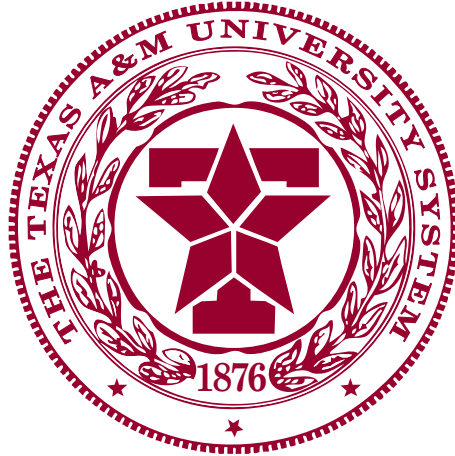


2012 - 2013

Stand Alone Medical Evacuation and Repatriation Insurance Plan

Policy No. CLSP0004-12

For International Students of



THE TEXAS A&M UNIVERSITY SYSTEM

Direct All Inquiries to the Plan Administrator:
Associated Insurance Plans International, Inc.
Post Office Box 189
Libertyville, IL 60048

(800) 452-5772 • Fax (847) 281-8813
email: office@aipstudentinsurance.com

Please contact us between the hours of
8:00 a.m. to 7:00 p.m. CST

Approved by
The Texas A&M University System

Student Insurance Information Internet Site:
www.TAMUINSURANCE.com
800-452-5772

SCAN for a direct link to your
student insurance website.



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INTRODUCTION

This is a brief description of the Medical Evacuation and Repatriation Expense benefits available to international students of The Texas A&M University System. Please keep this brochure as a general summary of the insurance. The Master Policy contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the brochure and the Policy, the Master Policy will govern and control the payment of benefits.

HOW DO I ENROLL IN THE STAND ALONE MEDICAL EVACUATION AND REPATRIATION INSURANCE PLAN?

1. You may enroll via the Internet at:
www.TAMUINSURANCE.com using an electronic check or major credit card.
2. You may complete the attached application, along with your credit card number and expiration date, or you may include a check/money order made payable to:
**STUDENT INSURANCE PLAN
POST OFFICE BOX 189
LIBERTYVILLE, ILLINOIS 60048**
3. You may call us at (800) 452-5772 and pay by phone.
4. In College Station – You may pay your premium as outlined in number 1, 2 or 3 above, or to our local agent, Dunlap Financial Services, 111 East University, Suite 110, College Station, Texas 77841.

We accept American Express, Discover, Mastercard, and Visa credit cards, as well as your personal check.

ELIGIBILITY

All registered International students of The Texas A&M University System, and English Language Institute students in on-campus attendance, are eligible to participate in the Insurance program described in this brochure.

This plan is only available to students not enrolled in the The Texas A&M University System Accident and Sickness Plan.

PREMIUM

\$25 per person insured. Not Pro-ratable.

TERM OF COVERAGE

Coverage begins at 12:00 a.m. on August 17, 2012, or the date premium is paid, if later, and will remain in force through August 16, 2013.

REFUND OF PREMIUM

Fees received by the Company are fully earned upon receipt. Refund of fees will be considered only as specifically provided in the case of entry in the Armed Forces. No other refund will be allowed.

EMERGENCY MEDICAL EVACUATION EXPENSE BENEFIT

This benefit applies only to International Students. In the event of a serious Injury or Sickness, this benefit will pay the actual expenses of up to \$10,000 for the Covered Expenses incurred, if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person. Emergency Medical Evacuation must be approved in advance by Us.

Emergency Medical Evacuation means:

- (a) the Insured Person's medical condition warrants immediate Transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate medical treatment can be obtained; or
- (b) for International Students, after being treated at a local Hospital; the Insured Person's medical condition warrants transportation to his/her Home Country to obtain further medical treatment to recover.

EMERGENCY MEDICAL EVACUATION EXPENSE BENEFIT (CONTINUED)

Covered Expenses are Expenses up to the maximum stated in the Plan of Insurance for: (a) transportation, (b) medical services, and (c) medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All Transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by the Company.

Home Country means the country from which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be the country that the Insured Person has declared with the Company.

Transportation means any land, water or air conveyance required to transport the Insured Person during an Emergency Medical Evacuation. Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to: air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Doctor.

REPATRIATION OF BODY REMAINS EXPENSE BENEFIT

This benefit applies only to International Students. In the event of the death of an Insured Person, We will pay the actual charges of up to \$10,000 for the Covered Expenses for the preparation and transportation of the Insured Person's remains to his or her Home Country or home residence. Covered Expenses include expenses for embalming, cremation, coffins and transportation. Repatriation of Body Remains must be approved in advance by Us. This will be done in accord with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit.

Covered Expenses include, but are not limited to, Expenses for embalming, cremation, coffins, and transportation.

Home Country means the country from which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be the country that the Insured Person has declared with the Company.

SUBROGATION

If We pay Covered Expenses for an accident or injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the amount recovered, up to the amount of your benefits we have paid under this plan. We may also take subrogation action directly against the third party. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

IN THE EVENT OF AN EMERGENCY:

In the event of an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the Assistance Company. The Assistance Company will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact OnCall in the event of an emergency, call **1-800-850-4556**.

ON CALL TRAVEL ASSISTANCE SERVICES

Included in this health insurance program is access to a 24-hour worldwide assistance network for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

1. Referral to the nearest, most appropriate medical facility, and/or Provider.
2. Medical monitoring by board certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and insured.
4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriations.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Contact OnCall International for any of these services:
Toll Free from U.S. and Canada: 1-800-850-4556
Call collect from outside the U.S. 603-898-9159
www.oncallinternational.com

HOW DO I OBTAIN MY IDENTIFICATION CARD?

1. You may detach and retain the temporary Identification Card provided on the brochure.
2. You may obtain your permanent Identification Card on the Internet at www.TAMUINSURANCE.com. Choose your campus and plan, then click Print ID Card. You will need to provide your name, student identification number, and your birth date. If you experience any difficulty, please call us at (800) 452-5772.
3. You may call (800) 452-5772 and request that your permanent Identification Card be mailed to you.

HOW DO I FILE MY CLAIM UNDER THE STAND ALONE MEDICAL EVACUATION AND REPATRIATION INSURANCE PLAN?

1. Secure the necessary medical treatment. A listing of Preferred Providers is available at: www.TAMUINSURANCE.com
2. Obtain itemized bills from your Doctor or provider.
3. Complete a claim form. A claim form is available at: www.TAMUINSURANCE.com

If your provider has already mailed the bills to the Insurance Company, you may complete the claim form and email it to the Insurance Company. If you have not yet mailed the medical bills to the Insurance Company, print a claim form, complete it, and mail the completed claim form along with your medical bills to the Insurance Company at:

Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
(800) 452-5772

Written notice of claim must be given within 30 days after the occurrence, or commencement of any loss covered by the Policy. Bills for which benefit is to be paid must be submitted within 90 days of the date of treatment.

4. Any additional medical bills submitted for reimbursement by the Insurance Company must show your name, student identification number, name of college or university, and description of medical condition.

Only one claim form, per condition, needs to be completed.

www.TAMUINSURANCE.com

HOW CAN I RECEIVE ASSISTANCE WITH A QUESTION OR PROBLEM?

Please call the Administrator, at (800) 452-5772, Monday through Friday, between the hours of 8:00 a.m. to 7:00 p.m. Central Standard Time, or email us through the Insurance Information Internet Site, www.TAMUINSURANCE.com. We appreciate hearing from you with your comments, questions, and concerns.

Any provision of the Policy, or the brochure, which is in conflict with the statutes of the state in which the Policy is issued, will be administered to conform with the requirements of the state statutes.

Please keep this brochure as a general summary of the insurance. The Master Policy contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the brochure and the Policy, the Master Policy will govern and control the payment of benefits. This brochure is based on Policy CLSP0004-12.

NOTE: This coverage is transferable between schools within The Texas A&M University System.

Your representative in College Station:
Mr. Allan Dunlap
111 East University Drive, Suite 110
College Station, Texas 77840
(979) 260-9632

Medical Benefits Underwritten by:



Companion Life

Companion Life Insurance Company

Claims should be mailed to:
Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
(800) 452-5772

Direct All Inquiries To:



**ASSOCIATED
INSURANCE PLANS**
INTERNATIONAL, INC.

Post Office Box 189

Libertyville, Illinois 60048

(800) 452-5772 • FAX (847) 281-8813

(e-mail) office@AIPstudentinsurance.com

Visit us and enroll on the Web at:

www.TAMUINSURANCE.com

Detach and keep in your possession.

The Texas A&M University System 2012-2013
Stand Alone Medical Evacuation and Repatriation Insurance Plan Identification Card
Companion Life Insurance Company
NOTE: In a life threatening emergency, go to the nearest emergency room for treatment.

Print name and school ID number

This ID card is for identification only. Possession of the card does not guarantee the right to services or other benefits unless the holder is complying with all provisions of the Member Policy and is currently insured on the date of service. Contact the Company to verify coverage.

Notification of Injury or Sickness must be provided to the Company within 30 days after the date of accident or the commencement of Sickness. Bills for which benefit is to be paid must be submitted within 90 days of the date of treatment. Pre-certification is not required.

Policy Number: CLSP0004-12
Direct all claim inquiries and correspondence to: Administrative Concepts, Inc.
Payor #: 22384
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
(800) 452-5772 - 8 am-7 pm CST
www.TAMUINSURANCE.com



www.phcs.com
800-922-4362

Beech Street www.beechstreet.com
A VIANT NETWORK 800-877-1444



