

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, the insured should:

1. Report to their physician or hospital.
2. This Policy is 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 1-721-542-2739 Extensions 289, 285, 283 or 200. You can also send your queries to medical.sxm@nagico.com.

NAGICO Head Office  
NAGICO Building  
C.A. Cannegieter Street  
Philipsburg, St. Maarten  
nagico.com

## INJURY & SICKNESS



American  
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of the  
Caribbean

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2019-2020



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## ELIGIBILITY STUDENT COVERAGE

All American University of the Caribbean (AUC) students are eligible and are required to purchase this NAGICO Healthcare Insurance Plan on a mandatory basis until they have completed their Basic Medical Sciences. Students must purchase this insurance as a requirement for studying in St. Maarten. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. At the beginning of each semester, students are automatically enrolled, billed and responsible for their insurance charges. However, students on an approved leave of absence are eligible to enroll as long as the premium is paid on or before the policy effective date. Premium will continue to be billed until the student officially finishes his or her Basic Medical Sciences (AUC Sint Maarten) semesters or permanently withdraws from AUC Sint Maarten. Coverage will end when the student is no longer enrolled at AUC (Basic Medical Sciences), or is permanently withdrawn from the American University of the Caribbean (AUC Sint Maarten). Students who withdraw from the Basic Medical Sciences (AUC) less than 31 days into the semester, for which premium has been paid, will receive a refund of the premium and will not be covered under the policy. If coverage is used within the 31 days, a prorated premium will be charged. Students withdrawing after 31 days will remain covered under the policy for the full semester, for which premium has been paid. NO refund will be allowed.

## 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. A dependent enrollment application form must be completed and submitted to NAGICO's representative on campus 30 days before the end of each term. Dependent enrollment applications will not be accepted after the enrollment deadline. At the beginning of each semester, dependents are automatically enrolled and billed. Dependent eligibility expires concurrently with that of the Insured student.

## MID-SESSION ENROLLMENT

Dependents may enroll after the deadline only if there has been a significant life change (i.e. birth or marriage). Eligibility requirements (enrollment forms, copy of valid passport) must be submitted within 2 weeks (14 days) of the qualifying change. If the enrollment form is submitted after the qualifying change, it will not be accepted, and the dependent(s) will have to wait until the next open enrollment period to be enrolled on the plan.

## EFFECTIVE/TERMINATION DATES

Coverage becomes effective on the first day of the semester for which premium is paid or the date the enrollment form and full premiums are received by the company. The Master Policy will be due for renewal on 01 Sep 2010 and annually thereafter unless terminated.

<b>Fall 2019</b>	01Sep 2019 through 31 Dec 2019
<b>Spring 2020</b>	01 Jan2020 through 30 April 2020
<b>Summer 2020</b>	01 May 2020 through 31 Aug 2020

## SCHEDULE OF MEDICAL EXPENSE BENEFITS

### Maximum Lifetime Benefit of up to US\$1,000,000.00 per Insured person.

The policy provides coverage at 100% of Covered Medical Expenses incurred up to US\$5,000.00 maximum (No Annual Deductible) 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 the remaining covered medial expenses not to exceed the US\$1,000,000.00. Benefits will be paid up to the maximum benefit for each service as schedule below. The policy provides coverage for one routine annual exam and one pap smear up to maximum of US\$100.00 per calendar year. Covered medical expense include:

<b>INPATIENT</b>	
<b>Room &amp; Board/Hospital Miscellaneous</b> .....	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.	
<b>Intensive Care</b> .....	Paid under Room & Board/Hospital Miscellaneous
<b>Routine Newborn Care</b> .....	Paid as any other sickness/4 days hospital confinement expense maximum
<b>Physiotherapy</b> .....	Usual & Customary Charges
<b>Surgeon's fee</b> 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
<b>Anesthetist</b> Professional services in connection with inpatient surgery .....	Usual & Customary Charges
<b>Registered Nurse's Services</b> Private duty nursing care .....	Usual & Customary Charges
<b>Visits</b> Benefits are limited to one visit per day and do not apply when related to surgery .....	Usual & Customary Charges
<b>Pre-Admission testing</b> Benefits are payable within 3 working days prior to admission .....	Usual & Customary Charges
<b>Psychiatric Benefit</b> are limited to one visit per day .....	Paid as any other sickness
Psychiatric hospitals .....	St. Maarten US\$250.00 per day. US\$30,000.00 Lifetime Maximum

## OUTPATIENT

<b>Surgeon's fees</b> 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
<b>Day Surgery Miscellaneous</b> .....	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.

<b>Anesthetist</b> Professional services administered in connection with outpatient surgery .....	Usual & Customary Charges
<b>Physician's Visits</b> Benefits are limited to one visit per day. Benefits for Physician's visits do not apply when related to surgery or Physiotherapy .....	Usual & Customary Charges
<b>Physiotherapy</b> Benefits are limited to one visit per day .....	Usual & Customary Charges
<b>Medical Emergency Expenses</b> Use of the emergency room and supplies .....	Usual & Customary Charges
<b>Radiation &amp; Chemotherapy</b> .....	Usual & Customary Charges
<b>Diagnostic X-ray &amp; Laboratory Services</b> .....	Usual & Customary Charges
<b>Tests &amp; Procedures</b> Diagnostic services and medical procedures performed by a physician's visits, Physiotherapy, X-rays and lab procedures .....	Usual & Customary Charges
<b>Injections</b> When administered in the physician's office and charged on the Physician's statement .....	Usual & Customary Charges
This benefit includes Allergy treatment .....	US\$5 deductible (per policy year)
<b>Prescription Drugs</b> (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)
<b>Psychiatric Benefit</b> .....	Paid as any other sickness/50 days maximum
Including all related and ancillary charges incurred as a result of a mental and nervous disorder (including prescription drugs) .....	\$2,500.00 maximum (per policy year)

## OTHER

<b>TMJ/CMJ Disorder</b> .....	Usual & Customary Charges/US\$5,000.00 maximum lifetime benefit
<b>Durable Medical Equipment</b> .....	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. Replacement equipment is not covered.	
<b>Dental Treatment</b> .....	80% of Usual & Customary Charges up to an annual maximum of US\$1,000.00. US\$100 deductible (Per Calendar year)
Dental Cleaning, Extractions and filling of teeth, Dental Examination	
<b>Vision Care Treatment</b> .....	Usual and Customary charges, 80% up to an annual maximum of US\$800.00. (Exam, Lenses, Frames) US\$100 deductible (Per Calendar year)
Frames are 1 set per 24 month period and lenses are 1 set per 12 month period	
<b>Alcoholism/Drug abuse</b> .....	Paid under Psychotherapy
<b>Elective Abortion</b> .....	Usual & Customary Charges/ US\$500.00 maximum
<b>Maternity/Complications of Pregnancy</b> .....	Paid as any other sickness
<b>Medical Evacuation</b> (Medically necessary) .....	100% of Usual & Customary Charges when pre-approved
<b>Repatriation</b> .....	Usual & Customary Charges up to a maximum of US\$15,000 when pre-approved
<b>Acne Treatment</b> (for infection only) .....	Paid as any other sickness
<b>Needle stick</b> .....	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.	

<b>Local Ground Ambulance</b> .....	Usual A& Customary charges, 100% up to a maximum of US\$100.00, 1 trip per day.
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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:

- 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.
- 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.