

## \$1,000,000 CATASTROPHIC ACCIDENT AND SICKNESS PLAN

### Dear Students and Parents:

If you are currently enrolled at the University of Notre Dame you are eligible to purchase this coverage.

### HOW DO I ENROLL?

Complete the enclosed Catastrophic Accident & Sickness Plan Enrollment Form and return along with a check or money order for the appropriate premium to:

**AMERICAN MANAGEMENT ADVISORS  
P.O. BOX 366, LANGHORNE, PA 19047**

Once your Base Plan maximum of **\$100,000** has been exhausted, this program will pay up to **100%** of the reasonable and customary expenses for up to **\$900,000**. Dependent coverage is paid at 50% of the reasonable and customary expenses.

### QUESTIONS?

**CALL 1-888-533-7654**

### ELIGIBILITY & ENROLLMENT PROCEDURES

An eligible student may enroll in this coverage for the period commencing on the effective date for the coverage option selected and ending on the corresponding termination date shown. An eligible student who enrolls may also enroll his spouse and/or dependent children for medical insurance under this coverage. To enroll in this coverage an eligible student must submit the attached completed enrollment form and the premium for the period of coverage selected to the Company or its authorized representative no later than thirty (30) days after the effective date of coverage.

The insurance of an eligible person will become effective in accordance with the following:

If the eligible student's enrollment form and premium for the period of coverage selected are received by the designated recipient before the effective date for such period of coverage, the insurance shall become effective on the effective date.

If the eligible student's enrollment form and premium for the period of coverage selected are received by the designated recipient on or after the effective date for such period of coverage, the insurance shall become effective on the date following the date the enrollment form and the premium for such period of coverage are received.

Insurance under the policy, including coverage for medically diagnosed congenital defect and birth abnormalities, shall become effective immediately for newborn child of an insured student from the moment of birth.

Effective date 12:01 a.m. on 8/15/07.

### TERMINATION DATE OF INSURANCE

The insurance of any person insured under the Policy shall terminate on the earliest of the following dates:

- At 11:59 p.m. on 8/14/08.
- The end of the period of coverage for which the premium has been paid on account of the insured person's insurance;
- The date the insured person enters the Armed Forces.

REQUESTS FOR PREMIUM REFUNDS for persons entering military service should be made to the Administrator. Refunds will not be otherwise made. Coverage for all persons will continue until the end of the period for which premium has been paid.

### MANDATED BENEFITS

The Plan will pay for the following mandated benefits and any other applicable mandate in accordance with the Indiana Insurance laws: New Cancer Therapies, Serious Mental Illness, Of-Label Uses of Prescription Drugs, Substance Abuse, Child Health Supervision Services, and Diabetes.

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

The Company will pay the benefit below for injuries to a Covered Student: (a) Caused by an Accident which happens while a student is covered by this Policy; and (b) which directly, and from no other cause, result in any of the losses listed below within 365 days of the Accident that caused the Injury.

The amount of this benefit is shown in the table below.

For Loss of	Percentage of Maximum Amount
Life*	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Speech or Hearing in Both Ears	50%
Thumb and Index Finger of Same Hand	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means the total, irrevocable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

"Severance" means the complete separation and dismemberment of the part from the body.

### COORDINATION OF BENEFITS

This will be used to determine a Covered Person's benefits under this Policy if:

- (a) the person is insured for medical care benefits under this Policy and is also covered for these benefits under other plans; and (b) the benefits that would be paid by this Policy, without this section plus the benefits that would be paid by the other plans, without a section similar to this section would exceed Allowed Expenses as defined below.

### DEFINITIONS

"Plan" means a plan which provides benefits or services for, or by reason of Hospital, surgical medical, or dental care or treatment through:

1. any other group, blanket or franchise insurance coverage;
2. pre-paid plans for:
  - group Hospital service
  - group medical service
  - group practice
  - individual practice and
  - any other such plans for members of a group;
3. any plan provided by:
  - labor management trusts
  - unions
  - employer organizations
  - professional organization, or
  - employee benefit organizations;
4. a government program or statute, other than a state medical assistance plan that implements Title XIX of the Social Security Act of 1965; and
5. any part of a state auto repair or indemnity act ("no fault insurance") with which the state permits coordination.

"This plan" means the medical care benefits provided by this Policy.

"Allowed Expense" means an Expense which is:

- necessary, Reasonable and Customary;
- incurred while the person for whom the claim is made is insured, or is entitled to benefits after insurance ends, under this Policy;
- at least partly covered under one of the plans covering such person.

The difference between the cost of a private Hospital room and the cost of a semi-private Hospital room shall not be deemed to be an Allowed Expense unless the patient's stay in a private room is Medically Necessary in terms of generally accepted medical practice.]

### \$1,000,000 MAXIMUM CATASTROPHIC ACCIDENT AND SICKNESS BENEFIT

When, as a result of a covered accident or covered sickness, the insured person incurs loss within the effective dates of coverage provided by the master policy\*, the Company will pay: for students 100% (for dependents 50%) of the reasonable and customary expenses incurred for covered Catastrophic Accident and Sickness Benefits of \$1,000,000 for each accident or each sickness, up to a maximum benefit of \$1,000,000 for each accident or each sickness. This coverage contains its own exclusions, limitations and benefits and is not a continuation of the base plan.

### COVERED EXPENSES UNDER THIS MAJOR MEDICAL PLAN INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

- Hospital charges for room and board, up to the hospital's customary charge for semi-private accommodations.
- Charges for all other hospital services and supplies.
- Prosthetic or orthopedic devices or supports approved by the attending doctor.
- Outpatient diagnostic X-ray charges.
- Outpatient pathology and laboratory charges.
- Surgery benefits.
- Doctor's visits.
- Ambulance service.

\*All benefit payments end on the policy termination date except for those insureds who are hospital confined when the policy terminates. Those insureds shall be covered for an additional thirty (30) days or until discharged from the hospital, whichever occurs first.

## UNIVERSITY OF NOTRE DAME CATASTROPHIC ACCIDENT AND SICKNESS PLAN ENROLLMENT CARD

Each insured must complete an enrollment card!

PLEASE PRINT

ANNUAL RATES

BEGINNING WITH 2ND SEMESTER THRU SUMMER

	Under Age 25	Over Age 25	Under Age 25	Over Age 25
STUDENT	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$145.00
SPOUSE	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$395.00
EA. CHILD	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00

Person's Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Date \_\_\_\_\_ Student's Signature **X** \_\_\_\_\_

I Acknowledge that I have read, understand and agree to the terms and conditions of this coverage as detailed in the brochure.

Make check payable and return to: AMA, P.O. Box 366, Langhorne, PA 19047-0366

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## DEFINITIONS

**ACCIDENT** means an occurrence which (a) is unforeseen; (b) is not due to or contributed by Sickness or Disease of any kind; and (c) causes Injury.

**SICKNESS** means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes Complications of pregnancy.

All Sicknesses due to the same or a related cause are considered One Sickness. **PRE-EXISTING CONDITION** means any Injury, Sickness or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within 6 months prior to the Covered Person's effective date of insurance. Treatment includes but is not limited to prescription drugs.

**DOCTOR** as used herein means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term "Doctor" does not include a Covered Person's immediate Family Member.

**ELIGIBLE EXPENSE** as used herein means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury; (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any; and (d) incurred while this Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

**HOSPITAL** means a facility which meets all of these tests:

- it provides in-patient services for the care and treatment of injured and sick people; and
- it provides room and board services and nursing services 24 hours a day; and
- it has established facilities for diagnosis and major surgery; and
- it is supervised by a doctor; and
- it is run as Hospital under the laws of the jurisdiction which it is located.

Hospital does not include a place run mainly : (a) as a convalescent home; (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: Mental or Nervous Disorders, substance abuse. The term "Hospital" includes (a) a substance abuse treatment facility during any period in which it provides effective treatment of substance abuse to the Covered person; (b) an ambulatory surgical center or ambulatory medical center; and (c) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of a physical disability.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

**HOSPITAL CONFINEMENT / HOSPITAL CONFINED** means a stay of eighteen (18) or more hours in a row as a resident bed patient in a hospital.

**REASONABLE AND CUSTOMARY** means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

"Geographic area" means the three digit zip code in which the service, treatment, procedure, drugs, or supplies are provided or a greater area, if necessary, to obtain a representative cross section of charge for a like treatment, service, procedure, device, drug, or supply.

**COVERED PERSON** means an eligible student, or any of the student's dependents who are insured under the policy.

**DEPENDENT** means: (a) the Covered Student's Spouse residing with the Covered Student; and (b) the Covered Student's unmarried child under age 19. An unmarried child age 19 but less than 25 is a dependent if he is:

- Dependent upon the Covered Student for support; and (b) Living in the household of the Covered Student; or (c) A full-time student as defined by the school he or she attends. A student in accordance with the following: Coverage will be provided for an entire academic term during which the

## DEFINITIONS continued

child begins as a full time student and remains enrolled. Coverage will remain in effect regardless of whether the number of hours of instruction for which the child is enrolled is reduced to a level that changes the Child's academic status to less than that of a full-time student. The coverage will be provided continuously until the 10th day of instruction of the subsequent academic term. If the child does not return to full-time student status by that date, the child's coverage will be terminated. The term "child" includes:

- A Covered Student's legally adopted child;
  - Child who has been placed in the Covered Student's home pending adoption procedures; and
  - A Covered Student's step-child if such child resides with the Covered Student and depends on the Covered Student for full support.
- A Covered Student's grandchild resides with the Covered Student and depends on the Covered Student for full support; and
  - A child the Covered Student is required to insure under a Medical Support order issued under Section 14.061, Family Code, or enforceable by a court in Texas.

## EXTENSION OF BENEFITS

If an insured person is confined to a hospital on the date his or her insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement shall be payable in accordance with the policy, but only while they are incurred during the 30 day period following such termination of insurance.

In the event an insured person becomes eligible for similar benefits under any other plan during the extension period, the benefits under this policy will end on the date the other plan becomes effective.

## EXCLUSIONS & LIMITATIONS

The policy does not cover loss incurred for or as a result of:

- Pre-existing conditions; congenital conditions or birth abnormalities except for newborn children of an insured student (see Definitions);
- Elective surgery, except cosmetic surgery necessitated by a covered accident.
- Accidents sustained while participating in any professional, semi-professional, intercollegiate, club or intramural sport, contest, competition, etc.;
- Accident sustained or sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, narcotics, unless taken in the dosage and for the purpose prescribed by the insured person's physician;
- Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a passenger on a regularly scheduled flight of a commercial airline;
- Accident or sickness caused by war or an act of war.
- Participating in a riot or felony.
- Any expense incurred for accident or sickness to the extent that any benefits are provided under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
- Treatment in a government hospital, unless there is an unconditional obligation for the insured person to pay for such treatment;

This is only a brief description of the coverage. The policy may contain reductions, limitations, exclusions and termination provisions. Full details of the coverage is contained in the Policy. If there is any conflict between the contents of this document and the Policy, or if any point is not covered in this document, the terms and conditions of the policy will govern in all cases.

Underwritten by  
**National Union Fire Insurance Company of Pittsburgh, PA**  
with its principal place of business in  
New York, NY ("the Company")

# \$1,000,000 CATASTROPHIC ACCIDENT AND SICKNESS PLAN



Designed for

- Day Students
- Resident Students
- International Students
- Graduate Students
- Student Scholars and their dependents

**University of Notre Dame**  
**2007 – 2008**

**MAKE CHECKS PAYABLE  
AND RETURN TO:**

AMA  
P.O. Box 366  
Langhorne, PA 19047