

2009-10
MANDATORY STUDENT INJURY AND SICKNESS INSURANCE PLANS
(FOR INTERNATIONAL STUDENTS)

Dear Parent/Guardian:

Out of concern for the health and welfare of all of our students, St. Mary's Preparatory now requires that every international student be covered by a comprehensive injury and sickness plan, one that meets the high cost of medical services and is accepted by local providers and practitioners. Many American health care facilities will not accept medical insurance policies issued in a foreign country or from a company outside the United States, and so we offer the following plan which can be purchased for a ten or a twelve month coverage period.

PREMIER HEALTH PLAN I (PRIMARY COVERAGE)

Premier Health Plan I provides primary, first dollar benefits for students. This plan was designed especially for private secondary schools and meets the requirements of Michigan law.

- The twelve month plan covers your student for the period of 08/15/09 to 08/15/10 anywhere in the world for a premium of \$1,595.00.
- The ten month plan covers your student for the period of 08/15/09 to 06/15/10 anywhere in the world for a premium of \$1,450.00.

You must select one of these two options. Please note that this documentation is an addendum to your St. Mary's Registration and both your Registration and this addendum must be returned together to the school.

Please check the appropriate box below, include your student's name, date of birth, country of origin, print and sign your name, date and return promptly to the school office, along with a check for the amount of the plan you choose. **Checks should be made payable to THE MEGA LIFE AND HEALTH INSURANCE COMPANY.** *Please note that our health center will not accept medical insurance policies issued in a foreign country or from a company outside of the United States.*

2009-10 STUDENT INJURY AND SICKNESS PLANS

I enroll _____ in Premier Health Plan I for:
STUDENT NAME – PLEASE PRINT

A full twelve months (08/15/09 to 08/15/10) for \$1,595.00

A full ten months (08/15/09 to 06/15/10) for \$1,450.00

STUDENT NAME	DATE OF BIRTH
COUNTRY OF ORIGIN	
PARENT NAME - PLEASE PRINT	
PARENT SIGNATURE	DATE

This plan is underwritten by
THE MEGA LIFE AND HEALTH INSURANCE COMPANY
P.O. Box 809025
Dallas, TX 75380-9025
1-888-455-9402
www.studentresources.com

Over >

PREMIER HEALTH PLAN
STUDENT INJURY AND SICKNESS INSURANCE PLAN
2009-2010 SCHOOL YEAR

PLAN I POLICY DESIGN – PRIMARY COVERAGE

- ZERO DEDUCTIBLE
- NO NETWORK – PERMIT ANY QUALIFIED PROVIDER
- PRE-EXISTING CONDITIONS ARE COVERED FROM DAY ONE
- \$250,000 MAXIMUM BENEFIT FOR EACH INJURY AND SICKNESS
- 100% OF FIRST \$7,500 OF USUAL & CUSTOMARY CHARGES (“U&C”) PAID
- THEN 80% OF ADDITIONAL CHARGES PAID TO \$50,000, THEN 100% TO \$100,000
- SURGERY PAID AT 100% OF USUAL AND CUSTOMARY CHARGES
- HOSPITAL ROOM AND BOARD PAID – INCLUDING INTENSIVE CARE
- SPORT’S RELATED INJURIES COVERED TO \$50,000, OTHERS TO \$250,000
- PRESCRIPTION DRUGS COVERED AT 100% UP TO \$1,500 ANNUALLY
- DR’S VISITS COVERED AT 100% OF USUAL & CUSTOMARY CHARGES
- OUT-PATIENT PSYCH (INCLUDING PRESCRIPTION DRUGS) TREATED AS ANY OTHER ILLNESS
- ACNE TREATMENT COVERED UNDER PRESCRIPTION DRUG BENEFIT
- ALLERGY TREATMENT (NOT TESTING) COVERED UNDER PRESCRIPTION DRUG BENEFIT
- LAB TESTS AND X-RAYS COVERED UNDER OUT-PATIENT BENEFIT AT 100%
- TREATMENT OF INJURY TO SOUND NATURAL TEETH COVERED – NO SEPARATE LIMIT
- BRACES AND APPLIANCES PAID AT 100% OF U&C (NOT APPLICABLE TO TEETH)
- REPATRIATION AND MEDICAL EVACUATION BENEFITS PROVIDED – NO MAXIMUM LIMIT
- YOUR CHILD IS COVERED ANYTIME, ANYWHERE, INCLUDING YOUR HOME COUNTRY

POLICY EXCLUSIONS

- ROUTINE PHYSICAL EXAMINATIONS
- SERVICES AND SUPPLIES NOT MEDICALLY NECESSARY
- COSMETIC SURGERY, EXCEPT TO CORRECT A COVERED INJURY
- DENTAL TREATMENT, EXCEPT AS SPECIFIED ABOVE
- LOSS DUE TO WAR, DECLARED/UNDECLARED, SERVICE IN ARMED FORCES IN ANY COUNTRY
- EYE GLASSES, HEARING AIDS AND EXAMS FOR THE PRESCRIPTION OR FITTING THEREOF
- EXPENSES INCURRED FROM THE USE OF ALCOHOL OR INTOXICANTS
- PAYMENT OF DRUGS UNLESS PRESCRIBED BY A PHYSICIAN
- FLIGHT IN ANY AIRCRAFT EXCEPT AS A PASSENGER ON A COMMERCIAL AIRLINE FLIGHT
- EXPERIMENTAL SERVICES OR SUPPLIES, INCLUDING TREATMENT, PROCEDURE, DRUGS OR DEVICES NOT RECOGNIZED AS ACCEPTABLE MEDICAL PRACTICE.

THIS IS ONLY A PARTIAL OUTLINE OF BENEFITS AND EXCLUSIONS AS UNDERWRITTEN
BY THE UNITED HEALTH CARE INSURANCE COMPANY AND SERVICED BY CLIFFORD ALLEN
ASSOCIATES, LTD. CERTIFICATES WILL BE ISSUED CONTAINING AN IN-DEPTH EXPLANATION
