

*Servicina Broker:*



Haylor, Freyer & Coon, Inc.  
231 Salina Meadows  
PO Box 4743  
Syracuse, NY 13221-4743  
1.800.289.1501  
1.315.451.1500  
FAX: 1.315.453.1722  
[www.haylor.com/student](http://www.haylor.com/student)

## STUDENT ACCIDENT AND SICKNESS INSURANCE

**Especially Designed for  
International Students/Scholars  
Attending**

## SYRACUSE UNIVERSITY



*Program Administered by:*

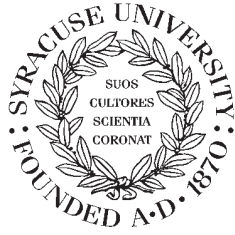
### **HTH Worldwide**

One Radnor Corporate Center, Suite 100  
Radnor, PA 19087  
1.888.350.2002  
FAX: 1.610.254.8797  
[hthstudents.com](http://hthstudents.com)  
[studentinfo@hthworldwide.com](mailto:studentinfo@hthworldwide.com)

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. HM-2132-08. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Syracuse University underwritten by HM Life Insurance Company of New York, New York, NY, NAIC #0812-60213 under policy form HM207-SI. Complete information on the insurance is contained in the Certificate of Insurance on file with the school. If there is a difference between this program description and the certificate wording, the certificate controls.

06/08

**2008 – 2009**



**SYRACUSE UNIVERSITY**  
**Health Services**  
**Division of Student Affairs**

July 2008

Syracuse University strongly encourages all international students to obtain health insurance coverage. J-1 students MUST, under the terms of their program and Department of State regulations, maintain health insurance during their stay in the United States.

The international student health insurance plan for 2008-2009 is being administered by HTH Worldwide Insurance Services, underwritten by HM Life Insurance Company of New York.

The participating provider network is Aetna. Our local servicing broker, Haylor, Freyer & Coon, Inc. will continue to provide international students with personalized administrative services. Please review the enclosed information about this plan and note the following highlights of this plan:

- Covered services will be provided up to \$500,000.00 in each policy year
- Most services in the participating provider network are covered at 100% after minimal co-payments
  - \$20.00 co-pay per office visit\*
  - \$50.00 co-pay for in-hospital services\*
- \* Co-pays waived if you have visited Syracuse University Health Services and are referred for additional medical care
- Medical evacuation and repatriation coverage
- \$10,000 of accidental death & dismemberment benefit

When you are in the Syracuse area, we encourage you to use Syracuse University Health Services (SUHS) located on campus at 111 Waverly Ave. SUHS specializes in college

health and serves the health care needs of SU students. The professional health care staff at SUHS will direct your care to the appropriate provider if and when referred services are indicated.

If you have any questions about the plan, you may call Haylor, Freyer & Coon at 1.315.451.1500 or 1.800.289.1501, e-mail them at [student@haylor.com](mailto:student@haylor.com) or visit their website: [www.haylor.com/student](http://www.haylor.com/student). To contact the Health Services regarding student health insurance, call 1.315.443.2668 or e-mail: [LLdeon@syr.edu](mailto:LLdeon@syr.edu).

Enrollment is easy! Complete the enrollment form attached to the brochure and return it with the correct premium payment to HTH Worldwide or enroll on-line at [www.haylor.com/student](http://www.haylor.com/student).

Suzanne J. Hubbell	James R. Jacobs, M.D., Ph.D., FACEP
Associate Director	Director
Health Services	Health Services

COVERAGES	LIMITS – ELIGIBLE PARTICIPANT	
<b>Medical Benefits</b>		
<b>Lifetime Maximum Benefit</b>	\$1,000,000	
<b>Policy Year Maximum Benefits</b>	\$500,000	
<b>Maximum Benefit per Injury or Sicknesses</b>	\$500,000	
<b>Policy Year Out-of-Pocket Limit</b> Out-of-Pocket Limit means the amount of Reasonable Expenses for which the Covered Person is responsible after which the Insurer pays 100% of the Reasonable Expenses, subject to the limits and provisions of the Policy.	After the Covered Person reaches a \$2,500 Out-of-Pocket Limit per Policy Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums listed below. Co-payments and amounts above the maximums do not apply toward the Out-of-Pocket Limit.	
<b>Deductible</b>	\$0 per Injury or Sickness	
	<b>PPO Plan - In PPO Limits</b>	<b>PPO Plan - Outside PPO Limits</b>
<b>Physician Office Visits <sup>1</sup></b>	100% of Reasonable Expenses after \$20 Co-payment per visit	75% of Reasonable Expenses
<b>Inpatient Hospital Services <sup>2</sup></b>	100% of Reasonable Expenses after \$50 Co-payment per visit	75% of Reasonable Expenses
<b>Hospital and Physician Outpatient Services <sup>2</sup></b>	100% of Reasonable Expenses after \$50 Co-payment per visit	75% of Reasonable Expenses
<b>Benefits listed below are subject to Lifetime Maximum, Annual Maximum, Maximums per Injury and Sickness, Deductibles, Co-Insurance, Out-of-Pocket Maximum and the above listed PPO Plan type limits.</b>		
<b>Maternity Care for a Covered Pregnancy <sup>3</sup></b>	Reasonable Expenses	
<b>Inpatient treatment of mental and nervous conditions</b>	Reasonable Expenses for a maximum period of 30 days per Policy Year.	
<b>Outpatient treatment of mental and nervous conditions</b>	Reasonable Expenses up to \$1,500 Maximum per Policy Year for a maximum of 30 Visits per Policy Year.	
<b>Outpatient Crisis Intervention Services related to treatment of mental and nervous conditions</b>	Reasonable Expenses for up to 3 psychiatric emergency visits per Policy Year. Each visit will reduce the number of visits available under Outpatient Treatment of mental and nervous conditions.	
<b>Treatment of specified therapies, including acupuncture and Physiotherapy</b>	Reasonable Expenses up to \$1,000 Maximum per Policy Year on an Inpatient basis. Reasonable Expenses up to \$50 Maximum per visit subject to a Maximum of 20 visits on an Outpatient basis. This benefit is per Policy Year.	
<b>Therapeutic termination of pregnancy</b>	Reasonable Expenses up to \$500 In PPO Maximum per Policy Year and up to \$400 Outside PPO Maximum per Policy Year	
<b>Routine nursery care of a newborn child of a covered pregnancy</b>	Reasonable Expenses up to \$750 Maximum per Policy Year	
<b>Medical treatment arising from participation in intercollegiate, interscholastic or club sports</b>	Reasonable Expenses up to \$10,000 Maximum per Policy Year. Injuries from participation in intramural sports are covered as any other Injury.	
<b>Repairs to sound, natural teeth required due to an Injury</b>	100% of Reasonable Expenses up to \$500 per Policy Year maximum	
<b>Dental Treatment (including extractions) to alleviate pain</b>	100% of Reasonable Expenses up to \$500 per Policy Year maximum	
<b>Outpatient prescription drugs including prescription contraceptives and devices</b>	80% of actual charge	
<b>Medical treatment received in the Home Country, if NOT covered by Other Plan</b>	100% of Reasonable Expenses up to \$1,000 lifetime maximum	
<b>OTHER COVERAGES</b>		
<b>Accidental Death &amp; Dismemberment</b>	Maximum Benefit: Principal Sum up to \$10,000 for Participant; up to \$5,000 per Insured Spouse; up to \$1,000 per insured child	
<b>Repatriation of Remains</b>	Maximum Benefit up to \$15,000	
<b>Medical Evacuation</b>	Maximum Lifetime Benefit for all Evacuations up to \$50,000	
<b>Bedside Visit Benefit</b>	Up to a maximum benefit of \$1,000	

## Coverage Footnotes

<sup>1</sup> All Physician Visit Co-payments for an Injury or Sickness are waived if treatment is received at Recognized Student Health Center or if the initial treatment for an Injury or Sickness is received at Recognized Student Health Center. If there is a charge for visits to, or medical services, treatments and supplies received from, a Recognized Student Health Center for an Injury or a Sickness, benefits for those visits, medical services, treatments and supplies will be paid at 100% of Reasonable Expenses with no Copayment or Deductible. If the Recognized Student Health Center is not able to treat the Covered Person, it will refer the Covered Person to a Preferred Provider. If the Covered Person uses the Preferred Provider, medical benefits are paid according to the "Inside PPO" schedule. If the Covered Person chooses not to use the Preferred Provider, medical benefits are paid according to the "Outside PPO" schedule. The Copayment and/or Deductible for the initial visit to the Preferred Provider will be waived or reduced if seen by the Recognized Student Health Center first. See Table 2 of the Schedule of Benefits.

<sup>2</sup> Inpatient Hospital services and Hospital and Physician Outpatient Services consist of the following: Hospital room and board, including general nursing services; medical and surgical (and anesthesia) 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 services; radiation therapy, chemotherapy and hemodialysis ordered by a Physician, 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. If Tests and Xrays are the result of a Physician Office Visit or of Hospital and Physician Outpatient Services there is no additional Copayment for these Tests or Xrays. However, if there is neither a Physician Office Visit nor Hospital or Physician Outpatient Services delivered, the Hospital and Physician Outpatient Services Copayment applies.

<sup>3</sup> The Insurer will pay the actual expenses incurred as a result of pregnancy, childbirth, miscarriage, or any Complications resulting from any of these, except to the extent shown in the Schedule of Benefits. Conception must have occurred while the Covered Person was insured under the Policy.

## Pre-Existing Condition Limitation

The Insurer does not pay benefits for loss due to a Pre Existing Condition while the Covered Person is continuously insured during the first 6 months of coverage. Pre Existing Conditions will be covered after the Covered Person's coverage has been in force for 6 months however, a Pre-Existing Injury or Sickness covered after the Pre-Existing waiting period will be subject to the same limitations and exclusions as an Injury or Sickness incurred during Coverage under this Policy. The origin, cause, or nature of the Pre-Existing Injury or Sickness will be used to determine the applicable Coverage, limitations, and exclusions.

After the Covered Person has been Continuously Insured under the Policy for the time period described in the paragraph above, Pre Existing Conditions will be covered the same as any other Injury or Sickness. However, the Insurer will allow a credit for the time a Covered Person was covered by Creditable Coverage that was in effect not more than 63 days before the Covered Person's effective date under the Policy. This Pre-Existing Condition limitation does not apply to the Medical Evacuation Benefit, and the Repatriation of Remains Benefit. This Pre-Existing Condition limitation does not apply to (1) an individual who, as the last day of the 30-day period beginning with the date of birth, is covered under Creditable Coverage; (2) a child who is adopted or placed for adoption before attaining 18 years of age and who, as of the last day of the 30-day period beginning on the date of the adoption or placement for adoption, is covered under Creditable Coverage; or (3) an individual, and any dependent of such individual, who is eligible for a federal tax credit under the Federal Trade Adjustment Assistance Reform Act of 2002 and has three months or more of creditable coverage.

## 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. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment. This exclusion does not apply to a congenital condition or anomaly of an Eligible Participant's child insured under the Policy that resulted from a functional defect.
2. Participating in a felony.
3. 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.)
4. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction that is dental in nature or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless they result directly from an Injury which necessitated medical treatment or otherwise noted. This exclusion does not apply to treatment due to a congenital condition or anomaly.
5. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
6. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; or riot.
7. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
8. 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 unless Home Country coverage has been purchased as shown in Table 3.
9. Expenses incurred as a result of pregnancy that is not covered.
10. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit, and to the Repatriation of Remains Benefit.
11. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, and to the Repatriation of Remains Benefit.

## **Preferred Provider Network**

The Syracuse University International Student health plan is a participating provider (PPO) plan with benefit differentials if an in-network provider of facility is not used. This plan uses the Aetna Passport/NAP network as the participating provider network.

To confirm whether a provider or facility is in-network, participants can sign in to the [hthstudents.com](http://hthstudents.com) website or they can search the Aetna Passport network directly at <http://www.aetna.com/docfind/custom/passport>

**To confirm whether a provider or facility is in-network, participants should use Aetna's "DocFind" at [www.aetna.com](http://www.aetna.com)**

## **How to Enroll**

To enroll in this plan you must complete the enrollment form that is provided. Additional enrollment and claim forms can be obtained at the Syracuse University Health Service. You may also contact the servicing University's agency, Haylor, Freyer & Coon, Inc., at the address shown on the back of this brochure. You can enroll online at **[www.haylor.com/student](http://www.haylor.com/student)**.

A permanent ID card will be mailed to you by HTH Worldwide after receipt of the enrollment form and premium. Haylor, Freyer & Coon can be contacted to verify your coverage. See address and phone number on the back of this brochure.

## How to File a Claim

In most instances, if the participant uses an In-Network PPO provider, the provider will send your bill electronically to the insurance company. In the event that a participant must pay for expenses out of their own pocket or if a physician, ambulance company or other provider sends their bill directly to you, we have no way of knowing about your claim until we have received your bill at HTH Worldwide. In these instances, participants should complete a claim form and mail it the address indicated on the claim form with the requested documentation. Claim forms are available at [www.haylor.com/student](http://www.haylor.com/student).

## Eligibility Requirements

Syracuse University undergraduate and graduate students and scholars are eligible to enroll. This plan is designed for international students. All international students and scholars with a current non-immigrant visa enrolled at SU are required to enroll in this policy unless an SCIS advisor has granted a waiver.

## Brochure — Brief Summary Only

This brochure is only a brief summary of your coverage provided by Policy Number HM-2137-08. The Certificate of Coverage is issued and on file with the Administrator and Group. This brief summary should not be considered the complete policy information. All new enrollees will be sent a detailed certificate of coverage and an identification card.

## Health Services at Syracuse University

Located on campus at 111 Waverly Avenue, Syracuse University Health Services (SUHS) provides student-centered ambulatory health care services to SU and SUNY ESF students. The SUHS staff of physicians, nurse practitioners, nurses, and other healthcare professionals provide services. Health Services is fully accredited by the Accreditation Association for Ambulatory Health Care.

## Services

- Office visits
- Laboratory and X-ray services
- Allergy Injections
- Nutritional Counseling
- Pharmacy
- Immunizations and Vaccines
- Ambulance services
- Health Education
- Medical Transport services
- Public Health Oversight

## Hours

Monday	8:30 a.m. to 7:00 p.m.
Tuesday	8:30 a.m. to 7:00 p.m.
Wednesday	8:30 a.m. to 5:00 p.m.
Thursday	8:30 a.m. to 5:00 p.m.
Friday	8:30 a.m. to 5:00 p.m.
Saturday	10:00 a.m. to 4:00 p.m.
Sunday	Closed

Patients are seen by appointment. For an appointment, call **1.315.443.9005**.

Hours may vary on holidays and during other periods when University work hours are altered. After hours, a nurse practitioner or physician is available for telephone consultation when appropriate, and Syracuse University Ambulance and Medical Transportation Services are available to provide professional emergency care and medical transportation.

For more information on Health Services, visit our website at <http://students.syr.edu/health>.

**SYRACUSE UNIVERSITY  
INTERNATIONAL STUDENT HEALTH INSURANCE  
ENROLLMENT FORM 2008 – 2009**

**FOR ENROLLMENT:** Please make check or money orders payable to **HTH Worldwide** and mail to the address below. If you are paying by credit card, please mail or fax to:

HTH Worldwide • One Radnor Corporate Center • Suite 100 • Radnor, PA 19087 • Phone 1.888.243.2358 • Fax 1.610.254.8797

**Enroll online** at [www.haylor.com/student](http://www.haylor.com/student)

**Student Information**

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

U.S. Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Student ID: \_\_\_\_\_ Birth Date: (mm/dd/yyyy) \_\_\_\_\_  Female  Male

Visa Type Held:  F Visa  J Visa  Visa Number: \_\_\_\_\_

<b>CHECK PAYMENT PLAN</b>					
<b>Check one</b>	Annual <input type="checkbox"/>	Semiannual 1 <input type="checkbox"/>	Semiannual 2 <input type="checkbox"/>	Spring/ Summer <input type="checkbox"/>	Summer <input type="checkbox"/>
<b>Coverage Dates</b>	8/1/08-7/31/09	8/1/08-2/1/09	2/1/09-7/31/09	1/1/09-7/31/09	5/1/09-7/31/09
<b>Payment Due by:</b>	8/1/08	8/1/08	2/1/09	1/1/09	5/1/09
<b>Student</b>	\$1020.00	\$510.00	\$510.00	\$595.00	\$255.00
<b>Spouse</b>	\$2580.00	\$1290.00	\$1290.00	\$1505.00	\$645.00
<b>Child</b>	\$1296.00	\$648.00	\$648.00	\$756.00	\$324.00
<b>Children</b>	\$2592.00	\$1296.00	\$1296.00	\$1512.00	\$648.00

**Dependent Information**

Name of Dependents: \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Spouse \_\_\_\_\_  Female  Male

Child \_\_\_\_\_  Female  Male

Child \_\_\_\_\_  Female  Male

Child \_\_\_\_\_  Female  Male

This is an annual, 12 month policy. All students will be expected to make premium payments as selected on this application by payment due date.

Signature of Enrolled Student: \_\_\_\_\_ Date: \_\_\_\_\_

Payment by:  Check  Mastercard  Visa  Discover  AMEX  Money Order

Credit Card # \_\_\_\_\_ Exp. Date \_\_/\_\_/\_\_

Name as shown on Card: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_  
Street City State/Zip