

8. Injury sustained or sickness contracted while in the service of the armed forces of any country. When an insured enters the armed forces, we will refund any unearned pro-rata premium with respect to such person.
9. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance.
10. Cosmetic surgery, except for the correction of birth defects, correction of deformities resulting from cancer surgery, or surgery that is required as a result of an injury which necessitates medical treatment within 24 hours of the accident, Correction of deviated nasal septum shall be considered as Cosmetic surgery for the purpose of the policy.
11. Treatment for acne; breast implants, except for prosthetic devices incident to a mastectomy; breast reduction; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof; family planning; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; lesions; warts; obesity and any condition resulting there from (including inguinal hernia) of any kind; inguinal hernia; sleep disorders; tubal ligation; and vasectomy.
12. Elective surgery or elective treatment.
13. Injury resulting from racing or speed contests, skin diving or sky diving; mountaineering (where ropes or guides are customarily used), or any other hazardous sport or hobby.
14. Expenses for preventative medicines, serums, or vaccines or treatment where no Injury or sickness is involved, except as may be required by law, or injections administered during an outpatient visit, except an injection given by a Physician in private practice who will certify that a Medical emergency was required for the condition.
15. Injury sustained or sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, or narcotics, unless taken in the dosage and or the purpose prescribed by the insured person's physician.
16. Orthopedic appliances or devices, including orthopedic shoes, for treatment of the foot or conditions relating to the foot;
17. Suicide, attempted suicide or intentionally self inflicted injury while sane or insane.
18. Taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a physician.
19. Committing or attempting to commit an assault or felony; or fighting, except in self-defense.
20. Routine physical examinations, preventive testing or treatment, screening exams or testing in the absence of sickness or injury, pre-marital examinations or pre-employment examinations, health examinations or pre-school physical examination and association laboratory work, not including routine care of a newborn infant, well-baby nursery and related physician charges (other than hospital nursery expense of care a child and newborn baby) and associated laboratory work, specifically provided under this policy, and routine

Papanicolaou cytology test.

21. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate club, or interscholastic, sport, contest or competition sponsored by the University, any professional or semi-professional sport, or injury sustained while travelling to or from such sport, contest or competition as a participant.
22. Expenses for allergy testing.
23. Services and supplies not medically necessary for the diagnosis recommended by the attending physician.
24. Expenses resulting from a motor vehicle accident if the covered person is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place (this exclusion will not apply to passengers if they are insured under the policy).
25. Treatment of Temporomandibular joint dysfunction (TMJ) and associated myofascial pain (except as specifically provided under this policy), Except diagnosis or surgical procedures involving bones or joints of the jaw and facial region.
26. Expenses incurred in connection with birth control, sterilization or sterilization reversal, including surgical procedures, exams and devices.
27. Expense resulting from a motor vehicle accident for which benefits are payable from other valid insurance.

DEFINITIONS

Covered Medical Expenses are Usual, Customary and Medically necessary charges that are:

1. Not in excess of the maximum amount payable for services as specified in the schedule.
2. In excess of any deductible amount and
3. Incurred while the Insured's coverage under the policy is in force.

Elective Surgery means any surgery or treatment that is not medically necessary or is not recognized as generally accepted medical practice in the United states. Elective surgery and elective treatment do not include any procedures deemed a medical necessity. Elective surgery does not mean a cosmetic procedure required to correct an injury for which benefits are otherwise payable under the policy.

Elective surgery and elective treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; allergy and allergy vitals, including allergy testing; bio-feeding type services; breast implants; breast reduction; circumcision; corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an injury for which benefits are otherwise payable under the policy, and except for cosmetic surgery required to correct a covered injury or infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered newborn child for which benefits are otherwise payable under the policy; deviated nasal septum, including sub mucous resection and/or other surgical correction; family planning; Fertility tests; hair growth or removal; impotence. Organic or otherwise: infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; nonmalignant warts, moles and lesions;

obesity and any condition resulting there from (including hernia of any kind), Except for the treatment of an underlying covered sickness; premarital examinations; preventive medicines or vaccines, except where required for the treatment of a covered injury; sexual reassignment surgery; sleep disorders, including testing; smoking cessation; tubal ligation; vasectomy; and weight loss or reduction.

Injury means bodily injury caused by an accident. The accident must occur while the covered person's insurance is in effect under this policy. A covered person must begin receiving services, supplies or treatment within 30 days from the time of accident in order for it to be considered a covered injury. All injuries sustained by one person in any one accident. Including all related conditions and recurrent symptoms of these injuries, are considered a single covered injury. The injury must be the direct cause of loss and must be independent of all other causes. The injury must not be caused by or contributed to by sickness.

Medical Emergency means the occurrence of a sudden, serious and unexpected sickness or injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in death, permanent placement of the covered person's health in jeopardy, serious impairment of bodily functions or serious and permanent dysfunction of any body organ or part. Expenses incurred for a medical emergency will be paid only for sickness or injury which fulfills the above conditions. These expenses will not be paid for minor injuries or minor sicknesses.

Medically Necessary means care which a physician has determined to be certifiably essential for the diagnosis or treatment of a sickness or injury. This determination must be based on objective results produced by an examination of the covered person's demonstrable symptoms. The Physician's treatment plan may be reviewed by an impartial third party whose determination will be binding on us and the insured.

Sickness means an illness or disease which first manifests itself while the policy is in force which results in a covered medical expense. All related conditions and recurrent symptoms of the same or similar conditions will be considered the same sickness. It also includes pregnancy.

Usual and Customary Charge means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered.

PRE-EXISTING CONDITION LIMITATION

No pre-existing conditions limitation shall be applicable from May 1, 2010 under the Policy.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the policy ceases on the termination date. However, if the Insured person is totally disabled on the termination date

from a covered injury or sickness, covered medical expenses for such injury or sickness will continue to be paid until the injured person is no longer totally disabled, but not to exceed 90 days from the expiration date of coverage, or the maximum policy benefit, whichever occurs first. Covered medical expenses for maternity care for a pregnancy, which commenced while the policy was in effect shall be continued for the period of that pregnancy and will not be based upon total disability.

The total payments made in respect of the insured person for each condition both before and after the termination date will never exceed the maximum benefit.

CLAIM FILING PROCEDURES

In the event of an injury or sickness, in a non-emergency situation, insured should:

1. Report to their physician or hospital.
2. This Policy is basically established on a reimbursement basis, whereby covered members will pay the medical provider for care and then seek reimbursement from NAGICO.
3. A company claim form is required for filing a claim. Mail all medical and hospital bills to the address on the front of the brochure, school I.D. number and name of the University under which the student is insured.
4. File Claim within 30 days of injury or first treatment for a sickness. Bills should be received by the company within 90 days of service. Bills submitted after 90 days will not be considered for payment except in the absence of legal capacity.
5. For answers to queries, please call NAGICO Medical Department at 599-542-2739 Extensions 134, 200, 287 or 272.



INJURY & SICKNESS

American University of the Caribbean

Certificate of Coverage 2010 - 2011

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INJURY & SICKNESS

ELIGIBILITY

All American University of the Caribbean students are eligible and are required to purchase this insurance plan on a mandatory basis. Eligible dependents of students enrolled in the plan may participate on a voluntary basis. Students must purchase this insurance as a requirement for studying in Sint Maarten and the necessary application form must be completed and returned to either (1) the business office for Basic science students, or (2) the MEAS for Clinical Science students on or before 30 Sep, 2010 (for the fall term); 31 Jan, 2011 (for the spring term); or 31 May, 2011 (for the summer term).

Students must actively attend classes for at least the first 31 days after the policy effective date (the first date of the term). Students who withdraw less than 31 days into the term will receive a refund of the premium paid and will not be covered under the policy.

However, students on an approved leave of absence are eligible to enroll so long as the premium is paid on or before the policy effective date (first day of the term). If the company discovers the eligibility requirements have not been met, its only obligation is to refund the amount of premium.

DEPENDENT ELIGIBILITY

Eligible students may also insure their dependents. Eligible dependents are the spouse and unmarried children under 19 years of age, or 23 years if a full-time student at an accredited institution of higher learning, who are not self supporting. Dependent eligibility expires concurrently with that of the Insured student. Dependent coverage must be applied for by filling out the dependent insurance enrollment form and by paying the required premium.

EFFECTIVE/TERMINATION DATES

The Master Policy becomes effective at 12:01 a.m., January 01, 2010. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy will be due for renewal on September 1, 2010 and annually thereafter unless terminated. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependant coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

Fall	01 Sep, 2010 through 31 Dec, 2010
Spring	01 Jan, 2011 through 30 Apr, 2011
Summer	01 May, 2011 through 31 Aug, 2011

You must meet the eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received before the beginning of the term. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. Refunds of premiums are allowed only upon entry into the armed forces. The policy is a non-renewable one year term policy.

SCHEDULE OF MEDICAL EXPENSE BENEFITS

Up to US\$200,000.00 Maximum lifetime benefit for each injury or sickness. US\$250.00 Deductible per Insured person, per policy year

After the Deductible has been satisfied, benefits will be paid for 100% of Covered Medical Expenses incurred up to US\$5,000.00 maximum. After the Company has paid US\$5,000.00, benefits will be paid for 80% of additional covered Medical Expenses incurred up to US\$50,000.00, then 100% of remaining covered medical expenses not to exceed the US\$200,000.00 maximum lifetime benefit. Benefits will be paid up to the maximum benefit for each service as scheduled below. The policy provides coverage for one routine annual exam and one pap smear up to a maximum of US\$100.00 per policy year. Covered medical expenses include:

INPATIENT

Room & Board/hospital Miscellaneous	Usual & Customary Charges
Daily semi-private room rate; general nursing care provided by hospital; Hospital Miscellaneous expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, including professional fees; anesthesia, drugs (excluding take home drugs) or medications, therapeutic services and supplies. In computing the number of days payable under this benefit the date of admission will be counted, but not the date of discharge.	
Intensive Care	Paid under room & board/hospital Miscellaneous
Routine Newborn Care	Paid as any other sickness/ 4 days hospital confinement expense maximum
Physiotherapy	Usual & Customary Charges
Surgeon's fee No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession	Usual & Customary Charges
Anesthetist Professional services in connection with inpatient surgery	Usual & Customary Charges
Registered Nurse's Services Private duty nursing care	Usual & Customary Charges
Visits Benefits are limited to one visit per day and do not apply when related to surgery	Usual & Customary Charges
Pre-Admission testing Benefits are payable within 3 working days prior to admission.	Usual & Customary Charges
Psychotherapy Benefits are limited to one visit per day.	Paid as any other sickness
Psychiatric hospitals not covered	St. Maarten US\$250.00 per day. US\$1,000.00 per day/30 days maximum (per policy year) Overseas

OUTPATIENT

Surgeon's fees No more than one surgical procedures will be covered when multiple procedures are perform through the same incision or in immediate succession.	Usual & Customary Charges
Day Surgery Miscellaneous	Usual & Customary charges
Related to scheduled surgery performed in a hospital, including the cost of the operating room, laboratory test and x-ray examinations, including professional fees; anesthesia drugs or medicines and supplies. Usual & Customary charges for Day Surgery Miscellaneous are based on the outpatient Surgical Facility Charge Index.	
Anesthetist Professional services administered in connection with outpatient surgery	Usual & Customary Charges
Physician's Visits Benefits are limited to one visit per day. Benefit for Physician's visits, do not apply when related to surgery or Physiotherapy	Usual & Customary Charges
Physiotherapy Benefits are limited to one visit per day	Usual & Customary Charges
Medical Emergency Expenses Use of the emergency room and supplies	Usual & Customary Charges
Radiation & Chemotherapy	Usual & Customary Charges
Diagnostic X-ray & Laboratory Services	Usual & Customary Charges
Tests & Procedures Diagnostic services and medical procedures performed by a physician's visits, Physiotherapy, X-rays and lab procedures	Usual & Customary Charges
Injections When administered in the physician's office and charged on the Physician's statement.	Usual & Customary Charges
This benefit included Allergy treatment.	US\$5 deductible (per policy year)
Prescription Drugs (includes allergy prescriptions, allergy testing is excluded).	Usual & Customary Charges
Contraception drugs and devices are included. The US\$100.00 deductible is an additional policy deductible.	US\$100 deductible (per Policy year)
Psychotherapy	Paid as any other sickness/30 days maximum.
Including all related and ancillary charges incurred as a result of a mental and nervous disorder (including prescription drugs).	\$1,000.00 maximum (per policy year)
Benefits are limited to one visit per day	

OTHER

TMJ/CMJ Disorder	Usual & Customary Charges/US\$5,000.00 maximum lifetime benefit.
Durable Medical Equipment	Usual & Customary Charges
A written prescription must accompany the claim when submitted. Benefits are paid for rental charges for durable medical equipment or the purchase of the equipment whichever is less. R replacement equipment is not covered.	
Dental Treatment Made necessary by injury to sound natural teeth.	Usual & Customary Charges/US\$100.00 per tooth
And fractured jaw only	US\$500.00 maximum
Alcoholism/Drug abuse	Paid under Psychotherapy
Elective Abortion	Usual & Customary Charges/ US\$500.00 maximum
Maternity/Complications of Pregnancy	Paid as any other sickness
Medical Evacuation	Usual & Customary Charges/\$20,000.00 max when pre-approved
Repatriation	Usual & Customary Charges/\$10,000.00 max when pre-approved
Acne Treatment (for infection only)	Paid as any other sickness
Needle stick Up to US\$1,000.00 per policy year. Any and all preventative treatment (i.e., testing for Hepatitis A, Hepatitis B, Hepatitis C, HIV, etc.), not otherwise covered under the policy that may be required as a result of accidental "needle stick" injury or bodily fluid contact exposure is covered for school sponsored programs.	



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MANDATED BENEFITS

The plan will pay for the following mandated benefits and any other mandate in accordance with NAGICO Insurances N.V regulations. A detail of Benefits for Mammography benefit; Prosthetic Devices and Breast Reconstructive Surgery Benefit; Post Surgical Mastectomy Care Benefit; Osteoporosis Benefit; Maternity, Mid-Wife Care Benefit; Post Delivery Care Benefit; Diabetes Supplies, Equipment and self management training Benefit; Dental General Anesthesia Benefit & Hospital Dental Procedures Benefit; Child Health Supervision Services, Cleft lip and Cleft Palate of Children Benefit; and bone marrow transplant benefit may be found in the master policy on file at the University.

NON-DUPLICATION OF BENEFITS

The policy provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other valid and collectible insurance. If the Insured person is covered by other valid and collectible insurance, all benefits payable by such insurance in excess of US\$100.00 will be determined having primary status or on coordination or non-duplication of benefits provision.

If the Insured person is insured under group or blanket insurance which is also excess to other coverage, the policy pays a maximum of 50% of the benefits otherwise payable. Benefits paid by this policy will not exceed: 1) Any applicable policy maximums; and 2) 100% of the compensable expenses incurred when combined with benefits paid by any other valid and collectible insurance.

EXCLUSIONS AND LIMITATIONS

Benefits will not be paid under the policy for any expenses which result from:

- Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from injury to natural teeth.
- Services that are provided normally without charge by the University health center, infirmary or hospital, services for free provided by the University, or services rendered by any person employed by the University, including school team physician and trainer, or any other services performed at no cost.
- Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered injury.
- Eye Surgery for the correction of refractive defects such as myopia or astigmatism.
- Declared or undeclared war, riot, civil disorder, civil commotion.
- Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as fare-paying passenger in an aircraft operated by a commercial scheduled airline. This exclusion does not apply to insured students while taking flight instructions for University credits.
- Injury or sickness for which benefits are paid under any worker's compensation or occupational disease law.