



**Local Representative**

North Carolina Association of Insurance Agents, Inc.  
PO Box 1165  
Cary, NC 27512  
**1.800. 849.6556**

**Program Administered by:**

**HTH Worldwide**

One Radnor Corporate Center  
Suite 100  
Radnor, PA 19087  
**1.888.243.2358**  
fax: 1.610.254.8780  
[hthstudents.com](http://hthstudents.com)  
[studentinfo@hthworldwide.com](mailto:studentinfo@hthworldwide.com)

**Insurance Underwritten by:**



This blanket accident and sickness policy is underwritten by the UniCare Life & Health Insurance Company  
NAIC # 842-80314

**Blanket Student Accident and Sickness Insurance**

**2009-2010 Study Abroad**



*Especially Designed for Students,  
Scholars and Faculty Studying Abroad  
Attending One of the Participating  
Schools of the*

**UNIVERSITY SYSTEM OF THE  
STATE OF NORTH CAROLINA**

This brochure is a summary of your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a policy of student accident and sickness insurance underwritten by the UniCare Life & Health Insurance Company, Policy Number U-1052-A-09. A copy of the full certificate of insurance issued to your school is available for viewing at your schools international office or at the [hthstudents.com](http://hthstudents.com) website.

**TABLE 1**

**INJURY AND SICKNESS MEDICAL BENEFIT PLAN SUMMARY**

<b>Limits Covered Person</b>	
<b>MEDICAL EXPENSES</b>	
<b>Maximum Benefit per Injury or Sickness</b>	\$100,000
<b>Basic Medical Expense Benefit per Injury or Sickness</b>	Up to \$100,000 Maximum: 100% of Reasonable Expenses after Deductible
<b>Deductible</b>	\$0 per Injury or Sickness
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	Maximum Benefit: Principal Sum up to \$10,000 for Participant; up to \$5,000 for Spouse; up to \$1,000 for Child(ren)
<b>REPATRIATION OF REMAINS</b>	Maximum Benefit up to \$25,000
<b>MEDICAL EVACUATION</b>	Maximum Lifetime Benefit for all Evacuations up to \$100,000
<b>BEDSIDE VISIT</b>	Up to a maximum benefit of \$1,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person

**TABLE 2**

	<b>Indemnity Plan Limits</b>
<b>Physician Office Visits, Inpatient Hospital Services, Hospital and Physician Outpatient Services</b>	100% of Reasonable Expenses

## COVERED MEDICAL EXPENSES

**TABLE 3**

The benefits listed below are subject to Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness and Deductible. In addition, Table 1 levels of coverage for Basic Medical Expense Benefits; and Table 2 Plan Type Limits (Indemnity).

MEDICAL EXPENSE	Limits – Covered Person
<b>Maternity Care for a Covered Pregnancy</b>	Reasonable Expenses
<b>Inpatient treatment of mental and nervous disorders including drug or alcohol abuse</b>	Reasonable Expenses for a Maximum period of 30 days per lifetime
<b>Outpatient treatment of mental and nervous disorders including drug or alcohol abuse</b>	Reasonable Expenses up to \$1,000 Maximum per lifetime
<b>Treatment of specified therapies, including acupuncture and Physiotherapy</b>	Reasonable Expenses for Inpatient and Outpatient care immediately following the attending Physician's release for rehabilitation following a covered Hospital confinement or surgery.
<b>Repairs to sound, natural teeth required due to an Injury</b>	100% of Reasonable Expenses up to \$100 per tooth per Injury
<b>Dental Treatment (including extractions) to alleviate pain</b>	100% of Reasonable Expenses up to \$500 per lifetime
<b>Outpatient prescription drugs</b>	100% of actual charge

*Other benefits may apply as mandated by the State of North Carolina. Please see full Certificate of Insurance for more details.*

**What the Insurer Pays for Covered Medical Expenses:** If a Covered Person incurs expenses while insured under the Policy due to an Injury or a Sickness, the Insurer will pay the Reasonable Expenses for the Covered Medical Expenses listed below. All Covered Medical Expenses incurred as a result of the same or related cause, including any Complications, shall be considered as resulting from one Sickness or Injury. The amount payable for any one Injury or Sickness will not exceed the Maximum Benefit of \$100,000 per Injury or Sickness for the Eligible Participant or the Maximum Benefit of \$100,000 per Injury or Sickness for an Eligible Dependent. Benefits are subject to the Deductible Amount, Coinsurance and Maximum Benefits stated in the Schedule of Benefits, specified benefits and limitations set forth under Covered Medical Expenses, the General Policy Exclusions and to all other limitations and provisions of the Policy.

### Covered General

**Medical Expenses and Limitations:** Covered Medical Expenses are limited to the Reasonable Expenses incurred for services, treatments and supplies listed below. All benefits are per Injury or Sickness unless stated otherwise.

No Medical Treatment Benefit is payable for Reasonable Expenses incurred after the Covered Person's insurance terminates as stated in the Period of Coverage provision. However, if the Covered Person is in a Hospital on the date the insurance terminates, the Insurer will continue to pay the Medical Treatment Benefits until the earlier of the date the Confinement ends or 31 days after the date the insurance terminates.

If the Covered Person was insured under a group policy administered by the Administrator immediately prior to the Policy Effective Date, the Insurer will pay the Medical Treatment Benefits for a Covered Injury or a Covered Sickness such that there is no interruption in the Covered Person's insurance.

- **Physician office visits.**

- **Hospital Services:** Inpatient Hospital services and Hospital and Physician Outpatient services consist of the following: Hospital room and board, including general nursing services; medical and surgical treatment; medical services and supplies; Outpatient nursing services provided by an RN, LPN or LVN; local, professional ground ambulance services to and from a local Hospital for Emergency Hospitalization and Emergency Medical Care; x-rays; laboratory tests; prescription medicines; artificial limbs or prosthetic appliances, including those which are functionally necessary; the rental or purchase, at the Insurer's option, of durable medical equipment for therapeutic use, including repairs and necessary maintenance of purchased equipment not provided for under a manufacturer's warranty or purchase agreement.

The Insurer will not pay for Hospital room and board charges in excess of the prevailing semi-private room rate unless the requirements of Medically Necessary treatment dictate accommodations other than a semi-private room.

- **Additional Covered General Medical Expenses and Limitations:** These additional Covered Medical Expenses are limited to the Reasonable Expenses incurred for services, treatments and supplies:

- Pregnancy
- Annual cervical cytology screening for cervical cancer and its precursor states for women age 18 and older
- Mammography screening, when screening for occult breast cancer is recommended by a Physician
- Colorectal cancer screenings
- Diabetic Supplies/Education
- Prostate screening tests
- Reconstructive Surgery Following Mastectomy
- Contraceptives
- Osteoporosis/Bone Mass Measurement
- Newborn Hearing Screening
- Clinical Trials
- Anesthesia and Hospitalization for Dental Procedures
- Complications of Pregnancy
- Surveillance tests for ovarian cancer

#### Accidental Death and Dismemberment Benefit

The Insurer will pay the benefit stated below if a Covered Person sustains an Injury in the Country of Assignment resulting in any of the losses stated below within 365 days after the date the Injury is sustained:

Loss	Benefit
Loss of life	100% of the Principal Sum
Loss of one hand	50% of the Principal Sum
Loss of one foot	50% of the Principal Sum
Loss of sight in one eye	50% of the Principal Sum

*Loss of one hand or loss of one foot means the actual severance through or above the wrist or ankle joints. Loss of the sight of one eye means the entire and irrecoverable loss of sight in that eye.*

If more than one of the losses stated above is due to the same Accident, the Insurer will pay 100% of the Principal Sum. In no event will the Insurer pay more than the Principal Sum for loss to the Covered Person due to any one Accident. The Principal Sum is stated in Table 1 of the Schedule of Benefits.

#### Medical Evacuation and Repatriation or Remains Visit Benefits

Medical evacuation and repatriation expenses for insured student, scholars, and their dependents *must* be arranged for and approved in advance by **HTH Worldwide**.

**MEDICAL EVACUATION BENEFIT** If a Covered Person sustains an Injury or suffers a sudden Sickness while traveling outside his/her Home Country, the Insurer will pay the Medically Necessary expenses incurred, up to the lifetime Maximum Limit for all medical evacuations shown in Table 1 of the Schedule of Benefits, for a medical evacuation to the nearest Hospital, appropriate medical facility or back to the Covered Person's Home Country. Transportation must be by the most direct and economical route. However, before the Insurer makes any payment, it requires written certification by the attending Physician that the evacuation is Medically Necessary. Any

expenses for medical evacuation require the Insurer's or the Administrator's prior approval. No benefits are payable under any other provision of the Policy for expense incurred by the Covered Person on and after the date of the evacuation.

- **REPATRIATION OF REMAINS BENEFIT** If an Injury or a Sickness results in the Covered Person's loss of life outside his/her Home Country, the Insurer will pay the Reasonable Expense incurred for cremation or for preparation of the body for burial in, and for transportation of the body to, the Home Country up to the maximum stated for this benefit in Table 1 of the Schedule of Benefits. Payment of this benefit is subject to the Limitations and Conditions on Eligibility for Benefits. No benefit is payable if the death occurs after the Period of Coverage Termination Date. However, if the Covered Person is Hospital Confined on the Period of Coverage Termination Date, eligibility for this benefit continues until the earlier of the date the Covered Person's Confinement ends or 31 days after the Period of Coverage Termination Date. The Insurer will not pay any claims under this provision unless the expense has been approved by either the Insurer or the Administrator before the body is prepared for transportation.
- **BEDSIDE VISIT BENEFIT** If the Covered Person is Hospital Confined due to an Injury or Sickness for more than seven (7) days while traveling outside his/her Home Country, the Insurer will pay up to a maximum benefit of \$1,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one person designated by the Covered Person. With respect to any one trip, this benefit is payable only once for that trip, regardless of the number of Covered Persons on that trip. No more than one (1) visit may be made during any 12 month period. No benefits are payable under this provision prior to the end of the seven (7) day Hospital Confinement. No benefits are payable unless the trip is approved in advance by the Administrator.

#### ADDITIONAL BENEFITS

HTH Worldwide plans feature HTH Worldwide's **Global Health and Safety Services** – online tools and toll-free assistance to help members manage their health and safety risks, from finding the right doctor to receiving real-time alerts and advice on health and security threats. These international medical assistance services include:

- **Medical Emergency Contingency Plan**  
HTH coordinates emergency services with a worldwide network of 100 contracted International Physician Advisors as well as air ambulance operators selected for their safety records. Members in need of life-saving medical intervention are treated in Centers of Excellence in the U.S. and around the world whenever possible.
- HTH has also designed a database of medical evacuation contingency plans to help travelers and expatriates better understand their evacuation options in case of a medical emergency. The web tool in development identifies likely evacuation plans for over 200 countries, including appropriate destination countries, notable hospitals and air ambulance choices.

• **An Elite International Provider Community** HTH Worldwide's expanding International Provider Community includes over 3,500 carefully-selected, individually-contracted, English-speaking doctors, dentists and behavioral health practitioners in over 160 countries. Less than 2% of providers outside the U.S. qualify to participate in the HTH Community. Currently covering over 95 clinical specialties and subspecialties, the Provider Community database is searchable online and contains a biographical profile on each provider. HTH also offers around-the-clock service for making appointments with participating providers. The HTH Worldwide's Contracted Facility Community is expanding to anticipate client needs. HTH is currently contracted with over 400 facilities in 60 countries.

• **Personalized Recruitment** If an HTH Worldwide member needs a specialist in an area not currently covered by the HTH Provider Community, HTH will recruit an appropriate, qualified doctor. Working with the HTH International Physician Advisor, HTH consults local HTH physicians and facilities, HTH's internal database of over 12,000 Qualified Providers to identify appropriate options.

• **Personal Safety Intelligence** HTH Worldwide maintains unsurpassed resources designed to promote personal safety by giving HTH Worldwide members convenient access to vitally important news, health and safety analysis and medical translation tools:

- Global Health and Safety news alerts published daily and delivered by email.
- Security Profiles for over 240 destinations in 100 countries outside the U.S.
- Brand name equivalents for over 275 common over-the-counter and prescription drugs in 24 of the most frequently visited countries.
- Translation of hundreds of medical terms and phrases into the most widely spoken languages.
- Expert advice on how to travel safely and stay healthy.

**In the event of an emergency,** North Carolina students should go immediately to the nearest physician or hospital and then contact HTH's emergency assistance service, identifying themselves as a member of University of North Carolina group plan. HTH Worldwide, in conjunction with its assistance providers, will continuously monitor the student's medical situation, and provide care options, if appropriate.

- **HTH Worldwide Assistance Services** –+1.610.254.8771 (collect calls from outside the United States are accepted)
- **Toll Free Inside the U.S.** –1.800.257.4823

If you are in need of non-emergency medical care overseas, first contact your Resident Director or your host institution contact person who can help you locate a medical facility.

If you have Internet access, then log on to [hthstudents.com](http://hthstudents.com), and using the instructions in this guide, locate a physician near you. HTH has already identified and certified physicians who can provide medical care in many study abroad destinations. If you have difficulty locating medical care, contact HTH directly. The numbers for HTH are on the back of your medical insurance ID card and are contained in this guide in the Important Telephone Numbers section.

## DEFINITIONS

**Accident (Accidental)** means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Covered Person is insured under the Policy.

**Covered Medical Expense** means an expense actually incurred by or on behalf of a Covered Person for those services and supplies which are: 1. administered or ordered by a Physician; 2. Medically Necessary to the diagnosis and treatment of an Injury or Sickness; 3. are not excluded by any provision of the Policy; and incurred while the Covered Person's insurance is in force under the Policy, except as stated in the Extension of Benefits provision. A Covered Medical Expense is deemed to be incurred on the date such service or supply which gave rise to the expense or charge was rendered or obtained. Covered Medical Expenses are listed in Table 3 and described in Section 2.

**Emergency Hospitalization and Emergency Medical Care** means hospitalization or medical care: 1. That is provided for an Injury or a Sickness caused by the sudden, unexpected onset of a medical condition with acute symptoms of sufficient severity and pain to require immediate medical care; and 2. In the absence of which one could reasonably expect that one or more of the following would occur: a.) The Covered Person's health would be placed in serious jeopardy. b.) There would be serious impairment of the Covered Person's bodily functions. c.) There would be serious dysfunction of any of the Covered Person's bodily organs or parts.

**Injury** means bodily injury caused directly by an Accident. It must be independent of all other causes. To be covered, the Injury must first be treated while the Covered Person is insured under the Policy. A Sickness is not an Injury. A bacterial infection that occurs through an Accidental wound or from a medical or surgical treatment of a Sickness is an Injury.

**Medically Necessary** means services or supplies which are provided for the diagnosis, treatment, relief or cure of a disease, Injury, illness, or health condition and which satisfy all of the following: a.) it is the experimental, investigational, or cosmetic purposes; and b.) it is necessary for and appropriate to the diagnosis, treatment, relief or cure of disease, Injury, illness, health condition or its symptoms; and c.) it is consistent with recognized standards which are generally accepted by the United States medical community as effective for diagnosis, relief, cure or treatment; and d.) it is not provided solely for the convenience of an insured, family member, or provider.

**Reasonable Expense** means the normal charge of the provider, incurred by the Covered Person, in the absence of insurance, 1.) for a medical service or supply, but not more than the prevailing charge in the area for a like service by a provider with similar training or experience, or 2.) for a supply which is identical or substantially equivalent. The final determination of a reasonable and customary charge rests solely with the Insurer.

**Sickness** means an illness, ailment, disease, or physical condition of a Covered Person starting while insured under the Policy.

## LIMITATIONS AND EXCLUSIONS

### PRE-EXISTING CONDITION LIMITATION

Pre-existing conditions **are** covered under this plan.

### GENERAL POLICY EXCLUSIONS

Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health.
2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
3. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
4. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated initial medical treatment within 30 days of the Accident.
5. For diagnostic investigation or medical treatment for infertility or fertility.
6. Expenses incurred in excess of Reasonable Expenses.
7. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
8. Organ or tissue transplant.
9. Participating in, committing or attempting to commit a felony.
10. For treatment, services, supplies, or Confinement in a Hospital owned or operated by a national government or its agencies. (This does not apply to charges the law requires the Covered Person to pay.)
11. While traveling against the advice of a Physician or when traveling for the purpose of obtaining medical treatment.
12. The diagnosis or treatment of Congenital Conditions, except for a newborn, foster or adopted child while insured under the Policy.
13. Expenses incurred within the Covered Person's Home Country.
14. Treatment to the teeth and gums, including surgical extraction's of teeth, except as covered under the Schedule of Benefits.
15. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
16. Diagnosis and treatment of acne and sebaceous cyst.
17. Outpatient treatment for specified therapies including, but not

limited to, Physiotherapy and acupuncture which does not follow a covered Hospital Confinement or surgery.

18. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
19. Intentionally self-inflicted Injuries while sane or insane; suicide, or any attempt thereat while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit, the Bedside Visit Benefit and the Mental Health Benefit.
20. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority.
21. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
22. Elective termination of pregnancy.
23. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
24. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
25. Expenses incurred for treatment of sports-related accidents resulting from intercollegiate or professional sports.

### HOW TO ENROLL

Eligible Participants and their Eligible Dependents are encouraged to enroll into this program. Please contact your International Student Advisor for instructions on how to enroll in this program. Costs for the program effective August 1, 2009 are:

	Daily Premium Students	Daily Premium Faculty & Staff
Participant	\$1.00	\$2.22
Participant & Spouse	\$3.22	\$4.44
Participant & Family	\$5.44	\$6.66
Participant & Children	\$3.22	\$4.44

Medical Evacuation and Repatriation of Remains Only coverage may be purchased at \$4.00 per month (students/scholars/faculty only).