

When used throughout this document “The Company”, “Our”, “We”, or “Us” means: EIIA

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## PRIVACY POLICY AND PRACTICES

The Company values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information about our customers. We want you to know that we are committed to protecting your private information and we will comply with all federal, state and relevant international privacy laws (“Privacy Laws”). Below is a Privacy Notice describing our policy regarding the collection and disclosure of personal information. Please review this Notice and keep a copy of it with your records.

### **Your Privacy is Our Concern**

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. The Company maintains physical, electronic, and procedural safeguards that comply with Privacy Laws to guard your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information. The Company instructs our employees as to the importance of the confidentiality of personal information, and takes measures to enforce employee privacy responsibilities.

### **What kind of information do we collect about you and from whom?**

We obtain most of our information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. We may use information about you from other transactions with us or our affiliates. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage, and we may contact you by phone or mail to obtain this. We may also obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical personnel, the state motor vehicle department, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

### **What do we do with the information collected about you?**

We may use automated systems to make decisions based on your personal information, such as setting premium, and this helps us to be fair and efficient. If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

We keep the information we collect for the minimum period allowed by law. You have the right to ask us to delete or stop using your personal information if there is no need for us to keep it, but we may not be able to provide you with products or services if we do not have the information we require.

### **To whom do we disclose information about you?**

We may disclose all the information that we collect about you, as described above. We may disclose such information about you to our affiliated companies, such as:

- Insurance companies;
- Insurance agencies;
- Third party administrators;
- Medical bill review companies; and
- Reinsurance companies.

We may also disclose nonpublic personal information about you to affiliated and nonaffiliated third parties as permitted by law. You have a right to access and correct the personal information we collect, maintain, and disclose about you.

### **How to contact Us**

You may obtain a more detailed description of the information practices prescribed by law by contacting us at the address below. Remember to include your name, address, policy number, and daytime phone number.



**CORE PLAN**  
2019-20  
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, 2019 and will remain in effect throughout the academic terms you are enrolled for. The annual premium is \$1,245.**

**INJURY AND SICKNESS BENEFITS**  
Policy Number: TBD  
<https://www.eiia.org/>  
*For all claims and eligibility questions call*  
**888.255.4029**

**Plan Benefits: 80% of Usual & Customary Charges**

|  |   |
|--|---|
| <b>Maximum Benefit:</b>                          | \$1,000,000 Maximum (Per Insured Person, Per Policy Year)       |
| <b>Deductible:</b>                               | \$100 (Per Insured Person, Per Policy Year)                     |
| <b>Coinsurance:</b>                              | 80% except as noted below                                       |
| <b>Out-of-Pocket Maximum Preferred Provider:</b> | \$6,350 (Per Insured Person, Per Policy Year)                   |
| <b>Student Health Center Benefits:</b>           | 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:**

|                                |                          |
|--------------------------------|--------------------------|
| <b>Room &amp; Board:</b>       | 80% of Usual & Customary |
| <b>Hospital Miscellaneous:</b> | 80% of Usual & Customary |
| <b>Physiotherapy:</b>          | 80% of Usual & Customary |
| <b>Surgery:</b>                | 80% of Usual & Customary |
| <b>Assistant Surgeon:</b>      | 80% of Usual & Customary |
| <b>Anesthetist:</b>            | 80% of Usual & Customary |
| <b>Physician's Visit's:</b>    | 80% of Usual & Customary |
| <b>Pre-admission Testing:</b>  | 80% of Usual & Customary |

**Outpatient:**

|  |   |
|--|---|
| <b>Surgery:</b>  | 80% of Usual & Customary  |
| <b>Day Surgery Miscellaneous:</b><br><i>(Day Surgery Miscellaneous charges are based on the Outpatient Surgical Facility Charge Index)</i> | 80% of Usual & Customary  |
| <b>Assistant Surgeon</b>   | 80% of Usual & Customary  |
| <b>Anesthetist:</b>  | 80% of Usual & Customary  |
| <b>Physician's Visits:</b>   | 80% of Usual & Customary<br>\$25 Copay per visit  |
| <b>Physiotherapy:</b>  | 80% of Usual & Customary  |
| <b>Medical Emergency:</b><br><i>(The Copay/per visit Deductible will be waived if admitted to the Hospital)</i>                            | 80% of Usual & Customary<br>\$200 Copay per visit   |
| <b>Diagnostic X-rays and Laboratory</b>  | 80% of Usual & Customary (Cat Scan, PET Scan or MRI subject to a \$150 copay)   |
| <b>Radiation Therapy:</b>  | 80% of Usual & Customary  |
| <b>Chemotherapy:</b>   | 80% of Usual & Customary  |
| <b>Prescription Drugs:</b>   | <b>My Matrixx an ExpressScripts Company</b><br>\$15 Copay per prescription for Tier 1<br>20% Copay per prescription for Tier 2<br>30% Copay per prescription for Tier 3<br>up to a 31 day supply per prescription |

**Other:**

|   |  |
|---|--|
| <b>Ambulance:</b>   | 80% of Usual & Customary                         |
| <b>Durable Medical Equipment:</b>                               | 80% of Usual & Customary                         |
| <b>Consultant:</b>  | 80% of Usual & Customary<br>\$25 Copay per visit |
| <b>Dental:</b><br>\$100 max per tooth, \$500 maximum Per Policy | 80% of Usual & Customary                         |

Note: This is only a summary. The Full Plan description will be available soon at [www.eiia.org](http://www.eiia.org). 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.

|  |  |
|--|--|
| Year. (Benefits paid on Injury to Sound, Natural Teeth only) |  |
|--|--|

(Benefits continued)

|   |  |
|---|--|
| <b>Maternity:</b>   | Covered as any other Sickness  |
| <b>Repatriation:</b>  | Unlimited Benefits provided by Scholastic Emergency Services   |
| <b>Medical Evacuation:</b>  | Unlimited Benefits provided by Scholastic Emergency Services   |
| <b>*AD&amp;D:</b>   | \$10,000 Maximum   |
| <b>Wellness Benefit:</b><br>Covered Wellness expenses include:<br>1. Routine physical examinations<br>2. Preventive medical attention | 100% of the Preferred Allowance<br>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. |
| <b>Mental Illness Treatment:</b>  | Covered as any other Sickness  |
| <b>Substance Use Disorder</b>   | 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) Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
- 5) 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; For any Covered Losses resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
- 6) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
- 7) Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Policy;
- 8) Treatment of acne;
- 9) Charges which are in excess of Usual, Reasonable and Customary charges;
- 10) Charges that are not Medically Necessary;
- 11) Charges provided at no cost to the Plan Participant;
- 12) Expenses incurred for treatment while in Your Home Country;
- 13) Expenses incurred for an Accident or Injury or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
- 14) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health; unless specifically covered by this Policy.
- 15) 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;
- 16) Duplicate services actually provided by both a certified nurse midwife and Physician;
- 17) Any Covered Loss 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 Policyholder;
- 18) Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
- 19) Aggravation or re-injury of a prior Injury that the Plan Participant suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Plan Participant's Physician;
- 20) 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;
- 21) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
- 22) Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofascial pain;

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- 23) 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 Policy, and rendered within 6 months of the Accident;
- 24) Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
- 25) Weak, strained or flat feet, corns, calluses, or toenails;
- 26) Private-duty nursing services;
- 27) Expenses payable under any prior policy which was in force for the person making the claim;
- 28) Expenses incurred during a Hospital emergency room visit which is not of an emergency nature;
- 29) Treatment paid for or furnished under any other individual or group policy, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
- 30) Travel in or upon:
  - (a) A snowmobile;
  - (b) A water jet ski
  - (c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
  - (d) Any off-road motorized vehicle not requiring licensing as a motor vehicle;when used for competition.
- 31) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; cuba diving, involving underwater breathing apparatus; **solo diving** snorkeling; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow boarding.
- 32) Practice or play in any interscholastic, intercollegiate, professional or semiprofessional sports contest or competition;
- 33) Rest cures or custodial care;
- 34) Weight reduction programs or surgical treatment of obesity;
- 35) 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);
- 36) Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
- 37) Travel or flight in or on any vehicle for aerial navigation except as a fare paying passenger on a regularly scheduled commercial airline.
- 38) 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.
- 39) Plan Participant being exposed to the Utilisation of nuclear, chemical or biological weapons of mass destruction.
- 40) Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome in excess of a lifetime maximum of \$7,500).

**Scholastic Emergency Services information is available upon request.**

**Plan Advisor: EIIA, Inc.**

888-255-4029

### Short Form Notice and Consent

To provide our services as an insurer, EIIA will collect and use personal information about you, such as your name, age and contact details so that we can arrange insurance cover for you. During the period of your insurance you may also provide special personal information (e.g. about your health) that may be used by EIIA and by us, so that we can process your insurance and deal with any claim you make.

We may pass your personal information to third parties such as medical emergency providers, reinsurers, loss adjusters, sub-contractors and affiliates, who will use your personal information for processing your insurance and handling claims, as well as for the purposes described in our Privacy Notice. Certain regulators may also require your personal information for their own purposes which are also described in our Privacy Notice.

We may transfer your personal information to other countries which have limited or no data protection laws. Any transfer will be made with appropriate safeguards in place to ensure your personal information is held securely.

Any information you provide may be used by EIIA and by us for crime prevention.

We will not share your personal information with third parties for marketing purposes.

You have the right to see the personal information we hold about you, and you must make this request in writing and give your full name and address. You should send your request to [firstname.lastname@adventgroup.co.uk](mailto:firstname.lastname@adventgroup.co.uk)

**Your consent to our processing of your personal information in the way described in this Notice is necessary for us to be able to provide you with insurance cover, and the services required to fulfil our obligations to you, and you hereby consent to such processing. You may withdraw your consent at any time, but if you do, we may be unable to provide services to you, or process any claim, and your insurance cover will come to an end.**

**Where you are providing personal information about anyone other than yourself, you must provide them with this Notice and obtain their explicit consent as set out above.**

More information about how we use your personal information is set out in our Privacy Notice which can be found at [www.adventgroup.co.uk/privacy](http://www.adventgroup.co.uk/privacy). You can also request a copy of our Privacy Notice by contacting [firstname.lastname@adventgroup.co.uk](mailto:firstname.lastname@adventgroup.co.uk).