

Locally Represented by:

NORTH CAROLINA ASSOCIATION OF INSURANCE AGENTS, INC.

PO Box 1165
Cary, NC 27512
1.800.849.6556

Administered by:

HTH Worldwide

One Radnor Corporate Center
Suite 100
Radnor, PA 19087
1.877.865.5980

hthbusiness.com

Underwritten by:



This blanket accident and sickness policy is underwritten by the UNICARE Life & Health Insurance Company NAIC # 842-80314
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State of North Carolina Universities, Community Colleges & State Agencies

HTH Business Travelersm



International Business Travel Accident and Sickness Program

THIS PAMPHLET CONTAINS A BRIEF SUMMARY OF THE FEATURES AND BENEFITS FOR INSURED PARTICIPANTS COVERED UNDER POLICY NO. 7165-SNCU-BTG100. FOR COMPLETE PLAN DETAILS, PLEASE REFER TO THE CERTIFICATE OF INSURANCE. IF THERE IS A DIFFERENCE BETWEEN THIS PROGRAM DESCRIPTION AND THE CERTIFICATE WORDING, THE CERTIFICATE CONTROLS.

HOW TO USE YOUR PROGRAM

This program covers you, your traveling spouse and unmarried, dependent children up to age 19, or 22 if enrolled as a full time student, while you are representing the **State of North Carolina** on an over-night business trip when outside your home country. If you are involved in an accident or suffer a sudden, unforeseen illness, go to the nearest local physician or hospital. Then, without delay, contact the HTH Assistance Center by calling one of the phone numbers on the back of your ID Card. If you are unsure of where to go, contact the Assistance Center for names of providers in your area. The Assistance Center will facilitate your admittance to the medical facility and coordinate payment directly to the provider, if necessary.

WHAT TO DO IN THE EVENT OF AN EMERGENCY

All Eligible Participants are entitled to HTH Assistance Services. In the event of an emergency, they should go immediately to the nearest physician or hospital without delay and then contact the HTH Assistance Center, identifying themselves as an employee of covered under the **State of North Carolina/HTH BT program**. The HTH Assistance Services Center will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact the HTH Assistance Center, call 1.877.865.5979 or collect to +1.610.254.8772, or any of the numbers listed on the back of your ID card.

PRE-EXISTING CONDITIONS

Pre-Existing conditions are covered under this plan.

WHAT IS NOT COVERED?

Certain limitations and exclusions apply to your coverage under this plan and may affect your coverage. Please see the Certificate of Insurance for additional details.

RIGHT OF SUBROGATION AND COORDINATION OF BENEFITS

HTH Worldwide has the right to recover all expenses paid on behalf of the Participants from the Participant's occupational benefit plan, group insurance, HMO, PPO, public assistance program, or liable third party. You may be required to sign an "Assignment of Benefits" form to enable HTH Worldwide to coordinate benefits.

hthstudents.com

Once Eligible Participants receive their Medical Insurance ID card from HTH Worldwide, they should visit hthstudents.com, and using the Certificate ID number on the front of the card, sign in to the site for comprehensive information and services relating to this plan. Participants can search for a doctor, view plan information, download claim forms and read health and security information.

CLAIMS SUBMISSION

Claims are to be submitted to HTH Worldwide, Attn. BT Claims, One Radnor Corporate Center, Suite 100, Radnor, PA 19087. See the hthstudents.com website for claim forms and instructions on how to file.

WHAT IS COVERED BY THE PLAN?

BENEFIT OVERVIEW MATRIX

Medical Maximum	\$100,000 annual and per occurrence when outside your home country
Deductible	\$0.00
Benefits	Insurer pays
Professional Services	
a. Surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic X-ray and lab	100%
b. Office Visits: including X-rays and lab work billed by the attending physician.	100%
Inpatient Hospital Services	
a. Surgery, X-rays, In-hospital doctor visits	100%
b. In-patient medical emergency	100%
Ambulatory Surgical Center	100%
Accidental Death And Dismemberment	Maximum Benefit: Principal Sum up to \$10,000
Medical treatment received in the Home Country	Not Covered
In the Home Country Outpatient prescription drugs	Not Covered
Outside Home Country Outpatient prescription drugs	100% of Covered Expenses.
Dental Care required due to an Injury	100% of Covered Expenses up to \$100 per tooth
Dental Care for Relief of Pain	100% of Covered Expenses up to \$500 per Trip Period
Repatriation Of Remains	Deductible is not applicable. Maximum Benefit up to \$25,000
Medical Evacuation	Deductible is not applicable. Maximum Benefit per Trip Period for all Evacuations up to \$100,000
Bedside Visit	Deductible is not applicable. Maximum Benefit per Trip Period up to \$1,500 for the cost of one economy round-trip air fare ticket to the place of the Hospital Confinement for one (1) person