

International Student and Scholar Accident & Sickness Insurance Program



HARDING

2008-2009 Academic Year

Medical Insurance Designed for Participants
in International Education Activities

at Harding University

("the Policyholder")

Underwritten by:

**National Union Fire Insurance Company
of Pittsburgh, Pa.**

with its principal place of business in New York, NY
A subsidiary of American International Group, Inc. (AIG)

Administrator Policy# AMH0079619
Underwriter Reference# CAS97110758

GENERAL SUMMARY

Please keep this brochure as a general summary of the insurance. Coverage available under Policy series S30494NUFIC-AR The Master Policy on file at the University contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between brochure and Master Policy, the Master Policy will govern and control the payment of benefits.

NON-RENEWABLE ONE-YEAR TERM INSURANCE

The Policy is a non-renewable one-year term insurance. Similar coverage may be available for the following academic year. It is the Covered Student's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.

This brochure provides a brief description of the International Student and Scholar Accident & Sickness Program for eligible Participants in International Education. This Program is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. ("the Company"). The Master Policy contains complete details of the coverage and is the governing document. Inspection of the Master Policy may be made during business hours at the International Students Services Programs Office.

ELIGIBILITY

PARTICIPANT

All non-immigrant International students registered for credit courses at Harding University are required to have health coverage, and are automatically billed for this Program unless proof of alternate comparable coverage is presented to the International Students Services Program Office.

Once the waiver form has been completed and approved, it may neither be cancelled nor may coverage under the plan be purchased until the next enrollment period.

Enrollment outside a scheduled enrollment period is permitted under the following condition: *new students arriving at Harding University must enroll within 45 days of arriving in the U.S. Please contact Macori for enrollment assistance.

** Proof is required at the time the enrollment form is submitted.*

DEPENDENT SPOUSE AND CHILDREN

A covered International student may also enroll his or her eligible dependents. Eligible dependents are the covered student's spouse and unmarried dependent children under 19 years of age, who reside with the covered student. Dependents must be enrolled for the same period of coverage as the covered International student.

PROGRAM YEAR

This Program commences at 12:01 a.m. on August 1, 2008 and terminates at 11:59 p.m. on July 31, 2009.

SCHEDULE OF BENEFITS

After the deductible has been satisfied, payment will be made for Eligible Expenses incurred during the term insured as follows.

This program will pay:

First \$2,500 of Eligible Expenses	Coinsurance 80%
Next \$7,500 of Eligible Expenses	90%
Additional Eligible Expenses until the Per Condition Aggregate Maximum has been paid, within the allocated limits shown below.	100%

The policy is rated on a single academic year basis. A covered person must re-enroll each academic year. Any deductible and/or co-insurance will not be carried

DEDUCTIBLE: (for each Injury or Sickness per policy year)

Students	\$100*/not to exceed \$500 per insured per policy year
Dependents	\$200 /not to exceed \$500 per insured per policy year

*For students only, the deductible amount will be waived for service or treatment received at the Student Health Service or for service received as a result of a referral from an approved Student Health Service Doctor.

PER CONDITION AGGREGATE MAXIMUM

Students	\$100,000
Dependents	\$ 50,000

ELIGIBLE EXPENSES are as follows: (NOTE: R & C means Reasonable and Customary charges)

INPATIENT BENEFITS

Room & Board Expense	Including general nursing care	The lesser of the daily semi-private room rate or R & C								
Hospital Miscellaneous Expenses For necessary services and supplies, such as:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Operating room</td> <td style="width: 50%;">4. Therapeutic services</td> </tr> <tr> <td>2. Laboratory tests and X-ray examinations, including professional fees</td> <td>5. Pre-admission testing</td> </tr> <tr> <td>3. Drugs or medicines (excluding take-home drugs)</td> <td>6. Surgical supplies</td> </tr> <tr> <td></td> <td>7. Anesthesia supplies</td> </tr> </table>	1. Operating room	4. Therapeutic services	2. Laboratory tests and X-ray examinations, including professional fees	5. Pre-admission testing	3. Drugs or medicines (excluding take-home drugs)	6. Surgical supplies		7. Anesthesia supplies	R & C
1. Operating room	4. Therapeutic services									
2. Laboratory tests and X-ray examinations, including professional fees	5. Pre-admission testing									
3. Drugs or medicines (excluding take-home drugs)	6. Surgical supplies									
	7. Anesthesia supplies									
Physical Therapy & Related Services	When prescribed by the attending Doctor	R & C								
Surgery	Doctor's fees for a surgical procedure will be paid in accordance with the Medical Data Research Schedule (MDR) 80 th percentile	R & C								
Anesthetist Services	In conjunction with surgery	25% of Surgery allowance								
Doctor's Visits	Not to exceed one visit per day and not available if a surgery benefit is payable	R & C								
Mental and Nervous and Alcohol and Drug Abuse	Not to exceed 30 days of confinement	50% of R & C								

OUTPATIENT BENEFITS

Surgery	Doctor's fees for a surgical procedure will be paid in accordance with the Medical Data Research Schedule (MDR) 80 th percentile	R & C						
Day Surgery Miscellaneous	When surgery is performed in a hospital emergency room, trauma center, Doctor's Office, outpatient surgical center or clinic, for services and supplies limited to: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Operating and recovery rooms</td> <td style="width: 50%;">3. Anesthesia supplies</td> </tr> <tr> <td>2. Laboratory tests and X-ray examinations, including professional fees</td> <td>4. Drugs or medicines (excluding take-home drugs)</td> </tr> <tr> <td></td> <td>5. Surgical trays and supplies</td> </tr> </table>	1. Operating and recovery rooms	3. Anesthesia supplies	2. Laboratory tests and X-ray examinations, including professional fees	4. Drugs or medicines (excluding take-home drugs)		5. Surgical trays and supplies	R & C
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2. Laboratory tests and X-ray examinations, including professional fees	4. Drugs or medicines (excluding take-home drugs)							
	5. Surgical trays and supplies							
Anesthetist Services	In conjunction with day surgery (if required by the hospital)	25% of Surgery allowance						
Doctor's Visits	Not to exceed one visit per day and not available if a surgery benefit is payable	R & C						
Physical Therapy & Related Services	When prescribed by the attending Surgeon after a surgical procedure has been performed on an inpatient or day surgery basis; limited to one visit per day	\$2,000 Maximum per Accident or Sickness						
Emergency Medical Conditions Expenses	Incurred in a hospital emergency room (for Emergency Medical Conditions only) - \$50 co-payment per visit.	R & C – after co-payment						
Diagnostic X-ray Services	When prescribed by the attending Doctor	R & C						
Radiation Therapy	When prescribed by the attending Doctor	R & C						
Laboratory Procedures	When prescribed by the attending Doctor	R & C						
Shots or Injections	Administered in an emergency room or Doctor's office and charged on the emergency room statement or Doctor's statement	R & C						
Chemotherapy	When prescribed by the attending Doctor	R & C						
Prescription Drugs	When prescribed by a licensed Doctor -- \$10 co-payment for each 30-day supply during a 20-day period. However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Maximum.	\$1,500 aggregate Maximum per Policy Year (all conditions combined)						
Mental and Nervous and Alcohol and Drug Abuse	Not to exceed \$50 per visit	\$250 Maximum per Policy Year						

OTHER BENEFITS

Ambulance Service	For emergency ground transportation to or from a Hospital	R & C
Braces & Appliances	When prescribed by the attending Doctor (orthotics are not covered)	R & C
Dental Treatment	For treatment of injury to sound, natural teeth. Not to exceed \$100 per tooth.	R & C
Consultant	When requested and approved by the attending Doctor	R & C
Intramural & Intercollegiate Sports Injury	Paid as any other Injury	\$5,000 aggregate Maximum per Policy Year (all conditions combined)
Motor Vehicle Injuries	Medical treatment of Injuries sustained as a result of a covered motor vehicle Accident.	Paid as any other Injury
Pre-existing Condition Benefit	Paid as any other Injury or Sickness	\$1,000 aggregate Maximum per Policy Year

MATERNITY BENEFITS - For covered students/scholars and covered spouses, maternity expenses are payable as any other Sickness for childbirth occurring while covered as a result of a pregnancy commencing while covered, including up to 48 hours hospital confinement following vaginal delivery and 96 hours for caesarean delivery.

EMERGENCY MEDICAL EVACUATION - In the event of a serious Injury or Sickness, the Company will pay benefits for Eligible Expenses incurred if a covered person is outside a 100 mile radius from his or her current primary (Home Country) residence up to a maximum of \$50,000 if any Injury or Sickness commencing during the course of a trip results in the necessary emergency evacuation of the covered person. An emergency evacuation must be ordered by a legally licensed Doctor who certifies that the severity of the covered person's Injury or Sickness warrants the emergency evacuation of the covered person. Emergency medical evacuation must be approved in advance by the Company.

REPATRIATION OF REMAINS - The Company will pay the Eligible Expenses incurred to return the covered person's body home (to his/her Home Country) if he or she dies while outside a 100 mile radius from his or her primary (Home Country) residence not to exceed the maximum of \$15,000. Eligible Expenses include, but are not limited to expenses for embalming, cremation, coffins and transportation. Repatriation of Remains must be approved in advance by the Company.

ACCIDENTAL DEATH & DISMEMBERMENT
STUDENT/SCHOLAR ONLY (dependents not eligible)

When, because of an Injury, the covered person suffers any of the following Losses within 365 days from the date of the Accident, the Company will pay as follows:

For Loss Of:	Benefit Amount
Loss of Life	\$5,000
Loss of Both Hands	\$5,000
Loss of Both Feet	\$5,000
Loss of Entire Sight of Both Eyes	\$5,000
Loss of One Hand and One Foot	\$5,000
Loss of One Hand and Entire Sight of One Eye..	\$5,000
Loss of One Foot and Entire Sight of One Eye...	\$5,000
Loss of One Hand.....	\$2,500
Loss of One Foot.....	\$2,500
Loss of Entire Sight of One Eye	\$2,500
Loss of Thumb and Index Finger of the Same Hand	\$1,250

The term "loss" as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight. Loss of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by a covered person as a result of the same accident, only one amount, the largest will be paid.

DEFINITIONS

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

"**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.

"Elective Treatment" means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the covered person's effective date of coverage.

Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction unless as a result of mastectomy; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; botox injections; treatment of infertility and routine physical examinations.

"Eligible Expense" 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 the Policy is in force as to the covered person except with respect to any expenses payable under the Extension of Benefits Provision.

"Emergency Medical Condition" means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care could reasonably be expected to result in any of the following: (a) the covered person's life could be in serious jeopardy; (b) bodily functions would be seriously impaired; or (c) a body organ or part would be seriously damaged; or (d) serious disfigurement; or (e) serious jeopardy to the health of the fetus.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

"Injury" means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the covered person's effective date of coverage; and (c) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

"Medical Necessity/Medically Necessary" means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the covered person or provider; or (b) it is not the appropriate treatment for the covered person's diagnosis or symptoms; or (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or (d) it is experimental/investigational or for research purposes; or (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

"Pre-Existing Condition" means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 12 months prior to the covered person's effective date of coverage under the Policy or a pregnancy existing on the covered person's effective date of Coverage under the Policy.

"Reasonable and Customary (R&C)" 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 services, procedure, devices, drugs, treatment 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.

Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date.

"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 pregnancy and Complications of Pregnancy.

All Sicknesses due to the same or a related cause are considered one Sickness.

EXTENSION OF BENEFITS

If a covered person is confined to a hospital on the date his or her coverage terminates, charges incurred during the continuation of that hospital confinement shall also be included in the term Eligible Expense, but only while they

are incurred during the 31 day period following such termination of insurance, subject to the Per Condition Aggregate Maximum Amount of the Policy.

The Extension of Benefits will apply only to the extent the covered person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

CONTINUOUS INSURANCE

Persons who have remained continuously insured under the Policy and prior Student Health Insurance policies endorsed and issued to the University will be covered for an Injury sustained, or a Sickness originating, **while continuously insured**, provided continuous insurance is maintained.

EFFECTIVE DATE OF INDIVIDUAL INSURANCE

Coverage will become effective on the later of:

- A) The Policy effective date (August 1, 2008);
- B) The date for which premium has been paid;
- C) The date the covered person departs his or her Home Country to travel to the United States, provided that the scheduled arrival in the United States is no more than 48 hours later than the departure from the Home Country.

TERMINATION OF INDIVIDUAL INSURANCE

Coverage will terminate on the earliest of:

- A) The last date for which premium has been paid;
- B) The date the covered person ceases to be eligible for the Insurance;
- C) The date the covered person departs the United States for his or her Home Country;
- D) The date the covered person enters military service, in which case a pro-rata refund of premium will be given upon request; or
- E) The Termination Date of the Policy (July 31, 2009).

IMPORTANT INFORMATION

1. **Withdrawals:** Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid and no refund will be available.

In the case of a medical withdrawal due to a covered Injury or Sickness, coverage will remain in effect for the insured for the remaining period for which premium was paid.

2. **Refund of Premium:** Premiums received by the Company will be considered fully earned and nonrefundable. Refund of premium will be considered only if the covered person ceases to be eligible for the insurance.

3. **Subrogation And Right of Recovery**

This Program has Subrogation and Right of Recovery Provisions outlined in the Master Policy. A complete description of the Subrogation and the Right of Recovery provision is included in the Master Policy on file with the University.

4. **Conformity with State Statutes:** Any provision of the Policy or this brochure which is in conflict with the statutes of the state in which the Policy is delivered or issued for delivery will be administered to conform with the requirements of those state statutes.
5. **“Per Condition Aggregate Maximum”** means the total amount of benefits payable for each Injury or Sickness under the Policy and previous policies endorsed by the University.

EXCESS PROVISION

No benefit under the Policy is payable for any Eligible Expense incurred for Injury or Sickness which is paid or payable by: (1) other valid and collectible medical, health or accident insurance; or (2) under an automobile insurance policy. Eligible Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the covered person for failing to comply with policy provisions or requirements.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover nor provide benefits for loss or expenses incurred:

1. as a result of dental treatment, or dental x-rays except for treatment resulting from Injury to sound, natural teeth.
2. for eye examinations, eyeglasses, contact lenses, or prescription for such.
3. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
4. for Injury or Sickness resulting from war or act of war, declared or undeclared.
5. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
6. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
7. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. for cosmetic surgery or complications resulting therefrom, except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma (provided treatment begins within three months from the date of accident), infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.

9. for preventive medicines, serums, immunizations, or vaccines except as specifically provided in the Policy.
10. as a result of committing or attempting to commit an assault or felony or participation in a felony, riot, illegal occupation, insurrection or civil commotion.
11. for Elective Treatment or elective surgery or complications resulting therefrom, voluntary or elective abortions unless otherwise provided in the Policy.
12. after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
13. for any services rendered by a covered person's immediate family member.
14. for a treatment, service or supply which is not Medically Necessary.
15. as a result of suicide or any attempt at suicide, including drug overdose; or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
16. for treatment of temporomandibular joint dysfunction and associated myofacial pain.
17. for treatment of mental or nervous disorders except as specifically provided in the Policy.
18. for the treatment of alcoholism or substance abuse except as specifically provided in the Policy.
19. for orthopedic appliances or braces, durable medical equipment or prosthetic appliances except as specifically provided in the Policy.
20. for or in relation to orthopedic shoes or devices intended to be placed inside shoes or other footwear.
21. for surgery and/or treatment of: acupuncture or acupressure; gynecomastia; biofeedback-type services; reflexology; Rolfing type services; breast implants or breast reduction; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis; family planning; fertility tests; hair growth or removal; impotence, organic or otherwise; learning disabilities; Attention Deficit Disorder; sexual reassignment surgery and related therapy; sleep disorders; tubal ligation; vasectomy; and alopecia.
22. for routine physical examinations, health examinations or preschool physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
23. for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column.
24. in connection with birth control.

25. for treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception, elective sterilization or its reversal, artificial insemination or in vitro fertilization.
26. for Injury resulting from travel in or upon a snowmobile, ATV (all terrain or similar type two or three-wheeled vehicle and/or off-road four wheeled motorized vehicles), or bungee jumping.
27. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from club or professional sports activity, including travel to and from the activity and practice; racing or speed contests; skin diving; hang gliding; parasailing; sky diving; glider flying; sail planing; or parachuting.
28. for treatment in the Hospital emergency room which is not due to an Emergency Medical Condition.
29. for treatment of obesity, except resulting from diabetes, regardless of the history or diagnosis, including, but not limited to the following: weight reduction or dietary control programs, prescription or nonprescription drugs or medications such as vitamins (whether taken orally or by injection), minerals, appetite suppressants, or nutritional supplements and any complication resulting from weight loss treatments or procedures.
30. for eye surgery such as radial keratotomy when the primary purpose is to correct myopia (near-sightedness), hyperopia (far-sightedness) or astigmatism (blurring).
31. for maternity care or treatment of a Dependent child. This exclusion does not apply to Complications of Pregnancy.)
32. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.
33. within the covered person's home country of domicile.
34. for foot care only to improve comfort or appearance such as care for flat feet, subluxation, corns, calluses, routine care of toenails, and the like, except for care and treatment of Injury.
35. for home health care.
36. for duplicative routine services actually provided by both a certified nurse-midwife and a Doctor
37. for Injuries sustained as the result of a motor vehicle Accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.

PRE-EXISTING CONDITIONS

In addition to Exclusions and Limitations, the Policy does not cover any medical treatment for Pre-existing Conditions as defined. This limitation does not apply: (a) to the first \$1000 of Eligible Expenses incurred during the first 12 months of coverage; or (b) if the Covered Person has been covered under the Policyholder's Policy for more than 12 consecutive months which may include any months immediately preceding the Effective Date of coverage under the current Policy.

CLAIM PROCEDURES

In the event of Injury or Sickness, the covered person should:

1. During the school term, report to the Student Health Service at once for assistance, or if an emergency exists, proceed to step 2.
2. When away from school, consult a Doctor and follow his/her instructions. Notify the Claims Office as soon as possible. You may file a claim online or obtain a claim form at www.macori.com/HU
3. Complete instructions for filing a claim are listed on the College Claim Form. Send the completed claim form along with itemized hospital and medical bills to:

CLAIMS OFFICE:
Macori Administration
(a DBA of Maksin Management Corp)

AUTHORIZED AGENCY:
Macori, Inc.

P. O. Box 2508
Spring, Texas 77383-2508
Houston Area: 281-651-8787
Student Call Toll-Free: 1-800-285-8133
Medical Providers Call Toll-Free: 1-877-266-7778


MACORI, INC.

Health Insurance for Students/Scholars

4. The completed College Claim Form and all hospital and medical bills should be submitted for payment within 90 days of the date of treatment.

We value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more privacy information, please go to www.macori.com.