



**StudentSecure<sup>®</sup>**  
**Troy University**  
Description of Coverage



# Patient Protection and Affordable Care Act ("PPACA") Disclosure Statement

This insurance is not subject to, and does not provide some of the insurance benefits required by, the United States PPACA. In no event will we provide benefits in excess of those specified in the **certificate** documents, and this insurance is not subject to guaranteed issuance or renewal. PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. **You** should consult **your** attorney or tax professional to determine if PPACA's requirements are applicable to **you**. The **certificate** contains the plan benefits, including a lifetime maximum that **you** have selected. Please review **your** choices to ensure that **you** have sufficient coverage to meet **your** medical needs.

## Description of Coverage Sunab6 Tf1 0 0 1 218. g025 542.9

## Data Protection

**We** respect individual privacy and value **your** confidence. **We** restrict access to personal information to employees/partners who need to know that information in order to perform their jobs. Any employee that **we**





|                                                              |                                                                                                            |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Care                                                         | Must be ordered in advance by a <b>physician</b> and not obtained at a <b>student health center</b>        |
| Dental Treatment due to Accident                             | \$250 maximum per tooth; \$500 maximum per certificate period                                              |
| Intercollegiate, Interscholastic, Intramural, or Club Sports | \$5,000 maximum per <b>injury</b> or <b>illness</b> , medical expenses only                                |
| Terrorism                                                    | \$50,000 lifetime maximum, eligible medical expenses only.                                                 |
| All Other Eligible Medical Expenses                          | <b>Usual, reasonable and customary</b> charges                                                             |
|                                                              |                                                                                                            |
| <b>Benefit</b>                                               | <b>Limit</b>                                                                                               |
| <b><i>Not Subject to Deductible or Coinsurance</i></b>       |                                                                                                            |
| Dental Treatment to alleviate pain                           | \$100                                                                                                      |
| Emergency Medical Evacuation                                 | \$500,000 lifetime maximum                                                                                 |
| Repatriation of Remains                                      | \$50,000 lifetime maximum                                                                                  |
| Trip Interruption                                            | \$5,000                                                                                                    |
| Emergency Reunion                                            | \$5,000, subject to a maximum of 15 days                                                                   |
| Accidental Death & Dismemberment                             | Lifetime Maximum - \$25,000<br>Death - \$25,000<br>Loss of 2 Limbs - \$25,000<br>Loss of 1 Limb - \$12,500 |
| Personal Liability                                           | \$10,000                                                                                                   |

## United States Preferred Provider Organization (PPO) Requirements

Nothing contained in this insurance restricts or interferes with **your** right to select the **hospital**, **physician** or other medical service provider of **your** choice. Nothing contained in this insurance restricts or interferes with the relationship between **you** and the **hospital**, **physician** or other providers with respect to treatment or care of any condition, nor **your** right to receive, at **your** own expense, services and/or supplies that are not covered under this insurance.

To comply with the United States Preferred Provider Organization requirements, **you** must receive medical treatment from PPO providers while in the United States. If **you** choose to seek treatment from a PPO provider, **we** will remit payment for eligible expenses directly to the provider and will waive the **coinsurance** applicable to the expenses.

**You** may review a listing of **hospitals**, **physicians** and other medical service providers included in the PPO Network for the area where **you** will be receiving treatment by accessing the Internet website for WorldTrips at: [www.worldtrips.com](http://www.worldtrips.com).

## Claim Procedures

**You** must submit a claim for any expenses to be paid by **us**. This includes treatment or services for which **you** expect the medical provider is to bill **us** directly. No payments will be made by **us** without **you** first submitting a claim.

Notice of c

### **Proof of Claim**

When **we** receive notice of claim, **we** will provide **you** with forms for filing proof of claim. The following is considered to be proof of claim:

1. A completed and signed Claimant's Statement and Authorization form, together with any/all required attachments; and
2. Original itemized bills from **physicians, hospitals** and other medical providers; and
3. Original receipts for any expenses which have already been paid by **you** or on **your** behalf.

**You** shall have **60 days** beginning on the last day of the **certificate period** to submit **proof of claim** to **us** (unless medical services were rendered after the certificate termination date, in which case **you** shall 60 days from the date the claim is incurred). Subsequent to receipt of **proof of claim**, **we** may, at **our** sole discretion, request and require additional information, including but not limited to medical records, necessary to confirm the validity of any claim prior to payment thereof.

### **Claims Cooperation**

**You** shall provide assistance and co-operate with **us** or **our** representatives in obtaining any other records **we** or they feel necessary to evaluate the incident or claim. Following notification of a claim, **you** shall prov



**Please note that appealing a claim is not a requirement to following the complaints procedure detailed below.**

### **Complaints Procedure**

**We**



- a. Daily room and board and nursing services not to exceed the average semi-private room rate; and
  - b. Daily room and board and nursing services in Intensive Care Unit; and
  - c. Use of operating, treatment or recovery room; and
  - d. Services and supplies which are routinely provided by the hospital to persons for use while inpatients; and
  - e. Emergency treatment of an **injury** or **illness**, even if **hospital** confinement is not required. However, charges for use of the emergency room itself within the U.S. will be subject to deductible as provided under the Schedule of Benefits and Limits.
2. **Surgery** at an **outpatient** surgical facility, including services and supplies.
  3. Charges made by a **physician** for professional services, including **virtual physician visits** and **surgery**. Charges for an assistant surgeon are covered up to 20% of the **usual, reasonable and customary** charge of the primary surgeon, but standby availability will not be deemed to be a professional service a



The timeliness of arrangements can be affected by circumstances which are not within **our** control such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. **You** agree to hold **us** harmless and **we** shall not be held liable for any delays that are not within **our** direct and immediate control.

### **Trip Interruption**

#### **We will pay:**

1. The cost of an economy one-way air or ground transportation ticket for **you** to the terminal serving the area of **your** principal residence.

**We** will provide the above benefits only when the conditions and restrictions in this policy and the following are met:

- a. Following receipt of proof of one the death or imminent death of parent, spouse, sibling, child, or grandparent.

- a. Death must occur within 30 days of the sudden, unintentional and unexpected occurrence and not be contributed to by **illness** or disease; and
- b. In no event will **our** payment under this benefit total more than the principal sum.

**We will not pay** for claims arising directly or indirectly from

1. Accidents or loss caused by or contributed to by any of the following:
  - a. Terrorism, war or act of war, whether declared or undeclared.
  - b. **Your** participation in a riot, insurrection or violent disorder.
  - c. **Your** service in the armed forces of any country.
  - d. Suicide or attempted suicide or self-inflicted **injury**, while sane or insane.
  - e. The voluntary use of any chemical compound, poison or drug, unless used according to the directions of a **physician**.
  - f. Committing or attempting to commit a felony.
  - g. Sickness, **mental health disorder**, or pregnancy.
  - h. As the result of intoxication as defined by the laws of the jurisdiction in which the **accident** occurred, whether directly or indirectly,
  - i. Myocardial infarction or cerebrovascular accident (CVA / Stroke).
  - j. Infection, except infection through a wound caused solely by an **accident**.
  - k. **Injury** while riding, boarding, or alighting from an aircraft if **you** were operating the aircraft, learning to operate the aircraft, serving as a member of the aircraft crew, or if the aircraft was being used for any purpose other than passenger transportation.
  - l. Medical or surgical treatment for any of the above.
  - m. Any non-covered sports activities.
2. Anything mentioned in the General Exclusions.

**Accidental Death** means a sudden, unintentional and unexpected occurrence caused solely by external, visible means resulting in physical **injury to you** and **your** subsequent death. Death must occur within 30 days of the sudden, unintentional and unexpected occurrence and not be contributed to by **illness** or disease.

**Accidental Dismemberment** means a sudden, unintentional and unexpected occurrence caused solely by external, visible means and resulting in complete severance from the body of one or more limbs or eyes and not contributed to by illness or disease. For purposes of the Accidental Death and Dismemberment benefit, the term "limb" shall mean: the arm when the severance is at or above (toward the elbow) the wrist, or the leg when the severance is at or above (toward the knee) the ankle. Loss of eye(s) shall mean: complete, permanent, irrevocable loss of sight.

**Beneficiary** means the individual named in **your** application to be the recipient of any accidental death benefit.

# Sports and Activities

## A. Intercollegiate, Interscholastic, Intramural, or Club Sports

### We will pay:

1. Subject to the limit set forth in the Schedule of Benefits and Limits, **you** are covered for injury or illness sustained while taking part in sanctioned intercollegiate, interscholastic, intramural, or club sports.

### We will not pay for claims arising directly or indirectly from:

1. Sports or athletics not sanctioned by **your** school; or
2. Any activity performed in a professional capacity or for any wage, reward, or profit; or
3. Anything mentioned in the General Exclusions.

## B. Leisure, Recreational, Entertainment, or Fitness Sports and Activities

### We will pay:

1. Subject to the overall maximum limit, **you** are covered for injury or illness sustained while taking part in sports and activities, unless it is excluded below.

**You** must ensure the activity is adequately supervised and that appropriate safety equipment (such as protective headwear, life jackets etc.) are worn at all times.

### We will not pay for claims arising directly or indirectly from:

1. Sports or athletics involving regular or scheduled practice and/or games; or
2. Any activity performed in a professional capacity or for any wage, reward, or profit; or
3. Anything mentioned in the General Exclusions; or
4. Any of the excluded items listed below:

Aviation (except when traveling solely as a passenger in a commercial aircraft)

Base Jumping

# Personal Liability

## **We will pay:**

Up to the sum insured shown in the Schedule of Benefits and Limits (inclusive of legal costs and expenses) if **you** become legally liable to pay damages in respect of:

1. Accidental bodily **injury**, including death, **illness** and disease to a **third person**; and/or
2. Accidental loss of or damage to a **third person's** material property (property that is both material and tangible); and/or
3. Accidental loss of or damage to a **related third person's** material property (property that is both material and tangible);

## **We will not pay** for claims arising directly or indirectly from

1. Intentionally committed acts, or arising from the influence of alcohol or drugs not medically prescribed by a licensed **physician**;
2. Bodily **injury, illness** or disease of any person under a contract of employment, service or apprenticeship with **you** when the bodily **injury, illness** or disease arises out of and in the course of their employment to **you**, or in connection with any trade, business or profession;
3. Loss or damage to property belonging to or held in trust by or in the custody or control of **you** other than temporary accommodation occupied by **you** in the course of the trip;
4. Bodily **injury** or damage caused directly or indirectly in connection with the ownership, possession or use by **you** or on behalf of **you** of: aircraft, hovercraft, watercraft, **motorized** vehicles, parachute, parasail, glider, firearms, fireworks, explosives, deadly weapons, or any racing activity;
- 5.



6. **We** will consider paying or advancing, but without any obligation or contractual duty to do so, up to \$2,500 to **you** or for **your** benefit to settle and compromise an asserted claim against **you**

In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

**Cyber** means the use or operations, as a means for inflicting harm, of any computer, computer software program, malicious code, computer virus or process or any other electronic system.

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## General Exclusions

Charges for the following conditions, treatments (including diagnoses, tests, and examinations), services, supplies, acts, omissions, and/or events are excluded from coverage hereunder:

1. Congenital illnesses.
2. Immunizations, routine physical exams, and other diagnostic labs, x-rays, and procedures for screening or preventative purposes.
3. Dental treatment and treatment of the temporomandibular joint, except for emergency dental treatment necessary to replace sound natural teeth lost or damaged in an accident covered hereunder or for the emergency relief of acute onset of pain.
4. **Mental health disorders** if treatment is obtained at a **student health center**.
5. Physical therapy if treatment is obtained at a **student health center**.
6. Chiropractic treatment, unless ordered in advance by a **physician** for **medically necessary** treatment related to a covered **injury** or **illness**, and not obtained at a **student health center**.
7. Routine pre-natal care, pregnancy, child birth, post-natal care, and nursery care of a newborn, unless directly related to a **covered pregnancy**.
8. Elective termination of pregnancy.
9. Promotion or prevention of conception including but not limited to: artificial insemination, treatment for infertility, sterilization or reversal of sterilization.
10. Venereal disease, including all **sexually transmitted diseases** and conditions, except for services provided by Troy University Student Health Center only.
11. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
12. Organ or tissue transplants or related services.
13. Self-inflicted **injury** or **illness** and/or suicide or attempted suicide whether sane or insane. This exclusion does not apply to Repatriation of Remains benefit of this insurance.
14. **Injury** sustained that is due wholly or partially to the effects of intoxication or drugs other than drugs taken in accordance with treatment prescribed by a **physician** and except drugs prescribed for the treatment of **substance abuse**.
15. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a **physician**.
16. Charges resulting from or occurring during the commission of a violation of law, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
17. Eye **surgery**, such as corrective refractory **surgery**, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
18. Corrective devices and medical appliances, including eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, dentures or dental appliances, and all vision and hearing tests and examinations.
19. Orthoptics and visual eye training.
20. Orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
21. Hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed.
22. Acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, hypertrophic and atrophic conditions of skin, nevus.
23. Sleep apnea or other sleep disorders.

24. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy.
25. Psychometric, intelligence, competency, behavioral and educational testing.
26. While confined primarily to receive **custodial care**, educational or rehabilitative care, or any medical treatment in any establishment for the care of the aged, except rehabilitative care received upon direct transfer from an acute care **hospital**.
27. Cosmetic or aesthetic reasons, except for reconstructive **s**







