

# Student Security Plan

Group Limited Benefit Hospital Indemnity Insurance  
Flexible payment options  
Prescription drug discount card



Student Security Plan is underwritten by Transamerica Life Insurance Company and marketed exclusively by E.J. Smith & Associates, Inc.

This plan is made available through the Student Security Group Insurance Trust, Located in Washington, DC.

## **ELIGIBILITY**

Any full or part-time Student who is registered and attending a participating college or university is eligible to enroll.

**International students are not eligible to enroll.** Your spouse and your dependent Children up to age 25 (who rely on the Student for support and maintenance and reside in the United States) are also eligible, if you enroll. The limiting age does not apply to mentally or physically disabled children. The attendance requirement will be waived for a four month period if immediately following a covered four month period, provided the Student remains registered at a college or university in the United States. This means that you may maintain your coverage during the summer or any other four month absence. You may also continue your coverage for a period of eight months immediately following graduation.

## **INSURED'S EFFECTIVE DATE**

Your coverage becomes effective the first of the month following receipt by the administrator of your completed Enrollment Form and the correct premium (U.S. funds). Coverage for a newborn Child of an Insured will become effective from birth. To continue coverage you must notify the Plan Administrator and pay any additional premium within 31 days of birth.

## **TERMINATION DATE**

Coverage will terminate on the *earliest* of the following dates:

- a. The date you cease to be eligible for coverage.
- b. The end of the period for which premium has been paid, unless payment is made within 30 days.
- c. The date your college or university no longer participates in the trust.
- d. The date the master policy terminates.
- e. If an Insured is Totally Disabled on the date their coverage under the Policy terminates, benefits will be extended for 90 days for treatment of the Injury or Sickness that caused the Total Disability.

## GROUP LIMITED BENEFIT HOSPITAL INDEMNITY INSURANCE

When, as a result of an Accident or a Sickness, the Insured incurs Loss while insured under the Policy, the Company will pay indemnity benefits for the following medical services subject to limits specified in the policy.

A charge will be considered incurred on the date the service is performed. The benefit payable for Covered Charges will be determined by the plan level in effect at the time each charge is incurred.

INDEMNITY BENEFITS	Plan I	Plan II	Plan III
Daily In-Hospital Indemnity Benefit	\$150 per day, 30 days per year	\$400 per day, 30 days per year	\$400 per day, \$100,000 per year
Outpatient Physician Office Visit Indemnity Benefit	\$30 per visit, 10 visits per year	\$50 per visit, 10 visits per year	\$50 per visit, \$1,000 per year
Outpatient Diagnostic, X-Ray and Laboratory Indemnity Benefit	\$50 per test day, 3 test days per year	\$100 per test day, 3 test days per year	\$100 per test day, \$1,000 per year
Wellness Indemnity Benefit	\$150 per visit, 1 visit per year	\$200 per visit, 1 visit per year	\$200 per visit, \$1,000 per year
Emergency Room Sickness Benefit	\$75 per visit, 4 visits per year	\$200 per visit, 4 visits per year	\$200 per visit, \$2,000 per year
In-Hospital and Inpatient Additional Surgical Indemnity Benefit	\$500 per admission, 1 admission per year	\$1,000 per admission, 1 admission per year	\$1,000 per admission, \$10,000 per year
Daily Inpatient Drug & Alcohol Indemnity Benefit	\$200 per day, 60 days per year	\$400 per day, 60 days per year	\$400 per day, 60 days per year
Daily Inpatient Mental & Nervous Indemnity Benefit	\$200 per day, 60 days per year	\$400 per day, 60 days per year	\$400 per day, 60 days per year
Outpatient Drug & Alcohol Indemnity Benefit	\$100 per visit, up to 40 visits; \$50 per visit thereafter, per year	\$100 per visit, up to 40 visits; \$50 per visit thereafter, per year	\$100 per visit, up to 40 visits; \$50 per visit thereafter, per year
Outpatient Mental & Nervous Indemnity Benefit	\$100 per visit, up to 40 visits; \$50 per visit thereafter, per year	\$100 per visit, up to 40 visits; \$50 per visit thereafter, per year	\$100 per visit, up to 40 visits; \$50 per visit thereafter, per year
Surgical Indemnity Benefit	\$1,000 surgical schedule	\$2,000 surgical schedule	\$2,000 surgical schedule
Anesthesia Indemnity Benefit	20% of surgical benefit	20% of surgical benefit	20% of surgical benefit
Ambulance Indemnity Benefit	\$100 per trip, 3 trips per year	\$250 per trip, 3 trips per year	\$250 per trip, 3 trips per year
Group Term Life with Accidental Death & Dismemberment Rider (AD&D) - Student/Spouse/Child (Life Only)	\$10,000/\$5,000/\$2,500	\$10,000/\$5,000/\$2,500	\$10,000/\$5,000/\$2,500
Non-Insurance Benefits: ProCare Rx, New Benefits Discount Card and The MultiPlan Network	Included	Included	Included

## PREMIUM

If a check is returned by a bank for insufficient funds, improper endorsement, account closed, etc., the Student must pay an additional service charge of \$25 and submit a money order or a certified check for the premium. It is the Student's responsibility to make payments on the due dates, whether or not a billing statement is received. If payment is not received within 31 days of the due date, coverage will terminate.

Monthly Premium Rates				
Persons Insured	Student's Age	Plan I	Plan II	Plan III
Student Only	Under 25	\$25	\$67	\$88
	25-34	\$36	\$94	\$115
	35-44	\$46	\$137	\$163
	Over 45	\$67	\$251	\$287
Student and Spouse	Under 25	\$100	\$234	\$270
	25-34	\$110	\$257	\$298
	35-44	\$119	\$301	\$347
	Over 45	\$139	\$401	\$462
Student and Child(ren)	Under 25	\$86	\$197	\$228
	25-34	\$100	\$224	\$255
	35-44	\$108	\$252	\$288
	Over 45	\$123	\$361	\$407
Student and Family	Under 25	\$156	\$364	\$415
	25-34	\$174	\$389	\$440
	35-44	\$183	\$421	\$477
	Over 45	\$197	\$520	\$596

This policy is not intended to replace, and we do not recommend that it replace, any comprehensive program of health insurance in which you currently participate or are considering.

Domestic Students (US Citizens) and their Dependents are eligible to enroll in any of the medical plans. **International Students are not eligible for coverage.**

**FOUR MONTH PREMIUM PAYMENT IS DUE WITH PURCHASE. SUBSEQUENT PAYMENTS MUST BE A MINIMUM OF FOUR MONTHS.**

**Rates include insurance premiums and administrative fees for continuation, enrollment and materials.**

**To pay by credit card, go to [www.ejsmith.com](http://www.ejsmith.com) for an authorization form.**

## DEFINITIONS

**Daily In-Hospital Indemnity Benefit** - When an insured is confined in a hospital as a result of a covered sickness or accident, this benefit pays the amount for each stay more than 23 hours the insured is confined in a hospital, up to a maximum of 30 days per confinement or maximum per calendar year shown on the benefit page.

**Outpatient Physician Office Visit Indemnity Benefit** - This benefit pays the amount shown on the benefit page per physicians office visit as a result of a covered sickness or accident. Benefits are payable for a maximum number of visits per calendar year for each insured or a maximum amount per calendar year for each insured shown on the benefit page.

**Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit** - This benefit pays the amount shown on the benefit page per testing day for tests performed for the purpose of diagnosis of a covered sickness or accident, as indicated by symptoms that would suggest a covered sickness or injury had occurred. The benefit is limited to the number of days of testing per calendar year per insured shown on the benefit page and is not payable while he/she is confined in a hospital (i.e., it applies to outpatient services only).

**Wellness Indemnity Benefit** - The benefit pays the amount shown on the benefit page for each insured who undergoes the following:

Blood screenings, mammograms, pap smear, immunizations prostate-specific antigen tests, flexible sigmoidoscopy, and physical examinations.

The benefit has a calendar year maximum number of visits or a maximum amount per year or visits shown on the benefit page for each insured. Benefits are also paid for well-baby visits. For each child 0-12 months, up to 4 visits per year are allowed and from 12-24 months up to 2 visits per year are allowed. Services must be under the supervision of or recommended by a physician, and a charge must be incurred.

**Emergency Room Sickness Benefit** - This benefit pays the amount shown on the benefit page for each sickness visit to the emergency room for a maximum number of visits shown on the benefit page per year per insured. Emergency room visits for accidents are not covered under this benefit.

**In-Hospital and Inpatient Surgical Additional Indemnity Benefit** - This benefit pays the amount shown on the benefit page for each insured when he/she receives treatment or surgery while confined in a hospital as an inpatient as a result of a covered sickness or accident. This benefit will be paid for the number of maximum confinements per calendar year. No benefit will be paid for any period the insured is not under the regular care and attendance of a licensed physician.

## DEFINITIONS

**Daily Inpatient Drug and Alcohol Indemnity Benefit** - This benefit pays the amount shown on the benefit page per day if an insured is confined as an inpatient in a rehabilitation facility for substance abuse. The calendar year maximum benefit is limited to the number of days or amount shown on the benefit page. The lifetime maximum for this benefit is \$30,000. The daily benefit must be less than or equal to the Daily Inpatient Hospital Indemnity Benefit amount.

**Daily Inpatient Mental and Nervous Indemnity Benefit** - This benefit pays the amount shown on the benefit page per day if an insured is confined as an inpatient in a rehabilitation facility for a mental or nervous condition. The calendar year maximum benefit is limited to the number of days or amount shown on the benefit page. The lifetime maximum for this benefit is \$30,000. The daily benefit must be less than or equal to the Daily Inpatient Hospital Indemnity Benefit amount.

**Outpatient Drug and Alcohol Indemnity Benefit** - This benefit pays the amount shown on the benefit page per visit if an insured receives outpatient treatment in a rehabilitation facility for substance abuse. Benefits are payable for a maximum number of visits per calendar year for each insured or a maximum amount per calendar year for each insured shown on the benefit page.

**Outpatient Mental and Nervous Indemnity Benefit** - This benefit pays the amount shown on the benefit page per visit if an insured receives outpatient treatment in a rehabilitation facility for a mental or nervous condition. Benefits are payable for a maximum number of visits per calendar year for each insured or a maximum amount per calendar year for each insured shown on the benefit page.

**Surgical and Anesthesia Indemnity Benefit** - When an insured undergoes a surgical procedure listed in the Table of Surgical Indemnity Benefits in the certificate as a result of an accident or sickness, the policy pays the benefit amount shown in the table based on the plan level selected. The policy also pays the anesthesia benefit percentage shown on the benefits page of the surgical benefit amount. If two or more procedures are performed through the same incision or operative field, the benefit paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.

## DEFINITIONS

**Ambulance Indemnity Benefit** - This benefit pays the amount shown on the benefit page per trip in an ambulance. This benefit allows a maximum of 3 trips per year per insured, with a lifetime maximum of 6 trips per insured. Treatment must be received within 72 hours of the accident or onset of sickness, and must be provided by a licensed ambulance company for benefits to be payable.

**Group Term Life Insurance Policy with AD&D Rider** - This policy pays the benefit amount shown on the benefit page upon the death of the insured. The AD&D coverage is available to the Student and Spouse only and the amount will match the amount of group term life insurance. Under the AD&D Rider, when a covered accident results in loss of life or dismemberment, benefits are paid for the specified percentages of the coverage amount subject to any limitations and exclusions. Refer to your Policy and Rider for complete details.

## Non-Insurance Discount Programs:

**ProCare Rx** - By presenting a Student Security Plan prescription drug card, provided by ProCare Rx, to one of ProCare Rx over 60,000 participating pharmacies, an insured can receive at least 14-16% discount for brand-name drugs and up to 80% discount for generic drugs, including the \$4.00 generic programs offered by many retail pharmacies. The insured will continue to receive the discounted prices and the significant savings on prescription drugs even after their Student Security Plan benefits have been used for the year. ProCare Rx is provided by Web-TPA (Grapevine, TX).

**New Benefits Discount Card** - Access to a discount vision plan, a nurses' hotline, counseling services and benefits for hearing aids. New Benefits Discount Card is provided by New Benefits, Ltd (Dallas, TX).

**The MultiPlan Network** - Allows an insured access to the MultiPlan's Network which is comprised of more than 4,000 hospitals, nearly 100,000 ancillary facilities and 550,000 health care professionals. A member's PPO savings continue even after Student Security Plan benefits have been exhausted. The MultiPlan Network is offered by Multiplan, Inc. (New York, NY)

## **EXCLUSIONS AND LIMITATIONS GROUP LIMITED BENEFIT HOSPITAL INDEMNITY INSURANCE**

Group Limited Benefit Hospital Indemnity Insurance contains certain limitations and exclusions, which are listed in the policy. It's important to fully understand the limitations and exclusions. No benefits will be payable as the result of:

- In the event of suicide, the Company's liability may be limited to only the return of premiums paid;
- any intentionally self-inflicted injury or sickness;
- rest care or rehabilitative care and treatment (unless provided as a benefit on the Schedule of Benefits);
- participation in a riot, civil commotion, civil disobedience or unlawful assembly;
- committing, attempting to commit or taking part in a felony, or assault, or engaging in an illegal occupation;
- participation in an organized contest of speed, parachuting, parasailing, bungee jumping or hang gliding;
- air travel, except as a fare-paying passenger on a commercial airline on a regularly scheduled route, or as a passenger for transportation only and not as a pilot or crew member;
- any accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred);
- any procedure or treatment to change physical characteristics to those of the opposite sex and other treatment related to sex change;
- the reversal of tubal ligation or vasectomy;
- artificial insemination, in vitro fertilization and test tube fertilization, including any related testing, medications or physician's services, unless required by law;
- any loss incurred while on active duty status in the armed forces (if the insured notifies Transamerica of such active duty, Transamerica will refund any premiums paid for any period for which no coverage is provided as a result of this exception);
- accidents or sicknesses arising out of and in the course of any occupation for compensation, wage, or profit OR expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits has been made;
- air or ground ambulance transportation (unless the Ambulance Benefit has been included);
- routine eye examinations or fitting of eye glasses;
- hearing aids or fitting of hearing aids;

## **EXCLUSIONS AND LIMITATIONS GROUP LIMITED BENEFIT HOSPITAL INDEMNITY INSURANCE**

- dental examinations or dental care other than expenses resulting from an accident;
- care or treatment of an accident or sickness not specifically provided for in the plan;
- with respect to the Off-the-Job Accidental Injury Benefit only, charges that the insured is not legally required to pay, or charges which would not have been made if this coverage had not existed; or
- treatment of an accident or sickness made necessary by or arising from war, declared or undeclared, or any act of war.

### **Pre-Existing Condition Limitation**

Pre-Existing Conditions will not be covered during the first 12 months after the Effective Date. A pre-existing condition is a sickness or physical condition for which the insured had treatment; incurred expense; took medication; or received a diagnosis or advice from a Physician, during the 12-month period immediately before the Effective Date of the Covered Person's coverage. Pre-existing condition will also include a condition that manifests itself in a way that would cause a person to seek medical advice, diagnosis, care, or treatment.

### **Termination**

Your insurance will cease on the earliest of:

1. The last day of the period during which you cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Policy terminates; or
4. The last day of the period during which you terminate membership.

The insurance on a Dependent will cease on the earliest of:

1. The date your coverage terminates;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Dependent no longer meets the definition of Dependent; or
4. The date the Policy is modified so as to exclude Dependent coverage.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy.

## EXCLUSIONS AND LIMITATIONS

### Extension of Benefits

Whenever termination of coverage under this section occurs due to termination of your membership, such termination will be without prejudice to any Hospital Confinement which commenced while coverage was in force, with respect to Daily In-Hospital Indemnity Benefits; or any covered treatment or service for which benefits would be provided and which commenced while coverage was in force; provided, however, that the Covered Person is and continues to be Hospital Confined or Disabled. Such Extension of Benefits will continue for up to the earlier of 30 days; or The date on which the Covered Person is no longer Disabled.

### Group Term Life Insurance Policy with AD&D Rider

#### Exclusions - Group Term Life Insurance Policy

**Suicide Exclusion:** We will not pay a death benefit if an insured dies by suicide, while sane or insane, within two years of the date his or her insurance starts. If the insured or his or her spouse die by suicide, we will refund the premiums paid for the insurance. If a dependent child dies by suicide, we will refund the premiums paid for the dependent children's insurance only if there are no surviving insured dependent children. If any death benefit is increased, this suicide exclusion starts anew, but will apply only to the amount of the increase.

#### Exclusions - AD&D Rider

We will not pay any benefits if the loss, directly or indirectly, results from any of the following, even if the means or cause of the loss is accidental:

- In the event of suicide, the Company's liability may be limited to only the return of premiums paid;
- commission of or attempt to commit an assault or felony;
- sickness or mental illness, disease of any kind, or medical or surgical treatment for any sickness, illness or disease;
- injuries received while under the influence of alcohol, a controlled substance or other drugs as defined by the laws of the state where the accident occurs, except as prescribed by a doctor;
- any poison or gas voluntarily taken, administered, absorbed or inhaled (except in the course of employment);
- flight in any kind of aircraft, except as a fare paying passenger on a regularly scheduled commercial aircraft;
- any bacterial or viral infection;
- declared or undeclared war, or any act of war; and
- taking part in an insurrection.

This Rider stops on the Student's 70th Birthday.

## ENROLLMENT INSTRUCTIONS

1. Read the brochure carefully.
2. Complete the Enrollment Form on the following page. Please print all of the information legibly. Complete the application for only the initial period in which you enroll for the school year. Additional Enrollment Forms can also be found on our website.
3. The premiums for the Student Security Plan are based on the Student's age. There are four categories of premium based on the Student's age group. In applying for coverage, be sure to choose the premium for your correct age group. Students who also apply for spouse coverage will still pay rates based on the Student's age and not the spouse's age.
4. **Determine the amount of monthly premium due from the chart on page four and multiply by the number of months requested (four months minimum). You will be billed for subsequent periods. However, you may pay for more than the four month minimum.**
5. Payment Options
  - To pay by check or money order make payable to:  
Transamerica Life Insurance Company (U.S. Funds Only)
  - To pay by credit card:  
Go to [www.ejsmith.com](http://www.ejsmith.com) for an authorization form.
6. Mail the Enrollment Form and your check, money order or credit card authorization form to:

E.J. Smith and Associates, Inc.  
899 Skokie Boulevard  
Northbrook, Illinois 60062  
Phone: 847-564-3660  
Fax: 847-564-3069  
[www.ejsmith.com](http://www.ejsmith.com)

**ENROLLMENT FORM**

Please read instructions on page 11 carefully and print all information legibly.

Student's Name: \_\_\_\_\_  
(First) (M.I.) (Last)

Billing Address:

\_\_\_\_\_  
(Street Address) (Apt. #)

\_\_\_\_\_  
(City, State, ZIP) (Telephone #)

\_\_\_\_\_  
(Email Address)

Student's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(Month/Day/Year)

Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Who Are You Enrolling?

Student Only  Student & Spouse

Student & Child(ren)  Student & Family

Dependent Information:

\_\_\_\_\_  
(Spouses' or Child's name) (Social Security Number) (Date of Birth)

\_\_\_\_\_  
(Child's name) (Social Security Number) (Date of Birth)

\_\_\_\_\_  
(Child's name) (Social Security Number) (Date of Birth)

\_\_\_\_\_  
(Child's name) (Social Security Number) (Date of Birth)

What Benefit Plan Are You Applying For?

Plan I  Plan II  Plan III

Premium Due: \$ \_\_\_\_\_

Is anyone proposed for coverage covered by any Title XIX program (such as, Medicaid)?

Yes  No

If yes, list names who will be excluded from coverage.

\_\_\_\_\_

I verify that I am a registered Student of the above named school and I understand that my eligibility may be subject to verification by the school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**POLICIES AND IDENTIFICATION CARDS**

You will receive a certificate of coverage, which includes all policy provisions, an identification card and a claim form.

**VERIFICATION OF COVERAGE**

Coverage may be verified by either calling the Plan Administrator or the Insurance Company.

**CLAIMS**

In the event of a claim, please use the claim form included with your a certificate of coverage, or you can obtain a claim form from your College or University Student Health Service, or by contacting:

**Web TPA**  
**PO Box 310**  
**Grapevine, TX 76099**  
**Member Services: 866-975-4641**  
**or visit our website: [www.ejsmith.com](http://www.ejsmith.com)**

**THIS IS NOT A CONTINUATION OR RENEWAL OF ANY PRIOR POLICY ISSUED TO THE POLICYHOLDER.**

**This brochure is intended as a brief description of coverage. Please refer to Master Policy and your certificate for details of benefits and provisions.**

**PLAN ADMINISTRATOR**

The Student Security Plan is marketed by:  
E.J. Smith & Associates, Inc. / E.J. Smith Insurance Agency  
899 Skokie Boulevard  
Northbrook, Illinois 60062  
Phone: 847-564-3660  
Fax: 847-564-3069  
**[www.ejsmith.com](http://www.ejsmith.com)**

The Student Security Plan is administered by:  
Web-TPA, Grapevine, Texas 76099

The Student Security Plan is underwritten by:  
Transamerica Life Insurance Company, Cedar Rapids, Iowa