment into the basic plan (additional premium required). The enrollment deadlines applicable to the Term of Coverage for the basic plan shall also apply to the Optional Dental Coverage.

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

TRAVEL GUARD
TRAVEL ASSIST AND STUDENT ASSIST

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.
  - Request the operator to place a collect call to the USA at 1-715-295-9625.
  - Our fax number is 1-262-364-2203.

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—a DBA of Maksin Management Corp
- 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.

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 & Political
- Environmental
- Weather & Exchange Rates

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

- Evacuation
- Repatriation of Mortal Remains

REPATRIATION AND MEDICAL EVACUATION

(Repatriation of Mortal Remains and Medical Evacuation are provided by National Union Fire Insurance Company of Pittsburgh, Pa.)

Combined Maximum Limit of $1,000,000

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 the doctor determines that adequate medical treatment is not locally available. ***Certain exclusions apply.***

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. For initial setup, your login is "9493076" and the password is "security".

For more details visit the Chartis website at www.studentinsurance.com. You will be able to access the information under Houston Community College's personalized webpage.

UNDERWRITTEN BY:
National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY

CLAIM PROCEDURE

When a Covered Person incurs expenses covered by the Policy, you may file a claim online or obtain a claim form from www.studentinsurance.com. Submit all itemized medical bills to the Claims Office listed below:

Notification of Injury or Sickness must be provided within 30 days after the date of Injury or treatment of Sickness. Bills must be submitted within 90 days of the date of treatment.

ISO/IEC 27001:2005

Claims Office:
Macori Administration—
a DBA of Maksin Management Corp.
P.O. Box 2478, Spring, TX 77383-2478

INQUIRING ABOUT CLAIMS/BENEFITS
Providers: Houston Area: 281-528-8949
Toll Free: 877-266-7778
Students: Houston Area: 281-651-8787
Toll Free: 800-285-8133

Macori, Inc.
P.O. Box 2478, Spring, TX 77383-2478
Houston Metro: 281-651-8787 Toll-Free: 1-800-285-8133
Web Address: ww.studentinsurance.com
Email: macori@macori.com

NON-RENEWABLE ONE-YEAR TERM INSURANCE

The policy is a non-renewable one-year term policy. Similar coverage may be available for the following academic year. It is the insured'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.

GENERAL SUMMARY

This is only a brief description of the coverage available under Policy Series S30494NUFIC-TX. The Master Policy on file at the College contains all the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between brochure and Master Policy, the Master Policy will govern and control the payment of benefits.

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 privacy information, please go to www.studentinsurance.com.

HOUSTON COMMUNITY COLLEGE

International Student and Scholar Accident & Sickness Insurance Program

Designed for

International Students & Scholars at: Houston Community College

("the Policyholder")

2011-2012 Academic Year

Administrator Policy #CHH8020592
Underwriter Reference #CAS9492277

SCAN & SAVE IMPORTANT INFORMATION WITH YOUR SMART PHONE QR READER APPLICATION

Macori Local Customer Service & Claims: 281-651-8787
Toll Free: 1-800-285-8133

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

Houston Community College International Student Insurance Identification Card

National Union Fire Insurance Company of Pittsburgh, Pa.

Policyholder: Houston Community College International
Policy #: CHH8020592
Reference #: CAS9492277

Covered Student/Scholar:_____

Your School ID#_____

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

www.macori.com/HCC is your service link for all Important Information.

Preferred Providers (See Reverse for Filing Claims)

PHCS Catalyst Rx

This card is for policy identification purposes only. It is not a guarantee of benefits.
(See reverse side for Important Information)

Eligibility and Claims: 800-285-8133 or 281-651-8787
Pre-notification: 877-266-7778

PREFERRED PROVIDER INFORMATION:

Private Healthcare Systems
http://www.phcs.com/
Toll Free: 888-560-7427

Catalyst Rx
24-Hour Help Line: 1-888-869-4600
Group: CATRX BIN#: 005947

CLAIM FILING ADDRESS:

PROVIDERS:
Macori Administration
P.O. Box 2567
Spring, TX 77383-2567
EDI# 22195
Houston Metro: 281-651-8787
Toll Free: 800-285-8133
Email: macori@macori.com

STUDENTS FILE ONLINE AT:
www.macori.com/HCC

NON-INSURANCE SERVICES available at www.macori.com/HCC
- **Student Assist: US & Canada – 877-249-5362; Outside US & Canada – call collect 715-295-9625**

This brochure provides a brief description of the International Student and Scholar Accident & Sickness Program for eligible International Students and Scholars at Houston Community College. This Program is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. The Master Policy contains complete details of the coverage and is the governing document. Inspection of the Master Policy may be made during business hours at the Office of International Student Service.

ELIGIBILITY

1. **Fall 2011 Semester:** All international students and/or scholars engaged in full-time educational activities at Houston Community College are eligible to enroll in this Accident and Sickness plan online at www.macori.com/hcc.
2. **Spring/Summer 2012 Semester:** All international students holding an "F" visa and enrolled for credit hours at Houston Community College will be charged for the Accident & Sickness Insurance Plan on their student account. All other international students/scholars engaged in educational activities are eligible to enroll online at www.macori.com/hcc.

No premium will be accepted beyond 31 days from the effective date of the coverage period purchased.

(Please refer to Rates and Coverage Periods below.)

Enrollment outside a scheduled enrollment period is permitted under the following conditions: 1) *new students/ scholars arriving at Houston Community College must enroll within 45 days of arriving in the U.S.; 2)* within 31 days of loss of coverage under a Group Employer's Health Insurance plan due to ineligibility. Please contact Macori for enrollment assistance.

*Proof is required at the time the enrollment form is submitted.

DEPENDENT SPOUSE AND CHILDREN

A Covered Student may also enroll his or her eligible dependents by completing the enrollment form and remitting premium on-line at www.macori.com/hcc. Eligible dependents are the Covered Student's spouse and the Covered Student's unmarried children under age 25. Dependents must enroll for the same period of coverage as the Covered Student, or within 31 days of the dependent becoming eligible due to marriage, birth or arrival in the United States. Contact Macori directly for enrollment.

PROGRAM YEAR

This Program commences at 12:01 a.m. on August 23, 2011 and terminates at 11:59 p.m. on August 26, 2012. Refer to Effective Date and Termination Date of Individual Insurance below.

Note: If previously covered under another plan providing coverage, please complete the Creditable Coverage questionnaire available at Houston Community College's web page available at www.macori.com/hcc.

EXTENSION OF BENEFITS

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, but only while they are incurred during the 31 day period following termination of insurance, subject to applicable Maximum Amounts of the Policy. The Extension of Benefits will apply only to the extend the Covered Person will not be covered under the Policy or any health insurance policy in the ensuing term of coverage.

CONTINUOUS INSURANCE

Persons who have remained continuously insured under the policy and prior Student Health Insurance policies endorsed by and issued to the Policyholder will be covered for an injury sustained, or a sickness originating, **while continuously insured**, provided continuous insurance is maintained.

EFFECTIVE DATE OF INDIVIDUAL INSURANCE

The Insurance will become effective on the later of:

A) The Policy effective date;
B) The effective date of the Coverage Period elected;
C) The date the Covered Person departs his or her home country, or country of regular domicile, if; a) such travel commences within 72 hours of the effective date of coverage for the then current term for which premium was paid; and b) travel is directly from the country of regular domicile to the campus; and c) such travel is not longer than 48 hours in length; or
D) The day after the date the Enrollment Form (if applicable) and premium are received by Macori Administration.

TERMINATION OF INDIVIDUAL INSURANCE

The Insurance will terminate on the earliest of:

A) The last date for which premium has been paid;
B) The date the Covered Person ceases to be eligible for the Insurance;
C) The date the Covered Person departs the United States for his or her Home Country;
D) The date the Covered Person enters military service, in which case a pro-rata refund of premium will be given upon request; or
E) The Termination Date of the Policy.

RATES AND COVERAGE PERIODS:

Coverage Period	**Fall** *8/27/11 to 1/16/12	**Spring/Summer** 1/17/12 to 8/26/12	**Summer Only** *(new insured only)* 6/4/12 to 8/26/12
Student	$387	$496	$186
Spouse	$1,162	$1,488	$558
Each Child	$755	$992	$372

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

IMPORTANT INFORMATION

1. **Withdrawals:** Except for medical withdrawal due to a covered injury or sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the policy for the full period for which premium has been paid and no refund will be available.

   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.
2. **Refund of Premium:** Once coverage has become effective, the Company will only consider refund of premium if the Covered Person ceases to be eligible for this coverage.
3. **Subrogation And Recovery Rights**

   This Program has a Subrogation and Recovery Rights Provision outlined in the Master Policy. A complete description of the Subrogation and Recovery Rights provision is included in the Master Policy on file with the College.
4. **Conformity with State Statutes:** Any provision of the Policy or this brochure which is in conflict with the statutes of the state in which the Policy is delivered or issued for delivery will be administered to conform with the requirements of those state statutes.

EXCESS PROVISION

Benefits available for Injuries are excess and secondary to any other health insurance coverage you may have in force. Benefits for Sickness will be coordinated with other valid and collectible insurance. The purpose is to avoid payment of more than 100% of eligible expenses incurred when you are sick or injured.

ACCIDENTAL DEATH & DISMEMBERMENT

STUDENT/SCHOLAR ONLY (Dependents 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
Loss of Life	$5,000
Loss of Both Hands or Both Feet	$5,000
Loss of Entire Sight of Both Eyes	$5,000
Loss of One Hand and One Eye	$5,000
Loss of One Foot and Entire Sight of One Eye	$5,000
Loss of One Hand or One Foot	$2,500
Loss of Entire Sight of One Eye	$2,500
Loss of Thumb and Index Finger of the Same Hand	$1,250

The term "loss" as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight. Loss of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Covered Person as a result of the same accident, only one amount, the largest will be paid.

MANDATED BENEFITS: Texas mandates coverage for the following benefits to be paid as any other Sickness: annual mammograms age 35 and older; treatment of mental or nervous disorders in a Crisis Stabilization Unit or Residential Treatment Center for dependent children the same as if treatment were provided in a Hospital; formulas 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; cytological screening; cardiovascular disease screening; clinical trials; diagnostic or surgical treatment of skeletal joints, including the temporomandibular joint, jaw or the craniomandibular joint resulting from Injury, trauma, congenital defect, development defect of 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; screening test for hearing loss from birth through the date a dependent child is 24 months old; immunization expense for a dependent child from birth through the date a dependent child is 6 years old; 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 provided through telemedicine and telehealth services; reconstruction of a breast incident to mastectomy to restore or achieve breast symmetry; colorectal cancer screening examinations; reconstructive surgery for a covered dependent child under 18 years of age to improve the function of, or to attempt to create a normal appearance of an abnormal structure caused by congenital defects; developmental deformities, trauma, tumors, infections, or diseases; prescription contraceptive drugs and devices and related services; and off-label drugs prescribed to treat chronic, disabling or life threatening illness to the same extent as for prescription drugs; and therapies and services as a result of and related to an acquired brain injury. Please see the complete Policy on file with the Policyholder for full details.

PREFERRED PROVIDER ORGANIZATION (PPO)

Private Healthcare Systems (PHCS)

The benefits stated in this plan are based upon medical treatment being received from the PHCS Preferred Provider Network (PPO). If a Covered Person seeks treatment from a non-participating provider, **benefits will be reduced to the amount shown in the Schedule of Benefits** on page 4.

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 described under the "Schedule of Benefits" section. A listing of participants is available:

1. By calling (888)560-7427; or
2. Through the Houston Community College's dedicated webpage accessible from www.macori.com/hcc.

SCHEDULE OF BENEFITS

Aggregate Maximum per Injury or Sickness	**$250,000**
Deductible per Covered Person for each Injury or Sickness	**$100/not to exceed $500 per Policy Year**

BENEFITS: AC indicates Allowable Charges. **R&C** indicates Reasonable & Customary Charges		IN-NETWORK	OUT-OF-NETWORK
First $25,000 of Eligible Expenses (within the allocated limits shown below).		90% of AC	70% of R&C
Additional Eligible Expenses (not to exceed the Aggregate Maximum within the allocated limits shown below).		100% of AC	80% of R&C
INPATIENT BENEFITS			
Room & Board Expense	Including general nursing care, the lesser of the daily average semi-private room rate or	AC	R&C
Hospital Miscellaneous Expenses for necessary services and supplies, such as:	1. Operating room 2. Laboratory tests and X-ray examinations, including professional fees 3. Drugs or medicines (excluding take-home drugs) 4. Therapeutic services 5. Pre-admission testing 6. Surgical supplies 7. Anesthesia supplies	AC	R&C
Physical Therapy & Related Services	When prescribed by the attending doctor	AC	R&C
Surgery	Doctor's fees for a surgical procedure	AC	R&C
Anesthetist Services	In conjunction with surgery	25% of Surgery allowance	
Doctor's Visits	Not to exceed one visit per day and not available if a surgery benefit is payable	AC	R&C
Mental and Nervous (including Alcohol and Drug Abuse)	Not to exceed 30 days of confinement	AC	R&C
OUTPATIENT BENEFITS			
Surgery	Doctor's fees for a surgical procedure	AC	R&C
Day Surgery Miscellaneous	When surgery is performed in a hospital emergency room, trauma center, Doctor's Office, outpatient surgical center or clinic, for services and supplies limited to: 1. Operating and recovery rooms 2. Laboratory tests and X-ray examinations, including professional fees 3. Anesthesia supplies 4. Drugs or medicines (excluding take-home drugs) 5. Surgical trays and supplies	AC	R&C
Anesthetist Services	In conjunction with day surgery (if required by the hospital)	25% of Surgery allowance	
Doctor's Visits	Not to exceed one visit per day and not available if a surgery benefit is payable (includes contraceptive services (excludes prescribed contraceptives)).	AC	R&C
Physical Therapy & 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	AC	R&C
Medical Emergency Expenses	Incurred in a hospital emergency room (for Emergency Medical Conditions only) - $50 co-payment per visit.	AC	R&C
Diagnostic X-ray Services	When prescribed by the attending Doctor	AC	R&C
Radiation Therapy	When prescribed by the attending Doctor	AC	R&C
Laboratory Procedures	When prescribed by the attending Doctor	AC	R&C
Shots or Injections	Administered in an emergency room or Doctor's office and charged on the emergency room statement or Doctor's statement	AC	R&C
Chemotherapy	When prescribed by the attending Doctor	AC	R&C
Prescription Drugs—includes prescribed contraceptive drugs and devices (excludes contraceptive services)	When prescribed by a licensed Doctor -- $10 co-payment for each 30-day supply during a 20-day period. However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Policy Year Maximum. See Page 5 for Prescription Information	$1,000 Aggregate Maximum per policy year	
Mental and Nervous and Alcohol and Drug Abuse	60 visit maximum not to exceed $100/visit	AC	R&C
OTHER BENEFITS (Subject to deductible and coinsurance above.)			
Ambulance Service	For emergency ground transportation to or from a Hospital	AC	R&C
Braces & Appliances	When prescribed by the attending Doctor (orthotics are not covered)	AC	R&C
Dental Treatment	For treatment of injury to sound, natural teeth. Not to exceed $100 per tooth.	AC	R&C
Consultant	When requested and approved by the attending Doctor	AC	R&C
Home Health Care		No Benefits	

MATERNITY BENEFITS (See page 5).
EMERGENCY MEDICAL EVACUATION, REPATRIATION OF REMAINS (See page 8).

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 forward.

MATERNITY BENEFITS - For insured students/scholars and insured spouse, maternity expenses are payable as any other Sickness for childbirth occurring while insured as a result of a pregnancy commencing while insured, including up to 48 hours Hospital Confinement following vaginal delivery and 96 hours for caesarean delivery.

PRESCRIPTION DRUG BENEFIT MANAGER—CATALYST RX

The Accident & Sickness Insurance Program provides pharmacy coverage through a prescription card program administered by Catalyst Rx. The Covered Person may purchase prescription drugs at over 45,000 network pharmacies nationwide. The Covered Person may check the latest listing at www.macori.com/hcc or by calling the Catalyst Rx Help Desk at 1-888-869-4600.

In order to take full advantage of the prescription benefit program, always have the prescription filled at a network pharmacy.

Please refer to the Schedule of Benefits for co-payment and maximum benefit information (page 4).

DEFINITIONS

"Allowable Charges" means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

"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.

"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.

"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 the 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: (a) placing the Covered Person's health in serious jeopardy; (b) serious impairment to bodily functions; (c) serious dysfunction of a bodily organ or part; (d) serious disfigurement; or (e) in the case of a pregnant woman, 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.

"Hospital" means a facility which meets all of these tests: (a) it provides in-patient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: Mental or Nervous Disorders; or substance abuse. The term "Hospital" includes: (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located]. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

"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 Healthcare Financing Administration Medicare Coverage Issues Manual or 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, Injury or pregnancy 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" 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 services, procedure, devices, drugs, treatment 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" means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

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 eye examinations, eyeglasses, contact lenses, or prescription for such.
3. 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 scheduled airline maintaining regular published schedules on a regularly established route.
4. for Injury or Sickness resulting from war or act of war, declared or undeclared.
5. 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.
6. 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.
7. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. for 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 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.
9. 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.
10. for preventive treatment, testing, immunizations, medicines, serums, vaccines, vitamins, anti-toxins or oral contraceptives except as specifically provided in the Policy.
11. 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.
12. for Elective Treatment or elective surgery or complications arising therefrom; voluntary or elective abortion, elective sterilization or its reversal unless otherwise provided in the Policy.
13. after the date insurance terminates for a Covered Person except as may be specifically provided in the extension of benefits provision.
14. for any services rendered by a Covered Person's immediate family member, except this exclusion will not apply to the Covered Person's choice of a licensed dentist.
15. for a treatment, service or supply which is not Medically Necessary.
16. 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.
17. for treatment of temporomandibular joint dysfunction and associated myofacial pain.
18. for treatment of mental or nervous disorders except as specifically provided in the Policy.
19. for the treatment of alcoholism or substance abuse except as specifically provided in the Policy.
20. for surgery and/or treatment of: acupuncture; gynecomastia; biofeedback-type services, except for treatment of acquired brain injury; breast implants or breast reduction; circumcision; flat feet; corns, calluses and bunions; routine care of toenails, except for care and treatment of an Injury; deviated nasal septum, including submucuous 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; sexual reassignment surgery and related therapy; tubal ligation; vasectomy; and alopecia.
21. for routine physical examinations, health examinations or preschool physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
22. 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.
23. in connection with birth control (except prescription contraceptives), sterilization or sterilization reversal, including surgical procedures and devices.
24. 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.
25. 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; parachuting.
26. for treatment in the Hospital emergency room which is not due to an emergency medical condition.
27. for Injury resulting from fighting, except in self-defense.

Exclusions continued on the following page.

Exclusions and Limitations, continued ...

28. for treatment of obesity, except resulting from diabetes, regardless of the history or diagnosis, including, but not limited to the following: 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.
29. for care and treatment of pregnancy of a Dependent child except for complications of pregnancy.
30. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational.
31. for treatment, service or supply for which a charge would not have been made in the absence of insurance.
32. by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country except as specifically provided.

PRE-EXISTING CONDITIONS: Expenses incurred by a Covered Person as a result of a Pre-existing Condition will not be Considered Eligible Expenses for the condition for a period of twelve months of continuous coverage while covered under the Policy.

OPTIONAL DENTAL COVERAGE

(Additional Premium Required)

The following Optional Dental Coverage is available subject to payment of additional premium at initial enrollment. The Covered Person may enroll online at www.macori.com/hcc.

A Limited Dental Coverage that provides benefits for both diagnostic/preventative and primary services is available to students and dependents on an optional basis. **The Dental Plan is only available to students and dependents upon initial enrollment in the 2011-2012 Student Health Insurance Plan.**

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

Eligibility, Termination, and Effective Dates of coverage under this optional dental plan are the same as the medical plan.

A. DIAGNOSTIC AND PREVENTATIVE 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
- Prophylaxis
- X-Rays
- Biopsy of Oral Tissue
- Pulp Vital Tests
- Emergency Treatment

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, Inlays 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 and their dependents enrolled in the basic plan are eligible to purchase this Optional Dental Coverage. Purchase must be made at the time of initial enrollment into the basic plan (additional premium required). The enrollment deadlines applicable to the Term of Coverage for the basic plan shall also apply to the Optional Dental Coverage.

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

TRAVEL GUARD

TRAVEL ASSIST AND STUDENT ASSIST

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.
  - Request the operator to place a **collect call to the USA at 1-715-295-9625.**
  - Our fax number is 1-262-364-2203.

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.

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 & Political
- Environmental
- Weather & Exchange Rates

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
- Lost/Stolen Luggage
- Telephone Interpretation
- Claims-related Assistance & Personal Effects Assistance
- Lost Document Assistance & Cash Transfer Assistance
- Enroute Travel 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:

- Evacuation
- Repatriation of Mortal Remains

REPATRIATION AND MEDICAL EVACUATION

(Repatriation of Mortal Remains and Medical Evacuation are provided by National Union Fire Insurance Company of Pittsburgh, Pa.)

Combined Maximum Limit of $1,000,000

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.***

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.chartisinsurancecom/us/security. For initial setup, your login is "9492277" and the password is "security".

For more details visit the Macori, Inc. website at www.macori.com/hcc. You will be able to access the information under Houston Community College's personalized webpage.

UNDERWRITTEN BY:
National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY

ISO IEC ISO/IEC 27001:2005

CLAIM PROCEDURE

When a Covered Person incurs expenses covered by the Policy, you may file a claim online or obtain a claim form from www.macori.com/hcc (Claim forms are also available at the Student Health Center). Submit all itemized medical bills to the Claims Office listed below:

Notification of Injury or Sickness must be provided within 30 days after the date of Injury or treatment of Sickness. Bills must be submitted within 90 days of the date of treatment.

Claims Office:
Macori Administration
P.O. Box 2478, Spring, TX 77383-2478

INQUIRING ABOUT CLAIMS/BENEFITS
Providers: Houston Area: 281-528-8949
Toll Free: 877-266-7778
Students: Houston Area: 281-651-8787
Toll Free: 800-285-8133

MACORI, INC.
Health Insurance for Students/Scholars
P.O. Box 2478, Spring, TX 77383-2478

Houston Metro: 281-651-8787 ■ **Toll-Free:** 1-800-285-8133
Web Address: www.macori.com ■ **Email:** macori@macori.com

NON-RENEWABLE ONE-YEAR TERM INSURANCE

The policy is a non-renewable one-year term policy. Similar coverage may be available for the following academic year. It is the insured'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.

GENERAL SUMMARY

This is only a brief description of the coverage available under Policy Series S30494NUFIC-TX. The Master Policy on file at the College contains all the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between brochure and Master Policy, the Master Policy will govern and control the payment of benefits.

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 privacy information, please go to www.macori.com.

Waiver Process

Health Insurance Waiver A waiver of coverage under the Plan may be requested online at http://www.studentinsurance.com/Apps/Schools/Default.aspx?ID=322 (click on "Waive") with proof of acceptable alternate health insurance as follows:

I. Acceptable Alternate Health Insurance Plans:

1. A government or scholarship sponsored plan that meets Houston Community College's waiver criteria; or
2. A job-based employer health insurance plan (or covered as a dependent under a job-based employer health insurance plan).

Note: individual policies (example: Plans offered online to individuals) are not considered acceptable alternate insurance and will not be accepted.

II. Waiver Criteria: Alternate health insurance plans must offer coverage that is comparable to or greater than the following criteria:

1. Coverage dates must include the entire coverage period you are waiving;
2. Medical benefits of at least $50,000 in US dollars for each accident or sickness;
3. Policy must have an annual deductible of no more than U.S. $500 (A Health Care Spending account is not acceptable as an alternative);
4. Covered benefits paid at a minimum of 75%;
5. Repatriation of Mortal Remains of at least $7,500 in US dollars and Medical Evacuation of at least $10,000 in US dollars. (A nominal charge will be added to your student account for Repatriation and Medical Evacuation benefits if they are not included in an otherwise acceptable policy); and
6. Policy should not exclude or unreasonably limit coverage for activities essential for students (such as a $10,000 limit on motor vehicle accidents; a 13 week benefit period).

III. Waiver Deadlines

- For Fall 2016: September 19, 2016
- For Spring/Summer 2017: February 13, 2017
- For Summer 2017 Only (new students): June 15, 2017

IV. Waiver Process

1. Fill out the online waiver form**.** (click the "Waive" link on the left).
2. When you receive the waiver approval email, you should forward it to Gwen.Drumgoole@hccs.edu and copy alice.lee@hccs.edu with subject "Waiver approved." Make sure to include your student ID and the semester.

V. Waiver Appeal Deadlines:

- For Fall 2016: October 7, 2016
- For Spring/Summer 2017: February 20, 2017
- For Summer 2017 Only (new students): June 12, 2017

VI. Waiver Appeal Process

If your waiver was denied based on the denied criteria, you may appeal the denial. Please see the document below for more instructions.

- International Insurance Waiver Appeal Guidelines (2016-17)

VII. Reimbursement Process

If you are approved for a waiver or if you don't meet the eligibility requirements for coverage, your account will be reimbursed according to HCC refund policy.

EXHIBIT 2

Loss Run as of 10/31/2016

EXHIBIT 2
Premiums Paid by Academic Year

HOUSTON COMMUNITY COLLEGE
PAID THROUGH OCTOBER 31, 2016

	TOTAL PREMIUM
2011 - 2012	$1,556,747.00
2012 - 2013	$2,305,614.00
2013 - 2014	$2,363,842.00
2014 - 2015	$3,102,323.00
2015-2016	$6,013,607.00

EXHIBIT 2
Claims Paid Academic Year 2011-2012

REQUESTED CHARGE PAYMENT SUMMARY
CHH8020592 - HOUSTON COMMUNITY COLLEGE

REPORT TOTALS

BENEFIT TYPE	CHARGES	PAYMENT AMOUNT
MISC HOSP	91,843.53	34,067.84
SURGERY	71,907.75	34,515.12
RX DRUGS	15,958.93	15,958.93
EMER ROOM	419,632.86	177,455.11
ANESTHESIA	23,052.00	5,309.44
AMB	18,676.20	8,885.51
ASST SURGEON	10,528.04	1,106.80
LABORATORY	112,854.65	32,031.91
XRAY	45,092.59	15,868.72
MED EQUIP	128.00	74.88
TEST&PROCEDS	57,533.47	28,097.38
CONSULTATION	2,672.02	974.89
DENT/PREV	804.00	283.00
DENT/MAJOR	2,130.00	364.00
AMB SRG CTR	274,166.33	167,937.12
ICU	7,228.00	2,400.30
MRI	24,232.75	7,054.38
REPATRIATION	3,726.00	3,726.00
INJECTION	8,206.03	2,433.56
EXP SCRIPTS	5,203.18	5,203.18
DENTAL/REST	1,330.00	627.00
MED SVC/PROC	88,031.47	88,031.47
ACCID DEATH	5,000.00	5,000.00
BRACES/APPS	199.38	115.01
CAT SCAN	24,635.00	14,826.99
CHILD HLT SV	155.00	0.00
DOCTOR EXP	145,382.81	56,925.32
GYNECOL EXAM	3,378.38	0.00
SEMI-PRVT RM	119,756.45	40,240.69
MAMMOGRAM	2,503.00	1,311.39
OP PRES DRUG	203.50	0.00
PAP SMEAR	1,773.55	152.40
PHYS THERAPY	3,389.00	601.15
ROUT NEW/NUR	5,716.00	5,054.40
INFUSION	235.00	190.35
REPORT TOTAL	1,597,264.87	756,824.24

EXHIBIT 2
Claims Paid Academic Year 2012-2013

REQUESTED CHARGE PAYMENT SUMMARY
CHH8020593 - HOUSTON COMMUNITY COLLEGE

REPORT TOTALS

BENEFIT TYPE	CHARGES	PAYMENT AMOUNT
MISC HOSP	485,487.75	275,551.43
SURGERY	171,660.06	72,323.32
RX DRUGS	23,807.56	23,807.56
EMER ROOM	475,031.07	264,384.97
ANESTHESIA	55,386.20	15,382.22
AMB	11,826.36	8,152.32
ASST SURGEON	16,290.00	5,744.86
LABORATORY	164,506.98	56,466.03
XRAY	103,249.98	39,630.10
MED EQUIP	10,756.83	6,751.33
TEST&PROCEDS	31,422.39	16,510.08
CONSULTATION	8,437.18	4,440.12
DENT/PREV	1,909.00	1,258.00
AMB SRG CTR	354,180.77	114,434.65
ICU	18,391.00	1,546.74
MRI	62,196.75	24,902.66
MED SERVICES	2,236.00	0.00
INJECTION	10,177.90	2,238.28
DENTAL/REST	1,052.00	421.00
MED SVC/PROC	230,631.12	225,241.98
BRACES/APPS	1,650.00	37.30
CAT SCAN	19,974.03	10,921.54
DOCTOR EXP	197,712.26	57,200.48
SEMI-PRVT RM	137,481.50	48,693.58
MAMMOGRAM	4,874.26	1,969.00
OP PRES DRUG	130.99	0.00
PAP SMEAR	3,182.38	598.89
PHYS THERAPY	14,685.00	6,802.30
ROUT NEW/NUR	28,813.61	15,744.16
REPORT TOTAL	2,647,140.93	1,301,154.90

EXHIBIT 2
Claims Paid Academic Year 2013-2014

REQUESTED CHARGE PAYMENT SUMMARY
CHH8020594 - HOUSTON COMMUNITY COLLEGE

REPORT TOTALS

BENEFIT TYPE	CHARGES	PAYMENT AMOUNT
MISC HOSP	1,531,512.93	1,057,845.75
SURGERY	385,644.15	146,887.85
EMER ROOM	697,111.35	468,846.85
ANESTHESIA	125,373.00	28,755.50
AMB	11,113.92	8,763.56
ASST SURGEON	23,833.82	14,775.66
LABORATORY	307,660.10	113,023.53
XRAY	117,905.17	57,400.37
MED EQUIP	30,015.07	22,617.00
TEST&PROCEDS	48,537.47	26,573.08
CONSULTATION	15,787.26	7,185.16
DENT/PREV	2,164.00	950.60
DENT/MAJOR	1,566.00	1.60
AMB SRG CTR	521,102.78	323,686.05
ICU	242,481.00	76,359.76
MRI	98,862.70	54,223.48
IMMUNIZATION	15,112.37	10,081.96
MED SERVICES	100.00	0.00
INJECTION	11,988.27	6,175.58
DENTAL/REST	1,643.00	1,167.80
MED SVC/PROC	147,997.73	144,368.40
BRACES/APPS	4,932.67	3,723.49
CAT SCAN	75,129.78	42,654.02
CHEMO/RAD TH	25,602.50	17,921.76
DOCTOR EXP	304,226.68	133,843.02
GYNECOL EXAM	11,311.83	6,677.84
SEMI-PRVT RM	198,954.97	91,063.38
MAMMOGRAM	7,939.25	4,709.51
PAP SMEAR	7,016.27	3,561.51
PHYS THERAPY	56,554.24	37,772.45
ROUT NEW/NUR	146,221.93	103,864.52
REG NURSE	2,688.33	1,320.16
INFORMEDRX	93,885.93	93,885.93
INFUSION	7,791.98	3,066.14
REPORT TOTAL	5,279,768.45	3,113,753.27

EXHIBIT 2
Claims Paid Academic Year 2014-2015

REQUESTED CHARGE PAYMENT SUMMARY
CHH8020595 - HOUSTON COMMUNITY COLLEGE

REPORT TOTALS

BENEFIT TYPE	CHARGES	PAYMENT AMOUNT
MISC HOSP	2,855,164.34	1,828,510.19
SURGERY	522,746.35	226,861.76
EMER ROOM	1,072,003.70	698,423.27
ANESTHESIA	248,431.20	34,352.90
AMB	86,936.39	44,959.64
ASST SURGEON	47,034.41	11,458.81
LABORATORY	806,676.00	393,651.82
XRAY	284,115.63	151,568.53
MED EQUIP	30,520.70	11,361.54
TEST&PROCEDS	194,845.86	103,292.59
CONSULTATION	19,997.62	10,855.28
DENT/PREV	633.00	460.00
AMB SRG CTR	1,229,092.84	574,866.31
ICU	585,858.75	367,433.83
MRI	136,083.25	71,533.48
IMMUNIZATION	39,105.23	24,855.44
REPATRIATION	15,703.69	15,703.69
INJECTION	109,719.94	62,787.39
DENTAL/REST	685.00	404.00
MED SVC/PROC	225,417.70	207,800.52
ACCID DEATH	10,000.00	10,000.00
BRACES/APPS	3,097.20	1,546.31
CAT SCAN	84,050.73	34,506.40
CHEMO/RAD TH	62,531.30	49,801.00
DOCTOR EXP	700,901.80	330,152.22
GYNECOL EXAM	10,502.95	6,433.96
SEMI-PRVT RM	192,526.76	112,466.16
MAMMOGRAM	11,155.37	6,879.89
OP PRES DRUG	0.01	0.00
PAP SMEAR	4,176.47	1,976.07
PHYS THERAPY	154,918.12	68,270.88
ROUT NEW/NUR	70,574.98	23,387.97
INFORMEDRX	336,254.82	336,254.82
INFUSION	5,933.34	3,748.00
REPORT TOTAL	10,157,395.45	5,826,564.67

EXHIBIT 2
Claims Paid Academic Year 2015-2016

REQUESTED CHARGE PAYMENT SUMMARY
CHH8020596 - HOUSTON COMMUNITY COLLEGE

REPORT TOTALS

BENEFIT TYPE	CHARGES	PAYMENT AMOUNT
MISC HOSP	2,411,548.22	1,384,007.22
SURGERY	681,720.37	313,654.79
VISION	1,749.95	448.60
EMER ROOM	1,552,004.03	846,832.77
ANESTHESIA	218,110.16	38,881.42
AMB	20,917.33	11,260.01
ASST SURGEON	17,479.00	7,743.45
LABORATORY	1,161,724.53	549,839.06
XRAY	388,562.29	230,814.97
MED EQUIP	51,642.16	18,616.60
TEST&PROCEDS	310,993.04	184,683.43
CONSULTATION	41,973.22	23,837.86
DENT/PREV	4,901.99	1,773.96
DENT/MAJOR	700.00	192.70
AMB SRG CTR	1,299,313.30	639,714.99
ICU	298,597.42	274,320.34
MRI	178,579.30	85,976.12
IMMUNIZATION	88,551.80	56,615.62
INJECTION	307,927.20	192,473.90
DENTAL/REST	7,664.00	2,340.85
MED SVC/PROC	220,907.59	194,693.19
BRACES/APPS	12,375.34	9,408.14
CAT SCAN	151,950.47	96,910.81
CHEMO/RAD TH	154,966.22	109,418.60
DENTAL INJUR	1,180.00	0.00
DOCTOR EXP	1,051,160.41	530,270.11
SEMI-PRVT RM	489,150.42	318,335.25
MAMMOGRAM	29,426.32	18,958.63
OP PRES DRUG	218.18	210.64
PAP SMEAR	1,472.59	916.22
PHYS THERAPY	131,710.25	76,523.04
ROUT NEW/NUR	232,462.41	121,606.82
INFORMEDRX	654,683.45	654,683.45
INFUSION	19,545.78	5,677.96
REPORT TOTAL	12,195,868.74	7,001,641.52

International Student Insurance Data

2016 - 2017					
SEMESTERS & DATES	**RATE**	**PREMIUMS COLLECTED**	**NO. of STUDENTS**	**REPATRIATION PREMIUMS**	**REPAT NO. of STUDENTS**
2016 Fall Aug 16, 2016 - Jan 16, 2017	$790	$3,540,780	4482	unavailable	unavailable
2017 Spring/Sum Jan 17, 2017 - Aug 21, 2017	$1,149	unavailable	unavailable	unavailable	unavailable
2017 Summer Jun 5, 2017 - Aug 21, 2017	$409	unavailable	unavailable	unavailable	unavailable

2015-2016					
SEMESTERS & DATES	**RATE**	**PREMIUMS COLLECTED**	**NO. of STUDENTS**	**REPATRIATION PREMIUMS**	**REPAT NO. of STUDENTS**
2015 Fall Aug 24, 2015 - Jan 18, 2016	$563	$2,360,925	4191	$1,392	29
2016 Spring/Sum Jan 19,2016 - Aug 23, 2016	$789	$2,013,696	3814	$1,152	24
2016 Summer May 16, 2016- Aug 23, 2016	$371	$60,894	306	$96	2
TOTALS		**$4,435,515**	**8311**	**$2,640**	**55**

2014-2015					
SEMESTERS & DATES	**RATE**	**PREMIUMS COLLECTED**	**NO. of STUDENTS**	**REPATRIATION PREMIUMS**	**REPAT NO. of STUDENTS**
2014 Fall Aug 25, 2014 - Jan 19, 2015	$268	$922,188	3441	unavailable	unavailable
2015 Spring/Sum Jan 20, 2015 - Aug 24, 2015	$528	$1,538,512	3100	$912	19
2015 Summer May 18, 2015 - Aug 24, 2015	$199	$34,038	183	unavailable	unavailable
TOTALS		**$2,494,738**	**6724**	**$912**	**19**

2013-2014					
SEMESTERS & DATES	**RATE**	**PREMIUMS**	**NO. of STUDENTS**	**REPATRIATION PREMIUMS**	**REPAT NO. of STUDENTS**
2013 Fall Aug 26, 2013 - Jan 12, 2014	$248	$757,392	3054	$1,488	31
2014 Spring/Sum Jan 13, 2014 - Aug 25, 2014	$496	$1,504,368	3033	$576	12
2014 Summer Jun 2, 2014 - Aug 25, 2014	$186	$36,642	197	$48	1
TOTALS		**$2,298,402**	**6284**	**$2,112**	**44**

2012-2013					
SEMESTERS & DATES	**RATE**	**PREMIUMS**	**NO. of STUDENTS**	**REPATRIATION PREMIUMS**	**REPAT NO. of STUDENTS**
2012 Fall Aug 27, 2012 - Jan 13, 2013	$248	$749,992	3021	$576	12
2013 Spring/Sum Jan 14, 2013 - Aug 26, 2013	$496	$1,521,920	3067	$1,680	35
2013 Summer Jun 3, 2013 - Aug 26, 2013	$186	$558	3	0	0
TOTALS		**$2,272,470**	**6091**	**$2,256**	**47**

HOUSTON COMMUNITY COLLEGE
HEALTH INSURANCE PROGRAM RESULTS THROUGH 10/31/2016
POLICY YEAR 2016

CHP Consolidated Health Plans
A Berkshire Hathaway Company

BENEFIT TYPE	TOTAL SERVICES	TOTAL CHARGES	INELIGIBLE CHARGES	PPO DISCOUNTS	DEDUCTIBLES/ CO-PAYS	COINSURANCE	CO-ORD. OF BENEFITS	TOTAL PAID	PERCENT TO TOTAL
INPATIENT									
ANCILLARY HOSPITAL CHARGES	23	32924	0	20789	0	2427	0	9708	7.4%
HOSPITAL ROOM AND BOARD	2	6814	0	4255	464	419	0	1676	1.3%
IN-HOSPITAL PHYSICIANS' VISITS	5	815	0	405	226	37	0	147	0.1%
INPATIENT SURGEON'S FEES	15	13051	0	7303	2001	730	0	3017	2.3%
INPATIENT TOTAL	45	53,604	0	32,752	2,691	3,613	0	14,548	11.1%
OUTPATIENT									
ALLERGY TESTING/TREATMENT	31	6421	0	891	1161	874	0	3495	2.7%
ANESTHESIOLOGIST'S FEES	7	10914	0	2657	704	1511	0	6043	4.6%
COST CONTAINMENT	46	0	0	-1747	0	0	0	1747	1.3%
CYTOLOGICAL EXAM	24	2161	0	1272	0	0	0	889	0.7%
DOCTOR'S OFFICE VISITS	159	28752	52	13570	14111	204	0	815	0.6%
EMERGENCY ROOM	152	100541	97	42490	10777	9696	0	37482	28.7%
IMMUNIZATION THERAPY	100	8575	0	2948	1135	18	0	4474	3.4%
LAB/X-RAY	800	101895	109	71252	12517	1813	0	16204	12.4%
MAMMOGRAPHY	5	851	0	393	0	0	0	458	0.4%
OTHER SURGICAL EXPENSE	15	28421	0	13736	1607	2616	0	10462	8.0%
PAP-MEDICAL	5	426	0	296	94	7	0	29	0.0%
PHYSICAL THERAPY	15	1331	0	391	831	22	0	87	0.1%
PRESCRIPTION MEDICATIONS	150	29317	0	0	2544	0	0	26774	20.5%
SUPPLIES	2	1660	0	669	0	41	0	950	0.7%
VISION CARE BENEFIT	2	195	0	35	0	64	0	96	0.1%
WELL CHILD CHECK-UP	4	477	0	71	0	0	0	406	0.3%
WELLNESS EXAMINATION - ADULT	46	11489	0	5492	180	0	0	5817	4.4%
OUTPATIENT TOTAL	1,563	333,426	258	154,416	45,661	16,866	0	116,228	88.9%
GRAND TOTAL	1,608	387,030	258	187,168	48,352	20,479	0	130,776	

PREPARED November, 03 2016
CONSOLIDATED HEALTH PLANS
INFORMATION TECHNOLOGY DEPT.