



CORE PLAN
 2017-18
 International Student Injury & Sickness Insurance Plan
 For the Students of
Lenoir-Rhyne University

Lenoir-Rhyne University always has the best interest of the students in mind. This is especially true related to making sure that all students have adequate accident and health insurance coverage. As a condition of enrollment, all full-time and part-time international students are required to purchase this coverage. **The policy term will cover enrolled students from August 1, 2017 and will remain in effect throughout the academic terms you are enrolled for. The annual premium is \$1,103.**

INJURY AND SICKNESS BENEFITS
 Policy Number: LF005400
www.eiastudent.org/lenoir
 For all claims and eligibility questions call 1-844-644-8425

Plan Benefits: 80% of Usual & Customary Charges	
Maximum Benefit:	\$1,000,000 Maximum (Per Insured Person, Per Policy Year)
Deductible:	\$100 (Per Insured Person, Per Policy Year)
Coinsurance:	80% except as noted below
Out-of-Pocket Maximum Preferred Provider:	\$6,350 (Per Insured Person, Per Policy Year)
Student Health Center Benefits:	Deductible will be waived when treatment is rendered at the SHC
International Students are encouraged to use a Preferred Provider to maximize their benefits. (Please refer to your ID card) ID cards will be sent to your institution shortly after we receive the enrollment list from your institution.	
Inpatient:	
Room & Board:	80% of Usual & Customary
Hospital Miscellaneous:	80% of Usual & Customary
Physiotherapy:	80% of Usual & Customary
Surgery:	80% of Usual & Customary
Assistant Surgeon:	80% of Usual & Customary
Anesthetist:	80% of Usual & Customary
Physician's Visit's:	80% of Usual & Customary
Pre-admission Testing:	80% of Usual & Customary
Outpatient:	
Surgery:	80% of Usual & Customary
Day Surgery Miscellaneous: <i>(Day Surgery Miscellaneous charges are based on the Outpatient Surgical Facility Charge Index)</i>	80% of Usual & Customary
Assistant Surgeon	80% of Usual & Customary
Anesthetist:	80% of Usual & Customary
Physician's Visits:	80% of Usual & Customary \$25 Copay per visit
Physiotherapy:	80% of Usual & Customary
Medical Emergency: <i>(The Copay/per visit Deductible will be waived if admitted to the Hospital)</i>	80% of Usual & Customary \$200 Copay per visit
Diagnostic X-rays and Laboratory	80% of Usual & Customary (Cat Scan, PET Scan or MRI subject to a \$150 copay)
Radiation Therapy:	80% of Usual & Customary
Chemotherapy:	80% of Usual & Customary
Prescription Drugs:	Express Scripts Network \$15 Copay per prescription for Tier 1 20% Copay per prescription for Tier 2 30% Copay per prescription for Tier 3 up to a 31 day supply per prescription
Other:	
Ambulance:	80% of Usual & Customary
Durable Medical Equipment:	80% of Usual & Customary
Consultant:	80% of Usual & Customary \$25 Copay per visit
Dental: \$100 max per tooth, \$500 maximum Per Policy Year. <i>(Benefits paid on Injury to Sound, Natural Teeth only)</i>	80% of Usual & Customary

Note: This is only a summary. The Full Plan description will be available soon at www.eiastudent.org/lenoir. This summary is not intended to take the place of the Full Plan Document. Please refer to the Full Plan Document for a complete description of benefits, exclusions and limitations of the Plan.



(Benefits continued)

Maternity:	Covered as any other Sickness
Repatriation:	Unlimited Benefits provided by Scholastic Emergency Services
Medical Evacuation:	Unlimited Benefits provided by Scholastic Emergency Services
*AD&D:	\$5,000 Maximum
Wellness Benefit: Covered Wellness expenses include: 1. Routine physical examinations 2. Preventive medical attention	100% of the Preferred Allowance We will pay Eligible Expenses, as per the limits stated in the Schedule of Benefits, Sickness Medical. Coverage is limited to the following expenses incurred subject to Exclusions. This benefit is not subject to Deductible or coinsurance. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to expenses during any one period of individual coverage.
Mental Illness Treatment:	Covered as any other Sickness
Substance Use Disorder	Covered as any other Sickness

*If Benefit is designated, see endorsement

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

- 1) War or any act of war, declared or undeclared;
- 2) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
- 3) Voluntary, active participation in a riot or insurrection;
- 4) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
- 5) Treatment of acne;
- 6) Expenses incurred for treatment while in Your Home Country;
- 7) Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Plan Participant;
- 8) Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Organization;
- 9) Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
- 10) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
- 11) Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Plan Document, and rendered within 6 months of the Accident;
- 12) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
- 13) Weak, strained or flat feet, corns, calluses, or toenails;
- 14) Injury sustained while taking part in: hang gliding; parachuting; bungee jumping; parasailing;
- 15) Practice or play in any interscholastic, intercollegiate, professional or semiprofessional sports contest or competition;
- 16) Rest cures or custodial care;
- 17) Weight reduction programs or surgical treatment of obesity;
- 18) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
- 19) Travel or flight in or on any vehicle for aerial navigation except as a fare paying passenger on a regularly scheduled commercial airline;
- 20) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
- 21) Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction.
- 22) Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges;

Scholastic Emergency Services information is available upon request.

**Plan Advisor:
EIIA, Inc.: 888-255-4029**

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